Worcestershire Health and Care 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 PICU	Robertson Centre Newtown Hospital	R1AY2 R1AX7
Long stay/Rehabilitation for adults of working age	Keith Winter Close	R1A22
Community mental health services for adults of working age	Trust headquarters	R1AZ3
Community mental health services for children and young people	Trust headquarters	R1AZ3

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	Good 
Are services safe?	**Requires improvement** 
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

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Summary of findings

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 rated Worcestershire Health and Care Trust to be performing at a level that led to a judgement of good.

We found that the trust had reviewed and acted on feedback from the CQC comprehensive inspection of January 2015. This meant that four core services that were rated as requires improvement in January 2015 were now providing good care and treatment to patients and young people.

The trust had commenced and embedded a number of initiatives county wide to support direct care delivery.

The trust had reviewed the re-design of acute wards and community buildings, and future provision of mental health services, with patient groups, trust staff and commissioners.

We saw the trust involved patients and stakeholders to improve services; an example was young people had re-designed a community service for children and young people in Worcester. Patients on wards could see the difference they made with a 'you said, we did' board.

The recovery star was embedded in acute wards. It is an outcome tool that measures change and supports patient recovery.

A new electronic patient records system had been introduced meaning information was held securely. A single point of access across Worcestershire had been developed meaning patients were triaged and assessed more quickly. Staffing levels had increased in acute wards and across community services.

The living experience of patients admitted to wards had improved, for example, trust staff knew how to change the temperature of the wards and there was sufficient seating in the Harvington ward dining room.

We saw a peer support system was introduced to support patients in wards. Peer supporters have lived experience of mental health. We found peer support workers running therapy groups and they formed part of a patients recovery.

The trust engaged young people through a youth trust board meaning that stigma about mental health would be reduced. A website had been developed to promote wellbeing and support for young people.

We did find however, that some buildings presented a risk to patients who may wish to harm themselves.

During this focussed inspection, we found that patients, relatives, staff and senior managers engaged openly to the inspection team.

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 Safe as requires improvement because:

- Our last inspection had identified ligature risks on Harvington ward, which would require significant work to remove. The trust was planning a refurbishment of the ward to address these issues but there was still no timetable in place for the work to commence despite these risks having originally been identified as significant in January 2014. The trust had planned a refurbishment of the ward to address these issues however, was waiting for the outcome of a public consultation.
- Although the trust had introduced processes to improve patient observation, the layout of the wards meant that staff could not observe patients in all parts of the ward.
- The on-going delays in making safe potential ligature points was not reasonably balanced against the potential risks.
- Not all prescription cards were signed.
- Although wards and community buildings were clean, we did not see records at Keith Winter Close that cleaning had taken place.

However;

- Staffing levels had improved on acute wards meaning risk to patients was consistently managed.
- The trust had introduced the Safewards model of care onto wards. This model seeks to reduce incidents by reducing potential triggers through developing an understanding of another person's perspective.
- The trust had reviewed staffing levels in community teams and we saw an improvement in numbers following a re-design of the service.
- Case loads for community mental health staff were manageable and community mental health teams (CMHTs) were able to respond quickly to a sudden deterioration in patients' mental health.
- Patients' on Harvington Ward had a better dining room experience.
  Patients' had access to a dining room where there was enough seating for all to eat.
- Risk assessments were of a good standard and up to date.
- Staff used trust lone working principles when working with patients and families.

Summary of findings

- Clinical rooms were clean and fit for purpose. We saw improvements in Worcester CAMHS of staff carrying out physical health checks in a newly refurbished clinic room. Staff carried out regular checks on emergency equipment to ensure it was safe for use at any time. Wards adhered to infection control principles. Staff carried out regular audits.
- Staff received statutory and mandatory training.
- Pharmacists were visible and supported safer medicines management. They were involved in patients' medicine requirements from the point of admission through to discharge.

Are services effective?

Good

We rated effective as Good because:

- A single point of access for referrals was embedded across CAMHS and adult services. This role supported better access to services.
- The trust had a Standard Operating Procedure (SOP) for the duty worker role and system. This gave clarity and consistency to the duty worker role and responsibilities.
- An electronic care record system was introduced in December 2015 meaning care records could be better accessed by the team and out of hours.
- CAMHS were meeting triage to assessment waiting times. This meant teams assessed patients' against agreed standards and there were no delays in assessing.
- Staff working in teams across the trust were from a range of professional backgrounds including medical, nursing, social work, psychology, occupational therapy, specialist therapists, training and employment officers.
- Care plans were up to date, detailed and person centred. Although there was good use of the recovery model, not all patients signed their care plans.
- Staff were applying best practice in National Institute for Health and Care Excellence (NICE) guidelines, using recognised outcome measures for example, when prescribing medication and delivering psychological therapies at Keith Winter Close.
- Qualified staff were trained in effective care planning.
- Staff had forged effective working relationships with teams outside of the service such as social services and in primary care.
- Staff were aware of the Mental Health Act and the requirements of its Code of Practice. The trust monitored monthly compliance with the MHA through an audit tool used throughout in-patient services.
- Staff had regular supervision and appraisal.

Summary of findings

- There were a wide range of activities on offer and promotion of positive health and wellbeing.
- Staff were actively involved in audits and we saw a range of audit reports at the unit.

Are services caring?

Good

We rated caring as Good because:

- We observed staff treating patients with kindness, respect, compassion and empathy.
- When staff spoke to us about patients, they discussed them in a respectful manner and showed a good understanding of their individual needs.
- We saw peer support workers were respected and their contribution to patient care valued.
- Patients were able to give feedback on the service they received at community meetings. The wards had a 'You said, we did' board so that patients had a visual method of reviewing changes made.
- CAMHS staff continued to use the nationally recognised 'Choice and Partnership Approach'.
- The trust engaged with young people to develop a youth trust board and re-design services.
- The commission for health improvements experience of service questionnaire (CHI-ESQ), as reported in the CQC report of the trust in 2015, showed parents/carers were highly satisfied with the service they received across CAMHS.

Are services responsive to people's needs?

Good

We rated responsive as Good because:

- A single point of access (SPA) was embedded across community services in Worcestershire.
- All urgent referrals in community services were seen within 24 hours. Non urgent referrals were seen within Trust targets and reviewed at weekly multidisciplinary meetings.
- Staff referred patients and young people to specialised services, for example, eating disorders, following assessment.
- All patients who were in specialist placements out of county were reviewed monthly.
- Community patients had choice and flexibility of appointment times and where they wanted to be seen.
- Some staff had developed low key psychological interventions to support patients while they waited for treatment. All patients had access to a psychiatrist

Summary of findings

- The trust had improved the living experience of patients in wards since the last inspection. A dining room had been developed on Harvington ward and trust staff had a working knowledge of how to change the temperature of the ward.
- The trust had started to re-design community buildings to improve patient care, this meant that health checks were undertaken in a private area.
- We saw a full range of rooms and equipment to support treatment and care. There were quiet areas on wards, a lounge area, and a room where patients could meet visitors.
- There was reasonable adjustments for people with a physical disability to access trust buildings.
- Patients could make phone calls in private and had access to their mobile phones.

However;

- Although waiting times to access treatment were improving, 16 young people were waiting longer than the 25 week target.
- Although waiting times for adults in the community to access psychological interventions
was monitored better, 41% of patients were waiting longer than the trust target of 18 weeks.

Are services well-led?

Good

We rated well led as Good because:

- There was a clear vision and a set of values understood and supported by staff we spoke to in clinical services. We also saw this evidenced in staff appraisal objectives.
- Senior managers had ensured that there were clear lines of managerial responsibility across the service. Ward managers and team leaders in the community were visible.
- The trust had reviewed the re-design of acute wards and community buildings, and future provision of mental health services, with patient groups, staff and commissioners.
- Morale was good; there was job satisfaction and sense of empowerment across staff and patient groups.
- We saw good team working and mutual support, and staff spoke of working well together.
- CAMHS demonstrated quality improvement and innovation for example, they were part of national and international research studies into patient satisfaction and transitioning between children's and adult services.
- Staff had received mandatory training, were appraised annually and had supervision regularly.

Summary of findings

- Shifts were covered by a sufficient number of staff of the right grades and experience.
- Staff participated actively in clinical audit.
- Incidents were reported, reviewed and learning shared with staff and where appropriate patients.
- Mental Health Act and Mental Capacity Act procedures were followed and applied in practice.
- All staff asked told us they knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation.

Summary of findings

Our inspection team

Our inspection team was led by:

30 November 2015: Kenrick Jackson, Inspection Manager for Mental Health, Learning Disabilities and Substance Misuse, Care Quality Commission

11 and 13 May 2016: Paul Bingham, Inspection Manager for Mental Health, Learning Disabilities and Substance Misuse, Care Quality Commission

The team included:

- inspection managers
- inspectors
- an expert by experience who has personal experience of using, or caring for someone who uses, the type of services we were inspecting
- a nurse with specialist experience of CAMHS

Why we carried out this inspection

We carried out this inspection as a follow up to the comprehensive inspection of January 2015, and to see if the trust had improved following the CQC report published in June 2015.

The trust in 2015 was rated as required improvement in the following domains; safe, effective and responsive however, the trust overall was rated good for caring and well-led.

Four core services across the trust were rated overall as required improvement and we focussed our inspection on the following as a result;

- Acute wards for working age adults and the psychiatric intensive care unit (PICU) - required improvement in safe, effective, caring, responsive and well-led.
- Long stay/rehabilitation mental health wards for working age adults - required improvement in safe and effective.
- Community based mental health services for adults of working age - required improvement in safe, effective and responsive.
- Specialist community mental health services for children and young people - required improvement in safe, responsive and well-led.

All other core services in the trust had an overall rating of good.

How we carried out this inspection

To get to the heart of the experience of people who use services' experience of care, 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?

However, we inspected four core services that required improvement to determine overall improvement in the trust that lead to a re-rating. Each core service had specific improvements to make and to support our judgement, we focussed on individual questions, as above, as part of this inspection.

Before the inspection visit the inspection team:

- Reviewed the comprehensive inspection report of January 2015 and identified core services to be inspected.
- Reviewed the trust action plan following the comprehensive inspection of January 2015.
- Reviewed a range of reports and documentation received by the CQC from external organisations such as Healthwatch and NHS England.

Summary of findings

- Received information from patients, carers and other groups through our website.

During the unannounced inspection of 30 November 2015 and announced inspection of 11 and 13 May 2016, the inspection team:

- Visited 10 wards and community services
- Spoke with 16 patients
- Spoke with 2 peer support workers
- Spoke with 2 carers
- Spoke with 21 members of staff including, doctors, occupational therapists, nurses, clinical specialists, a house keeper, administrative staff and student nurses
- Observed the duty nurse role
- Spoke with eight senior staff
- Attended one multi-disciplinary meeting and two hand-over meetings
- Looked at 43 patient records
- Carried out a specific check of the medication management across a sample of wards and teams and looked at 13 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

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.

Information about the provider

Worcestershire Health and Care NHS Trust was established on 1 July 2011 in response to the Department of Health's 'Transforming Community Services' initiative. The trust manages the vast majority of the services that were previously managed by Worcestershire Primary Care NHS Trust's Provider Arm, as well as the mental health services that were managed by Worcestershire Mental Health Partnership NHS Trust which is now dissolved.

The organisation now provides services from more than 125 sites with an income of about £179.2 million. They employ more than 3924 staff.

Community and mental health services are provided to a population of approximately 560,000 across Worcestershire's 500 square miles. This covers the city of Worcester together with the towns of Bewdley, Bromsgrove, Droitwich, Evesham, Kidderminster, Malvern, Pershore, Redditch, Stourport, Tenbury Wells and Upton-Upon-Severn.

Worcestershire Health and Care NHS Trust are aspiring to become a Foundation Trust. The trust works closely with the three local Clinical Commissioning Groups (Redditch & Bromsgrove, Wyre Forest and South Worcestershire), Worcestershire Acute Hospitals NHS Trust, and Worcestershire County Council.

The trust provides the following core services:

- Acute wards for adults of working age and psychiatric intensive care units.
- Long stay/rehabilitation mental health wards for working age adults.
- Wards for older people with mental health problems.
- Wards for people with learning disabilities or autism.
- Community-based mental health and crisis response services.
- Community 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 mental health services for people with learning disabilities or autism.
- Community based services for older people Community health services.
- Community health services – adults.
- Community health services – children, young people and families.
- Community health services – inpatient.
- End of life and palliative care services.
- Adult social care Tudor Lodge.
- In addition, the trust also provides specialist primary health services which were not included in this inspection. Worcestershire Health and Care NHS Trust have been inspected 11 times since registration. Out of these, there have been 6 inspections covering 22 locations that are registered with CQC.

Summary of findings

What people who use the provider's services say

We spoke with a small number of adults and young people who were very positive about the care and treatment they received. They described staff as caring and treated them with dignity. One young person described community CAMHS as 'brilliant' and they would move therapy sessions closer to where they lived.

Feedback reflected comments from the comprehensive inspection in January 2016 however, one community patient complained about access to support and treatment.

Good practice

- The recovery star was embedded in acute wards that supports patients' to understand their health, social and psychological needs.
- Peer support workers, who had lived experience of mental health, were employed across all inpatient wards and early intervention services. They were trained in mental health to offer support, share ideas, and skills with patients. We saw them actively engaged in all aspects of recovery with patients. They facilitated group work programmes and when needed, escorted leave.
- Staff continued to use the nationally recognised 'Choice and Partnership Approach'.
- The trust had engaged young people to join a youth trust board and they were engaged with service redesign. This had led to a webpage on the trust website promoting and supporting young people with mental health needs.
- The development of the single point of access and duty nurse role across community services supported better triage and access to services.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure in ward areas that there are individual clinical risk assessments in place, a ligature audit and management plan. The ligature risks, in particular, Keith Winter Close, were considerable and could not be adequately mitigated using staffing, observations, or individual risk management planning alone.

Action the provider SHOULD take to improve

- The trust should ensure that Keith Winter Close has an alarm system that can be heard throughout the building to ensure the safety of patients and staff.
- The trust should ensure that recording of cleaning is introduced to demonstrate that trust buildings are regularly cleaned.
- The trust should improve access to patients receiving psychology assessment in community mental health services for working age adults.
- The trust should meet agreed targets with commissioners for young people in CAMHS to access treatment within 25 weeks.
- The trust should continue to recruit to community mental health services for young people and reduce vacancy rates.
- The trust should ensure that prescription charts are signed at Keith Winter Close.

Worcestershire Health and Care 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.

Three mental health act reviews in the trust had been undertaken by the CQC since the comprehensive inspection. If the three, one was in Keith Winter Close and one in Hadley PICU (psychiatric intensive care unit), in Worcester. Although patients spoke positively and staff were motivated in their work, the reviews found that the following required improvement; patients should be involved in regularly reviewing their care and recording of consent to treatment should happen.

The trust undertook monthly Mental Health Act audits and shared the results at monthly trust quality meetings to ensure compliance with the Act.

Staff had received training in Mental Health Act (MHA) as part of their mandatory training. The trust had a current Mental Health Act policy and staff told us they were aware of it. Staff we spoke to had a good understanding of the Mental Health Act and explained how to apply it in practice.

Detained patients were regularly read their rights.

Across community services, approved mental health professionals (AHMPs) had specific knowledge of the MHA and supported colleagues with its application in practice. Records were generally compliant with the MHA and code of practice for patients on a community treatment order (CTO). A CTO means a patient receives supervised treatment in the community under the direction of their responsible clinician, usually a consultant psychiatrist. Relevant assessments were updated and patients were read their rights.

Staff would contact the Mental Health Act administrative team if they needed any specific guidance about their roles and responsibilities under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Training in the Mental Capacity Act (MCA) (2005) and the Deprivation of Liberty Safeguards was provided. All staff were either up to date or had been booked onto training.
- Staff were knowledgeable about the MCA including the guiding principles and how to apply them in practice. MCA assessments were discussed in multi-disciplinary meetings.
- The Mental Capacity Act 2005 is not applicable to children under the age of 16. Gillick competence and Fraser guidelines, which balance children's rights and wishes with the responsibility to keep children safe from harm, should be used for those under 16 years of age. This service caters for people under 18 years of age so the Deprivation of Liberty Safeguards do not apply.

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

We rated safe as requires improvement because:

- Our last inspection had identified ligature risks on Harvington ward, which would require significant work to remove. The trust was planning a refurbishment of the ward to address these issues but there was still no timetable in place for the work to commence despite these risks having originally been identified as significant in January 2014.
- Although the trust had introduced processes to improve patient observation, the layout of the wards meant that staff could not observe patients in all parts of the ward.
- The on-going delays in making safe potential ligature points was not reasonably balanced against the potential risks.
- Not all prescription cards were signed.
- Although wards and community buildings were clean, we did not see records that cleaning had taken place in Keith Winter Close.
- However;
- Staffing levels had improved on acute wards meaning risk to patients was consistently managed.
- The trust had introduced the Safewards model of care onto wards. This model seeks to reduce incidents by reducing potential triggers through developing an understanding of another person's perspective.
- The trust had reviewed staffing levels in community teams and we saw an improvement in numbers following a re-design of the service.
- Case loads for community mental health staff were manageable and community mental health teams (CMHTs) were able to respond quickly to a sudden deterioration in patients' mental health.
- Patients' on Harvington Ward had a better dining room experience. Patients' had access to a dining room where there was sufficient seating for all to eat.
- Risk assessments were of a good standard and up to date.
- Staff used trust lone working principles when working with patients and families.
- Clinical rooms were clean and fit for purpose. We saw improvements in Worcester CAMHS of staff carrying out physical health checks in a newly refurbished clinic room. Staff carried out regular checks on emergency equipment to ensure it was safe for use at any time. Wards adhered to infection control principles. Staff carried out regular audits.
- Staff received statutory and mandatory training.
- Pharmacists were visible and supported safer medicines management. They were involved in patients' medicine requirements from the point of admission through to discharge.

Our findings

Safe and clean ward environment

- The layout of some wards did not allow staff to observe all parts of patient areas. On Harvington ward, the trust had installed three mirrors in reduce blindspots in July 2015. Staff had reviewed the risks of potential ligature points and blindspots in the production of a risk profile of the ward environment. Staff had rated each room on the ward in line with a traffic light system as red (high risk), amber (medium risk) and green (low risk). Each room door had a label applied to display this rating.
- Ligature risk audits were completed annually across the trust and each individual patient had a risk assessment, including harm to self. Ligatures are cords tied around a ligature anchor point where patients intent on self-harm might tie something to strangle themselves. Staff in Harvington ward had identified the suspended ceilings as a high risk, particularly in dormitories where there was less observation. The action required was to replace them however, the trust had not implemented change by November 2015. We saw a proposed plan of work

that addressed issues identified in the ligature risks assessments (solid ceilings, boxing in pipework and replacement of windows with anti-ligature locks). The trust had reviewed acute mental health wards with commissioners to understand the cost-benefit of building work to reduce risk. In Keith Winter Close, the numbers of ligature points throughout the unit were significant. Plans were developed to mitigate the risks associated with identified ligature points however, these were insufficient to ensure the safety of patients fully. For example, the ligature action plan identified doors and windows required replacing with anti-ligature alternatives. There were no clear plans by November 2015. Adult community services had completed work to reduce ligature risks in interview rooms as identified in the comprehensive inspection of January 2015.

- Wards followed the guidance on mixed-sex accommodation and regularly monitored compliance.
- All areas were clean and they were well maintained. Cleaning schedules were detailed and visible in all areas however, there were no records to indicate cleaning had occurred.
- Staff had access to personal alarms and nurse call systems were in place across the trust however, in Keith Winter Close, the unit alarm system could not be heard in all areas of the unit. This meant that patients could leave the building and staff may not always be alerted.

Safe staffing

- The CQC comprehensive inspection in January 2015 found that there were not enough staff on Harvington ward to meet the needs of patients. The trust had acted to improve the situation and on this inspection the staff rota confirmed that there was sufficient staff on duty per shift. The ward manager and clinical co-ordinators across the service had direct access to NHS Professionals to secure additional staff at short notice.
- The previous inspection also identified that staffing levels at Wychavon CMHT were low and the trust had placed low staffing on the risk register. The trust reviewed provision of community services meaning Wychavon and Evesham CMHTs had merged to support safer staffing levels. The trust had taken staffing levels off the risk register. Staff turnover was high in CMHTS, for example, the Bromsgrove team reported 20% in the last 12 months. A number of staff retiring and staff transferring to other teams were the main reasons. Recruitment was on-going and most positions had been filled. Staff we spoke to were positive about their ability to meet the needs of patients based on staff numbers. Low staffing had been taken off the risk register.
- Although vacancy rates across CAMHS had reduced from 22.8% in January 2015 to 17.5% in April 2016, locum cover was used for key roles, for example, a consultant psychiatrist and two psychologists. Staff were concerned about vacancy rates however, they were positive about managing their caseloads.
- The trust regularly reviewed staffing levels and published data in line with NHS England requirements. The ward manager for Harvington ward used the adapted Hurst tool to estimate the number and grade of nurses required per shift.
- The trust had recruited into administrative roles to support care delivery to patients.

Assessing and monitoring risk to patients and staff

- Although all community mental health patients had an up to date risk assessment in May 2016, three new patients to Wyre Forest CAMHS in January 2015 did not. Across ward areas, there was evidence of risk assessments that were up to date and related to care plans. One care plan on Harvington ward did not reflect a specific risk although staff were aware and had communicated to each other.
- The trust had introduced an electronic patient care records system called 'carenotes'. This meant that all staff maintained records together meaning that staff could access them out of hours and at a time of crisis.
- The trust had rolled out a single point of access across Worcestershire for all mental health referrals. This meant patients were triaged quickly and urgent referrals could be seen quickly.
- The duty nurse role in community mental health services was embedded across Worcestershire and staff were clear about its role and function. We saw a duty nurse supporting community patients over the telephone.
- Staff lone working had improved since the last inspection and more staff had attended personal safety training.

Good

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

We rated effective as good because:

- A single point of access for referrals was embedded across CAMHS and adult services. This role supported better access to services.
- The trust had a Standard Operating Procedure (SOP) for the duty worker role and system. This gave clarity and consistency to the duty worker role and responsibilities.
- An electronic care record system was introduced in December 2015 meaning care records could be better accessed by the team and out of hours.
- CAMHS were meeting triage to assessment waiting times. This meant teams assessed patients' against agreed standards and there were no delays in assessing.
- Staff working in teams across the trust were from a range of professional backgrounds including medical, nursing, social work, psychology, occupational therapy, specialist therapists, training and employment officers.
- Care plans were up to date, detailed and person centred. Although there was good use of the recovery model, not all patients signed their care plans.
- Staff were applying best practice inNational Institute for Health and Care Excellence (NICE) guidelines, using recognised outcome measures for example, when prescribing medication and delivering psychological therapies at Keith Winter Close.
- Qualified staff were trained in effective care planning.
- Staff had forged effective working relationships with teams outside of the service such as social services and in primary care.
- Staff were aware of the Mental Health Act and the requirements of its Code of Practice. The trust monitored monthly compliance with the MHA through an audit tool used throughout in-patient services.
- Staff had regular supervision and appraisal.
- There were a wide range of activities on offer and promotion of positive health and wellbeing.
- Staff were actively involved in audits and we saw a range of audit reports at the unit.

Our findings

Assessment of needs and planning of care

- Care plans in wards and community mental health teams were detailed and had been regularly reviewed with information that enabled staff to support patients. Staff had updated patients' care plans following changes in their condition. Most care plans showed evidence of being personalised, holistic, recovery oriented with strengths and goals. Not all had evidence of patient involvement in preparing or agreeing these care plans, in particular, on Harvington ward.
- Staff used a Recovery Star approach to engage patients in rating and understanding their health, social and psychological needs. The Recovery Star is a tool that measured change and supported recovery by providing a map to recovery and a way of plotting progress and planning actions.
- As a result of the introduction of an electronic system, care records were stored securely and accessible to staff, including out of hours.

Best practice in treatment and care

- NICE guidelines in rehabilitation services were followed for prescribing and in delivering psychological therapies. Staff showed us evidence of clinics held and patients could access a range of models to help aid their recovery.
- There were a wide range of activities on offer and we saw wards offered health education and smoking cessation programmes to promote positive health and wellbeing.

Good

Are services effective?

- Outcome measures were used in community mental health teams, including the health of the nation outcome scale (HoNOS). HoNOS is specifically designed to measure the health and social functioning of people who use health and social care services.
- Staff were actively involved in audits, for example the senior occupational therapist at Keith Winter Close, had been involved in auditing the group work programmes.

Skilled staff to deliver care

- Staff working across the trust were from a range of professional backgrounds including nursing, social work, STR (support, time and recovery) workers, psychology, occupational therapists, specialist therapist, training and employment officer, medical and administration. Student nurses on placement spoke positively of their experience.
- The trust had experienced and qualified staff working in the services we inspected. There was ongoing recruitment to key positions in ward and community areas to increase the range and skill levels in multidisciplinary teams.
- Staff had regular supervision and annual appraisals. Staff received statutory and mandatory training as well as specialist training to support their learning and development to improve care and treatment to patients. For example, peer support workers were given training to support them in their role.

Multi-disciplinary and inter-agency team work

- We saw effective working relationships and handovers within teams, across the trust and with external agencies.
- The trust had moved to electronic patient records by May 2016 and this had stopped professionals maintaining separate care records.

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

- Mental Health Act (MHA) training was mandatory across the trust. Staff were trained in and had a good understanding of the Mental Health Act (MHA), the Code of Practice and the guiding principles.
- Consent to treatment and capacity requirements were adhered to and copies of consent to treatment forms were completed when appropriate.
- A small minority of patients were subject to a community treatment order (CTO). Of two records we saw where a CTO was used, patients were updated about their rights and were involved with planning their care. The paperwork was filled in and complete.
- People had their rights under the MHA explained to them on admission to services. We saw evidence of this in the case notes.
- Staff had access to a central MHA administrator for legal advice on implementation of the MHA and its Code of Practice.
- There were regular audits to ensure that the MHA was being applied correctly and there was evidence of learning from these audits.

Good practice in applying the Mental Capacity Act (MCA)

- There was a trust policy in place for the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- One hundred per cent of hospital staff and 95% of community staff were up to date with training. The trust had a recording system to monitor and plan MCA training.
- All staff we spoke to had a good understanding of the MCA and how to apply in practice. Staff understood and told us about the process for recording and assessing mental capacity.

Good

Are services caring?

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

Summary of findings

We rated caring as good because:

- We observed staff treating patients with kindness, respect, compassion and empathy.
- When staff spoke to us about patients, they discussed themin a respectful manner and showed a good understanding of their individual needs.
- We saw peer support workers were respected and their contribution to patient care valued.
- Patients were able to give feedback on the service they received at community meetings. Thewards had a 'You said, we did' board so that patients had a visual method of reviewing changes made.
- CAMHS staff continued to use the nationally recognised 'Choice and Partnership Approach'.
- The trust engaged with young people to develop a youth trust board and re-design services.
- The commission for health improvements experience of service questionnaire (CHI-ESQ), as reported in the CQC report of the trust in 2015, showed parents/ carers were highly satisfied with the service they received across CAMHS.

Our findings

Kindness, dignity, respect and support

- We observed staff interacting with patients in a caring and compassionate way. Staff responded to people in distress in a calm and respectful manner.
- When staff spoke with us about patients, they were respectful and showed a good understanding of their individual needs.
- The trust had introduced the Safewards model of care onto the wards and Harvington staff were implementing it. This model seeks to reduce incidents by reducing potential triggers through developing an understanding of another person's perspective.
- We attended a morning meeting with staff and patients in Keith Winter Close. We saw staff had an understanding of individual needs of patients and there were options for activities throughout the day.
- Following our last inspection, the Trust had provided privacy screens to bedroom windows on Holt ward.

The involvement of people in the care that they receive

- Across rehabilitation wards, patients were assessed prior to admission and all patients were orientated to services. Patients were involved in their care planning.
- Patients told us they had access to advocacy and we saw evidence around the trust in the form of posters and leaflets.
- Patients told us that there was appropriate involvement of families and carers. We spoke with a carer during our inspection who confirmed they were involved in their family member's recovery.
- Patients were able to give feedback on the service at community meetings.

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

We rated responsive as good because:

- A single point of access (SPA) was embedded across community services in Worcestershire.
- All urgent referrals in community services were seen within 24 hours. Non urgent referrals were seen within Trust targets and reviewed at weekly multidisciplinary meetings.
- Staff referred patients and young people to specialised services, for example, eating disorders, following assessment.
- All patients who were in specialist placements out of county were reviewed monthly.
- Communitypatients had choice and flexibility of appointment times and where they wanted to be seen.
- Some staff had developed low key psychological interventions to support patients while they waited for treatment. All patients had access to a psychiatrist
- The trust had improved the living experience of patients in wards since the last inspection.A dining room had been developed on Harvington ward and the trust had introduced a new heating control system following concerns that wards were cold.
- The trust had started to re-design community buildings to improve patient care, this meant that health checks were undertaken in a private area.
- We saw a full range of rooms and equipment to support treatment and care. There were quiet areas onwards, a lounge area, and a room where patients could meet visitors.
- There was reasonable adjustments for people with a physical disability to access trust buildings.
- Patients could make phone calls in private and had access to their mobile phones.

However;

- Although waiting times to access treatment were improving, 16 young people were waiting longer than the 25 week target.
- Although waiting times for adults in the communityto access psychological interventions was monitored better, 41% of patients were waiting longer than the trust target of 18 weeks.

Our findings

Access and discharge

- The trust had set targets for time from referral to triage/ assessment and from assessment to treatment. This formed a key performance indicator. Community mental health teams (CMHT) for adults routinely met referral to assessment within the 18 week target. Bromsgrove CMHT routinely assessed patients within two weeks. Although there was one breach in November 2015, all CAMHS were meeting this target.
- A single point of access (SPA) was embedded across community services in Worcestershire. This meant that people in crisis could be seen urgently, on the same day if a Mental Health Act was required, and within two days for other assessments.
- Non urgent referrals were discussed at weekly multidisciplinary meetings.
- Staff would refer adults and young people to specialised mental health services following assessment, for example, treatment for eating disorders.
- Waiting lists for patients to access psychological interventions were long and outside of trust targets. Some staff had developed low key psychological interventions to support patients while they waited for treatment. All patients had access to a psychiatrist.
- The duty nurse provided a response to patients who would phone community services. We saw this working effectively on inspection.
- Community teams worked well with patients who are difficult to engage and follow-up those who do not attend.

Good

Are services responsive to people's needs?

- Community teams routinely changed appointment times to meet the needs of patient and young people for example; one adult was seen after work to maintain their employment and young people were routinely seen after school hours.
- Patients and young people who are admitted to hospital outside of Worcestershire are routinely followed up by community services.

The facilities promote recovery, comfort, dignity and confidentiality

- The trust had introduced a new heating control system across acute wards following concerns about the wards being too cold. Digital thermometers were in place to monitor the temperature. Staff and patients were able to request staff changes in temperature on the ward according to their preferences. We reviewed temperature recordings for Harvington and Hillcrest wards and found them to be consistently within a comfortable range.
- Following our last inspection, the trust had created a dining room on Harvington ward. Facilities staff served food from a trolley brought from a central kitchen and plated up for each individual following his or her choice. Clinical staff were available alongside the catering staff to help support and supervise patients during the mealtime we observed.
- CAMHS community services were being re-designed and Worcester south had been decorated. Rooms were designed, with input from young people, to support therapy for example, use of a water play room. Rooms in Worcester north were more bare however, we were told that psychology staff preferred to work in that environment.
- The inspection in January 2015 observed young people in CAMHS Worcester south had their height and weight measured in a corridor due to lack of space. Staff now assess young people in an appropriate clinic room.
- Interview rooms in community services were not soundproofed, however, conversations could not be heard from outside the room unless someone was shouting. Bromsgrove CMHT staff played soft music near to the interview room to mitigate against the risk of overhearing confidential information.

Meeting the needs of all people who use the service

- Although the January 2015 inspection report said that some patients were precluded from accessing some areas of CAMHS Worcester north, we found there was access to a range of interview and group rooms. Staff would also make use of other trust buildings to support access for young people.
- The CAMHS waiting room at Kidderminster health centre may be difficult for patients with physical disabilities to navigate or access however, there was a separate, shared and accessible room available for CAMHS service users with physical disabilities at the centre if required.
- There was reasonable adjustments in trust buildings for people with physical disabilities.

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

We rated well-led as good because:

- There was a clear vision and a set of values understood and supported by staff we spoke to in clinical services.We also saw this evidenced in staff appraisal objectives.
- Senior managers had ensured that there were clear lines of managerial responsibility across the service. Ward managers and team leaders in the community were visible.
- The trust had reviewed the re-design of acute wards and community buildings, and future provision of mental health services, with patient groups, staff and commissioners.
- Morale was good; there was job satisfaction and a sense of empowerment across staff and patient groups.
- We saw good team working and mutual support, and staff spoke of working well together.
- CAMHS demonstrated quality improvement and innovation for example, they were part of national and international research studies into patient satisfaction and transitioning between children's and adult services.
- Staff had received mandatory training, were appraised annually and had supervision regularly.
- Shifts were covered by a sufficient number of staff of the right grades and experience.
- Staff participated actively in clinical audit.
- Incidents were reported, reviewed and learning shared with staff and where appropriate patients.
- Mental Health Act and Mental Capacity Act procedures were followed and applied in practice.
- All staff asked told us they knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation.

Our findings

Vision and values

- Team managers were aware of the organisation's vision and values and were able to tell us about them. The managers knew who the most senior managers in the organisation were and told us that the team had received visits from senior managers.

Good governance

Overall, our judgement, based on evidence from across all services reviewed, were that trust systems were effective in ensuring that:

- The trust had improved access to mandatory training and staff were accessing it.
- Staff were appraised annually using the trust's values to support agreed objectives. Services were committed to supervision and reflective practice. Staff regularly had supervision and records were kept at local level. There was no monitoring of supervision at trust level.
- Although staff regularly said there were vacancies, they were able to spend time on direct care activities.
- Staff regularly participate in audit and know how to report incident's.
- There was evidence of learning from incidents. This was undertaken through supervision, team meetings and trust bulletins.
- Mental Health Act and Mental Capacity Act procedures were in place and followed. Staff were clear about safeguarding procedures and knew how and when to report.
- Team managers were using trust key performance indicators with staff and managed performance through supervision.

Leadership, morale and staff engagement

Good

Are services well-led?

- Senior managers had ensured that there were clear lines of managerial responsibility across the service. Ward managers and team leaders in the community were visible.
- The trust had reviewed the re-design of acute wards and community buildings, and future provision of mental health services, with patient groups, staff and commissioners.
- Staff knew how to whistleblow and there was no reports of bullying or harassment. Staff said they could raise concerns without fear of victimisation.
- Staff reported good morale and felt they made a difference to patients lives. We saw teams working well together and there was mutual support.
- Managers felt they could contribute to trust developments.

Commitment to quality improvement and innovation

- The trust were taking part in the international Milestones Study and were recruiting young people for the two-year study. The aim of the project is to understand and improve the transition from children to adult services and of discharge.
- The trust issued a newsletter specifically focussed on young people called 'soundbite'. Soundbite detailed a range of information, including, about physical and mental health, how to join the youth board, apprenticeship schemes and how to access help and support.
- The trust continued to participate in the CAMHS research outcome consortium (CORC).The commission for health improvements experience of service questionnaire (CHI-ESQ), as reported in the CQC report of the trust in 2015, showed parents/carers were highly satisfied with the service they received. A referrer satisfaction survey was completed and high levels of satisfaction were identified.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The ligature risks in Keith Winter Close were considerable and could not be adequately mitigated using staffing, observations, or individual risk management planning alone. This was in breach of regulation 12 (2) (b)