

## Cheshire and Wirral Partnership NHS Foundation Trust

# Community-based mental health services for adults of working age

### Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Trust Headquarters, Redesmere	RXARE	Chester Community Mental Health Team	CH2 1BQ
Trust Headquarters, Redesmere	RXARE	Vale Royal Community Mental Health Team	CW7 2AS

This report describes our judgement of the quality of care provided within this core service by Cheshire and Wirral Partnership NHS Foundation 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 Cheshire and Wirral Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Cheshire and Wirral Partnership NHS Foundation 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 rated community-based mental health services for adults of working age as **good** overall because:

- Following our inspection in June 2015, we rated the services as 'good' for safe, caring, responsive and well led. Since that inspection, we have received no information that would cause us to re-inspect these key questions or change the ratings.
- We re-rated the effective question from requires improvement to good following this inspection. This was because the provider had taken action to make improvements. We found that staff read patients their rights under the Mental Health Act 1983 routinely

throughout treatment. We also found that staff assessed patients' capacity when there was a reason to do so and involved family members in making decisions when patients lacked capacity.

However:

- Copies of capacity to consent to treatment forms were not kept with medication charts at both of the teams we visited.
- It was not clear whether all patients had been offered a copy of their care plan.

# Summary of findings

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

### Are services safe?

At the last inspection in June 2015 we rated safe 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 effective?

We rated community based mental health services for adults of working age as good because:

- Patients were involved in the creation of their care plans and there was information detailed within care plans for patients to follow in the event of an emergency.
- Staff followed national guidance when delivering treatment.
- There was access to psychological therapies and records showed that patients were offered and accessed therapy.
- Staff assessed patients' physical health needs and ongoing physical health input was provided.
- There was a range of appropriately skilled staff to support care and treatment.
- Staff communicated well with other teams and external agencies.
- We found good adherence to the Mental Health Act 1983 for patients receiving treatment under a Community Treatment Order.
- Staff read patients their rights under the Mental Health Act routinely throughout treatment.

However:

- Copies of capacity to consent to treatment forms were not kept with medication charts at both of the teams we visited.

Good



### Are services caring?

At the last inspection in June 2015 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 June 2015 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 June 2015 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

Cheshire and Wirral Partnership NHS Foundation Trust provides community adult mental health services to adults of a working age across East Cheshire, West Cheshire and the Wirral.

The trust's community mental health teams provide assessment and treatment for patients aged 16 to 65 with mental illnesses including schizophrenia, bi-polar disorder and personality disorder.

We visited two community mental health teams as part of our follow up inspection visit following a comprehensive inspection visit in June 2015. The teams we visited were:

- Chester community mental health team
- Vale Royal community mental health team.

## Our inspection team

Our inspection team was led by:

Team Leader: Lindsay Neil, Inspection Manager (mental health), Care Quality Commission

The team that inspected this core service comprised two CQC inspectors and a specialist advisor with experience in community mental health services.

## Why we carried out this inspection

We undertook this inspection to find out whether Cheshire and Wirral Partnership NHS Foundation Trust had made improvements to their community based mental health services for adults of working age since our last comprehensive inspection of the trust in June 2015.

When we last inspected the trust in June 2015, we rated community-based mental health services for adults of working age as good overall. We rated the core service as good for safe, caring, responsive and well-led. We rated the core service as requires improvement for effective.

Following this inspection we told the trust that it must take the following actions to improve community-based mental health services for adults of working age:

- The trust must ensure where people are subject to a community treatment order under the Mental Health Act their rights are read to them as part of their care and treatment so they understand the conditions of the community treatment order and there is documentary evidence of their rights being read to them.

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

- Ensure people's capacity to understand the risks and benefits of treatment offered to them is understood so they could decide if they want to accept it.
- Ensure complaints and concerns information displayed in waiting rooms is displayed in other languages apart from the English language.

We issued the trust with one requirement notice that affected community-based mental health services for adults of working age. This related to:

- Regulation 12 Safe care and treatment.

We received an action plan from the trust which detailed how they were going to make the necessary improvements following this inspection.

# Summary of findings

## How we carried out this inspection

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

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

Before the inspection, we reviewed information that we held about community-based mental health services for adults of working age and requested information from the trust. This information suggested that the ratings of good for safe, caring, responsive and well led, that we made following our June 2015 inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for effective.

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

During the inspection visit, the inspection team:

- visited two community mental health teams
- spoke with six patients who were using the service
- spoke with the managers for each of the teams
- spoke with seven other staff members; including nurses and social workers
- looked at 11 treatment records of patients
- looked at nine staff records
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We spoke to six patients who used the service. They told us that staff provided information about their care and treatment and they felt involved in decisions about the treatment that they received. One patient told us that staff responded quickly when they had experienced side effects from medication and there was good communication between staff and the patient's GP. Patients told us they had received copies of their care plans and knew who to contact in an emergency should their mental health deteriorate. One patient told us they

had used the out of hours service and found staff to be useful and supportive. Another patient told us that they had wanted to change their care plan and staff had supported them to make the changes they required.

Patients told us that staff were knowledgeable and skilful. Patients spoke positively about their allocated care co-ordinator stating that they understood their needs and were friendly and helpful. One patient told us that they could speak to any staff member and felt confident that staff would help them. Another patient told us that the staff provided exemplary care and staff were always available when needed.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that copies of forms showing that patients have the capacity to consent to treatment are kept with medication charts.
- The provider should ensure that all patients are offered a copy of their care plan and this is recorded in patients' care records.

## Cheshire and Wirral Partnership NHS Foundation Trust

# Community-based mental health services for adults of working age

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Chester Community Mental Health Team	Trust Headquarters, Redesmere
Vale Royal Community Mental Health Team	Trust Headquarters, Redesmere

#### 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.

We found good adherence to the Mental Health Act 1983 for patients receiving treatment under a Community Treatment Order. Conditions of the Community Treatment Order were detailed in the patient's care plan. Consent to treatment and capacity requirements were adhered to and documentation had been completed correctly. However, capacity to consent to treatment forms had not been attached to medication charts at both of the teams we visited.

Training in the Mental Health Act was mandatory for staff. We found that staff had a very good understanding of the Mental Health Act and the Code of Practice.

Records showed that patients had their rights read to them regularly and there was access to independent mental health advocacy services. Staff supported patients to access advocacy services and would refer patients for advocacy when required.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had a thorough understanding and a good working knowledge of the Mental Capacity Act. There were best interest assessors within the teams and we found evidence of best interest meetings being held with the involvement of patients' relatives.

Staff assessed patients' capacity when there was a reason to do so and involved family members in making decisions when patients lacked capacity.

Staff knew where to access support and advice regarding the Mental Capacity Act when needed.

# 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

At the last inspection in June 2015 we rated safe as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

# 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

We reviewed 11 care records during our inspection. Records showed that staff carried out a comprehensive assessment following referral to the service and assessment of need continued throughout treatment. The assessment focused on mental health, physical health, employment, benefits, housing and social needs. The information gained at assessment was then used to formulate a care plan with the patient.

All of the care plans we reviewed were holistic and recovery focused. Eight out of 11 care plans included patients' views. The other three care plans had been written in a directive style. However, they were individualised to the patient. Three records did not detail whether the patient had received a copy of their care plan. All of the records we reviewed contained a physical health assessment and ongoing physical health input when needed. Patients told us that they were involved in the development of their care plan and they had received a copy. Within each care plan there was a crisis and contingency plan that detailed contact details of staff and out of hours services for patients to use in the event of a crisis. The crisis and contingency plan also detailed early warning signs of relapse that were individual to the patient.

The trust used an electronic recording system for care records. All information was available to staff when needed, including when patients moved between teams. Staff told us that there were very few disruptions to access to the system.

### Best practice in treatment and care

Staff had a good knowledge of National Institute for Health and Care Excellence guidance and followed guidance in the delivery of treatment. This included guidance for schizophrenia, bipolar affective disorder, depression and personality disorder.

Within the teams, there was access to clinical psychology, cognitive behavioural therapy, dialectical behaviour therapy and a trauma therapy group. Staff told us that patients could also access the recovery college where mindfulness groups were also delivered. At Vale Royal, therapy was also available for patients diagnosed with dissociative identity disorder. Records showed that patients were offered and accessed therapy.

There were a number of external agencies that staff referred patients to for support with housing, employment and benefits needs. Staff told us that they had good relationships with the agencies and would refer patients when a need had been identified. Within the trust, there was support available from outreach support workers for patients with employment and housing needs. Staff within the teams supported patients in completing benefits applications.

Staff assessed patients' physical health needs during the initial comprehensive assessment. Records showed that ongoing physical health input was provided, including referral to specialists when needed. We found evidence in care records of input for chronic obstructive pulmonary disease and diabetes. Physical health needs were documented in patients' care plans and there was good communication with GPs. Staff supported patients to attend for an annual physical health check at their GP surgery. Physical health monitoring for patients prescribed lithium was carried out at the patient's GP surgery. There was a wellbeing clinic within the teams that provided regular physical health monitoring for patients prescribed antipsychotic medication. Staff told us that any concerns relating to patients' physical health, identified at the clinics, was communicated to the duty worker or care co-ordinator without delay. We observed a wellbeing clinic during our visit. Staff running the clinic were knowledgeable and efficient. Staff provided patients with clear written instructions on taking medication and dates for the next appointment.

Staff used the health of the nation outcomes scale to measure patient outcomes. Staff told us and records showed that a number of rating scales were also used to monitor the severity of symptoms. These included rating scales for depression, anxiety and alcohol use.

Clinical leads within the teams completed a 'safety metrics' two-monthly review audit programme, which was an audit of five care records and focused on the quality of the patient's care plans, risk assessments, crisis and contingency plans, transfer of care and managing non-attendance. We reviewed the audit for August 2016. Overall, the results indicated good quality of information within the care records across all areas. However, 60% of risk assessments at Vale Royal and 20% at Chester were rated as requiring improvements. Following the audits, staff implemented the actions required to make the necessary

# 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.

improvements before the next audit to ensure the records met the 100% compliance target. We reviewed an action plan that detailed the area for improvement, the action required, the member of staff responsible and the date for completion. However, there was no record on the action plan to record when the actions had been completed. Other staff within the teams told us that they did not engage in clinical audit.

## Skilled staff to deliver care

There was a range of staff disciplines within the teams including doctors, nurses, occupational therapists, clinical psychologists, cognitive behavioural therapists, social workers and support workers. There was a dedicated consultant psychiatrist at both teams. Staff working within the teams were experienced and qualified to carry out their roles and had carried out further specialist training. This included training on chronic disease, diabetes, pressure ulcer, suicide prevention and psychosocial interventions.

Staff attended a two day corporate induction programme that provided staff with the relevant information required to commence their roles and also included some mandatory training courses such as fire safety, infection control and basic life support. Records showed that staff received a local induction within the teams that they were joining, this included information about emergency procedures, lone working, health and safety within the team bases and trust policies and procedures. Staff used a local induction checklist that recorded when staff had completed specific induction tasks which was then signed off by their line manager. The local induction checklist had a deadline of one month to ensure that staff were aware of all the relevant information to enable them to commence their roles.

The trust did not set a target for supervision compliance. Staff told us that supervision took place every four to six weeks and informal peer supervision took place on a weekly basis. We reviewed nine staff files and found that staff received regular supervision. Staff also accessed a reflective clinical supervision group to discuss complex cases with a psychologist.

Staff told us that they were in the process of commencing a new appraisal system. The trust provided us with a schedule for all staff at both teams that included time

scales for the completion of all the new annual appraisals by January 2017. As of September 2016, 74% of staff at Vale Royal and 35% of staff at Chester had completed their appraisal. The revalidation rate for medical staff was 100%.

Staff attended monthly team meetings and the trust had a target that staff would attend six team meetings within a 12 month period. We reviewed minutes of team meetings for both teams and found evidence that learning from incidents was shared and discussions took place when issues were raised for staff to identify solutions. At Chester, staff had discussed using text messages to help reduce the number of patients that did not attend their appointments. Staff reviewed two policies per month at the team meetings and discussed any changes or updates to policies.

Managers within the teams told us that they had not been directly involved in managing poor staff performance, however were able to describe the trust's policies and procedures that they would follow should this situation arise.

## Multi-disciplinary and inter-agency team work

Multidisciplinary team meetings took place weekly. Staff told us that other teams within the trust would attend these meetings when necessary, including primary care, inpatient teams, home treatment teams and criminal justice teams. Both teams held morning meetings to discuss the workload for that day, this included a handover from the duty worker.

There were systems in place to ensure effective communication regarding contact with patients when staff were absent from work. This included cover by the duty worker and during long-term staff absence patients were reallocated to another member of staff to ensure regular contact was maintained.

Records showed that there was good communication with other teams and organisations, including communication with inpatient teams when patients were admitted to hospital. Staff told us that they had good working relationships with the local accident and emergency department, police and housing agencies.

# 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.

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

Staff received training in the Mental Health Act, 74% of staff had completed this training as of 30 September 2016. We found that staff had a very good understanding of the Mental Health Act and the Code of Practice. Training in the Mental Health Act was mandatory for staff.

Consent to treatment and capacity requirements were adhered to and documentation had been completed correctly. However, capacity to consent to treatment forms had not been attached to medication charts for all patients receiving treatment under a Community Treatment Order at both of the teams we visited.

Records showed that staff explained to patients their rights under the Mental Health Act routinely throughout their treatment. Staff were able to describe when they would revisit explaining to patients their rights including a change of medication or a renewal of a Community Treatment Order.

There was a central team within the trust that provided administrative support and advice on the implementation of the Mental Health Act. We found evidence that regular audits to ensure the Mental Health Act was being applied correctly took place at both of the teams we visited. However, an audit which had been completed in January 2016 at Vale Royal identified that copies of capacity to consent to treatment forms were not attached to patient medication charts and staff had not acted upon the findings of the audit.

We found good adherence to the Mental Health Act 1983 for patients receiving treatment under a Community Treatment Order. Conditions of the Community Treatment Order were detailed in the patient's care plan and paperwork was stored within the patient's care record.

There was access to independent mental health advocacy services. Staff supported patients to access advocacy services and would directly refer patients for advocacy when required.

## **Good practice in applying the Mental Capacity Act**

Staff received training in the Mental Capacity Act and the deprivation of liberty safeguards, 74% of staff had completed this training as of 30 September 2016. Staff had a thorough understanding and a good working knowledge of the Mental Capacity Act.

The trust did not have a specific policy for the Mental Capacity Act, however guidance on the Mental Capacity Act was included within individual policies such as Mental Health Act and safeguarding policies. The trust advised staff to use the Mental Capacity Act code of practice for comprehensive guidance.

Staff assessed patients' capacity when there was a reason to do so and involved family members in making decisions when patients lacked capacity. There were best interest assessors within the teams and we found evidence of best interest meetings being held with the involvement of patients' relatives.

Staff told us that the Mental Health Act team provided advice and support on the Mental Capacity Act when needed and best interest assessors within the teams also provided advice.

The trust told us that the mental health act team monitored the Mental Capacity Act through the use of Deprivation of Liberty Safeguards and assessment of capacity and consent to treatment were monitored as part of the Mental Health Act audits that the trust completed.

# Are services caring?

Good 

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

## Our findings

At the last inspection in June 2015 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.

# 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

At the last inspection in June 2015 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.

# 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

At the last inspection in June 2015 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.