Dudley and Walsall Mental Health Partnership NHS Trust

Quality Report

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Core services inspected	CQC registered location	CQC location ID
Acute wards for adults of working age and psychiatric intensive care units.	Dorothy Pattison Hospital Alumwell Close Walsall WS2 9XH Bushy Fields Hospital Russells Hall Dudley DY1 2LZ	RYK10 RYK34
Wards for older people with mental health problems.	Dorothy Pattison Hospital Alumwell Close Walsall WS2 9XH Bushy Fields Hospital Russells Hall Dudley DY1 2LZ	RYK01 RYK34
Community-based mental health services for adults of working age.	THQ - Trafalgar House 47-49 King St Dudley DY2 8PS	RYK33
Mental health crisis services and health-based places of safety.	Dorothy Pattison Hospital Alumwell Close Walsall	RYK01 RYK34

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	WS2 9XH Bushy Fields Hospital Russells Hall Dudley DY1 2LZ	
Specialist community mental health services for children and young people.	THQ - Trafalgar House 47-49 King St Dudley DY2 8PS	RYK33
Community-based mental health services for older people.	THQ - Trafalgar House 47-49 King St Dudley DY2 8PS	RYK33

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

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 services at this Provider	Requires improvement 
Are Mental Health Services safe?	**Requires improvement** 
Are Mental Health Services effective?	**Requires improvement** 
Are Mental Health Services caring?	**Good** 
Are Mental Health Services responsive?	**Good** 
Are Mental Health 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.

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Overall summary

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

We found that the Dudley & Walsall Mental Health Partnership NHS Trust was performing at a level, which led to a judgement of Requires Improvement.

We rated the safety of services as requires improvement; partly as we consistently found the recording and review of individual patient risk to be of a poor standard. We also found that team bases were not always safe as some lacked alarm systems; which compromises the safety of both staff and visitors.

The quality and effectiveness of care planning was inconsistent. We found that care plans were not always holistic, person centred or recovery focused. We also found issues with the application of the Mental Health Act in relation to blanket restrictions and staffs' understanding of the rights of informal patients who wished to leave the acute wards.

Staff were consistently caring and treated patients with kindness, dignity & respect. The Trust was very proactively working on patient and carer engagement and had introduced several initiatives such as experts by experience, youth forums and involved those who used services in the recruitment of staff.

We found the trust services to be responsive to the needs of the people who used services. Overall, access to services was achieved in a timely manner and the trust had improved delays when discharging patients. In most services, patients had access to a range of activities and therapies.

We found the trust to be well led. We were particularly impressed with the interim chief executive. Staff and patients spoke very highly of the changes that he has introduced since coming into post 6 months prior to the inspection. We did however conclude that governance processes were not always robust or fully embedded throughout the trust.

We will be working with the trust to agree an action plan to assist them in improving the standards of care and treatment.

Summary of findings

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

We always ask the following five questions of the services.

Are services safe?

Requires improvement 

We rated Dudley and Walsall Mental Health Partnership NHS Trust as requires improvement for safe because:

- In some instances, we found blanket restrictions of searching patients on return from section 17 leave. This was not in line with trust policy or the MHA Code of Practice.
- Not all trust premises or services had appropriate alarm systems in the event of emergency. The Beeches Hospital did not have an operational alarm system at the time of inspection. The adult community teams, and child and adolescent services (CAMHS) had no alarms fitted in interview rooms and clinic rooms. At the time of our inspection, CAMHS staff were unable to show and we saw no evidence of access to personal alarms. Adult community staff personal alarms were unable to be heard outside of the interview rooms.
- Staff used recognised risk assessment tools to assess risk. However, staff completed risk assessment on different risk documents and formats and many risk assessments were incomplete and out-of-date.
- The management of medicine was inconsistent across several services. Issues we found included the crisis resolution home treatment team (CRHT) were not transporting medications securely as per trust policy. Emergency medication on Linden ward was out of date. Medicines not stored correctly and staff not routinely monitoring and a lack of recording temperatures throughout the year in the older adult community mental health team based at Woodside and some adult community teams. We found a lack of appropriate legal authority for the administration of medicines on Langdale acute ward. The medicines management policy did not require staff to enter the dispensing of patients' own medicine for patients to use at home into the controlled drugs register. Anaphylaxis kits (emergency medicines to treat an allergic reaction) were not available for staff when administering depot injections (medicine given by injection) in the older peoples mental health community team and both the Dudley and Walsall community recovery service and psychiatric liaison. Some staff did not know of the location of the ligature cutters on the inpatient wards for older people.
- Some of the trust premises were in need of refurbishment including the Poplars Centre and Halesview.

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- Two of the older peoples' inpatient ward environments were not conducive to accommodating both female and male patients due to their bathrooms being next to each other.
- Specialist services did not have a specialist child and adolescent mental health services (CAMHS) doctor out of hours. General psychiatrists undertook Mental Health Act (MHA) assessments that were required.
- On the adult inpatient wards, We saw inconsistent staff practice concerning informal patients being able to leave the ward at will.
- However:
- Most of the care environments were clean, tidy and well maintained. Newly refurbished wards had specific isolation rooms for management of infectious diseases and rooms with anti-ligature fitting to secure the safety of vulnerable patients at risk of suicide or self-injurious behaviour.
- Clinical rooms were clean and fit for purpose. In most premises where staff provided care, Staff carried out regular checks on emergency equipment to ensure it was safe for use at any time. The exception was Clent ward where we found a piece of emergency equipment that was not working.
- The majority of wards adhered to infection control principles. Staff carried out regular audits.
- Staff had undertaken comprehensive ligature risk assessments of all care environments and individual patients to reduce any risks identified by lack of clear lines of sight or ligature risks.
- The trust had developed sub groups of the quality and safety committee for the trust. The 'embedded learning group' reviewed investigations and allocated actions to senior managers for completion. The 'triangulation group'considered a range of outcome information including serious incident and safeguarding issues to detect relationships between events for enhanced targeting of post incident responses.
- Medical revalidation process was in line with national implementation procedures.
- Specialist services had received specific management of aggression and violence training relating to the specific patient group they worked with.
- The trust had a productive dialogue with commissioners and increased the emphasis and infrastructure for learning from incidents.

Are services effective?

We rated Dudley and Walsall Mental Health Partnership NHS Trust as requires improvement for effective because:

Requires improvement

Summary of findings

- Many care plans in some services were not complete. Care plans on adult acute wards did not show evidence of being personalised, holistic or recovery focused. Many also lacked details of therapeutic activity that reflected individual needs, strengths and goals.
- The trust records system was complicated. The trust had an electronic system of records in community services and a paper based system for recording on inpatient wards. This presented challenges and additional complexity to staff when assessing and caring for patients across inpatient and community services. There was a lack of consistent record management across the trust. We found ward-to-ward differences, split medical and nursing paper based records on some inpatient wards not all chronologically ordered, with instances of duplicated records and missing documentation.
- Mental Health Act (MHA) paperwork was inconsistent in quality and completion across the organisation. Older people's inpatient and community staff did not fully understand the interface between the MHA, Mental Capacity Act (MCA), the deprivation of liberty safeguards (DoLS) and how to put this into practice.
- Not all clinical services across the trust had full multidisciplinary teams that resulted in a lack of occupational therapy assessments for those patients on adult acute inpatient wards. Occupational therapists and social workers reported a reduction in staff numbers and increased involvement in general non occupational therapy and social work focused work had resulted in them feeling undervalued for their role in recovery of patients.
- The restructuring of services had resulted in several doctors admitting to any single inpatient ward and the ward needing to accommodate multiple clinical ward round meetings a week.
- The trust employed a small team of clinical pharmacists that could not visit all of the widespread locations across the trust on a regular basis.

However:

- The trusts' safeguarding processes aligned with partner agencies in order to ensure that patients were protected from abuse.
- Staff participated in clinical audits and monitored outcomes to improve performance throughout the trust by using a recognised tool. Staff on older people's wards used a variety of recognised guidance and tools to promote a culture of safe and quality care.

Summary of findings

- Some teams used translation services effectively to enabled patients to understand their care.
- The trust employed a vocational specialist team in order to support community patients gain employment. This initiative had proved very successful.
- There was a process in place for the revalidation of medical practitioners employed by the trust.
- Patient experience leads had strong support in order to develop their role and enhance the experience of those using services.
- There were several examples of effective multidisciplinary working both internally and externally of the trust.

Are services caring?

Good

We rated Dudley and Walsall Mental Health Partnership NHS Trust as good for caring because:

- Seventy nine per cent of respondents in the patient Friends and Family Test data between April 2015 and June 2015 were either 'likely' or 'extremely likely' to recommend the trust as a place to receive care and as a place to work.
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- The trust had multiple ways to involve patients including a service experience desk, community development worker to work with hard to reach groups of patients, experts by experience (people who had experienced services), community and careers groups and non-executive directors involved in forums. They had developed expert by experience roles to ensure that the patient voice was across the organisation. The trust also had a number of patient representative groups engaged to provide support and representation to patients using services. This included a youth forum to engage younger patients. Several teams within the trust were very proactive in involving patients in many different aspects of the service including developing information leaflets and taking part in staff recruitment. Some services within the trust were surveying patients, carers and relatives for feedback on practice. Managers of these services had considered peoples feedback and highlighted recommendations and improvements for the future.
- We consistently observed staff treating patients with kindness, respect, compassion and empathy.
- Carers and former patients we spoke to were positive in their views of staff and stated that they were fully involved in the care

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of their family member and felt well supported. Most patients were also positive in their views of staff and told us that they were involved in their care planning, and staff took time to speak to them about care plans and treatments.

However:

- The trust's overall score for privacy, dignity and wellbeing in the patient led assessments of the care environment (PLACE) 2015 was 88%, which was below the England average of 90%.
- Negative comments received from patients related to staff sometimes being too busy with paperwork. Of the 43 comment cards received during inspection, 11% related to poor staff attitude and a lack of communication post-discharge.
- The section 136 monitoring form used in specific services did not include space to document people's individual needs in any detail. There was also little or no information on the electronic system in the clinical record regarding people's individual needs.

Are services responsive to people's needs?

Good

We rated Dudley and Walsall Mental Health Partnership NHS Trust as good for responsive because:

- Patients could access trust services when they needed to including in an emergency.
- The trust services were proactive in managing instances where patients 'did not attend' appointments.
- Most of the trust's services had the quantity and range of rooms and equipment needed to support treatment and care. Patients could personalise their bedrooms if they wished and wards provided secure storage for patients' belongings.
- There were activities provided on all inpatient wards. The majority of activity took place on weekdays. However, there were activity co-ordinators who worked flexibly over the weekends to provide activities for inpatients.
- All services had access to interpreters and were effective in displaying information in different languages and easy read at main receptions and notice boards around buildings. Some services had bilingual staff, and staff trained in sign language.
- The trust had had re-launched the 'open space' at Bushey Fields Hospital and the 'prayer centre' at Dorothy Pattison Hospital in order to better cater for patients' religious needs.
- The trust received 312 compliments between 29 September 2014 and 29 September 2015 Community adult teams received the highest number of compliments.

Summary of findings

- Patients we spoke with told us the trust listens to and learns from complaints. Several patients and carers shared examples of concerns they had experienced and how staff managed and resolved these and the outcomes and actions communicated to them. Staff that we spoke to across all services were knowledgeable and confident when discussing the complaints procedure. All staff were aware of the trust's policy. An embedding lessons team forwarded staff feedback from complaints and investigations to discuss in team meetings for reflection, learning and any actions.
- Average bed occupancy in the trust in the last 12 months from July 2014 to July 2015 was 82%, which is below the national average for the same 12-month period.
- The number of delayed patient discharges had decreased in inpatient facilities in the six months September 2015 to March 2015.
- However:
- Not all trust premises were appropriate for the patient group or care undertaken within them. On the Bloxwich Hospital site both Linden and Cedars, older people's inpatient wards had no direct access to outside space. The Dudley CAMHS clinic rooms were not sound proofed to ensure privacy and confidentiality for patients.
- The Trust scored 84.02% compared with a national average of 88.49% for 'food' in the patient led assessments of the care environment (Place) survey 2015 for the three locations visited.

Are services well-led?

Good

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We rated Dudley and Walsall Mental Health Partnership NHS Trust as good for well-led because:

- There was a clear vision and a set of values with quality and safety as the top priority.
- The trust had a robust governance structure that supported the learning from incidents, complaints and service user feedback. The trust risk register was used to bring current and emerging risks or concerns to the attention of senior management and to monitor them.
- The trust's children and adult safeguarding leads engaged with local authority boards at all levels. This underpinned effective co-working, shared practice and transparency to eternal scrutiny.
- The trust had good systems for quality governance. Staff in clinical services used a variety of tools and methods to monitor

and improve quality. The trust had a systematic programme of clinical audit used to monitor quality and systems that identified where the organisation should take action. Clinical staff participated in a number of clinical audits both internal and external. The trust also participated in national quality improvement programmes such as AIMS. The trust board was aware of performance using dashboards, key performance indicators and service / workforce matrix to highlight and monitor areas of concern.

- Commissioners were well engaged with the trust's senior management and met regularly to discuss and monitor services and performance.
- Staff spoke positively of the acting chief executive's connection to services and staff. The trust board had a cohesive group of non-executive directors with varied skills and experience who were proactive within board meetings.
- Staff morale was mostly good across the services in the trust. We observed motivated and committed staff who told us that they felt they made a difference and were proud of the work they did.
- The trust had a high profile equality and diversity team and lead that engaged regularly with the board and proactively promoted equality and diversity within the workforce.
- Leaders were knowledgeable, skilled, had integrity, and the trust provided opportunities to develop.
- The trust had hosted an annual staff awards ceremony since 2010 where staff could nominate individuals or teams for an award of recognition.
- The trust recruited an engagement officer in 2014 and had since established 26 engagement champions from within the staff of the organisation to promote staff engagement in change and promote the staff voice at board level.
- We observed the several teams and services to be proactive, forward thinking and innovative.

However:

- The trust could do more to train and develop its staff. Not all staff had received statutory and mandatory training. In some services, fewer than 70% of staff had undertaken the required training. Some staff reported difficulties in accessing specialised training required for their roles and services. Occupational therapy staff told us that they did not have access to profession specific training in assessments or models of

Summary of findings

practice except for those in older people's services. The extent to which non-medical staff received supervision and appraisals varied across services inspected. There was no central monitoring system for supervision.

- The trust's information governance processes require review, as several omissions existed. Practice was in breach with respect to several aspects of the clinical record and note keeping policy**.** The trust also had no clear policy or process for the review, retention and destruction of electronic records and there was a current lack of ability to alert unauthorised access of the electronic system.
- Paper records were generally complicated including both electronic and paper based systems. Several wards also had medical and nursing staff files and in one location, a separate deprivation of liberty safeguards (DoLS) file was found. Paper based filing was not always in line with information governance.
- The trust had an appropriate Fit and Proper Person policy, which the trust reviewed in November 2015. However, files audited did not demonstrate practice to be consistently in line with trust policy.
- There were challenges of integration observed between Dudley and Walsall due to two different commissioning groups.
- The trust lacked a degree of centralised monitoring systems. There was no central process for the tracking of grievances and a lack of centralised monitoring of staff appraisals and supervision across the trust.
- In the NHS staff survey 2014 the trust performed favourably for staff being able to contribute towards improvements at work and for the use of patient/ service user feedback to make informed decisions in directorates/departments. However, staff in services shared mixed views about their engagement in service change and planning. In some instances, staff felt that managers had not heard the staff voice and had no influence on change or planning.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Angela Hillery, Chief Executive Officer, Northamptonshire Healthcare NHS Foundation Trust

Team Leader: James Mullins, Head of Inspection for Mental Health, Learning Disabilities and Substance Misuse, Care Quality Commission

The team of 53 people included:

- CQC inspectors
- CQC assistant inspectors
- allied health professionals
- an analyst
- Three recorders
- experts by experience who have personal experience of using, or caring for someone who uses, the type of services we were inspecting
- Mental Health Act reviewers
- nurses from a wide range of professional backgrounds
- a planner
- < >
  senior doctors
- social workers
- people with governance experience.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit the inspection team:

- Requested information from the trust and reviewed the information we received.
- Asked a range of other organisations for information including Trust development authority, NHS England and clinical commissioning groups, Healthwatch, Health Education England, and Royal College of Psychiatrists, other professional bodies, user and carer groups. We met with 28 representatives from these groups prior to inspection.
- Sought feedback from patients and carers through attending a user and carer group
- Received information from patients, carers and other groups through our website
- During the announced inspection from the 01 February – 5 February 2016 the inspection team:
- Visited 24 wards, teams and clinics
- Spoke with 74 patients, 4 patient experience leads, 3 former patients and 44 relatives and carers who were using the service
- We also carried out unannounced visits in the 10 days following the comprehensive inspection.

Summary of findings

The team inspecting the mental health services at the trust inspected the following core services:

- Acute ward and the psychiatric intensive care unit
- Wards for older people with mental health problems
- Mental health crisis services and health based places of safety
- Community based mental health services for older people
- Specialist community mental health services for children and young people
- Community based mental health services for adults of working age
- The team would like to thank all those who met and spoke with inspectors during the inspection and were open and balanced when sharing their experiences and perceptions of the quality of care and treatment at the trust.

- Collected feedback from 43 patients, carers and staff using comment cards
- Spoke with 188 staff members
- Attended and observed 28 hand-over meetings and multi-disciplinary meetings
- Joined care professionals for 38 home visits and clinic appointments
- Attended 9 focus groups attended by 80 staff
- Interviewed 12 senior executive and board members
- Looked at 198 treatment records of patients
- Carried out a specific check of the medication management across a sample of wards and teams and looked at 41 medication charts
- Looked at a range of policies, procedures and other documents relating to the running of the service
- Requested and analysed further information from the trust to clarify what was found during the site visits

Information about the provider

Dudley and Walsall Mental Health Partnership NHS Trust (DWMHPT) employ approximately 1,115 staff. Its application for foundation trust status is currently on hold to allow the organisation to focus on providing a period of stability.

The trust's main inpatient sites registered with the Care Quality Commission (CQC) are Bloxwich Hospital, Walsall; Dorothy Pattison Hospital, Walsall; and Bushey Fields Hospital, Dudley.

The trust serves a population of around 560,000 people, 305,000 in Dudley and 255,000 in Walsall.

The services we inspected included those jointly commissioned by Walsall Clinical Commissioning group and Dudley Clinical Commissioning group.

Mental Health Act reviewers have visited the trust on nine occasions since 2014.

The CQC inspected Dudley and Walsall Mental Health Partnership NHS Trust (DWMHPT) in February 2014 as part of the pilot of CQC inspections. The CQC did not rate services at this time.

What people who use the provider's services say

Before the inspection took place, we met with a group of carers and family members and user representative groups. We met with Healthwatch and local authority representatives.

The main concerns that carers and relatives raised during the forum related to the challenges and obstacles of the crisis team to respond after hours, lack of support and signposting for some carers, multiple changes to staff involved in care and a lack of respite provision. A Peoples Network event highlighted people's concerns and frustrations around accessing services including long waiting times, challenges with GP referrals, and a limited number of sessions with counsellors. People we spoke with drew specific attention to the need for staff to be able to communicate with deaf patients and have easy access to interpreters for appointments. Once accepted into a

Summary of findings

service. People felt that most staff were caring, respectful and committed. However, people reported a concern for the lack of family support and provision for 16-18 year olds. People who attended the Peoples Network event were aware of the two different commissioning bodies and arrangement for Dudley and Walsall and felt that the trust did not fairly provide services across the two areas.

During the inspection, we spoke with 81 people using services or their relatives and carers, either in person or by phone. We received 43 completed comment cards, of which 33 were positive, five negative and five of mixed views. Feedback we received was positive and concerned caring and helpful, professional staff, person-centred care, staff treating people with dignity and respect, and the trust having a clean and safe environment. We noted that 26% of people interviewed gave positive comments about the recovery intervention team in Walsall.

People we spoke with told us about some of the challenges, including poor food and a monotonous menu, poor staff attitude, not enough television time and a feeling of rushed discharge and lack of communication post move back into the community.

We also received two individual comments from people through our website between September 2014 and September 2015.

Good practice

- Ambleside, Langdale, Wrekin and Clent wards were part of the accreditation for inpatient mental health services (AIMS) scheme developed by the Royal College of Psychiatrists. Kinver ward was in the process of receiving accreditation.
- The manager on Kinver ward led the development of two clinical practice initiatives to support safe and quality care on the adult acute wards, including a toolkit with alternative strategies and sensory techniques for patients with a history of self-harming. The manager on Kinver had also developed a personality passport for use by patients. The personality passport used self-management techniques to help patients with a diagnosis of personality disorder develop plans for use in crisis.
- The Walsall Memory Service, The Dudley Older Adults Community Mental Health Team, The Walsall Older Adults Community Mental Health Team and Beeches Day Hospital were all able to provide very responsive services with low waiting times from referral to initial assessment. The system of nominated responders in both older adults' community mental health teams meant that they could respond quickly and effectively to the changing needs of the patient group.
- The child and adolescent mental health service (CAMHS) team were proactive and forward thinking in their approach to service delivery and improvement. They held open days for local community groups, general practitioners, schools, patients, friends and families of patients and professionals from other organisations to attend. These open days provided information and increasing awareness of mental health issues among children and young people and tried to break down stigma attached to mental health issues. CAMHS staff were involved in audits monitoring different areas of their work, for example, an audit of deliberate self-harm trends, which had led to the development of specific groups for young people before exams, anxiety management and anger management groups. CAMHS services were also working with a company to develop a mood diary 'mobile app' for children and young people to use.
- Across all older people's inpatient wards, staff delivered a high level of care to both patients and relatives, including a holistic personalised approach to discharging patients. Staff worked at a pace set by the patients and their families with supported visits home followed by longer periods of unescorted leave, as well as providing reassurance to patients and relatives after discharge. Staff also worked with the community mental health teams to promote successful discharge to the community.
- The adult community mental health teams had several successful initiatives. These included the Walsall community recovery service borough-wide 'clozapine clinic' that took and tested blood on site and completed physical health monitoring for patients on clozapine (a medicine used in the treatment of schizophrenia). The trust also employed an accredited

vocational and employment specialist team in Walsall, to support access to work for patients who have used secondary mental health services (supporting sixty-four patients into work since February 2015).

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that robust processes and procedures are in place with regards to recruitment and governance checks to ensure that directors meet the fit and proper person regulation.
- The provider must ensure that all relevant policies are updated in accordance with the revised Mental Health Act Code of Practice (April 2015).
- The provider must ensure that blanket restrictions are not in use and that staff act in accordance with the 2015 Mental Health Act Code of Practice and the trust search policy when justifying the use of searches of patients on their return from community leave.
- The provider must ensure that staff explain patients' rights under the Mental Health Act and that this is recorded consistently within care records.
- The provider must ensure that staff are aware of the rights of informal patients and that they are not routinely delayed from leaving the acute ward environment.
- The provider must ensure that risk assessments contain detailed and consistent information about historical and present risks of the people that use their services.
- The provider must ensure that the care plans completed for the people who use their services are recovery oriented with the person's strengths and goals evident within them.
- The provider must ensure that statutory and mandatory training compliance is monitored regularly and that outstanding areas of non-compliance are addressed.
- The provider must ensure that where clinical supervision and appraisal take place they are consistent with the guidance of the provider's policies and staff record it accurately.
- The trust must review its procedures for maintaining a safe environment, for example, alarm systems to ensure staff and patients' health and safety.
- The provider must ensure that all medication transported from the premises is in lockable bags or containers.
- The provider must ensure that staff record all controlled drugs dispensed for patient use in their home on a controlled drug register.

Action the provider SHOULD take to improve

- The provider should ensure that staff check all emergency equipment is in good working order regularly and that checks are recorded consistently.
- The provider should ensure that there is clear information on the rights of informal patients to leave the ward and this displayed at the entrances to wards.
- The provider should ensure all ligature risks identified as part of our inspection are addressed where required.
- The provider should ensure that Mental Health Act and Mental Capacity Act training are part of the mandatory training calendar and that training clarifies the interface between the Mental Health Act and Deprivation of Liberty Safeguards clearly for staff.
- The provider should ensure that personal safety training is part of the mandatory training calendar and tailored to specific services.
- The provider should develop policies and local protocols linked to agile working.
- The provider should continue to reduce waiting list times for access to child and adolescent mental health services (CAMHS).
- The provider should keep records of the cleaning process where toys are available for the use of young people attending services.

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- The provider should ensure that all staff are aware of the trust lone working policy and adhere to local protocols.
- The provider should ensure that there is a consistent approach to recording person centred care plans.
- The trust should consider making interim improvements to the environment at Bloxwich hospital while they make decisions about moving wards to a more suitable building.
- The trust should ensure safe working practices for staff meeting patients in the Poplars Centre and Anchor Meadows Centre.
- The trust should ensure that all risk assessments and care plans are up to date and that service leads routinely monitor these processes.
- The trust should ensure that staff use best practice in recovery-based approaches and outcome measures in their practice.
- The provider should ensure caseload levels and complexity are manageable allowing staff to complete relevant paperwork.
- The provider should ensure that calls from patients or carers in crisis are responded to in a timely manner
- The trust should improve monitoring processes for staff supervision.
- The provider should ensure that there are clear criteria governing access to, and discharge from, community-based services, including transfers between services.
- The provider should review all documentation relating to section 136 of the Mental Health Act used in the place of safety to ensure it is in line with the Mental Health Act Code of Practice.
- The trust board should put processes in place to gain assurance about discrimination abuse based on Equality Act characteristics within its organisation.
- The provider should ensure that robust processes and procedures are in place in line with information governance guidance.

Dudley and Walsall Mental Health Partnership NHS Trust

Detailed findings

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.

Most staff had received training in Mental Health Act (MHA). Staff received updates every three years, however psychiatrists and approved mental health professionals received annual updates. The trust had a current Mental Health Act policy and staff told us that they were aware of this. Staff we spoke to had a good understanding of the Mental Health Act and explained how to apply it to

Their work with patients with the exception of older peoples' inpatient ward teams and community teams.

The majority of MHA paperwork was completed and stored correctly. Regular audits ensured that staff applied the Mental Health Act (MHA) correctly and there was evidence of learning from these audits. All staff reported they were aware that support and legal advice was available from the trust's Mental Health Act office. We found that most patients had their rights under the MHA explained to them on admission however; we did not see this consistently occurring thereafter.

The trust's place of safety records were poor and not in line with the MHA code of practice requirements.

Patients had access to independent mental health advocacy. The local authority provided this in accordance with the Mental Health Act (MHA) code of practice. The trust had displayed information informing patients of how to contact advocacy services. Patients we spoke with said they were aware of these services, able to use advocacy services and staff supported them to do so when required.

Mental Capacity Act and Deprivation of Liberty Safeguards

The trust had a current policy on Mental Capacity Act (MCA) including deprivation of liberty safeguards (DoLS) that staff were aware of and could refer to it. This was available on the trust intranet system. Most staff employed by the trust had received training in the Mental Capacity Act. The trust required staff to update this training every three years. Staff we spoke to had a good understanding of their responsibilities under the Mental Capacity Act and DoLS.

The MCA is not applicable to children under the age of 16. Trust staff working in child and adolescent mental health services used Gillick competence, which balances children's rights with the responsibility to keep children under 16 safe from harm. All staff we spoke to within the Dudley and Walsall CAMHS demonstrated knowledge of Gillick competence.

Advice regarding MCA, including DoLS, within the trust was available from the trust's Mental Health Act and Mental Capacity Act specialists. This team also had arrangements in place to monitor adherence to the MCA.

Staff made appropriate deprivation of liberty safeguards (DoLS) applications when needed. Staff across services assessed mental capacity on a decision specific basis.

Detailed findings

Patients were generally involved in decision-making when appropriate and families were involved for those who lacked capacity when making best interest decisions to assist in recognising individual wishes, feelings and culture.

Requires improvement

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

Summary of findings

- The physical environment around the trust was generally clean and well maintained. There was evidence of recent refurbishment in some areas. An estates assessment (2014) indicated that 89% were either new or expected to perform adequately to its full normal life and operationally safe only exhibiting minor deterioration. The trust had identified the Poplars Centre as in need to refurbishment, Halesview as operational but requiring major repair or replacement in the future.
- Newly refurbished wards had an isolation room for patients with an infectious disease and acute wards had several rooms fitted with anti-ligature fittings (a ligature point is any feature in the ward environment that could support a noose or other strangulation device) to secure the safety of patients assessed as being at risk of suicidal behaviours or self-injurious behaviours.
- The trust-wide ligature risk policy was in date. Management had undertaken an annual ligature risk assessment in all inpatient areas and the ligature policy detailed how staff should escalate significant risks. However, individual ward ligature risks assessments did not detail actions taken or completed to ensure monitoring and mitigation.
- Overall, the trust scored better than the England average in the Patient-Led Assessments of the Care Environment (PLACE) 2015 assessments for scores related to cleanliness. The trust scored below the national average for food, privacy, dignity and wellbeing, condition, appearance and maintenance, and dementia. Bloxwich Hospital was the highest scorer on six occasions and Bushey Fields was the lowest scorer on four occasions.
- We found that the layout of the wards generally allowed clear lines of sight for staff to observe patients. Where this was not the case, the trust had installed observation mirrors or used staff observation to mitigate this risk.
- On the majority of wards, there were clear arrangements for ensuring that there was single-sex accommodation in adherence to guidance from the Department of Health and the MHA Code of Practice. However, on Linden and Cedars wards the female and male bathrooms were next to each other. Screening of the bathrooms was difficult due to the general lack of space on these wards. Female-only lounges were available on mixed wards.
- The trust did not have any seclusion rooms in their inpatient services. The adult acute wards had the facilities in place to provide long-term segregation by using ward based extra care areas. Guidance for staff

was available in the long-term segregation policy, which the trust had ratified in October 2015. We reviewed long-term segregation records for the past 12 months. We found there were inconsistencies in the record keeping by staff during the use of long-term segregation and these records were not always in line with the trust policy.

- Staff on all wards visited adhered to infection control principles including handwashing. Services conducted environmental audits concerning infection, control precautions (hand hygiene), security of sharps and cleanliness of equipment regularly. The majority of wards had cleaning rotas that were available, up to date and complete whilst the company contracted to clean other service premises kept this information.
- All clinic rooms we visited appeared clean and most were fit for purpose. Staff checked equipment regularly to ensure it was in good working order so that equipment was safe for use in an emergency. However, on Linden ward emergency medications had past their expiry dates. On the adult acute inpatient wards, a defibrillator was not working and acute ward staff had not checked emergency bags regularly in line with trust policy. Not all staff on the older peoples inpatient wards knew the location of ligature cutters (emergency scissors) in case of emergency.
- There was access to appropriate alarms and nurse-call systems in the majority of services. However, specialist community mental health services for children and young people had no alarms fitted in interview and clinic rooms and adult community staff personal alarms were unable to be heard outside of the interview rooms. Beeches day hospital did not have an operational alarm system in the unit at the time of inspection. Home treatment teams had the use of outpatient rooms on both sites when required. These rooms were not fitted with alarms. However, staff had access to personal alarms.

Our findings

- The establishment for nursing staff between October and December 2015 was 439 whole time equivalent (WTE) for qualified nursing staff and 168 WTE for nursing assistants. Qualified nursing reported a vacancy rate of 17% and nursing assistants had a vacancy rate of 17%.
- Between August 2015 and September 2015, the overall sickness rate for the trust was 4.8% although there were variations between services. The adult inpatient and psychiatric intensive care wards had the highest sickness rate with 8.2%.
- At September 2015, there were 897 whole time equivalent (WTE) substantive clinical staff working at the trust and there had been 130 leavers in this period. The percentage of staff turnover reported in this period was 14.5%. The older peoples' wards had the highest turnover rate with 14.7% followed closely by the adult inpatient and psychiatric intensive care wards with a rate of 14.6%.
- Staffing levels and skills mix across the trust were generally adequate. The trust had estimated the number and grade of nurses on shift in line with the national institute for health and clinical effectiveness (NICE) guidelines. Some staff in acute wards reported that the staff numbers estimated by the trust were not sufficient for the complexity of needs. Most other services did not report using a recognised tool to estimate the number and grade of staff required to provide safe and adequate staffing.
- At the time of our inspection in February 2016, we concluded that the number of nurse staffing was generally sufficient on the wards to provide safe care. Bank and agency staff filled 5188 inpatient shifts between July and September 2015 to cover sickness, absence or vacancies. There were 246 shifts not filled in the same period. Some wards, particularly in older adult wards were regularly using bank and agency staff to make up required numbers. Ward management had block booked additional staff until April 2016 to enable consistency. Acute inpatient ward staff reported use of bank and agency staff impacted on the quality and consistency of care received, reporting the cancelling of patients' leave and sessions on occasion due to staff sickness. Community teams reported minimal use of

bank or agency staff. The early intervention team had experienced an increase in staffing over the past 12 months prior to inspection to meet the changes in service provision from an upper limit of 35 years to 65 years of age.

- In September 2015, the vacancy rate (excluding seconded staff) for the trust was 16.5%. The trust had a recruitment strategy in place and recognised its workforce recruitment challenges. The trust's focus was on improving recruitment through maintaining and improving links with further education, developing apprenticeships and mapping data for addressing workforce retirement. Managers also carried out values based recruitment to ensure recruitment of the right people for healthcare roles and to maintain a positive organisation culture of caring and integrity.
- Patients' views reflected a lack of occupational therapy input into adult acute wards. Psychologists reported they were above capacity in terms of caseloads. Psychology staff raised concerns around patient safety in terms of being under resourced and over capacity.
- Community recovery services allocated care coordinators in a timely manner and responded to urgent assessment requests. Early access service in Dudley did not allocate care coordinators. Community services caseloads generally ranged between 35-45 patients. However, complexity of needs differed greatly from patient to patient. Walsall adult community teams reported higher caseloads than similar teams in Dudley.
- Medical cover was generally acceptable across most inpatient and community services. However, in older adults wards there was no on site medical cover at night. They aimed for a response time of 30 minutes. Community mental health services for children and young people did not have a specialist CAMHS doctor out of hours. General psychiatrists under took any urgent Mental Health Act assessments that were required.
- The trust audited its management of medical revalidation through both internal and external processes in line with the national implementation procedures. Thirty-eight of the trust's 66 doctors (60%) had completed revalidation on the date of inspection. The trust had not identified any major risks and action plans were in place for the revalidation of the remaining 40% by end of March 2016. Revalidation within the trust follows the steps to good practice as set out by the revalidation team for NHS England. The trust has been subject to two external reviews of their revalidation, appraisal and job planning processes in the medical directorate. Both have provided assurance that there are no major risks in relation to appraisal and revalidation though both have highlighted similar areas in which the processes to support the RO and revalidation could be more robust. These include the administrative support for revalidation and the lack of a central electronic revalidation management system to support the administration of appraisal and revalidation. As a result, the trust was in the process of appointing a substantive revalidation administrator win line with the recommendation of the 2 external reviews.
- All of the nine mandatory training areas were above the trusts' target of 70% staff completion at the time of inspection. Compliance rates included health and safety at 75% staff completion, infection control (Level 1) at 77% staff completion and equality, diversity and human rights and fire safety both at 78% staff completion. We noted that the board had recently agreed for the trust to increase its target for mandatory training to 90% as from 1 April 2016 to align with other healthcare organisations. Prevent training, as part of the government's counter terrorism strategy, was a one off training within the trust had only 37% staff completion.
- **Assessing and monitoring risk to patients and staff**

  • The trust had a safeguarding team that oversaw and governed all safeguarding alerts and referrals. Between 1 January 2014 and 22 November 2015 there were six safeguarding alerts, 205 child referrals made between November 2014 and October 2015 and 329 adult referrals made between November 2014 and October 2014.
- The trust had policies in place relating to safeguarding and raising concerns, (whistleblowing procedures). We found that all but a few staff had received their mandatory safeguarding training and knew about the relevant trust wide policies relating to safeguarding. Most staff described situations that would constitute abuse and could demonstrate how to report concerns. As of 16 October 2015 adults safeguarding level one

training was 81% compete by staff; children's safeguarding level one was 85% complete; children's safeguarding level 2 was 80% complete and children's safeguarding level 3 was 97% complete.

- We looked at the quality of individual risk assessments across all the services we inspected. In total, we saw 89 risk assessments during our inspection. Staff undertook risk assessments within the adult inpatient services at the point of admission and updated these regularly. Most services used a recognised tool (Functional Analysis of Care Environments FACE) to inform risk assessments and other services used the Sainsbury's clinical risk tool 2 in addition to the FACE tool. Only half of the records that we looked at in the CAMHS contained a risk assessment. Of the 26 risk assessments seen in adult community teams 27% were not up to date. The adult acute wards risk assessments were at times inaccurate and incomplete.
- On adult wards, staff sometimes prevented informal patients from leaving the ward when they wanted to.
- Trust policies for restrictive practices carried out by staff, such as physical restraint, rapid tranquilisation and seclusion were in line with best practice/guidance and up to date. The acute wards average compliance with the management of violence and aggression training across all five wards was 60%. The trust did not require bank staff to undergo training in MAPA techniques. Staff we spoke to said this could be a problem due to the frequent use of bank staff on acute wards.
- The trust recognised the specialist nature of CAMHS services and provided staff with additional staff training on risk management developed by Manchester University and child specific management of aggression and violence training.
- Trust had robust policy framework around the management of violence in services, including a management of actual potential aggression (MAPA) policy, management of violence and aggression policy, seclusion policy and long-term segregation policy. Several trust committees including the least restrictive working group and policy, procedures focus group, quality and safety committee all ratified and approved policies before the trust board gave final approval. All these policies were in date.
- The trust had a current search policy providing guidance on how staff were to search patient rooms and inpatient environments for items deemed to be of risk to patients and staff, for example drugs or weapons. There were variations in search practices of patients and their belongings across the adult acute wards. On several of the adult acute inpatient wards, a blanket approach of searching patients on their return from community leave was in place. This was not in line with either the trust's own search policy or the Mental Health Act code of practice guidance.
- There were no incidents of use of seclusion across the trust between 1 April 2015 and 31 December 2015. During this time, there were 4 incidents of long-term segregation and 325 incidents of restraint. This use of restraint involved 117 separate patients. We found inaccuracies in record keeping in some instances of long-term segregation on the adult acute wards, and record keeping was not always in line with trust policy.
- Sixty-one incidents of restraint 61 incidents involved prone restraint (face down) and 45 resulted in the use of rapid tranquilisation. Ambleside ward and the adult acute ward, as expected, had the highest use of both prone and rapid tranquilisation figures for the period.
- The trust reported that fourteen inpatients had absconded from inpatient services between August 2014 and August 2015.
- The trust's risk register from November 2015 detailed seven strategic risks that scored 15 or above. These included staff morale, transforming services in a timely and effective manner, the ability to influence commissioning of services, obstacles to growth, innovation and development opportunities, risks associated with delivery of trust efficiency savings, mental health clustering impact on payment for services and the trust's brand and reputation.
- Inpatient facilities within the trust had appropriate facilities for child visiting including older people's wards and adult acute wards. Staff followed safe procedures according to trust policy.
- The rented premises for the Walsall community recovery service did not allow staff to identify who was entering the building by means of CCTV or a spy hole to minimise any potential risks to staff.
- In response to the NHS England and the Medicines and Healthcare Products Regulatory Agency patient safety

alert: Improving medication error incident reporting and learning (March 2014), the trust had appointed a Medicine Safety Officer. The trust was putting arrangements were in place to ensure that medicine incidents were documented and investigated. Managers shared the learning from medicine related incidents with staff through team meetings.

- The trust had a small pharmacy team that provided a clinical and advisory service to in-patient wards and had oversight of medicines use in the trust. An external company supplied the trust's medicines; each trust pharmacist covered four wards each day. Staff noted any concerns or advice about medicines directly onto a person's medicine records We saw limited involvement in multi-disciplinary meetings, of clinical pharmacists due to limited capacity of the small team and geographical spread of the Trust. Nursing staff we spoke with also told us that the pharmacy service was essential for medicine safety and if they had, any medicine queries they had access to pharmacist advice at all times. The pharmacy team also provided a competency based mandatory medicine management training for nurses. This was not mandatory and not always well attended.
- The trust's own policy documents on medicine did not require staff to enter the dispensing of a patients' own medicine for use at home in the controlled drug register. This could have resulted in a lack of a clear controlled drug audit path, with which to document the progress of the medicine from dispensary to patient. The chief pharmacist told us that they were taking the policy to the Medicine Management Review Committee in February 2016 to improve the audit trail.
- Staff had not carried out safe and secure handling audits in the community premises that held medication.
- The NHS Safety Thermometer Medicine Reconciliation audit i.e. staff were required to document all medicines brought with patients onto a ward at the time of admission, within the first 24 hours of admission was completed on all acute inpatient wards. This showed a 100% completion rate for the trust.
- Medicines throughout the trust were stored securely and within safe temperature ranges and regular audits completed with the exception of older adult community mental health team based at Woodside. Staff only recorded temperatures in summer months when experiencing warmer weather. However all recording was stopped in September 2015. Staff told us that pharmacy colleagues had advised them to use a freezer pack if the temperatures got too high. No consideration of the risk moisture from a freezer pack poses to medicines storage was documented.
- We found the appropriate legal authorities were in place for staff to administer medicines to people detained under the Mental Health Act 1983 in the majority of services with the exception of Langdale acute ward. Medical staff in all services kept with prescription charts, so that nurses were able to check that medicines had been legally authorised before they administered any medicines.
- No anaphylaxis kits were available for staff to use when administering depot injections in older peoples mental health community team and both the Dudley and Walsall community recovery service and psychiatric liaison as required by the Emergency Treatment of Anaphylactic Reactions Guidelines for healthcare providers January 2008.
- **Track record on safety**
- The trust discovered increased levels of legionella spores in the water systems of Dorothy Patterson Hospital during 2015 and had to evacuate patients on the wards as a result of the purification process. The non-executive directors stated that they now feel that they have brought in the right organisations to help with challenging their problems. The trust had learnt lessons from the increase in legionella spores including specific details that require addressing through the trusts routine maintenance programmes.
- **Reporting incidents and learning from when things go wrong**
- The STEIS (Strategic Executive Information System) which captured all serious incidents data for the trust recorded 62 incidents between 26 August 2014 and 28 August 2015. of the 62 incidents were related to patient absconds/ unauthorised absence, ten were slips, trips and falls (2 linked with unexpected / avoidable deaths), one involved the admission of under 18 to adult ward,

one involved the failure to obtain an appropriate bed for a child and 16 were deaths. Of the 16 deaths, six were at the Bushey Fields Hospital, 6 at the patient's home, 3 in public and 1 at another location.

- Staff reported they were aware of how to complete incident forms and their responsibilities in relation to reporting incidents. They were able to explain the process they used to report incidents through the trust reporting systems. When looking into serious incident investigation records on adult acute wards there was evidence of staff involvement, feedback, debriefing and support in a timely manner. Staff reported immediate managers providing support following incidents. The trust had an embedding lessons group of senior staff who consider the outcomes of investigations and feedback in staff meetings and to all staff through email. Learning from incidents also happened within peer supervision, case studies and multi-agency meetings in the CAMHS teams.
- **Duty of candour**

  The trust demonstrated good structures and process in place to inform staff and monitor
- NHS trusts are required to submit notifications of incidents to the National Reporting and Learning System (NRLS). In total 1,674 incidents were reported to the NRLS between 1 November 2014 and 31 October 2015. The majority, 53% of these resulted in no harm or low harm, 44%. Moderate harm incidents accounted for 2% of incidents and severe harm incidents accounted for 0.2%. There were 24 incidents categorised as deaths during the period that accounted for 1.4% of all the incidents reported.
- Of the incidents 24% were patient accident, 23% were self-harming behaviour, 7% were incidents relating to medication and 16% were associated with disruptive, aggressive behaviour including patient-to-patient incidents. February 2015 saw a slight dip in the total number of incidents, but on average, there were about forty incidents per month. It took 22 days on average for the trust to report an incident.
- The trust also separately reported serious incidents.The trust reported 44 incidents between 26 August 2014 and 26 August 2015. Of these, seven involved the death of a patient. Staff spoken to on the adult acute wards could describe changes in practice that staff had made following serious incidents to improved safety. This included increased monitoring of the frequency of individual sessions staff offered to patients and managers auditing this to ensure that it took place. There were no never events reported by the trust during this time period. The highest number of serious incidents were relating to absconding followed by slips, trips and falls.
- The NHS safety thermometer measures a monthly snapshot of four areas of harm including falls and pressure ulcers. There were ten incidents recorded between October 2014 and September 2015, with no pressure ulcers recorded at all. No services where the levels of incidents reported were a particular concern
- Staff demonstrated a duty of candour; they operated with openness, transparency and candour, which means that if a patient is harmed they are informed of the fact and an appropriate remedy offered. The trust's compliance and safety team led on the management and recording of duty of candour, with a designated staff member responsible for recording all reported incidents which was reporting to both the quality and safety committee and trust board on a monthly basis.
- There was a designated duty of candour policy that senior management had recently reviewed following the changes in CQC regulations and the trust had reviewed the service experience and complaints policy to reflect duty of candour regulations and responsibilities.
- The trust has provided all senior leads, managers and band 6 nurses with training in the duty of candour. Staff had access to duty of candour leaflets and the trust's intranet page for duty of candour for support and information.
- Staff in all core services asked about incident reporting and duty of candour told us that they understood what it meant and were able to give examples. On older adults wards we saw evidence of the involvement of families during investigations by the trust into serious incidents that had occurred. During a home visit as part of the older people's community mental health teams, we saw a demonstration of duty of candour when staff discussed the reason for a missed appointment with a patient and carer. They gave an honest account of why this had occurred.

- The trust had revised their code of conduct to reflect the requirement of duty of candour (the organisations responsibility to be open and discuss any error or mistakes, and apologise when necessary). The trust had plans to introduce a new strategy to involve families in serious incident processes.
- When reviewing serious incidents investigation records on adult acute wards duty of candour was evident by the trust having made contact with the families of patients, having offered support and an opportunity to be part of investigations and analysis of how incidents took place. Patients on acute wards also gave feedback that they found staff to be open and honest about any incidents or errors.
- • The trust worked with an independent emergency planning officer to review and update their business continuity plan in light of lessons learned to date both within the organisation and with consideration to other NHS providers' experiences. The trust's business disruption risk assessment identified thirteen major risks and outlined existing controls to minimise risks as well as detailing actions required and the role accountable for completion.

  • The trust's major incident and business continuity plan was comprehensive detailing incident response procedures as well as providing action cards and forms for staff use during an incident. This document also included; the business continuity management policy, the business impact assessment, the business disruption risk assessment, emergency preparedness and business continuity training schedule and the information and communications technology (ICT) disaster recovery (DR) plan.

  • There was evidence of board level discussions of the trust's self-assessed compliance with NHS England Emergency Preparedness, Resilience and Response (EPRR) core standards. Minutes outlined planned actions for staff training and testing / exercises to ensure the organisations continued fitness for purpose.

Anticipation and planning of risk

• The trust had a business continuity policy and business continuity plan in place that outlined the overarching organisational response to disruption to services in the event of major incidents or emergency. However, these did not detail the trust's contingency plans in the instance of fire or water damage rendering all records stored unusable.

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Requires improvement

Are services effective?

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

Summary of findings

Our findings

Assessment and delivery of care and treatment

- Care records showed in most trust services that staff completed care-planning processes in a timely manner following patients' admission. However, on the adult acute wards there was evidence that staff were not undertaking occupational and functional assessments in a timely manner. Psychology professionals saw 100% of people referred for psychological therapies within 13 weeks from the time that the initial assessment to the time of the assessment (National Audit of Psychological Therapies 2013).
- Care planning and record keeping were not effective throughout the trust. Many care records were not complete and lacked up to date risk assessments. Staff used different documents and formats across services with no evidence of consistency. Care plans on acute wards did not always show evidence of being personalised, holistic or recovery focused. Many care plans on acute wards lacked detail of therapeutic activity and reflected generic activities available on the ward rather than being patient focused and developed in relation to individualised needs, strengths and goals. We found that child and adolescent services documented different levels of detail on care plans on electronic and paper systems. Staff did not consistently document patients and carers views in care plans. Adult community services care plans were personalised and there was evidence of patient involvement. However, there was a lack of recognised occupational therapy assessment tools; inconsistent recording of recovery-focused work on the electronic systems and staff did not use outcome measures in care planning. Recording of care and treatment in the place of safety was limited and not in line with the Mental Health Act code of practice.
- CAMHS prescribing of medicines was in line with the national institute for health and care excellence (NICE) guidance and included physical examinations and monitoring. Staff used outcome measure tools across CAMHS services and there was evidence of clinical audit across all professions.
- We saw evidence of a variety of physical assessment tools and the monitoring of needs was taking place on the adult acute wards and CAMHS. All patients had specific physical health care plans.
- Care records for the adult acute inpatient wards were stored securely. However, we found instances when these lacked chronological order, had duplicate records and missing documentation. Trust recording and documenting systems are complex and do not allow staff to access all relevant information needed for effective transfers of patients or to deliver care when required (this is due to a lack of co-ordination between paper-based and electronic systems).

Best practice in treatment and care

- The trust complies with best practice in treatment and care. There is participation in national audits such as the second national audit of schizophrenia 2014, the national audit of psychological therapies 2013 and the prescribing for people with personality disorder national audit 2015.
- Staff monitored outcomes to improve performance throughout the trust typically by using the health of the nation outcome scale (HoNOS) and other recognised specialist tools within specialist services for example alcohol rating scales were used to monitor the wellbeing of patients undergoing detoxification. Clinical staff reported active participation in clinical audit such as side effects, physical health care monitoring, and medication prescribing. Staff used the national institute for health and care excellence (NICE) guidelines in these audits.
- The equality and diversity (E&D) lead shared an example of good practice in some services within the trust

patients receiving translated care plans that enabled patients to understand care plans and goals towards discharge. However, the E&D lead recognised that this was not a routine service offered.

- Staff on older people's wards used a variety of tools and guidance to promote safe and quality care, including the national institute for health and care excellence (NICE) guidelines for dementia and falls in older people, the malnutrition universal treatment tool and the short observational framework tool (SOFI) to assess and monitor nutritional intake of patients.
- Community teams were starting to implement the Dudley and Walsall recovery outcome measure (DWROM) in services across the organisation to monitor recovery progress of patients and inform practice. A vocational specialist employment team supported community patients in Walsall and had achieved significant success.
- Staff plan and deliver care in line with evidence-based guidance and standards. Seventy nine per cent of people receive therapy in line with NICE guidelines recommended for the patients' condition/problem (National Audit of Psychological Therapies 2013). The psychological therapies hub (PTHub) produced a mindfulness CD for patients and had provided over 250 copies to patients to date.
- Patients on the adult acute wards had access to cognitive behavioural therapy, in line with NICE guidance for the prevention and management of psychosis in adults. Occupational therapists ran illness awareness groups to discuss the recognition and management of symptoms.
- There was good access to physical healthcare and staff monitored physical health appropriately. In the second national audit of schizophrenia 2014, the trust was above the sample average in 21 of the indicators and below the average in 20 for monitoring physical health. In two of the indicators, the trust was equal to the sample average. The trust scored lower than the national sample average on all interventions offered for identified physical health risks with the exception of alcohol and substance misuse for which it scored 100%. The trust scored 0% for the Intervention for elevated blood pressure with the sample average being 25%.
- There is use of outcome measures and other approaches to rating severity and outcomes. According to the second national audit of schizophrenia 2014, the trust scored lower than the sample average with 79% of service users reporting that they were satisfied with the care they received over the last 12 months and 75% of service users reported that services had helped them to achieve good mental health in the last year.
- The second national audit of schizophrenia 2014 also audits organisations prescribing practice. For the investigation of medicine adherence in those with poor symptom response category the trust frequency in cases on clozapine is 100% with sample average being 73%.
- The trust has a range of measures in place agreed with commissioners, other stakeholders such as NHS England and in partnerships with social care with the aim of improving the outcomes of people who use their services. However, commissioners reported receiving internal trust reports and documentation not specifically tailored to their remit required for commissioning. Commissioners have discussed this with the trust for which actions are in plan for development of individualised monitoring and reporting of outcomes.
- The trust scored better than the national average in the personality disorder national audit (2015) for;
- the proportion of patients prescribed one or more antipsychotic medications, for whom the clinical reasons for prescribing the antipsychotic were partially documented
- the proportion of patients with a written crisis plan in the clinical records with evidence that the patients' views had been sought
- the proportion of patients with personality disorder only prescribed antipsychotic drugs for more than four consecutive weeks and for the proportion of patients prescribed medication for more than four consecutive weeks with documented evidence of review in the clinical records.
- The trust scored worse than the national average in the personality disorder national audit (2015) for:
- the proportion of patients prescribed one or more antipsychotic medications, for whom the clinical reasons for prescribing the most recently initiated antipsychotic were fully documented

Requires improvement

Are services effective?

- the proportion of patients with personality disorder only, prescribed Z-hypnotics for more than four consecutive weeks
- the proportion of patients with personality disorder only, prescribed benzodiazepines for more than four consecutive weeks.

- The majority of the trust quality priorities are on target as detailed in the report to date with the exception of improving access to psychological therapies through the implementation of a therapeutic hub. The trust had not identified any by this.

Those on target included:

- enhancing care and compassion through the introduction of 'my name is' initiative trust wide
- improving trust processes for 'Did Not Attends' (DNAs)
- improving the quality of dementia care through dementia mapping
- improving the quality of clinical supervision and appraisal to support care delivery and practice
- demystifying care pathways
- improving management of long term physical conditions
- improving patient and staff experience and feelings of safety.

Skilled staff to deliver care

- All staff completed a two-day corporate induction. This included an introduction to the trust and its aims and values. Some teams including the crisis teams, place of safety and community children and young persons' team all had additional local induction involving shadowing of team members prior to independent working for new starters. The pharmacy team provided a competency based mandatory medicine management training for nurses. Healthcare assistants received training in line with care certificate standards and achievement of a care certificate was a standard objective in the first twelve months of employment.

- All staff are supervised, appraised and have access to regular team meetings. Forty per cent of clerical staff agreed they have had well-structured appraisals over the past 12 months compared with the trust's average of 50% (NHS staff survey 2014). This compared to the national average of 41%.

- All services across the trust had appraisal rates above 75% for the period of June 2014 to June 2015. Of the all services inspected, adult long stay / rehabilitation wards had the highest appraisal rate with 100%; followed by mental health older peoples' community team 94% and 93% for both adult psychiatric intensive care and child and young person's team. In the child and young persons' team, the trust also funded external specialist supervision for the cognitive analytical therapist, family therapist and psychotherapist. The crisis / place of safety team service had the lowest appraisal rate with 77%. However, as of the 30 June 2015 some smaller teams including the adult inpatient activity co-coordinators team recorded appraisal figures as low as 25%.

- The human resources team have undergone a transformation over the past 12-18 months and now focus on recruitment, health and wellbeing of staff, increasing compliance with training and increasing the rate and frequency of staff supervisions. Individual managers currently hold and monitor supervision rates; there is currently no central source of information in respect to this. The trust is in the process of moving towards a standardised system, which would allow this information to be accessible.

- Across the trust, there was inconsistent multidisciplinary input into services. Older people's community team reported good levels of staff. Child and adolescent services (CAMHS) were specifically diverse in the range of professionals in their team. Staff reported support to train and develop specialist skills and knowledge to perform their roles. However, adult inpatient wards generally lacked therapy input from registered occupational therapists (OT) and psychologists into multidisciplinary assessment and the provision of therapy and therapeutic activities. Patients and carers we spoke with echoed a concern of this lack of multi-disciplinary approach to adult inpatient care. These wards also did not have any social worker input to assist in meeting patients' social needs including finding suitable accommodation on discharge. Nine consultant teams working across these wards further complicated the multidisciplinary input into the adult acute wards. This raised logistical issues for all concerned.

Requires improvement

Are services effective?

- Community team staff worked generically and not according to their specialist skills which caused some frustration amongst the staff group in fully meeting patients' needs.
- A reduction in workforce and increased generic working, with a lack of professional support and specialist training of non-medical therapy professionals including occupational therapists and social workers resulted in this group of staff feeling their role in the recovery of patients was undervalued. Commissioning bodies reflect these views stating that role in community teams are becoming increasingly generic and loosing specialism resulting in a focus on medication and not talking therapies and therapy. Commissioners also reported adult inpatients have requested more stimulation on inpatient wards. Staff felt recent changes flattened the management structure and resulted in a lack of professional voice in senior management and leadership forums pivotal to contributing to the trust's service planning and practices.
- Psychology staff reported high workloads especially in children and adolescent mental health services (CAMHS). Staff experienced a lack of managerial support in psychology teams. All services have long waiting lists despite staff working additional personal hours to complete work. Staff felt practice did not feel safe and the major contributing factor to sickness was stress related to the lack of staff and time. Staff reported receiving clinical and specialist training to undertake their roles competently.
- Staff reported there was a lack of commissioned funding to train staff and provide service's for patients with autistic spectrum condition (ASC) and adult attention deficit disorder (ADHD). However all staff in community teams use cognitive behavioural therapy (CBT) techniques and anxiety management. Those who have worked for more than two years also attended training in solution-focused therapy to support their roles. Staff working in the crisis teams reported receiving training in physical health venepuncture and suicide response training. Home treatments teams were discussing the benefits of training staff in phlebotomy and nurse prescribing.
- The organisation had a strong medical staff group represented at all levels and who felt they received the required training and developments and felt supported in their roles, although local variations were highlighted between Dudley and Walsall teams. The joint medical director roles took responsibility for medical staff development and training within the organisation. Generally as a group of doctors, they did not always feel that the trust board or local commissioners heard their clinical concerns. The restructuring of services recently resulted in sector based team models and higher patient numbers creating reported increased work pressures. Revalidation of medical practitioners was robust and underway.
- Poor staff performance is addressed promptly and effectively including amongst senior staff members. We looked at five staff performance cases during our inspection, all of which were under band 7 in seniority. Human resources staff told us there were no senior management performance cases within the 12 months up to the inspection. In the past year, there have been five suspensions across the trust.
- Team managers addressed poor performance appropriately across the majority of services. Managers reported examples of senior nurses shadowing more junior staff and providing real time feedback on their practice and instances of additional staff training in the administration of medication as means to raise and manage staff performance. Details of performance management processes were included in personal files held by managers.

Multi-disciplinary working and inter-agency work

- The trust scored the same as the national average in the NHS Staff Survey 2014 for questions relating to effective team working.
- Multidisciplinary team (MDT) meetings took place regularly across the majority of services. However, logistical challenges were evident in several teams including home treatment teams attending inpatient meetings and the number of consultant teams on adult acute wards requiring MDT attendance. Staff and patients at the Dorothy Pattison Hospital reported the lack of occupational therapy input into the adult inpatient wards had a significant impact on patient recovery. We also saw limited involvement in multidisciplinary meetings, of clinical pharmacists due to limited capacity of the small team and geographical spread of the Trust.

Requires improvement

Are services effective?

- The trust had a small pharmacy team that provided a clinical and advisory service to in-patient wards and had oversight of medicine use in the trust. An external company supplied the trust with medicine; each trust pharmacist covered two wards each day. Staff documented any concerns or advice about medicines directly onto the person's medicine records. Nursing staff we spoke with also told us that the pharmacy service was essential for medicine safety and if they had medicine queries they had access to pharmacist advice at all times.
- Handover meetings across the trust varied in effectiveness. The right aspects of patients' needs and treatment were not always the focus in crisis team handovers. However, on the inpatient wards for older people, staff used a clear format for recording discussions to enable sharing of information and the manager and clinical lead regularly attended for quality assurance purposes.
- The trust has developed agile working through staffs increased use of laptops in the community-based services. Staff reported mixed views of agile working; some felt it was positive and effective whilst others felt it had a negative impact on staff work life balance (resulting in more working when not at work), increased lone working and the reduction of team working.
- Patient experience leads reported the trust supporting their roles through induction, training, leadership events and regular monthly supervision. They described the trust as embracing service user engagement through patient stories at board level, involvement in committees, forums, training and interviewing. The trust has undertaken surveys of patient opinions and outcomes feedback at a senior level. However, there was no formal feedback to patients. Patient experience leads recognised this as an area that requires development.
- Several teams in the trust demonstrated effective working relationships with other internal teams and external agencies. The mental health crisis teams demonstrated effective collaborative working with external agencies through a strategy group including the West Midlands Police and ambulance services and multidisciplinary team members. This included nurses, psychiatrists and approved mental health practitioners.
- The teams on the wards for older people had developed good working relations with acute hospitals, day services and community teams. Managers and clinical leads worked closely across Dudley and Walsall to develop ideas and share good practice. Community teams for older people held regular and effective allocations meetings involving other teams where required. CAMHS teams worked in collaborative ways with a variety of external agencies including school reintegration and exclusion officers, local authority youth offending services and local GPs. Such collaboration and audit evidence had resulted in funding of further posts in these teams until 2017 to address the needs of young people locally. In addition, adult inpatient wards demonstrated effective working relationships including good handovers with care coordinators, crisis and community teams in the organisation as well as local safeguarding teams within local authorities.
- Staff in the adult community teams faced challenges in relation to the discharge of patients, including GPs not accepting referrals of patients on depot medication and unclear and limited pathways for older people's transition into the community.
- The trust is proactive in establishing partnership working with external agencies for the benefit of patients. This was evident through interviews with local Healthwatch and commissioners. Local authorities for Dudley and Walsall reported that the trust was increasingly open and collaborative in addressing and meeting both children's and adults safeguarding needs. Both local authorities did recognise GP gatekeeping to mental health services compounded some safeguarding issues where the source of the safeguarding risk was experiencing mental health illness or distress.
- Dudley MIND shared their view that the trust could improve in the ways it works with and involves the voluntary sector in planning, delivery and service improvements.
- Local commissioners reported experiencing regular engagement in governance forums and meetings at a high executive level of the trust. They described the trust as transparent and proactive sighting several recent improvement in the local management of patients resulting in a decrease of out of areas placements, improvement in referral times for some services, the

development of a Tier 3.5 child and adolescent mental health service (CAMHS) and robust revalidation model for medical professionals. Commissioners recognised several areas of challenge for the trust going forward including managing the need for services (capacity management), workforce turnover and vacancy rates, which in turn affects lessons learned and embedded from incidents / complaints.

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

• Mental Health Act (MHA) training had a completion rate of 69% up to December 2015. The Mental Health Act training is not mandatory or listed on training monitoring matrix for the trust. Staff received updates every three years. However, psychiatrists and approved mental health professionals (AMHPs) receive annual updates. The average compliance rates across the five acute wards for qualified staff receiving MHA training was 50%. The lowest compliance rate was Kinver ward with 30% of staff having attended the training. This was significantly below the trust target of 70%. The community recovery teams' compliance with training was also low at 42%.

- Staff completed consent to treatment and assessments of patients' capacity requirements where applicable and copies of consent to treatment forms attached to medication charts.
- Staff across the trust reported they were aware that administrative support and legal advice on the implementation of the MHA and its code of practice was available for staff from the Mental Health Act office and a Mental Health Act manager.
- Regular audits were in place but did not always ensure that staff applied the Mental Health Act (MHA) correctly and there is evidence of learning from these audits. Dorothy Pattison Hospital staff had completed eight records on an out of date form. Staff had not identified this in audit processes. Of note the adult acute wards performance in these audits was low. It was unclear what staff had put in place to rectify this. MHA staff informed us that they had offered training to individual wards but they had not taken this up. The trust also holds Mental Health Act scrutiny meeting that take place monthly.
- Access to independent mental health advocacy services was available and provided by the local authority in accordance with the Mental Health Act (MHA) code of practice. Patients we spoke with said they were aware of these services, able to use advocacy services and staff supported them to do so when required.
- The trust has had nine visits since 2014 (all unannounced). The main issues highlighted were regarding consent to treatment (eight locations), service users being aware / advised of their rights (seven locations), section 17 leave (seven locations). The following locations had the most issues: Clent ward (seven issues), Linden ward (seven issues) and Cedars ward (six issues).
- Patients throughout the trust had their rights under the MHA explained to them on admission however; we did not see this consistently occurring thereafter. In 29 cases, we found that staff had not correctly informed patients of their rights whilst detained in the place of safety.
- The trust was not following the Mental Health Act code of practice in the place of safety in relation to the following points:
- Staff were not consistently keeping proper records of the person's detention for example not recording a person's time of arrival immediately when they reach the place of safety.
- Staff were not consistently recording the admission, and of the outcome of the assessment.
- Staff were not consistently recording evidence of establishing whether patients had particular communication needs or difficulties and if staff had taken steps to meet these, by arranging, for example a signer or a professional interpreter.
- Staff were not documenting if a patient wanted someone else (for example a familiar person or an advocate) to be present during the assessment.

Good practice in applying the Mental Capacity Act (MCA)

- There was a policy on Mental Capacity Act (MCA) including deprivation of liberty safeguards (DoLS) staff were aware of and could refer. This was available on the trust intranet system. Trust staff understood and where appropriate worked within the MCA definition of restraint.
- Advice regarding MCA, including DoLS, within the trust was available from the mental health and Mental

Requires improvement

Are services effective?

Capacity Act specialists based in the trust. The central MHA / MCA team had arrangements in place to monitor adherence to the Mental Capacity Act (MCA) within the trust.

- Staff made deprivation of liberty safeguards (DoLS) applications when required. There were 42 DoLS applications made between April and September 2015, the majority of which were for Linden ward (28). Of all of the applications made, three were for acute wards.
- Seventy six per cent of staff employed by the trust received training in the Mental Capacity Act. The trust required staff to update this training every three years. The lowest compliance rate for MCA training was Langdale ward with 52%.
- The majority of staff reported a good understanding of the Mental Capacity Act (MCA) 2005, in particular the five statutory principles, with the exception of staff we spoke with working in older people inpatient wards and community services for older people. These staff did not receive any training in the use of restraint and were not able to demonstrate a good knowledge of the issue and its relevance to the MCA. Staff were able to demonstrate knowledge of how to access support and advice in connection with the MCA.
- We also noted that on the older adult inpatient wards that DoLS paperwork was stored electronically or separately from the patients' records which created a lack of clarity in assessment and treatment of patients.
- The MCA is not applicable to children under the age of 16. Staff used the Gillick competence, which balances children's rights with the responsibility to keep children safe from harm, for those under 16. All staff we spoke to within the Dudley and Walsall CAMHS demonstrated knowledge of Gillick competence, but did not routinely document it.
- Staff across services assessed capacity on a decision specific basis. Patients on older adult wards were involved in decision-making when appropriate and families were involved for those who lacked capacity when making best interest decisions to assist in recognising individual wishes, feelings and culture. Doctors completed and recorded capacity assessments on adult acute wards. Some assessments observed suggested passive acceptance of medication indicated capacity.

Good

Are services caring?

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

Summary of findings

Our findings

Kindness, dignity, respect and support

- The trust's overall score for privacy, dignity and wellbeing in the patient led assessments of the care environment (PLACE) 2015 was 88.6%, which was below the England average of 90.7%. Bushy Fields Hospital was the only site to exceed the national average in this area.
- Seventy nine per cent of respondents in the patient Friends and Family Test data between April 2015 and June 2015 were either 'likely' or 'extremely likely' to recommend the trust as a place to receive care. Eighty six per cent of respondents in the staff Friends and Family Test data between April 2015 and June 2015 were either 'likely' or 'extremely likely' to recommend the Trust as a place to work.
- The trust performed about the same as other trusts in the care quality commission (CQC) Community Mental Health Patient Experience Survey for all questions. With the exception of question 14 "Does this agreement on what care you will receive take your personal circumstances into account?" which the trust performed better than other trusts.
- Throughout our visit, we saw staff interacting with patients in a positive, friendly and respectful manner and most patients we spoke to were positive in their views of staff. We also observed staff speaking about patients positively in referral and multidisciplinary meetings. Most patients said that staff addressed their individual needs in care planning and care. Of note, the memory clinic observed during inspection took a very client centred approach to practice to assessment, documentation, follow up, and support of patients and carers.
- We carried out an observational assessment during inspection of the older peoples wards using the short observation framework (SOFI). Observations showed lots of positive interaction between patients and staff. Patients had free access to move about the ward and staff readily supported those who required assistance. Patients and carers of this service stated that the standard of care was excellent. Staff effectively used life story work and memory boxes with patients and completed Bristol activities tool on admission to tailor therapeutic activity to individuals' needs and preferences.
- Patients, carers and former patients we spoke to were overwhelmingly positive in their views of staff. However, negative comments received from patients were about staff sometimes being too busy with paperwork. Eleven point five per cent of comment cards received during inspection of the trust were concerning poor staff attitude and a lack of communication post discharge.
- The section 136 monitoring form in the place of safety did not include space to document people's individual needs in any detail. There was also little or no information on the electronic system in the clinical record regarding peoples' individual needs.

The involvement of people in the care they receive

- The trust performed similar to other trusts in the care quality commission (CQC) Community Mental Health Patient Experience Survey 2015 for questions relating to: 'have you been told of organising your care and services?' and 'were you in agreeing what care you will receive?
- The trust performed similar to other trusts in the CQC Community Mental Health Patient Experience Survey 2015 regarding 'do you know how to contact this person if you have a concern about your care?'
- The trust had several ways to involve patients. These included a service experience desk created to encourage patients to be involved in service development through compliments and complaints, a community development worker to work with hard to reach groups of patients, experts by experience (people who had experienced services) involved in improvement forums, community and careers groups and non-executive directors involved in forums.

Good

Are services caring?

- The trust's home treatment teams had carried out an internal satisfaction survey and team evaluation for patients. Eighty two per cent of people who responded to the survey between July and September 2015 felt staff had listened to them during their time in the service and 61% felt staff had treated them with dignity and respect. There were some negative comments about involvement in care planning and the usefulness of the information pack. Managers had considered peoples feedback and highlighted recommendations and improvements for the future.
- The trust's CAMHS community teams were very proactive in involving young people in many different aspects of the service. Young people had been involved in developing an information leaflet for 'looked after children' and had been involved in staff recruitment for team members. The team was also proactive in building links in the communities and had run several open days for local communities, schools and other agencies to share information about what they do, reduce stigma and obtain feedback.
- The trust had a number of patient representative groups. In Dudley, there is SAMH, POHWER and Voiceability. In Walsall, there is Age UK Walsall, Dudley Advocacy, Voiceability, Walsall SUE who all provide independent Mental Health Act advocacy (IMHA) and independent Mental Capacity Act (IMCA) advocacy services.
- The trust had undertaken work to improve and ensure patient involvement had been positivity received and this saw experts by experience roles increase from four to 11. These individuals are at different stages in their recovery and supported by clinicians and a clinical mentorship group to give input into patient engagement groups and trust projects.
- The trust had created its first 'youth forum' to enable staff and services to hear younger patients' opinions and involve them in service planning.
- On inpatient wards, there was ample information about the ward environment, facilities and services. There were posters signposting patients and carers towards services such as advocacy. Staff also held community meetings where patients could raise any issues of concern.
- Patients told us they were involved in their care planning and staff took time to speak to them about care plans and treatments. Student nurses also reported observing good practice of staff involving and discussing care plans prior to the patient signing them. Staff gave most patients a copy of their care plans if they wished to have a copy.
- Staff invited families and carers to meetings and encouraged them to visit inpatient wards. Adult inpatient wards were using 'triangle of care forms' that included carer or relative consent to treatment as a mark of good practice. Carers and families of patients on the older adult wards stated that they were fully involved in the care of their family member and felt well supported by staff. The staff of the older adult wards regularly welcomed experts by experience to visit and speak with patients and support them in their recovery journey. Kinver ward was planning a ward open day for carers of patients to build stronger links with carers. Both the early access service and recovery community services received 30 compliments over the past 12-month period prior to inspection.

Good

Are services responsive to people's needs?

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

Summary of findings

Our findings

Service planning

- The commissioners we spoke to had positive feedback of involvement in service planning to meet the needs of people in Dudley and Walsall. For example, the planning and establishing of a CAMHS Tier 3 plus service that consisted of collaborative working, good communication and consultation, good pace and timing of delivery.
- The trust uses information about the local population in planning and delivering services. The trust has recently begun plans to introduce a child and adolescent mental health service (CAMHS) tier four service. This was in response to the changing needs of the population and ensured people receive care that is appropriate to their needs.

Access and discharge

- Service users can access trust services when they need to including in an emergency. The referral to assessment waiting times averaged at 26.7 days across all core services over the last six months between March 2015 and September 2015.
- The trust's community services demonstrated responsiveness to the urgency of referrals to their teams. The early access services primarily accept referrals from GPs. Staff received, saw, and assessed urgent referrals within the same working day. The crisis resolution and home treatment teams manage urgent referrals outside of 9am to 5pm.
- The trust's adult, older peoples and CAMHS community services were flexible when arranging appointments. The early access service, community recovery team and CAMHS teams offered appointments outside of 9am to 5pm hours to support those patients who work. Woodside Centre and the Blakenall Village centre teams could adjust visiting times within reason.
- The older people's community teams had a three-tier triage system to access assessment and treatment; if a person was in crisis, staff triaged these cases within four hours, urgent referrals were triaged within 48 hours and if referred for receipt of care they were triaged within 15 days. The older people's community team meet their targets 100% for both Woodside Centre and the Blakenall Village centre teams. The memory service patients waited on average eight days between referral and first assessment interview that was much better than the accepted national average of six weeks.
- Child and adolescent community services also operated a duty worker system to screen and rate all referrals on a daily basis. Referrals were rated red, amber or green according to their priority, red referrals were seen within 24 hours, amber were seen within six weeks and green were seen within 12 weeks. Tier 3.5 staff in Walsall dealt with all referrals rated red. However, Walsall CAMHS patient's average waiting time from referral to treatment was 19 weeks for Walsall patients and eight weeks for Dudley patients. This is longer than the recommended referral time of 18 weeks.
- The trust's memory service operated a responder system, which managed patient phone calls for support or information promptly and effectively.
- Staff rarely cancelled appointments at the Woodside Centre and the Blakenall Village centre due to operating a responder system. In cases of staff sickness, the responder could undertake appointments.
- The CAMHS teams were proactive in managing 'did not attend' (DNA) appointments through following these up with phone calls or texts as well as informing their GP. A DNA audit undertaken showed high DNA rates in family therapy. The team has since put in place family therapy text reminders and calls.
- There was variation in the waiting times patients' experienced in services from referral to assessment and treatment. We found the mean number of days from referral to treatment for the CAMHS teams was 62.8 days, for older adults CMHT was 32.7 days, for the EAS

community adult team was 32.2 days, the CRHT team was 0.6 days and for all inpatient wards, including adults for people of working age and older adult wards was zero days.

- For inpatient teams: beds are available for people living in the catchment area. The Trust reported that they had not transferred any patients living in the trust's catchment area out of area due to a shortage of beds in the 6 months prior to inspection in February 2016.
- Staff and patients we spoke to on the adult acute wards reported no issues with bed availability on return from leave and the trust had confirmed that there had been no patient transfers because of a shortage of beds between April and September 2015.
- The Trust was above the England average between September and November 2014/2015 and April and June 2015/2016 and below the England average in January and March 2014/2015 and July and September 2015/2016 for discharge of patients on care programme approach (CPA). The majority of delayed transfers of care related to "Awaiting nursing home placement or availability" with 21 patients being delayed. There was a spike of number of days delayed by "social care" in November 2014. The majority of delays related to "Awaiting care package in own home" and "Awaiting nursing home placement or availability" with 226 and 224 delayed days respectively.
- The trust's inpatient facilities had 14 delayed discharges in the 6 months September 2015 to March 2015. The trust had six or fewer delayed patients per month with the majority of the responsibility for the delay being with "both social care and the NHS" with the exception of November 2015 where "social care" were responsible for more. As a general trend, the number of patients delayed had decreased. Ambleside adult acute ward had the highest number of delayed discharges between 1 April and the 30 September 2015 with a total of seven. This represented 70% of the trust's total delayed discharges for that period. The manager of Ambleside attributed this number to patients with complex and multiple needs and the identification of funding for suitable longer-term placements. Langdale ward had the highest proportion of re-admissions at 29.8%
- Regarding discharge follow up for patients on Care Programme Approach (CPA) the trust was comparable to the national average by 1%. At 97.5% the trust was above the national average in quarter three 2014/15 (October to December 2014) and quarter one 2015/16 (April to June 2015) with 98%. However the trust was below average in quarter four 2014/15 (January 2015 to March 2015) with 96.5% and quarter two 2015/16 (July to September 2015) with 96%.
- The trust had taken active steps to engage with people who find it difficult or are reluctant to engage with mental health services. A trust action plans was to trained a member of staff in sign to address this specific communication need within its service user population.
- Average bed occupancy in the trust in the last 12 months from July 2014 to July 2015 was 82.6%. This had been consistently below the national average for the same 12 months with the exception of October to December 2014. The number of out of area placements in the trust in the six months prior to inspection was zero.

The facilities promote recovery, comfort, dignity and confidentiality

- Most of the trust's services had the quantity and range of rooms and equipment needed to support treatment and care. Adult inpatient wards accessed shared therapy facilities that had a variety of rooms available to support therapeutic activity. However, on several inpatient wards, the quiet room was used for meetings and older adults' inpatient wards had no direct access to outside space. The CAMHS team reported not having sufficient rooms to access for clinical appointments and Dudley CAMHS clinic rooms were not sound proofed to ensure privacy and confidentiality for patients. During inspection, we also noted during inspection that both Bushy Fields and Dorothy Pattison Hospitals did not have access to a shower for people detained under section 136.
- Most inpatient wards had kitchen facilities for patients to make drinks and snacks when they wanted day or night. However, two of the older people's inpatient wards had no patient access to the kitchen and patients relied on staff for drinks and snacks.
- All services were effective in displaying information in different languages and easy read at main receptions and notice boards around buildings. Information included details of patient rights, how to complain and

support services available. There was also information feeding back how the trust had responded to the concerns of previous patients and details of the improvement that staff had made as a result.

- On the adult wards, the information about the rights of informal patients was difficult to read due to being a photocopied leaflet with small print. Information explained the trust locked door policy; requiring all patients to be assessed by staff before being able to leave the ward.
- There were activities provided on all inpatient wards. The majority of activity took place on weekdays. However, there were activity co-ordinators who worked flexibly over the weekends to provide activities for inpatients.
- Patients on both the adult and older people's inpatient wards could personalise their bedrooms if they wished. However, we did not see evidence of this on the older people's wards during our inspection. Multi occupancy rooms on some of these wards would also make this choice more difficult for patients.
- Inpatient wards for both adults and older people also provided secure storage for patients' belongings. There was a trust policy in place across adult inpatient wards for the management of personal items that could present a risk. Staff stored these items securely and patients requested them when required for use.

Meeting the needs of all people who use the services

- The trust served a diverse population with varied social economic profiles, differing between local areas. The trust has those who use services. All services have access to interpreters and the Walsall community recovery service had trained a staff member in sign to address this specific communication need within its service user population.
- Staff reported that there was easy access to interpreters when required and a number of bilingual staff who could support patients. Community services had access to a nurse trained to care for patients who were hard of hearing and had nurses within their team either already trained in British sign language or booked on a course.
- The trust provided a choice of food to meet dietary requirements of religious and ethnic groups. Overall, the trust was performing 4.9% worse than the national average for 'food' in the patient led assessments of the care environment (Place) survey 2015 for the three locations visited.
- The trust had had re-launched the 'open space' at Bushey Fields Hospital and the 'prayer centre' at Dorothy Patterson Hospital to better cater for patients' religious needs. Older people's wards were proactive in making links with local religious / spiritual leaders to enable their attendance on wards when requested by patients.
- All inpatient wards and community team environments were fully accessible to people with physical disabilities. With the exception of the Dorothy Pattison Hospitals place of safety that did not have wheel chair access to toilet facilities. Wards for older people had lift access where required and equipment necessary to aid mobility in bathroom areas. However, Linden and cedar ward space was limited, which required patients with mobility issues to require staff support.

Listening to and learning from concerns and complaints

- The trust received 312 compliments between 29 September 2014 and 29 September 2015 with an additional 86 compliments received between 1 October 2015 and 31 December 2015. Community adult teams received the highest number of compliments with 180.
- The Trust received 92 complaints relating to services over the 12-month period from 1 October 2014 to 30 September 2015. A further 22 complaints were received over the three month period 1 October 2015 – 31 December 2015. Community adult services received the highest number of complaints, 52 in total. Community older people services received the lowest number of complaints with two. Of the 92 complaints received, the trust fully upheld nine and partially upheld 43. The trust referred two complaints to the ombudsman, one not upheld and the other is ongoing.
- The complaints received have risen by 4% but upheld complaints have risen by 9% between 2013/14 and 2014/15. The proportion of upheld complaints for admissions, discharge and transfer arrangements total for this same period has fallen by 42%. The proportion of all aspects of clinical treatment total rose by 12% for this same period. The Trust has reported 'staff attitude'

Good

Are services responsive to people's needs?

to be the most frequent cause of complaint, with communication and appointment delays within the top four. The number of received complaints for communication/information to patients (written and oral) total rose by 150% with a 15% increase in the proportion upheld between 2013/14 and 2014/15. The number of complaints received for appointments, delay/cancellation (outpatient) total in this same period also rose by 125% but the proportion upheld fell by 11%.

- The trust listens to and learns from complaints. Patients generally said they knew how to complain formally and said they were happy to raise issues at community meetings or directly with induvial staff. Inpatient wards had various information leaflets readily available on how to make a complaint or compliment and advocacy details. There were also information signposting patients and carers to the service experience desk, which was the trust's central point for dealing with concerns, complaints and compliments. Several patients and carers shared examples of concerns they had experienced and how staff managed and resolved these and the outcomes and actions communicated to them.
- Staff we spoke to across all services were knowledgeable and confident when discussing the complaints procedure. All staff were aware of the trust's policy. Staff on wards referred complaints and compliments to the service experience desk and managers carried out the investigations on the wards.
- The trust had an embedding lessons team who forwarded feedback from complaints and investigations by email to all staff, which would also be discussed in team meetings for reflection, learning and any action related to the findings.
- There was one whistle blowing notification received by the CQC between 23 November 2014 and 22 November 2015. This notification related to Bloxwich Hospital, specifically Linden ward for older people.

Good

Are services well-led?

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.

Summary of findings

Our findings

Vision, values and strategy

- There was a clear vision and a set of values with quality and safety as the top priority. The trust covered these within its two-day corporate induction for all new starters. The trust's vision was "to be Better Together – delivering flexible, high quality, evidence based services to enable people to achieve recovery". The trust's values were caring, integrity, quality and collaboration.
- The organisation's quality strategy set out six key goals over 2015-2019 including clear and robust plans, actions and means to monitor progress. The strategy set out who was responsible and accountable including a quality improvement assessment to evaluate risks and benefits for all change and transformation plans to assure the trust board.
- The trust had undertaken a large and successful project around the trust vision and values in spring 2015, which involved staff consultation and had resulted in engagement champions' roles being developed. These roles had grown from four to 11 since they were established.

Some teams were setting objectives that reflected the trust vision and values. For example, Kinver ward were working on ways to better engage patients' carers and developing a ward philosophy to promote a caring model of practice. The trust vision and values were on display across all buildings and team bases that we visited. Staff that we spoke to at service level agreed with trust values and consistently reported that the service had improved since the appointment of the current chief executive and new members of the executive team.

Good governance

- Not all staff had received statutory and mandatory training and some services were below the current target of 70% that the trust planned to increase to 90% in April 2016. This would then mean significant areas of training would fall below the trust requirements.
- Staff gave us mixed reports of accessing specialised training required for their roles and services. Medical staff, nursing and psychology staff told us they had good access to additional training including management programmes, care certificate standards programme, nurse training, assistant practitioner diplomas and postgraduate education. Occupational therapy staff told us that they did not have access to profession specific training in assessments or models of practice with the exception of older peoples services where they were well supported and developed.
- The proportion of non-medical staff who received regular supervision or who had had an appraisal varied across services that we inspected. The monitoring of supervision took place at a local service and team level that meant varied information relating to its completion rates was available. The largest variations found were in the regular completion of clinical supervision for all staff in the organisation with some teams evidencing improvement and others having no records of clinical supervision taking place.
- There were varied degrees of staffing across the trust. Staff on the adult inpatient wards told us that high usage of bank and agency were affecting the quality and consistency of the care received. Staff reported that the multiple weekly multidisciplinary team meetings due to the current medical model had a negative impact on staff ability to present and be part of team clinical discussions. However, staff on the older peoples inpatient wards told us that there were good staff levels and the use of bank and agency were used when an increase in complexity of needs of patients.
- There was evidence of local and clinical audits taking place with staff involvement. These related to the relevant national institute for health and care excellence (NICE). Examples included the management of long-

term anxiety and the long-term care and treatment of self-harming behaviour. We found there had been an audit of the use of section 136 in the place of safety however this had not been effective in the auditing of the quality of recorded information.

- The trust board was aware of its performance using dashboards, key performance indicators (KPIs) and service / workforce matrix to highlight and monitor areas of concern. Sub committees represented and fed into the board agenda. The trust had a key performance indicator (KPI) process in place, which the trust communicated in an understandable format for staff. Most wards and teams used this effectively however, not all services were using this as a tool to measure their effectiveness.
- The trust had structures and processes in pace to assurance to the trust board of effective management of quality and performance of trust's services. They had established a triangulation group with the remit of in identifying trends and stream lining practice across the trust, which will strengthen quality and performance across all services. Ward and team managers used the trust risk register to bring emerging risks, risks, and concerns to the attention and monitoring of senior management. The trust risk register included concerns such as the admittance of 18 year old onto adult inpatient wards, managing patients who self-harmed and staff shortages.
- The trust had a robust governance structure that supported the learning from incidents, complaints and service user feedback. This included an embedding lessons group was part of this structure which feedback to staff from management the outcomes and actions learnt from incidents. Several meeting forums were also used to reflect and discuss the findings from incidents and embed learning that included monthly team governance meetings, regular staff meetings and staff handovers. The new establishment of the service experience desk provided a central point for complaints and enabled the trust to collate and monitor patient experience feedback.
- Mental Health Act (MHA) paperwork was inconsistent in quality and completion across the organisation. The main issues found related to the management of informal patients' rights, policies not in line with the revised MHA Code of Practice, the documentation of long term segregation, the completion of section 136 monitoring form in the place of safety and patients being regularly read their rights. Some staff did not fully understand the interface between the MHA, Mental Capacity Act (MCA, the deprivation of liberty safeguards (DoLS) and how to put this into practice. These staff would like further training in this area to support their good practice.
- The Trust has a proactive programme for Least Restrictive practice; this is overseen by a steering group and led at board level by the director of operations and nursing. The focus of the steering group during is to ensure that the following are in place; policies, training, incident reporting processes, lessons learnt, emphasis on joined up MDT working, debriefing, clear reporting lines and governance process for monitoring restrictive practice. The trust has now agreed a restrictive practice reduction plan which is part of their 2016/17 work plan.
- The trust's children and adult safeguarding were both significantly engaged with local authority boards at all levels, which underpinned effective co-working, shared practice and gave transparency to eternal scrutiny. The trust's recent alignment of children and adult safeguarding to their governance committee had raised the internal profile of safeguarding.
- The trust had a clear approach to equality and diversity, both for the people it served and staff. However, we found the trust board did not monitor the equality and diversity characteristics of staff.
- Trust information governance policies were in date, had good references to key legislation and guidance and evidence of version control and regular review. Practice was in breach with respect to several aspects of the trust's clinical record and note keeping policy:
- Trust policy stated that all records were to be available on a 24 hours, 7 days a week basis wherever the patient was receiving care or being reviewed. The trust operated both a manual paper and electronic system across the organisation. Staff did not consistently have access to electronic systems in all service areas (community teams use electronic systems and inpatient wards used paper systems) and there was no clear way to identify unauthorised access to the electronic systems.

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- Trust policy stated that the electronic system tracks all health records by use of case note tracking to detail all movements, locate, and retrieve records quickly and effectively. In practice, staff managed and recorded manually using track cards on local spreadsheets.
- Despite the trust policy stating details regarding the retention and disposal of records, both paper and electronic, staff interviewed stated there was no process for monitoring the retention or deletion of electronic records.
- Paper records were generally complicated including both medical and nursing staff file and in one location a separate deprivation of liberty safeguards (DoLS) file. Generally, most sites visited had plain lever arch files with plastic sleeves in them to store documents, which was not in line with information governance guidance. There was little indexing or division in most sites with the exception of Langdale where files were well ordered, labelled and stored appropriately.
- Two staff manually operated the trust on site storage facility for paper records. There was a risk if both staff were absent that staff would struggle to access the records store if required as the trust was dependant on these staff members experience and knowledge of paper based storage systems. Offsite storage facilities incurred high costs of retrieving files on readmission of patients to services.
- The administrative staff reported that the current electronic notes system was labour intensive and not fit for purpose. They were looking forward to a replacement system fit for purpose and use across all services areas in the future.
- The trust had a systematic programme of clinical audit used to monitor quality and systems that identified where the organisation should take action. The trust partakes in a number of audits both internal and external. These include a fall audit and a triangle of care audit.
- Commissioners were well engaged with the trust's senior management and met regularly to discuss and monitor services and performance. Generally, commissioners felt the trust is in the infancy of developing and providing assurance to each of the Dudley and Walsall commissioning groups in a tailored manner specific to their commissioning requirements. Both commissioning groups felt that the trust struggles to track the patient journey accurately. Despite having longer term plan in place the trust lacks ways to give assurances to commissioners in the interim.

Fit and proper persons test

- Healthcare providers are required to ensure that all directors were fit and proper persons for their senior roles within healthcare organisations. The CQC requires trusts to check that all senior staff met the stated requirements on appointment and had set up procedures and policies to give continuous assurance that senior remained fit for role throughout their employment.
- The trust had an appropriate Fit and Proper Person policy, which the trust reviewed in November 2015. It outlined a robust process for recruitment, appointment and continually evidencing the fitness of Directors in trust employment. We reviewed six board members personnel files and found that there were some gaps. Three of the six files audited had screen shots evidencing current completed appraisals. Four of the six files evidenced recent internal auditing by the trust of fit and proper person requirements by use of an audit tool and screen shots filed as evidence. However, there was no action plan to address shortfalls in evidence. One of the six files audited had robust recruitment processes demonstrated including a competency based interview. Two of the six files inspected evidenced a declaration of interests of the individual.

Leadership and culture

- The organisation had experienced a degree of change within its executives over the past 12-18 months to February 2016. The chief executive had been acting into post since July 2015; the interim director of finance joined the trust in Jan 2016, and the associate director of people and workforce development in February 2015. The chair recently joined the trust in September 2014. The majority of staff acknowledged that leaders and managers had made significant changes in the leadership and management culture of the organisation but also highlighted some examples highlighting further areas of work. There was a widespread hope that positive culture of change and development would continue with the acting chief executive in role.

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• The trust board had five non-executive directors with one current vacancy. This was a cohesive group will varied skills and experience who were proactive within board meetings. This group were aware of the trust's challenges around performance data and staff supervision and risks around staff morale and communication. They spoke positively about the chair and chief executive and reported the organisation to be forward thinking.

• The trust's shadow governors had been in role for some time but only recently had definition of the role and responsibilities clarified. They were hopeful that this would continue to develop and enable effective working and influence at a senior level within the organisation.

- The trust chair stated a vision for future partnerships and integration to provide services needed in local areas. The chair acknowledged that it was early in these plans and shared an awareness of the need to continue to improve organisational culture.
- Trust staff consistently reported the chief executive to be highly visible, hands on, engaged and accepting of debate and challenge. The chair of the organisation also received positive feedback from staff stating she was open, approachable and fair in her interactions. Staff acknowledged that the chief executive had not been in post for long and change takes considerable time to achieve.
- For a mental health and recovery orientated trust, senior management was medically led and not fully representational of the professionals groups required to provide and ensure safe, quality and effective care to those it serves locally. Commissioners and staff highlighted that further investment into therapies teams and leadership at senior levels would further strengthen and benefit this organisation.
- There was evidence from the assessment of core services of a 'healthy' culture within the organisation. The majority of staff said there was a positive culture of team working and mutual support and felt able to raise concerns and issues. The trust had developed a 'speak up' campaign concerning bullying and harassment. There were also work place advisors and engagement champions that staff could access.
- The trust had low and below national average rates for staff feeling pressure in last three months to attend work, when feeling unwell (17% compared to the national average of 20%). There had been a 15% turnover for substantive staff leavers in the past 12 months (October 2014- October 2015). There is a 15.5% vacancy rate trust wide excluding seconded staff. There 4.8% staff sickness rate for all permanent staff. The highest sickness rates were on Holyrood ward.
- Trust culture encouraged appreciative, supportive relationships among staff. In the last friends and family test conducted between June and August 2015, 68% of employees who completed the test said that they were likely or extremely likely to recommend the trust as a place to work to friends and family. In the NHS staff survey (2014) 50% of staff agreed they have had well-structured appraisals over the past 12 months (compared to the national average of 41%).
- Staff morale was mostly good across the services in the trust. We observed motivated and committed staff who told us that they felt they made a difference and were proud of the work they did. Occupational therapists felt they were less visible in the trust and felt less valued than other staff groups since changes in their leadership and management.
- The trust had a high profile equality and diversity (E&D) team and lead that engaged regularly with the board and proactively promoted equality and diversity within the workforce. The trust had been active in Benchmarking Equality & Diversity with local and national organisations. The Employers Network for Equality and Inclusion awarded the trust the Gold Standard (Top 5 employer for equality). However, the board does not monitor equality and diversity characteristics of workforce. The E&D lead reported an issue around the return rate of staff reporting on their own protected characteristics including age, religion, culture and so on. The E&D lead recognised this was an area requiring further consideration and action to understand the organisations workforce.
- The trust culture encouraged candour, openness and honesty (staff knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation). Ninety per cent of staff reporting errors, near misses or incidents witnessed in the last month (below the national average of 92%). However, there was no central process for the tracking of grievances within the organisation at the time of inspection.

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- Staff shared mixed views about their engagement in service change and planning. In some instances, staff felt that managers had not heard the staff voice and had no influence on change or planning, for example the Dudley early access service (EAS) were planned to move from their current base to working in GP practices by April 2016. Staff felt there had been no engagement or consultation with the staff group about this change.
- Leaders were knowledgeable, skilled, had integrity, and the trust provided opportunities to develop. In the NHS staff survey 2014, a greater proportion of trust employees felt that they had support from immediate managers compared to the national average.
- The trust had hosted an annual staff awards ceremony for two consecutive years where staff could nominate individuals or teams for an award. Employees of the trust had received this well.
- The trust compared favourably to the national average and in the best 20% of all mental health and learning disability trusts in the NHS Staff Survey 2014 for :
- Staff agree they are feeling satisfied with the quality of work and patient care they are able to deliver
- Work pressure felt by staff
- Staff agree they are working extra hours
- Staff agree they have had well-structured appraisals over the past 12 months
- Support from immediate managers
- Staff experiencing harassment, bullying or abuse from staff over the past 12 months
- Staff feeling pressure in last 3 months to attend work when feeling unwell
- Staff job satisfaction
- Staff experiencing discrimination at work over the past 12 months
- The NHS staff survey 2014 demonstrated that trust staff report good communications between senior management and themselves at service level compared to the national average. Staff of the trust reported a familiarity of the chief executive through his visiting wards and teams regularly. The chief executive also personally acknowledged staff complimented by patients and or carers.
- The trust also compared favourable against the NHS staff survey 2014 national average for staff believing that the trust provides equal opportunities for career progression and promotion.
- The trust performed worse than the national average and in the worst 20% of all mental health and learning disability trusts in the NHS Staff Survey 2014 for:
- Staff reporting errors, near misses or incidents witnessed in the last month
- Staff experiencing physical violence from staff in last 12 months.

Engagement with the public and with people who use services

- The trust had multiple ways of involving patients and carers in the planning and delivery of services. Local service community meetings, community development worker to work with hard to reach groups of patients, experts by, community and careers groups and the new youth forum for younger patients engaged in services, the trust's central patient experience desk and advocacy services were all well established to contribute to patient and carer engagement.
- In the NHS staff survey 2014 the trust performed favourably for staff being able to contribute towards improvements at work and for the use of patient/ service user feedback to make informed decisions in directorates/departments. However staff we spoke to felt there was room for improvement in this area.
- The trust recruited an engagement officer in 2014 and has since established 26 engagement champions from within the staff of the organisation to promote staff engagement in change and promote the staff voice at board level. The priority of this role was to understand and improve the NHS staff survey results. This has led to projects around improving appraisal rates, understand and diminishing experiences of bullying and harassment, embedding trust values and increasing staff recognition. New projects focus on developing leaders within the organisation and recruitment based on both values and competencies.

Quality improvement, innovation and sustainability

- There was evidence of services using a variety of tools and methods to monitor and improve quality. All older people's wards had accreditation for inpatient health

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services with the exception of Holyrood, which will be part of the next review cycle. Older people's wards had started using dementia care mapping to improve standards on the wards. Senior staff were trained and used this tool quarterly and identify action points for improvements. The memory service national accreditation programme (MSNAP) had accredited the memory service in Walsall that was a mark of excellence and quality in this field.

- We observed the specialist community mental health services for children and young people to be proactive and forward thinking and innovative. The team were working with a company to develop a mood diary 'mobile app' for children and young people to use. The early intervention in psychosis team had also participated in several research projects with one significant example being the CIRCLE project (University College London research project) researching cannabis use and the effects on psychosis. Services also worked alongside the new youth forum in order to empower children and young people to have a say in service developments.
- The manager on Kinver ward led the development of two clinical practice initiatives to support safe and quality care on the adult acute wards. These included a toolkit with alternative strategies and sensory techniques for patients with a history of self-harming and a personality passport for use by patients with a diagnosis of personality disorder to develop plans for self-management in times of stress and crisis.
- The trust participated in national quality improvement programmes , the trust was accredited by:
- Electroconvulsive Therapy Accreditation Service (Bushey Field clinic, November 2013 and Dorothy Patterson clinic, September 2013)
- Accreditation for Inpatient Mental Health Services (Ambleside ward November 2012, Cedars Ward October 2013, Clent ward, December 2012, Kinver Ward December 2012, Langdale Ward April 2014, Linden Ward October 2013, Malvern Ward September 2013 and Wrekin Ward April 2013).
- Memory Services National Accreditation Programme (Memory service Walsall, October 2014-October 2015).
- The trust participated actively in national clinical audits. Specifically the Second National Audit of Schizophrenia (2014) and the National Audit of Psychological Therapies (2013) and had acted on the findings.
- The provider minimised the impact of financial pressures and efficiency changes on the quality of care. They did this by ensuring they stay in positive equity ensuring that they had money available when needed.
- The management team was proactive and had a strong vision looking to the future. However, we identified that several key individuals were pivotal to the culture and practice of the trust. Shared management knowledge and accountability would better assure continuity into the future.

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Good governance** How the regulation was not being met: The provider does not have robust checks in place to ensure that recruitment and governance processes for directors meet the fit and proper person regulation This was a breach of Regulation 17(1)(2a)(2d

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not maintain accurate, complete and detailed records in respect of each person using the service.** Trust staff with the appropriate qualifications, skills, competence and experience were not completing and reviewing risk assessments relating to the health, safety and welfare of people using services. This was a breach of regulation 12(2)(a, b)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Care records relating to the use of long term segregation were incomplete, not filed chronologically and missing legal documentation relating to the use of the Mental Health Act This was a breach of Regulation 17(2)(c)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs. Not all staff received a regular appraisal of their performance in their role from an appropriately skilled and experienced person and staff did not always receive appropriate ongoing or periodic supervision in their role to maintain staff confidence. This was a breach of Regulation 18(1),(2)(a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This section is primarily information for the provider

Requirement notices

The provider did not maintain accurate, complete and detailed records in respect of each person using the service. Risk assessments for people receiving care were not fully completed or up to date.

This was a breach of regulation 12 (2) (a, b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The trust must review its procedures for maintaining a safe environment for example, alarm systems to ensure the maintenance of staff and patients' health and safety. This was a breach of regulation (15) (1)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The trust must ensure that staff record all controlled drugs dispensed by the trust for the patients use at home in a controlled drug register. The trust must ensure medication transported in locked containers or bags at Bushey Fields hospital. This was a breach under regulation 12(2)(g)