

Dudley and Walsall Mental Health Partnership NHS Trust

Specialist community mental health services for children and young people

Quality Report

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Date of inspection visit: 14th and 15th November 2016.
Date of publication: 28/03/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RYK33	Dudley and Walsall Mental Health Partnership Trust HQ	Walsall Community Child and Adolescent Mental Health Service	WS3 3AZ
RYK33	Dudley and Walsall Mental Health Partnership Trust HQ	Walsall Early Intervention in Psychosis Service.	WS3 3AZ
RYK33	Dudley and Walsall Mental Health Partnership Trust HQ	Dudley Community Child and Adolescent Mental Health Service	B63 2UR

This report describes our judgement of the quality of care provided within this core service by Dudley and Walsall Mental Health Partnership 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.

Summary of findings

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

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Summary of findings

Overall summary

We have changed the rating for Safe from requires improvement to good because;

- At the time of the last inspection in February 2016, the clinic rooms did not have any alarms in at either base. Since then, the trust had been unable to install room alarms but had provided each staff member with a personal alarm. This helped ensure that staff and patients' safety was maintained.
- During the last inspection, we saw not all of the patient's records contained up to date risk assessments. We found there had been significant improvements and all of the records we looked at during this inspection, contained a fully completed and up to date risk assessment.
- We told the trust during the last inspection they should continue to reduce the waiting lists. The trust has since agreed a target with the commissioners to reduce the waiting lists by 40 cases by March 2017.

- We told the trust in February 2016 they should ensure cleaning records of toys should be maintained. During this inspection, we saw cleaning records showing that toys were cleaned regularly.
- We found at the last inspection staff were not aware of the trust's lone working policy and did not adhere to local protocols. All of the staff we spoke with during this inspection were aware of the trust's lone working policy and could explain how they adhered to local protocols.

This meant that the service had met Regulations 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014; Safe care and treatment and Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2010; Safety and suitability of premises.

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 environments were visibly clean and records showed toys were cleaned regularly.
- All of the staff had been given a personal alarm.
- Equipment was well maintained and had up to date safety stickers in place.
- There were enough staff to provide a service and caseloads were managed effectively.
- All of the staff were up to date with their mandatory training.
- All of the records that we looked at had an up to date risk assessment in place.
- All of the staff that we spoke to knew how to identify and report a safeguarding concern and all staff had been trained in level 3 safeguarding children.
- There had been no serious incidents for this core service within the 12 months prior to inspection.

Good



Are services effective?

At the last inspection in February 2016 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services caring?

At the last inspection in February 2016 we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services responsive to people's needs?

At the last inspection in February 2016 we rated responsive as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services well-led?

At the last inspection in February 2016 we rated well led as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Summary of findings

Information about the service

Dudley and Walsall each had a community child and adolescent mental health team (CAMHS). Due to commissioning arrangements, there was a variation in service provision. Dudley CAMHS was commissioned to treat patients up until the age of 16 years and Walsall CAMHS up to the age of 17 years. The recent development of the emotional and well-being team and the school links team meant that both CAMHS teams could offer a service to children and young people up to 18 years of age. Both teams were commissioned to work with children under the care of the local authority up to the age of 19 years. The service operated Monday to Friday 0900 to 1700.

The two CAMHS teams each had their own clinical lead. One service manager had responsibility for both teams. Both teams operated the choice and partnership approach (CAPA). CAPA is a service transformation model that combines collaborative and participatory practice with patients. Patients who meet the referral criteria are offered choice appointments. This is a face-to-face appointment aimed at identifying what the patient and/

or carer want help with and at reaching a shared understanding of the problems. If treatment is indicated, patients are then offered partnership appointments. In partnership appointments, the patient and/or carers engage therapeutically with the CAMHS clinician. Further specialist partnership appointments can be offered if patients and/or carers needed specific interventions, for example family therapy.

There was also an ICAMHS (Intensive CAMHS) team, who offered crisis assessment and intensive home treatment interventions and their hours were 0800 to 2000 seven days a week.

The early intervention in psychosis service (EIPS) worked with people experiencing a first episode of psychosis, between the ages of 14 years to 65 years. EIPS worked alongside child and adolescent mental health services (CAMHS) in the care of adolescents aged from 14 years to 16 years in Dudley and 14 years to 17 years in Walsall. Within the EIPS team, there were dedicated CAMHS workers.

Our inspection team

Head of Hospital Inspections, Care Quality Commission:
James Mullins

The team that inspected the core service consisted of two CQC inspectors and a specialist advisor who was a mental health nurse.

Why we carried out this inspection

We undertook this inspection to find out whether the community child and adolescent mental health service had made improvements since our last comprehensive inspection of the service on 1-5 February 2016.

When we last inspected the service, we rated it as good overall. We rated the service as requires improvement for Safe and good for Effective, Caring, Responsive and Well-led.

Following the comprehensive inspection, we told the community child and adolescent mental health service that it must take the following actions to improve;

- The trust must review its procedures for maintaining a safe environment, for example, alarm systems to ensure staff and patients' health and safety are maintained.
- The provider must ensure that all relevant care records contain a fully completed and up to date risk assessment.

This was a breach of the following regulations;

Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment.

Summary of findings

Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2010 Safety and suitability of premises.

We also told the trust that it should take the following actions to improve:

- The provider should continue to reduce waiting list times for CAMHS.
- The provider should ensure that where toys are available for the use of young people attending services, records of the cleaning process are maintained.

- The provider should ensure that all staff are aware of the trust's lone working policy and adhere to local protocols.
- The provider should ensure that there is a consistent approach to recording care plans.
- The provider should review the soundproofing of interview rooms at the Dudley team base to ensure confidentiality is not compromised.

How we carried out this inspection

We asked the following question of the service:

- Is it safe?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Visited two team bases and looked at the quality of the environment.

- Spoke to the manager of the services and the project co-ordinator.
- Spoke to 14 staff including, nurses, a social worker, a psychologist, an occupational therapist and a support worker.
- Spoke to two young people with their parents and one parent separately.
- Looked at 25 care and treatment records
- Looked at a range of policies, procedures and other documents relating to the safety of the service.

What people who use the provider's services say

We spoke to three parents and two young people and they were all very complimentary about the service. They said that they felt involved in their care and knew whom to contact in an emergency. They said that the staff always responded to phone calls in a timely manner and the young person said they felt listened to.

Their only issue was that car parking at the Dudley base can be difficult because despite the car park being for health centre staff and patients, other people use the car park too and trying to find a space prior to an appointment can cause distress.

Good practice

The service was nominated by the trust's chief executive for a national health service journal award for their work around transformation.

The team had also been nominated for the 'Frontline Team of the year' award for the trust's annual Recognising Success Awards.

Dudley and Walsall Mental Health Partnership NHS
Trust

Specialist community mental health services for children and young people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Walsall CAMHS Community Team	HQ
Early Intervention in Psychosis Service	HQ
Dudley CAMHS Community Team	HQ

Mental Health Act responsibilities

Mental Capacity Act and Deprivation of Liberty Safeguards

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

- The environments at both bases were visibly cleaned and well maintained. We saw records that showed that toys were regularly cleaned.
- All of the staff had been issued with a personal alarm as the clinic rooms were unable to have alarms fitted in them.
- There were clinic rooms at each base; both contained height and weight measures and blood pressure monitoring machines.
- All of the equipment had up to date safety stickers. There was a defibrillator at each base and we saw records showed they were checked regularly to ensure they were kept in good working order.
- We saw signs reminding staff of handwashing techniques and all of the staff had completed infection control training.

Safe staffing

- We did not see evidence to suggest that there were not enough staff to provide a safe service. As of October 2016, Walsall CAMHS had 59.5 whole time equivalent staff including qualified nurses, psychiatrists, support workers, family therapists and psychotherapists. There were no vacancies in the team at the time of inspection. Dudley CAMHS had 42.2 whole time equivalent substantive staff and 11.6 vacancies, which were all advertised at the time of inspection.
- The staffing for the early intervention psychosis team was 30 whole time equivalents. There was a good mixture of different professionals; nurses, doctors, occupational therapists, support workers and social workers.
- A cohort of five agency staff were used across the CAMHS teams. They were booked in blocks and used for a specific task in line with the transformation plan such as the reduction of waiting lists.
- All young people referred were seen for a choice appointment within eight weeks. The choice clinician

was then responsible for the young person until a partnership slot became available, so there were no young people without a care coordinator at the time of inspection.

- The turnover rate for the 12 months prior to inspection was 4.0%.
- The sickness rate for the 12 months prior to inspection was 3.1%, this was lower than the trust average of 4.7%
- The teams used a comprehensive case management tool. Staff met with the clinical lead to review their caseloads. Each staff member had no more than 40 children and young people on their caseload and acuity and other duties were taken into account when agreeing an appropriate number. The clinical lead reviewed caseloads on a quarterly basis.
- The staff could access a psychiatrist rapidly if needed Monday to Friday 0900 to 1700. Outside normal working hours, cover was provided by the trustwide on-call medical cover.
- We saw records showed 100% of staff had completed and were up to date with their mandatory training.

Assessing and managing risk to patients and staff

- We looked at 25 records and all of them contained a comprehensive and up to date risk assessment. Two of the records we looked at were excellent as they clearly reflected the young person's views. All of the records had crisis plans in place advising what to do if the young person's/patient's mental health deteriorated.
- The ICAMHS team were able to respond promptly to a sudden deterioration in someone's mental health and the team operated a duty worker system in order to be able to respond to urgent calls and referrals.
- Young people waiting for a specialist appointment continued to be seen in partnership or monitored by their partnership clinician. The service had agreed with the commissioners that the waiting list for partnerships would be reduced by 40 in each CAMHS team by March 2017. We saw a plan detailing how this will be achieved. At each stage of the wait, there was always a named clinician responsible for monitoring the mental health and well-being of the young person while waiting. The frequency of the contacts were dependent on the need

Are services safe?

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

and acuity of the young person. The parents and young people knew they could contact this person if they became concerned or they could phone the duty worker.

- All staff were trained in level three safeguarding children and they could explain to us how to identify and report a safeguarding concern. At Dudley, there was a social worker seconded from the local authority who staff could talk to if they had concerns. Staff knew who the safeguarding lead was for the trust.
- The staff were aware of the trust's lone working policy and adhered to local policies. The staff that we spoke to all knew who they had to contact at the end of the day to check in and all knew the phrase to say if they required assistance. At each of the bases, staff had to sign in and out and log where they were going and how long they expected to be in order to keep themselves safe/in accordance with the lone working policy.
- The CAMHS teams did not store medicines on site. The early intervention team had a fridge and medicines cabinet where they stored medication, mostly for their adult patients. Records showed that fridge and room temperatures were recorded daily. Over the summer,

the room with the medicines cabinet in had become too hot and it was difficult to cool down. An incident form was completed and at the time of the inspection it was being moved to a different room.

Track record on safety

- There were no serious incidents recorded for this core service in the 12 months prior to the inspection.

Reporting incidents and learning from when things go wrong

- All of the staff we spoke to knew how and when to report an incident and all incidents that should be reported were reported.
- Staff said they would be debriefed after a serious incident but they could not recall when this had been necessary.
- Staff understood the duty of candour and could explain when they would use it.
- We saw minutes from multi-disciplinary team meetings and governance meetings that showed learning from incidents was on the agenda and discussed with staff.

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

<Enter findings here>

Best practice in treatment and care

<Enter findings here>

Skilled staff to deliver care

<Enter findings here>

Multi-disciplinary and inter-agency team work

<Enter findings here>

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

<Enter findings here>

Good practice in applying the Mental Capacity Act

<Enter findings here>

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

<Enter findings here>

The involvement of people in the care that they receive

<Enter findings here>

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

<Enter findings here>

The facilities promote recovery, comfort, dignity and confidentiality

<Enter findings here>

Meeting the needs of all people who use the service

<Enter findings here>

Listening to and learning from concerns and complaints

<Enter findings here>

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

<Enter findings here>

Good governance

<Enter findings here>

Leadership, morale and staff engagement

<Enter findings here>

Commitment to quality improvement and innovation

<Enter findings here>