

Good 

Dudley and Walsall Mental Health Partnership NHS
Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RYK33	Trust Headquarters	The Woodside Centre, Highgate Road, Holly Hall, Dudley - Dudley Older Adults Community Mental Health Team	DY2 0SZ
RYK33	Trust Headquarters	Blakenhall Village centre, Thames Road, Blakenhall, Walsall, - Walsall Older Adults Community Mental Health Team	WS3 1LZ

Summary of findings

RYK33	Trust Headquarters	Blakenall Village centre, Thames Road, Blakenall, Walsall, - Walsall Memory service	WS3 1LZ
RYK01	Bloxwhich Hospital, Reeves Street, Walsall	Beeches Day Hospital	WS3 2JJ

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

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

Where applicable, we have reported on each core service provided by Dudley and Walsall Mental Health Partnership NHS Trust and these are brought together to inform our overall judgement of Dudley and Walsall Mental Health Partnership NHS Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Information about the service	11
Our inspection team	11
Why we carried out this inspection	11
How we carried out this inspection	11
What people who use the provider's services say	12
Good practice	12
Areas for improvement	12

Detailed findings from this inspection

Locations inspected	14
Mental Health Act responsibilities	14
Mental Capacity Act and Deprivation of Liberty Safeguards	14
Findings by our five questions	16
Action we have told the provider to take	26

Summary of findings

Overall summary

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

- Patients and carers we spoke to consistently praised the service that they received. Everyone we spoke to knew the names of the staff that worked with them and stated that they felt that staff made an effort to treat them as individuals
- Appraisal and supervision levels among staff were very high and staff satisfaction was good. Rates of staff retention were extremely high across the service. All staff we interviewed spoke about their commitment to the service and job satisfaction.
- Staff were working to national guidance and were able to demonstrate best practice. They were able to link working practice to relevant guidance from national bodies such as the national institute for care excellence (NICE). Staff were able to state which parts of guidance documents related to different aspects of their roles. Knowledge of guidance was very good.
- Staff set aside a portion of appointment times to engage patients socially. They had developed exceptionally good knowledge of the people they cared for and were able to engage them on a number of levels. This meant that staff had developed individualised approaches to working with their patients. They had also developed effective relationships with carers.

- The senior executive team is well known and respected within the service. They engaged staff and patients and took time to develop close and effective working relationships. All staff we spoke to felt that the senior executive team understood the service and would listen to staff.

However:

- Staff did not receive personal safety or mental health act training as part of their mandatory training calendar.
- The safe call at Beeches hospital did not work which presented a risk to patients that use the service.
- There was no policy or protocol update as a result of the introduction of agile working. This was a system of working whereby staff were provided with a lap top and were able to enter information into notes externally from the office. This meant that staff did not have to return to their base in order to complete paperwork. This meant that staff did not have good knowledge of the risks that this new working practice may pose.
- The Oasis patient recording system was difficult to navigate and does not communicate with other patient recording systems used across the trust.

Summary of findings

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

Are services safe?

We rated safe as good because:

- The allocation system used by all of the services meant that there were no waiting times. The introduction of a tiered system of allocation also meant that patients in crisis would be seen within four hours.
- There were high numbers of staff per service and we found that no one had a case load of more than 35 patients. Staff retention was high and staff sickness levels were very low. All staff we interviewed stated that they felt valued that the trust invested in them. This was evident in staff training levels which were above trust KPIs in all areas.
- Risk assessments were undertaken upon referral to the service and each patient was assigned a key nurse at their first allocation meeting. The risk assessments were complete and used a number of nationally recognised tools. We found that the information in the patients records we checked were individualised and contained lots of information about the patient.
- All staff took part in monthly staff meetings. These meetings were used to effectively share information to all staff. Action plans in relation to investigations or updated information was developed and this information was shared effectively.

However

- We found that the safe call system fitted to alert staff if patients required help or assistance in the toilet areas did not work at Beeches Day Hospital. There was not an operational alarm system in the unit.
- Conflict resolution and breakaways training was not included on the mandatory training calendar and only staff working at the Woodside centre received any training in this area.
- There were lone working protocols in place. However, since the introduction of agile working, this had not been updated. This meant that the current lone working policy was not fit for purpose.

Good



Are services effective?

We rated effective as good because:

- All care records that we reviewed had all sections completed and contained relevant information about the patient. Staff had very good knowledge of the patients they were working with

Good



Summary of findings

and were able to direct us to relevant information within the care plans. This good practice was enhanced by a high number of experienced staff across all four services. An effective mentoring process for new starters meant that the quality of care planning and information gathering was high throughout all records we checked.

- Staff appraisal rates across all four services were high. The Dudley Older Adults Community Mental Health Team and Beeches Day hospital had appraisal and supervision rates of 100%. All staff we spoke to had a personal development plan and there was evidence that the trust was sourcing individualised training and developing staff skills outside of the mandatory training calendar.
- Allocation meetings occurred weekly and represented an effective handover process. It helped the services develop good links with outside agencies and encouraged joint working with inpatient services. All staff had good knowledge of the issues discussed at the allocation meetings. An example of this is the good level of knowledge displayed around capacity and consent to treatment issues. Capacity and consent to treatment is discussed for all patients at the allocation meetings upon referral and then is reviewed regularly by key nurses.
- There was a good range of mental health disciplines in all four services. These included a high number of social workers, occupational therapists, psychologist and psychiatrists. All services had rapid access to psychiatrists and other health professionals. This included out of hours services.

However

- During our visit, we examined nine care records. Though they were all completed and up to date, we found that it was difficult to navigate the system that is used for computerised patient's notes. Information that related to specific parts of an individual's care could not be stored in the correct area
- The trust had introduced a flexible system of working, referred to as "agile working". Staff were all issued with laptops and were able to access patients' notes via Wi-Fi. Staff had not been given training to update their knowledge of confidentiality linked to this new system of working.
- We were unable to establish the percentage of staff across all four services that had received training in the mental health act. It was not a subject that was included on the mandatory training calendar.

Summary of findings

Are services caring?

Kindness, dignity, respect and support

- Staff had developed good effective relationships with patients and we observed individualised care at each of the home visits we attended. Staff treated patients with dignity and respect in all cases. We observed staff interacting with patients in a personalised way and it was clear that staff had spent time getting to know the patients they visited. All patients we interviewed spoke very highly of the staff that worked with them. Carers were also very complimentary of the service and the staff that had worked with them.
- Patients and carers are involved in all aspects of their care. We observed staff outlining the choices available to patients using plain language. They discussed these choices in a manner that included patients and carers as much as possible and allowed patients to feel in control of their own care. This was undertaken in an unhurried and encouraging manner in all cases.
- We observed a memory service clinic. There were careful descriptions of what was happening and why. The patient, who was initially anxious, was sensitively put at ease. The interview was comprehensive, unhurried and respectfully carried out. Staff fully explained the results of the investigation to the patient. Follow-up arrangements were clearly explained and information leaflets were given. The clinician offered to receive any calls to clarify anything that had been said. The whole process was patient centred and showed the clinician understood the needs of the patient.

However

- The service does use trust wide experts by experience to recruit staff however, it does not draw these from patients that use this service.

Good



Are services responsive to people's needs?

We rated responsive good because:

Access and discharge

- Both CMHTs had developed an effective three tier approach to triage, referral and treatment. This consisted of a four hour target time for patients in crises, a 24 hour target time for patients in urgent need of referral and a 15 day target time for standard patients. The memory service had a target time of eight working days to referral. All of these targets had been met in all three services.

Good



Summary of findings

- There was a responder system in place at both Dudley Older Persons Community Mental Health team and Wallsal Community Mental Health Team. This identified particular members of staff on a daily basis that would act as first point of contact for any referrals. This was done on a rota basis and meant that there was little or no waiting time from first point of contact to speaking with a suitably qualified member of staff. The responder system also meant that appointments are rarely cancelled. In cases of staff sickness the responder will undertake visits in place of the regular staff member.
- Patients were provided with information packs upon allocation to the service. These packs were filled with information that is relevant to the patient. It helped to signpost support services such as advocacy and outlined information relating to treatment and services. This pack was available in a variety of languages and also was printed in an easy read format if required. Staff we spoke with also had good knowledge of the content of the welcome pack and were able to help patients use the information effectively.
- All areas where patients were seen by either The Memory Service or Beeches Day Hospital were well laid out and consideration had been given to patients with disabilities. The vehicles used to transport patients to and from Beeches Day Hospital were well equipped with lifts and ramps and patients were given staff support when entering and exiting vehicles and buildings.
- There was good access to interpreter services across all four services. Beeches Day Hospital had a member of staff trained in the use of British sign language who was able to support patients with Patients were given support if they felt the need to raise a complaint.
- Patients were given support if they felt the need to raise a complaint. Staff had good knowledge of the complaints procedure and were able to talk us through the process. Staff were given feedback on complaints at their monthly staff meeting. The service had only received two complaints in the last twelve months.

Are services well-led?

We rated well led as good because:

- Staff we interviewed were able to outline in detail the organisations visions and values. They all stated that they felt involved in development and improvement within the trust and were looking forward to further change and improvement.

Good



Summary of findings

- All service managers and clinical leads were able to link improvements within the service to trust values. They worked closely with their direct line manager to introduce new systems of work and appraisal processes which have driven change. This was evidenced by the high levels of staff supervision and the development of the responder system.
- The chief executive officer was a visible presence within the service. All staff we spoke to knew him by name and spoke extremely highly of him. We were told about instances where he had spoken with staff and patients and had listened to concerns. All staff we spoke with said that they felt comfortable to raise any concerns or share ideas with the senior management team.
- Sickness and absence rates were low across all four services and staff retention and satisfaction levels were very high. Staff we interviewed all stated that they are happy in their role and felt that the trust invested in them. Supervision appraisal and training rates were above trust key performance indicators KPIs. Systems of working, for example the responder system and effective administration teams ensured that staff could maximise the amount of shift time spent on direct care activities. We witnessed good morale and motivated staff throughout the period of our inspection.
- There was a system of nominated champions for different aspects of day to day care delivery. We spoke with the infection control champion at The Wallsall Older Persons Community Mental Health Team. They told us that becoming a champion gave staff members the opportunity to undertake specialist training and helped them develop a sense of responsibility and ownership within the team.
- There was a commitment to improve the services delivered to the public from the senior executive team. We were shown an example of the CEO engaging with a patient by letter. This personalised letter demonstrated that the CEO had taken time to communicate himself. The information contained within demonstrated that they had taken time to find out about the person they were communicating with and the team that cared for that person.

Summary of findings

Information about the service

The community based mental health service for older people at Dudley and Walsall Mental Health Partnership NHS Trust consists of two community psychiatric teams, one based in Dudley and the other based in Walsall. A day hospital based at Bloxwhich Hospital and a memory service based in Walsall.

The Woodside Centre is the base of operations for the Dudley community-based mental health services for older people and has a caseload of around 300. It delivers treatment and therapy in the community and has a team comprised of a combination of community psychiatric nurses (CPNs), Health care assistants (HCAs) and social workers.

The Blakenall Village Centre is the base of operations for the Walsall community-based mental health services for older people. It has a caseload of around 600. It delivers

treatment and therapy in the community and has a team comprised of a combination of community psychiatric nurses (CPNs), health care assistants (HCAs) and social workers.

Beeches Day Hospital is a service delivered at Bloxwhich hospital that provides 14-week treatment and therapy programmes to patients in the Walsall area. It is operated by registered nurses and HCAs.

Walsall Memory Service is based at The Blakenall Village Centre and operated alongside the Walsall community-based mental health services for older people.

The last comprehensive inspection of the trust was in 2014 but these services were not looked at as part of that inspection.

Our inspection team

The comprehensive inspection of the Dudley and Walsall Mental Health Partnership NHS Trust was led by:

Chair: Angela Hillary, Chief executive, Northamptonshire Combined Healthcare NHS Foundation Trust

Head of Inspection: James Mullins, head of hospital inspections, CQC

The team comprised one CQC inspector, one consultant psychiatrist, one social worker and one registered mental health nurse.

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

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

- Is it well led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

Summary of findings

- Visited two community mental health teams for older people, a memory service and a day hospital for older people.
- Spoke with six patients
- Attended visits to five patients in their homes
- Spoke with three clinical service managers and four clinical leads.
- Spoke with two consultant psychiatrists, a consultant psychologist and three social workers.
- Spoke with ten community psychiatric nurses and three healthcare assistants
- Spoke in person to four carers and contacted eight carers by telephone
- Observed one allocation meeting
- Undertook a tour of the day service with a clinic check
- Reviewed three training calendars, three appraisal calendars and three supervision planners.
- Looked at 15 patients records.
- Carried out checks of the medication management for two community older persons services.

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

What people who use the provider's services say

- The comments cards that we received were all positive.
- Every patient we interviewed spoke highly of the service and stated that they were satisfied with the care that they received.
- Carers we interviewed spoke highly of the staff. They also praised the service and stated that the care that their friends and relatives received was of a high standard.
- We did not receive any negative comments about the service throughout our inspection.

Good practice

- 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 senior executive team have developed close links with the service. Staff felt that their voice would be heard and they could effect change.
- Levels of appraisal and supervision of staff were high across all four teams.
- The system of nominated responders in both CMHTs meant that they could respond quickly and effectively to the changing needs of the patient group.

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The provider should develop personal safety training specific to the service.
- The provider should include personal safety and mental health act training sessions as part of its mandatory training calendar
- The provider should ensure that all safety equipment is maintained and operational

Summary of findings

- The provider should develop policy and local protocols linked to agile working

Dudley and Walsall Mental Health Partnership NHS Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Dudley Older Adults Community Mental Health Team	The Woodside Centre, Highgate Road, Holly Hall, Dudley
Walsall Older Adults Community Mental Health Team	Blakenall Village centre, Thames Road, Blakenall, Walsall,
Walsall Memory service	Blakenall Village centre, Thames Road, Blakenall, Walsall,
Beeches Day Hospital	Bloxwhich Hospital, Reeves Street, Walsall

Mental Health Act responsibilities

We were unable to establish which staff had received training in the mental health act. As this is not delivered as part of the mandatory training calendar, recording of who had received training was the responsibility of the service managers. When asked they were unable to provide us with training figures.

However, We found no errors in recording. The paperwork was complete and stored securely. All recording for the community-based mental health services for older people was electronic. All information was stored in the correct sections of the electronic recording system.

We did establish that, when a patient had been detained under section as an inpatient, there was an issue with the recording system. It was not possible to record the details of discharge from section with other MHA information. The trust guidance stated that this should be recorded in a section for any other information and this was the case in all records we checked when this was applicable.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental capacity act training was included in the mandatory training calendar. The community-based mental health services for older people were at 76% compliance with the key performance indicator. This is above the trusts target of 70% compliance with training KPIs.

The staff that we interviewed were unsure of issues around the mental capacity act and the deprivation of liberty safeguards however, we found no errors in recording during our review of patient notes.

Capacity had been assessed in all cases. This had been undertaken during allocation meetings and admission to the service. These had all been reviewed regularly.

Are services safe?

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

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

Our findings

Safe and clean environment

- Beeches Day Hospital and Walsall Memory Service both saw patients on the premises. The memory service saw around 20% of its patients at the Walsall Older Adults Community Mental Health Team. Both of the community mental health teams only saw patients in their own homes.
- We found that the safe call system fitted to alert staff if patients required help or assistance in the toilet areas did not work at Beeches Day Hospital. There did not appear to be an operational alarm system in the unit.
- The clinic room at Beeches Day Hospital was well laid out and contained equipment to check blood sugar, blood pressure and administer oxygen. All equipment had been checked and was up to date. All electrical equipment at the unit had up to date PAT testing stickers. Beeches Day Hospital did not use any of this equipment at the time of our inspection.
- All areas of the day hospital were clean and well maintained. Cleaning records were up to date and the environment was regularly checked. Staff adhered to infection control policy. We observed staff using hand sanitiser upon entering the day hospital
- The memory service saw most patients in their own homes. Where patients were willing to attend a clinic, they did so. The clinic was in the same modern complex as the memory service offices but on the ground floor so it was easily accessible. The interview room was spacious, clean and tidy, and had a 'panic button', which could be used in case of emergency.

Safe staffing

- Staffing in some of the services we inspected had been not been estimated using a recognised tool. Staffing levels were high and no one had a caseload of more than 35 patients but managers could not give us a rationale for their team numbers.
- Only The Dudley Older Adults Community Mental Health Team had any staff leavers in the last twelve months.

They had 1.08 WTE staff leavers, which represented 13% staff vacancies at the time of our inspection. We were informed that these posts have been recruited to and new starters were awaiting a start date. Only the Walsall Older Adults Community Mental Health Team and Beeches Day Hospital have above 5% staff sickness. The Walsall Older Adults Community Mental Health Team had an 8.48% sickness rate. Beeches day hospital had a sickness rate of 5.03%

- Due to the system of allocation that was used in the community-based mental health services for older people, no patients were awaiting allocation of a care co-ordinator. This was done on admission to the service. memory service
- The average caseload was 25 patients per care co-ordinator. Caseloads were managed by the clinical leads and were reassessed monthly.
- There was an effective process in place to ensure cover for sickness, leave, vacant posts etc. Daily, two members of staff were allocated as responders who were responsible for ensuring cover and responding to crisis referrals. This was done on a rota basis. Bank and agency staff were only used to cover long-term sickness within all four teams.
- There was rapid access to a psychiatrist when required including out of hours..
- Staff received up to date mandatory training. All four services complied with trust training key performance indicators (KPIs) with the memory service and Beeches Day Hospital both achieving above 95%. The Dudley Older Adults Community Mental Health Team in Dudley had a KPI of 87%. The Walsall Older Adults Community Mental Health Team had a KPI of 89%. The elements of training where KPIs were less than 75% across the board are fire training and safeguarding. Conflict resolution and breakaways training was not included on the mandatory training calendar and only staff working at the Dudley Older Adults Community Mental Health Team receive any training in this area.

Are services safe?

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

Assessing and managing risk to patients and staff

- Risk assessments were undertaken upon referral to The Dudley Older Adults Community Mental Health Team and the Walsall Older Adults Community Mental Health Team. An initial triage was undertaken upon admission to the service, which then informed a holistic risk assessment document. This was created using a clustering tool. Risk assessments were then reviewed monthly for all patients. At Beeches Day Hospital, this risk assessment then informed a local risk assessment process at referral. All of the records that we checked had completed risk assessments in place and there was clear evidence of review and update. We looked at six care plans at the memory service. These all included risk assessments. A risk assessment was undertaken of every memory service patient at initial triage/ assessment using the Functional Analysis of Care Environments (FACE) assessment tool.
- Crisis plans were in place where appropriate. These were needs driven and individualised.
- Both The Dudley Older Adults Community Mental Health Team and The Walsall Older Adults Community Mental Health Team had close links with local inpatient services. They could respond quickly to any deterioration in patient's conditions and were able to react quickly. This ranged from a rapid home visit up to admission to inpatient care. Both teams had nominated responders every day who were responsible for a range of duties. One of these was to assess patients whose condition had deteriorated.
- There were no waiting lists within this service. The service had a three-tier admission assessment process. This meant that patients in crisis were assessed within four hours, patients considered as urgent were assessed within 48 hours and non-urgent patients were assessed within 15 days. This assessment decided if a patient would be admitted to the service at which point they immediately had a care co-ordinator assigned to them.
- Staff received mandatory training in safeguarding and were aware how to make a safeguarding alert. At The

Dudley Older Adults Community Mental Health Team and the Walsall Older Adults Community Mental Health Team, the clinical leads were nominated as safeguarding leads and were on site nine to five Monday to Friday to offer support if this was required.

- There were lone working protocols in place. However, since the introduction of agile working this had not been updated.

Track record on safety

- There had been three serious incidents in this service in the last twelve months. Two concerned serious self-harm and one related to the death of a service user. Managers stated that there was a review in each case but it was felt that no action was required by the trust.

Reporting incidents and learning from when things go wrong

- Staff that we interviewed were aware of what constituted an incident and were able to state the correct course of action that would be required if they occurred.
- We saw a demonstration of duty of candour during an observed home visit. Staff discussed the reason for a missed appointment with a patient and carer. They gave an honest account of why this had occurred.
- All four services had a monthly staff meeting. Part of the agenda of the meetings was learning from investigation of incidents. All staff were required to attend the monthly staff meetings. An example of this was at the Walsall Older Persons CMHT, we found that working practice had been changed in relation to completing a location board when visiting patients in the community. This helped administration staff to find out quickly where all staff were throughout the day.
- There was a system of debrief in place in the trust. This occurred after a serious incident. We were shown evidence that this had occurred following the death of a service user.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- Assessments were undertaken upon referral and allocation. They utilised a number of standardised clustering tools to establish the needs of the individual patient. These included a physical health assessment and an assessment of capacity and consent. At the weekly allocation meeting new patients were allocated a key nurse. They would then continue with a more complete risk assessment process which begins at their first visit and is updated regularly thereafter.
- During our visit, we examined nine care records. They were all completed and up to date. We found that it was difficult to navigate the system that is used for computerised patient's notes. Information that related to specific parts of an individual's care could not be stored in the correct area and often these details were stored in a section marked "other information". We also found that the inpatient service use paper records; this resulted in some information relating to the discharge of section going unrecorded in the computerised system.
- All care records that we checked contained up to date information concerning the patient. They were reviewed regularly and contained a large amount of information about the individual.
- All information required to deliver care was stored securely in as much as the oasis patient recording system is password protected. The trust had introduced a flexible system of working, referred to as "agile working". Staff were all issued with laptops and were able to access patient's notes via Wi-Fi. Staff had not been given training to update their knowledge of confidentiality linked to this new system of working. The trust had not issued any guidance documents and a policy was not in place to ensure that staff were trained or had knowledge of information governance. The inpatient service did not use the oasis recording system, which meant that information could not go with a patient if they needed to change teams. There was no central co-ordination of paper notes from the inpatient service and the oasis recording system used by the community mental health teams.

Best practice in treatment and care

- Staff supported patients when claiming housing and other benefits. There was a range of information around this included in the welcome pack. There were strong links with local healthcare teams and GP surgeries to ensure that the physical healthcare needs of all patients were met. Clinical audits were undertaken regularly by service managers and clinical leads. Each services nominated champions undertake more focussed audits.
- Staff followed NICE guidelines in prescribing. The clinical leads were able to name the guidelines and detail them. Anti-dementia medication was monitored until the teams were happy it was effective and the patient was stable. Under a shared care protocol, the patient was then referred back to their GP for continued support. One carer we spoke with told us how the nurses monitored the medication and adjusted it if required until it was most effective.
- The memory service had a psychologist who was able to offer support in assessments and diagnosis in complex cases. They provided treatment to patients who are diagnosed with dementia and could provide pre- and post-diagnostic counselling and support.
- Patients diagnosed and treated by the memory service had the support of personal assistants in dementia, who were able to offer post diagnostic support in all aspects of a patient's life. The Walsall Clinical Commissioning Group funded these support workers.

Skilled staff to deliver care

- Teams at The Dudley Older Adults CMHT and The Walsall Older Adults Community Mental Health Team consisted of a range of mental health disciplines. Both teams had registered nurses, social workers, occupational therapists and healthcare assistants. There was also input available from psychologists and psychiatrists. The memory service had a consultant psychiatrist available for two full sessions per week. The memory service had a clinical psychologist who did neuro-psychological assessments.
- There was a good ratio of experienced staff across all teams. High levels of staff retention meant that there

Are services effective?

Good 

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

were low numbers of new starters. Where there were new starters, there was a good system of mentoring in place to ensure sharing of best practice within the teams.

- Induction for new starters included all statutory and mandatory training requirements. The trust did not include personal safety or breakaways training as a mandatory training course on its training profile for staff working in the community mental health team for older people. Healthcare assistants were trained in line with care certificate standards and achievement of a care certificate was a standard objective in the first twelve months of employment for all health care assistants.
- Staff appraisal rates were high. The Dudley Older Adults Community Mental Health Team had a staff appraisal rate of 100% and The Walsall Older Adults Community Mental Health Team had a rate of 97%. The beeches day hospital had an appraisal rate of 100%. All staff receive six weekly supervision. KPI compliance in this area was above 90% for all four services that we inspected. In addition, all teams had a monthly staff meeting. The consultant was the medical lead for the service and provided clinical supervision for staff grade doctors and the nursing staff.
- There was evidence that specialist training was received by staff. This training was specific to individual job roles.
- There was only one staff performance issue identified during our inspection and this was dealt with in line with trust policy.

Multi-disciplinary and inter-agency team work

- We observed the minutes from two team meetings. They were broken down into sections that effectively updated staff. These meetings occurred monthly in all services we inspected.
- There was no system of daily handover in place in any of the services we inspected. This was not required however as staff worked a nine to five Monday to Friday pattern of working. There was an identified system in place to handover to staff returning from a period of absence. We observed an effective handover between teams when we attended the allocation meeting. The allocation meetings that occurred weekly represented an effective handover process and good working links with external teams.

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

- We were unable to establish the percentage of staff across all four services that had received training in the mental health act. It was not a subject that was included on the mandatory training calendar.
- Staff we interviewed were able to demonstrate a good knowledge of the mental health act. They had good knowledge of issues around community treatment orders and were able to give us a systematic guide of how they used this process.
- Staff had good knowledge around consent to treatment and capacity issues. There was a discussion around capacity for every patient upon admission to the service. This took place during the allocation meeting. There was good support in place from the social workers in each team when a capacity issue arose. We observed a discussion between a social worker and a community psychiatric nurse at The Walsall Older Adults Community Mental Health Team concerning the capacity requirements of a patient within the service.
- Information contained in the patients' notes suggested that every patient had their rights explained to them.
- There is administrative support and legal advice available to the community mental health team for older persons. This is available from a central team within the trust.
- CTO paperwork was completed correctly and was up to date.
- All patients had access to independent mental health advocacy services. Information about how to access these services was contained in an information pack that was given to the patient upon admission to the service.

Good practice in applying the Mental Capacity Act

- Seventy six per cent of staff across all four services inspected had received training in the mental capacity act.
- There is a policy relating to the mental capacity act and staff were aware of this.

Are services effective?

Good 

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

- Capacity was discussed at the allocation meeting on admission to the service. Staff considered each individual case and identified support and assistance to enable patients to make specific decisions for themselves.
- We observed staff supporting patients to make their own decisions. Clinical notes contained complete information referring to an individual's culture and history. They also identified family members, carers and friends of patients that should be contacted in the event that decisions were required to be made in the patients' best interest.
- 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.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff were observed to be responsive to patient's needs, respectful and able to offer emotional support. They had good knowledge of patients and were able to engage them in conversation. They spent time interacting with the patients and set aside a portion of each visit to engage with the patient in something that they enjoyed. We observed staff chatting with patients about their families, playing cards and dominos and talking about sport.
- All patients we spoke to reported that they are treated with respect and dignity and look forward to the visits. They all spoke extremely highly of the staff that work with them.
- Staff had good knowledge of the individual patients and were able to discuss their needs and requirements without referring to clinical notes.
- Staff we interviewed were able to state best practice in maintaining confidentiality.
- We observed a memory service clinic. There were careful descriptions of what was happening and why. The patient, who was initially anxious, was sensitively put at ease. The interview was comprehensive, unhurried and respectfully carried out. Staff fully explained the results of the investigation to the patient. Follow-up arrangements were clearly explained and information leaflets were given. The clinician offered to receive any calls to clarify anything that had been said. The whole process was patient centred and showed the clinician understood the needs of the patient. A similar patient focussed approach took place during a home visit. The nurse showed empathy and compassion. They gave information in written form, and verbally checked for understanding. They were respectful, listened attentively and went at a pace the patient was comfortable with. They clarified the most important points, checked for questions and understanding. They also checked with the carer as to their well-being and support.

The involvement of people in the care that they receive

- We found that patients are involved in the creation of care plans and are encouraged to maintain involvement. We found that due to the nature of the service this involvement is often minimal. Refusal was noted in the care plan each time. We observed memory service staff explaining to patients the process and their choices, so that patients could feel in control of their care. This was reflected in care records we observed. The memory service supported patients to maintain their independence by offering advice and information. They also directed patients and carers to support networks. All memory service patients and carers we spoke with by phone said they were very happy with the service. They said they had been fully informed of the process, kept up to date with tests and the eventual diagnosis. Patients and carers also told us the service was very good at ensuring they knew what support was available. "They guided us towards what was available to help us," said one carer.
- Family and carers had been involved in care plans where appropriate.
- All patients have access to independent mental health advocacy services but the uptake on the use of this service was low.
- The service does use trust wide experts by experience to recruit staff however it does not draw these from patients that use the community based mental health services for older people service. We observed a community meeting at beeches day hospital where patients were asked to give input into the creation of new sessions. Staff asked questions about how patients would like to be engaged and the subject of sessions going forward.
- There were compliments cards in evidence in the memory service. Trust data recorded five compliments received over the past twelve months ending 31/12/2015. There were many more cards expressing thanks and appreciation in the office from past patients and carers.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- There were three routes to triage, referral and treatment within the community-based mental health services for older people. If someone was considered to be in crisis, they were triaged within four hours, urgent referrals were triaged within 48 hours and if someone is referred as requiring care, they are triaged within 15 days. All of these targets have been met at 100% for both the Dudley Older Adults Community Mental Health Team and The Walsall Older Adults Community Mental Health Team. The memory service patients waited an average of eight working days between referral and first assessment interview. This was well inside the generally accepted national target of six weeks. Our sampling of care records showed this improvement was relatively recent, with times between a referral and initial assessment in 2014 being six weeks, compared to one in January 2016 being eleven days. The clinical lead said this reduction was in response to the appointment of another member of staff to help reduce waiting times. Times from referral to treatment were around 13 weeks. This figure included times waiting for related scans and blood tests.
- There was a system in place at both The Dudley Older Adults Community Mental Health Team and The Walsall Older Adults Community Mental Health Team that identified two members of staff per shift to act as responders. This meant that crisis and urgent referrals could be seen within the timescale set.
- Due to the responder, system staff were able to respond quickly and appropriately, when a patient phoned into the service.
- There were no concrete criteria for people who would be offered the service. Each assessment was undertaken on individual need.
- The memory service team offered home visits to engage with people who found it difficult or who were reluctant to engage with mental health services. We saw how the patient, sensitive approach of staff meant they were able to engage with patients who might be fearful or in denial of a dementia diagnosis. We did not identify any cases where patients would not or were reluctant to engage in any of the other services.

- There was a degree of flexibility in appointment times. Staff could adjust visiting times, within reason, independently.
- Appointments were rarely cancelled due to the responder system in place. In cases of staff sickness the responder could undertake visits if appropriate.
- There has not been any did not attend (DNAs) in the last twelve months. This relates to the Walsall Memory service. Patients are collected by staff when accessing the Beeches Day Hospital. All other visits are undertaken in the patient's homes.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients are only seen at Beeches Day Hospital. There is a full range of rooms and equipment available to support care and treatment at Beeches Day hospital. Interview rooms were placed far enough away from the main communal rooms that confidentiality could be maintained.
- The Dudley Older Adults Community Mental Health Team and the Walsall Older Adults Community Mental Health Team both visit individuals in their own home. memory service
- At Beeches day Hospital there was a range of information available to patients explaining treatments and local services. This was available in easy read format and in a variety of languages. The Dudley Older Adults Community Mental Health Team, The Walsall Older Adults Community Mental Health Team and the memory service teams all provided patients with information relating to treatment and services. This was in the form of a welcome pack on admission to the service. This was available in easy read formats and a number of different languages if required.

Meeting the needs of all people who use the service

- There were information leaflets available in a number of languages spoken by people who used the service.
- There was access to interpreters across all four parts of the service inspected. Beeches Day Hospital had a staff member who had been trained to communicate in British sign language as this was identified as a need within this service.

Are services responsive to people's needs?

Good 

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

- The memory service used a standard assessment tool; Addenbrookes Cognitive Examination (ACE). This tool was available in other languages. Other tools available took account of cultural and social differences. Interpreters were used as required. Rooms were accessible for people with mobility difficulties, and home visits were frequently arranged for patients who found it difficult to attend the clinic.
- At Beeches Day Hospital and the Walsall Memory Service, there was disabled access. There had also been consideration given to people with specific requirements. Patients at Beeches Day Hospital were collected in vehicles that had been equipped with lifts and ramps and the toilet facilities at both services were fitted with handles.

Listening to and learning from concerns and complaints

- There had been two complaints against the community-based mental health services for older people in the last twelve months one of which was upheld.
- Patients were given information on how to make a complaint as part of their welcome pack.
- The staff that we interviewed were able to explain the complaints procedure to us. They were able to state how to handle a complaint appropriately and were aware of the trust policy.
- Staff receive feedback on complaints as part of their monthly staff meeting.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff we interviewed were aware of the organisations visions and values. They stated that they agreed with them in principle and were looking forward to change. The staff consistently all stated that the service had improved with the appointment of the current manager and executive team.
- Team objectives reflected the organisations values and objectives. All the managers we spoke to were able to link improvements within their service to the values of the organisation. An example of this was the improvement in supervision and appraisal rates.
- All staff we interviewed were able to tell us who their most senior managers were. All staff could name the chief executive officer and stated that they had seen him regularly around the service. They all spoke extremely highly of him and stated that they felt that they could stop him to speak and raise any concerns if they felt the need. He was described by one member of staff as “someone real that you can talk to without worrying.”

Good governance

- There were effective systems of governance in place. Supervision, appraisal and training rates were exceeding trust KPIs. Systems of working, for example the responder system and effective administration teams, ensure that staff can maximise the amount of shift time spent on direct care activities. Staff meet monthly with managers to ensure that learning from incidents is effective. Safeguarding, MHA and MCA procedures are followed. Identified leads in each service ensured that this is effective.
- The provider uses KPIs and other indicators to gauge performance. The managers’ dashboard and monthly email presented these in an understandable format.
- The team managers all reported to us that they had enough authority and admin support to ensure that they can undertake their role effectively.

Leadership, morale and staff engagement

- Sickness and absence rates in this service were low. Only the Walsall Older Adults Community Mental Health

Team and Beeches Day Hospital have above 5% staff sickness. The Walsall Older Adults Community Mental Health Team had an 8.48% sickness rate. Beeches day hospital had a sickness rate of 5.03%

- There have been no bullying or harassment cases in any of the services we inspected in the last twelve months.
- When interviewed staff were able to talk us through the whistleblowing procedure. All staff interviewed felt that they could raise concerns with their direct manager without fear of victimisation.
- All staff that we interviewed stated that their levels of job satisfaction were high. We witnessed good morale and a motivated staff team across the service. Staff at the did state that they felt that the rate of change was slow however; they felt confident that the new manager appointed to this service would address this.
- When required, it was evident that there were leadership opportunities available. The service had a system of nominated champions for different aspects of day-to-day care delivery. This gave staff responsibility to lead their service in improvement and training. Staff that had undertaken leadership roles had been provided with training and support.
- We observed good team working and mutual support during our inspection.
- We saw an example of duty of candour during a home visit. This situation was handled sensitively and in an open and transparent way.
- Staff were given the opportunity to give feedback on service development in a number of ways. Monthly staff meetings promoted open discussion among staff groups. The chief executive of the trust encouraged staff to communicate with them by presenting a visible and approachable presence around the service and there were regular emails from management.
- There was a commitment to improve the services delivered to the public from the senior executive team. We were shown an example of the CEO engaging with a patient by letter this was a personalised letter that demonstrated that the CEO had taken time to communicate himself. The information contained within demonstrated that they had taken time to find out about the person they were communicating with and the team that cared for that person.

Are services well-led?

Good 

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

Commitment to quality improvement and innovation

- The Memory Service in Walsall was accredited by the memory service national accreditation programme (MSNAP).
- There was no involvement in any national quality improvement programmes at the time of our inspection.
- The allocation of extra resources to reduce waiting times so they were now better than the national average showed the service was committed to improving.

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.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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