

Dudley and Walsall Mental Health Partnership NHS Trust

Inspection report

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2020
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Ratings

Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Our reports

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

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

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

Summary of findings

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

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

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RYK/reports. A detailed Use of Resources report is available under the Inspection summary tab (www.cqc.org.uk/provider/RYK/inspection-summary).

Background to the trust

Dudley and Walsall Mental Health Partnership NHS Trust (DWMHPT) is a provider of mental health services to the population of Dudley and Walsall. The trust is an active partner in the MERIT Vanguard project whose purpose was to improve the way mental health services are provided in the future. The trust works closely with commissioners in Walsall and Dudley. The trust is in the process of merging with their neighbouring mental health trust in April 2020.

The trust was inspected November 2018 as part of the CQC comprehensive inspection programme and five core services were inspected. At the time of the November 2018 inspection, Dudley and Walsall Partnership NHS Trust did not comply with Regulation 11, need for consent; Regulation 12, safe care and treatment. During this inspection, we found the trust now complied with the regulations.

Overall summary

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

The trust provides the following services:

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people
- Community-based mental health services for older people

The Trust's services are provided from over 23 sites. 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.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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

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

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

What we inspected and why

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

We inspected one complete core service.

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

This was selected due to the previous inspection ratings or, our ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided. The core service was rated requires improvement.

Our inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question.

What we found

Overall trust

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

We rated safe, effective, caring, responsive and well-led as good. We rated five of the trust's six services as good and one as requires improvement. In rating the trust, we took into account the current ratings of the five services not inspected this time.

We rated well-led for the trust overall as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Senior leaders understood the challenges to quality and sustainability the trust faced, with workforce, and service delivery, as key challenges. They were able to explain clearly the actions they had taken and the plans they had in place to further address those challenges.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The trust was committed to improving services by learning from when things go well and when they went wrong, promoting training, research and innovation and enabled learning across the trust.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes mostly operated effectively at ward level and that performance and risk were managed well.

Summary of findings

- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

However,

- In the Acute wards for adults of working age and psychiatric intensive care units we found that audits did not always operate effectively because issues identified on inspection had not been identified through audits.

Are services safe?

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

- We inspected only one of the six core services provided by the trust – Acute wards for adults of working age and psychiatric intensive care units. Although we rated safe for that service as requires improvement, the ratings of safe for all five of the other services previously inspected were good, which made the overall rating of safe for the trust good.

However:

- In acute wards for adults of working age and psychiatric intensive care units, there were environmental risks that staff were not aware of, wards had blanket restrictions in place and clinical audits did not pick up the out of date on this ward.

Details of our inspection of Acute wards for adults of working age and psychiatric intensive care units are in a separate section.

Are services effective?

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

- We inspected only one of the six core services provided by the trust – Acute wards for adults of working age and psychiatric intensive care units. Although we rated effective for that service as requires improvement, the ratings of effective for all five of the other services previously inspected were good, which made the overall rating of effective for the trust good.

However:

- In Acute wards for adults of working age and psychiatric intensive care units, Care plans were not always personalised, and recovery focused. It was not always recorded when patients were offered a copy of their care plan, and staff did not state their name and role when writing care plans.
- Patients did not always have physical health checks completed on admission to hospital.

Details of our inspection of Acute wards for adults of working age and psychiatric intensive care units are in a separate section.

Are services caring?

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

- We inspected only one of the six core services provided by the trust – Acute wards for adults of working age and psychiatric intensive care units. We rated caring for that service as good, the ratings of caring for four of the other services previously inspected were good and one service as outstanding, which made the overall rating of caring for the trust good.

Summary of findings

- In Acute wards for adults of working age and psychiatric intensive care units, staff treated patients with kindness, compassion and supported patients to understand and manage their own care and treatment.
- Patients were encouraged to feedback on services and staff made changes to services because of that feedback.

Details of our inspection of Acute wards for adults of working age and psychiatric intensive care units are in a separate section.

Are services responsive?

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

- We inspected only one of the six core services provided by the trust – Acute wards for adults of working age and psychiatric intensive care units. We rated responsive for that service as good, the ratings of responsive for five of the other services previously inspected were good which made the overall rating of responsive for the trust good.
- In the Acute wards for adults of working age and psychiatric intensive care units we found the management of beds was good which meant that a bed was usually available when needed and there was little movement between wards of patients.
- The wards were well furnished and protected the privacy and dignity of patients. Patients had their own bedroom where they could keep their personal items safely. Patients had access to drinks and snacks when they wanted and said the quality of meals was good.
- Complaints were taken seriously, they were investigated with lessons learned shared with teams and the wider service.

Are services well-led?

Our rating of well-led stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Senior leaders understood the challenges to quality and sustainability the trust faced, with workforce, and service delivery, as key challenges. They were able to explain clearly the actions they had taken and the plans they had in place to further address those challenges.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The trust was committed to improving services by learning from when things go well and when they went wrong, promoting training, research and innovation and enabled learning across the trust.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes mostly operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

However,

Summary of findings

- In the Acute wards for adults of working age and psychiatric intensive care units we found that audits did not always operate effectively because issues identified on inspection had not been identified through audits.

Outstanding practice

Not applicable

Areas for improvement

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

- The trust must ensure that staff work with patients to create fully person-centred, holistic and recovery focused care plans and that staff record when they have offered patients a copy of their care plan. **Regulation 9 (1) (a b c).**
- The trust must ensure staff document, mitigate and are aware of environmental risks on wards. **Regulation 12 (1) (a b d).**

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

- The trust should consider reviewing the current blanket restrictions placed on patients and make sure that when restrictions are in place they are necessary and individually risk assessed. **Regulation 9 (1) (a b c).**
- The trust should ensure it reviews ward-based audits, so they are fit for purpose and effective at improving safe, good quality care. **Regulation 17 (2) (a b c f).**

Is this organisation well-led?

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

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

We rated safe, effective, caring, responsive and well-led as good. We rated five of the trust's six services as good and one as requires improvement. In rating the trust, we took into account the current ratings of the five services not inspected this time.

We rated well-led for the trust overall as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Senior leaders understood the challenges to quality and sustainability the trust faced, with workforce, and service delivery, as key challenges. They were able to explain clearly the actions they had taken and the plans they had in place to further address those challenges.

Summary of findings

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The trust was committed to improving services by learning from when things go well and when they went wrong, promoting training, research and innovation and enabled learning across the trust.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes mostly operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

However,

- In the Acute wards for adults of working age and psychiatric intensive care units we found that audits did not always operate effectively because issues identified on inspection had not been identified through audits.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Mar 2020					

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

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Mar 2020	Requires improvement ↓ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Requires improvement ↓ Mar 2020
Wards for older people with mental health problems	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
Community-based mental health services for adults of working age	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
Mental health crisis services and health-based places of safety	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
Specialist community mental health services for children and young people	Good Jan 2019	Good Jan 2019	Outstanding Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
Community-based mental health services for older people	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017

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

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

Requires improvement  

Key facts and figures

The acute wards for adults of working age at Dudley and Walsall Mental Health Partnership NHS Trust provided assessments, care and treatment to people experiencing mental health difficulties. The acute services consisted of five wards. There were no psychiatric intensive care wards in the trust.

The acute wards are based on two trust sites; Bushey Fields Hospital in Dudley and Dorothy Pattison Hospital in Walsall. Bushey Fields Hospital had three acute wards; Clent- a ward with 22 beds for men, Clee- a ward with 20 beds for women and Wrekin- a mixed gender ward for 18 patients. Dorothy Pattison Hospital had two acute wards; Ambleside- a 21 bed ward for women and Langdale- a 21 bed ward for men. At the time of our inspection the trust was part way through a refurbishment programme for all inpatient wards. The only ward which the trust had not recently refurbished at the time of our inspection was Wrekin ward. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

At our last inspection in 2018 we rated acute wards for adults of working age as good overall. We rated safe as requires improvement and effective, caring, responsive and well-led as good. We found that the trust had breached regulations under the Health and Social Care Act (regulated activities) Regulations 2014 in the safe domain. In 2018, we issued the trust with two requirement notices for acute wards for adults of working age. We said:

- The trust must ensure patients have access to a call system/portable alarm system in their bedrooms so they can call for help or assistance.
- The trust must ensure that staff consistently record consent to treatment within prescription charts and patient records.

During our inspection visit, the inspection team:

- visited all five acute wards and completed a tour of the wards, including the clinic rooms.
- spoke with ten nurses and seven healthcare assistants
- spoke with four ward managers and one inpatient manager
- spoke with one discharge coordinator
- spoke with four doctors
- spoke with two pharmacists
- looked at 52 prescription charts and 25 care records
- spoke with four occupational therapists and one psychologist
- spoke with 20 patients and one carer
- attended three ward review meetings for seven patients
- attended one community meeting with ten patients
- attended one patient group with four patients

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

Summary of this service

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

- There were environmental risks on some wards. Staff did not always mitigate them, document them and were not always aware of them.
- Care plans across all wards were not always of a good quality. There were some gaps in recording of physical health observations taken soon after admission. However, staff did record patients' physical health needs in their care plans.
- There were omissions in the recording or obtaining of patients' physical health observations soon after admission.
- There were blanket restrictions in place on all wards, namely the use of plastic crockery for all patients.
- Ward-based audits were not effective. They did not prompt staff to check some important things, which meant they did not identify errors and issues.

However

- Wards had enough nurses and doctors. They managed medicines safely and followed good practice with respect to safeguarding.
- Managers ensured staff received training, supervision and appraisal. Ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff felt well supported by managers and involved in changes within the service and trust.

Is the service safe?

Requires improvement ● → ←

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

- There were environmental risks on two wards. On one ward there was a blind spot which the service had not mitigated with mirrors. On another ward staff were not aware that doors leading to a bay with patient bedrooms were not anti-barricade. Within this bay there were blind spots which the trust had not mitigated with mirrors. The service had not documented these risks and staff were not always aware of them.
- Blanket restrictions were in place. All patients on all wards had to use plastic crockery and this was not risk assessed.
- There was an out of date oxygen cylinder in one clinic room which staff were not aware of. Clinical audits did not pick up the out of date oxygen cylinder on this ward

However

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

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

- Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed.
- The service used systems and processes to safely prescribe, administer and record medicines.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

Is the service effective?

Requires improvement ● ↓

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

- Care plans were not person-centred, holistic and recovery-oriented. Staff did not document when they offered patients a copy of their care plan. Care plans did not record the name and role of the staff member who wrote them.
- Staff did not always obtain or record patients' physical health observations as required following their admission to hospital.

However

- Managers made sure staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.
- Staff used recognised rating scales to assess and record severity and outcomes. These included a range of condition-specific rating scales as well as a quality of life outcome measure for all patients.

Is the service caring?

Good ● → ←

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

- Most staff treated patients with compassion and kindness. They understood the individual needs of patients and supported them to understand and manage their care, treatment or condition.
- Staff ensured patients had easy access to independent advocates and they regularly visited the wards.
- Staff encouraged patients to give feedback on the service and attend community meetings. Staff responded to patients' comments and suggestions and implemented changes as a result of feedback.

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

Is the service responsive?

Good ● → ←

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

- Staff managed beds well. This meant that a bed was usually available when needed and staff rarely moved patients between wards unless this was for their benefit.
- The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service met the needs of all patients who used the service including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which they shared with the whole team and the wider service.

Is the service well-led?

Good ● → ←

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

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff were aware of the trusts vision and values. They could not always describe details of them when asked but knew where to find this information and knew how they would be applied in the work of their team.
- Staff felt respected, supported and valued. They said the trust promoted equality and diversity in its day to day work. Staff felt able to raise concerns without fear of retribution.

However

- Our findings from the other key questions demonstrated that audits did not always operate effectively at ward level. They did not identify the issues we found on inspection and did not always contribute to improving the quality of care.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

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

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

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

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Our inspection team

Julie Meikle, Head of Hospitals Inspection chaired this inspection and Kenrick Jackson, CQC Inspection Manager led it. An executive reviewer, Alex Gild, supported our inspection of well-led for the trust overall.

The team included two inspectors, one executive reviewer, and two specialist advisers

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