

Cheshire and Wirral Partnership NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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

Summary of findings

Background to the trust

Cheshire and Wirral Partnership NHS Foundation Trust provides mental health services and learning disability services across Cheshire and Wirral. The trust also provides community physical health services in West Cheshire, drug and alcohol services in East Cheshire and a range of specialist services within Liverpool, Bolton, Warrington, Halton and Trafford. They also provide a small number of primary medical services.

The trust was formed in 2002. In June 2007, the trust became the first mental health trust in the North of England to become a Foundation Trust.

The trust employs 3400 staff over 65 sites and serves a population of over a million people. The trust's geographical footprint covers three local authority areas (Cheshire West and Chester, Cheshire East and Wirral) and four acute trusts.

During 2017/18 the annual turnover of the trust was around £163 million. The services the trust provides are commissioned by seven clinical commissioning groups and NHS England.

The trust provides the following core services:

Mental Health core services

- Forensic inpatient / secure wards
- Child and adolescent mental health wards
- Wards for older people with mental health problems
- Acute wards for adults of working age and psychiatric intensive care units (PICU's)
- Community-based mental health services for adults of working age
- Wards for people with a learning disability or autism
- Mental health crisis services and health based places of safety
- Specialist community mental health services for children and young people
- Community-based mental health services for older people
- Community mental health services for people with a learning disability or autism

Mental Health non core and specialist services

- Community substance misuse services
- Community eating disorder services
- Community perinatal services

Acute - Community Health core services

- Community health services – adults community
- Community health services for children, young people and families
- Community health services - end of life care

Primary Care Services

- GP practices

Summary of findings

- Primary care satellite services
- Out of hours GP service

The trust had 13 active locations registered with the CQC (as at 6 June 2018). As of January 2018, the trust had a total of 320 beds across 22 wards, 26 of which were children's mental health beds. The trust also had 339 community mental health clinics per week and 270 community physical health clinics per week.

In June 2015, we conducted a comprehensive inspection of the trust. The trust was issued with nine requirement notices across four mental health services, and one requirement notice across two community health services. The trust was rated as good overall, requires improvement for safe, outstanding for caring and good for all other domains.

Focused follow up inspections were carried out in October 2016 of six mental health core services (community mental health services for working age adults, community mental health services for older people, community specialist mental health services for children and young people, acute wards for working age adults and psychiatric intensive care units and forensic inpatient wards) and substance misuse services. All core services inspected were rated as good overall, and good in all domains, with the exception of acute wards for working age adults and psychiatric intensive care units which was rated requires improvement in the safe domain. Because this was a focused inspection, we did not reconsider the overall trust ratings at that time. The trust ratings remained as good overall, requires improvement for safe, outstanding for caring and good for all other domains.

Overall summary

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

What this trust does

Cheshire and Wirral Partnership NHS Foundation Trust provides mental health services and learning disability services across Cheshire and Wirral. The trust also provides community physical health services in West Cheshire, drug and alcohol services in East Cheshire and a range of specialist services within Liverpool, Bolton, Warrington, Halton and Trafford. They also provide a small number of primary medical services.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

As part of our continual checks on the safety and quality of healthcare services we inspected the following services during August 2018 at this trust:

Summary of findings

- Wards for older people with mental health problems
- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Forensic inpatient/secure wards
- Community health services for children, young people and families
- GP out of hours service
- Primary medical services.

The trust also provides the following additional services that we did not inspect:

- Community health services for adults
- Community mental health services for people with learning disabilities or autism
- Community mental health services for older people
- Community based mental health services for adults of working age
- Specialist community mental health services for children and young people
- Mental health crisis services and health-based places of safety
- Long stay rehabilitation wards
- Wards for people with learning disabilities or autism
- Mental health crisis services and health-based places of safety
- Community end of life care
- Community substance misuse services.

These services have previously been inspected and rated as part of our comprehensive inspection programme.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed: Is this organisation well-led?

What we found

Overall trust

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

- We rated well-led for the trust overall as good. The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform its role and the non-executive directors provided robust and constructive challenge to the trust board. The trust board and leadership team demonstrated a high level of integrity. High priority was placed on doing the right thing for patients, staff and the organisation as a whole.
- We rated effective and well led as good, safe as requires improvement and caring as outstanding. In rating the trust, we took into account the previous ratings of the services we did not inspect this time.
- We rated 14 of the trust's 15 services as good overall, and one as outstanding overall.

Summary of findings

- The rating for safe and well led for community health services for children, young people and families had improved from requires improvement to good. The rating for caring had improved from good to outstanding.
- Leaders were visible in the service and approachable for patients and staff. Staff felt supported by their managers and felt they could raise concerns or approach managers for support.
- The trust's strategy, vision and values underpinned a culture that was person centred. There was a strong commitment to patient and carer involvement.
- Staff completed thorough assessments of patients' needs, including physical health and mental health assessments.
- Care was provided that was in line with national guidance and staff were skilled to deliver care.

However:

- We rated safe as requires improvement in four of the 15 services. Ratings in the safe domain for child and adolescent mental health wards and wards for older people with mental health problems went down from good to requires improvement.
- Generally, staff felt well supported and many said they had clinical supervision. However, there was no trust target for clinical supervision and recorded rates were low.
- In some services, compliance rates for mandatory training were below the trust target.
- There had been no qualitative audits of staff practice in relation to seclusion and rapid tranquilisation. In one service, physical health checks following rapid tranquilisation had not been carried out in line with trust policy. In another service, there were gaps and shortfalls in seclusion records.

Are services safe?

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

- We rated four of the 15 services as requires improvement for safe. We rated the three primary medical services as good for safe. We took into account the previous ratings of services that we did not inspect this time.
- The rating for safe went down from good to requires improvement in child and adolescent mental health wards and wards for older people with mental health problems.
- Staff on acute wards for adults of working age and psychiatric intensive care units did not always monitor patients following the use of rapid tranquilisation. On child and adolescent mental health wards there had been no qualitative audits of staff practice relating to rapid tranquilisation.
- On child and adolescent mental health wards staff had not fully considered the threshold between seclusion and long-term segregation. There were gaps in seclusion records and nursing and medical reviews were not always occurring within required timescales.
- Not all wards always complied with the Department of Health's guidance to eliminate mixed sex accommodation. On wards for older people with mental health problems, this compromised patients' privacy and dignity and could impact on their safety.
- Staff compliance with mandatory training was below the trust target on acute and psychiatric intensive care units and wards for older people with mental health problems.
- Patients on older people's mental health wards did not have personal emergency evacuation plans in place.
- Staff in community health services for children, young people and families were not aware of the trust procedure for effective cleaning of equipment, despite accessible policies and procedures.

Summary of findings

However:

- In community health services for children, young people and families, the rating for safe went up from requires improvement to good.
- Managers used data effectively and made changes to services as a result.
- Services had completed ligature risk assessments and staff were aware of these risks and how to manage them to keep patients safe.
- Staff knew how to report incidents and there was a positive culture of incident reporting. Incidents were reviewed and there were effective mechanisms in place to ensure that learning was shared
- Wards were clean and well maintained.

Are services effective?

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

- We rated all of the 15 services as good for effective. We rated the three primary medical services as good for effective. We took into account the previous ratings of services that we did not inspect this time.
- There was good multi-disciplinary working taking place within services and care was provided in line with national guidance.
- Staff undertook thorough assessments of patients' needs. This included mental health and physical health assessments.
- Staff received training on the Mental Health Act and its Code of Practice. Staff had access to advice and support on the implementation of the Mental Health Act.
- Most patients were involved in decisions about their care.

However:

- Generally, staff said they felt supported and that clinical supervision took place. However, there was no trust target and reported rates of clinical supervision were low.
- In two services, care plans were not always person centred.

Are services caring?

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

- We rated three of the 15 services as outstanding for caring. We rated the remaining 12 services as good for caring. We rated the three primary medical services as good for caring. We took into account the previous ratings of services that we did not inspect this time.
- In community health services from children, young people and families caring improved from good to outstanding. Staff were highly skilled at engaging with young people in a way that was person centred. Staff demonstrated excellent approaches to difficult and complex situations with compassion and understanding.
- Staff cared for patients with compassion and respect. Feedback from patients was positive.
- Staff engaged well with patients, families and carers, and people were able to feedback about the service. Changes had been made as a result.
- Participation workers were employed by the trust to promote patient involvement.

Summary of findings

Are services responsive?

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

- We rated two of the 15 services as outstanding for responsive. We rated the remaining 13 services as good for responsive. We rated one of the primary medical services as requires improvement and two as good for responsive. We took into account the previous ratings of services that we did not inspect this time.
- Services were recovery focused and there were effective discharge planning processes.
- The trust planned and provided services to meet the needs of local people.
- Patients knew how to complain or raise concerns. Generally, complaints were handled in a timely manner, in line with trust policy.
- Staff developed good working relationships with other services to ensure the needs of patients were met.

Are services well-led?

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

We rated well-led at the trust as good because:

- The trust board and senior leadership team had the appropriate skills, knowledge and experience to perform its role. Non-executive directors provided robust and constructive challenge to the trust board. The trust board and leadership team demonstrated a high level of integrity. High priority was placed on doing the right thing for patients, staff and the organisation as a whole.
- Senior leaders were visible across the trust. Staff felt valued and were proud to work for the trust. The chief executive had made a personal commitment to staff engagement and had established opportunities to meet with staff regularly. There was a programme of board visits to front line services.
- Leadership development opportunities were available and succession planning was in place throughout the trust.
- The trust's strategy, vision and values underpinned a culture which was person centred. The trust demonstrated a commitment to patient and carer involvement and had established a network of over 70 'lived experience connectors'. These were people with experience of accessing services. There was a lived experience, volunteering and engagement network in place.
- There were effective systems in place to review incidents and share learning.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy. Operational delivery structures had changed in April 2018 and this process had been well managed.
- There were robust processes and governance arrangements in place in relation to safeguarding. There was a comprehensive training programme in place across the trust.
- The trust was actively engaged in collaborative work with external partners, including involvement with the local sustainability and transformation plans.
- There were organisational systems in place to support improvement and innovation across the trust. Each care group had a designated service improvement lead and had quality improvement plans in place.

However:

- The trust was not fully meeting the duty of candour requirements. Formal letters of apology were not routinely provided to patients and families.

Summary of findings

- Compliance rates for clinical supervision were variable between services. Although generally staff reported having regular supervision, there were not effective systems in place to record this. Senior leaders were aware of this issue, but steps had not been put in place to improve this across the trust.
- Compliance rates for mandatory training were variable.
- Despite the person-centred culture, not all services were engaging effectively with patients to encourage their involvement in the development of care plans.

Willaston Surgery

We rated this service as good. We rated safe, effective, caring, responsive and well-led as good

We always inspect the quality of care for six population groups. Our ratings were:

- Older people: good.
- People with long-term conditions: good.
- Families, children and young people: good.
- Working age people (including those recently retired and students): good.
- People whose circumstances may make them vulnerable: good.
- People experiencing poor mental health (including people with dementia): good.

For more information, see the separate inspection report on this service on our website – www.cqc.org.uk/location/RXAG4.

Westminster Surgery

We rated this service as requires improvement. We rated safe, effective and caring as good and responsive and well-led as requires improvement.

We always inspect the quality of care for six population groups. Our ratings were:

- Older people: requires improvement.
- People with long-term conditions: requires improvement.
- Families, children and young people: requires improvement.
- Working age people (including those recently retired and students): requires improvement.
- People whose circumstances may make them vulnerable: requires improvement.
- People experiencing poor mental health (including people with dementia): requires improvement.

For more information, see the separate inspection report on this service on our website – www.cqc.org.uk/location/RXAX4.

GP Out of Hours Service - Countess of Chester Health Park

We rated this service as good. We rated safe, effective, caring, responsive and well-led as good.

We always inspect the quality of care for six population groups. Our ratings were:

- Older people: good.
- People with long-term conditions: good.

Summary of findings

- Families, children and young people: good.
- Working age people (including those recently retired and students): good.
- People whose circumstances may make them vulnerable: good.
- People experiencing poor mental health (including people with dementia): good.

For more information, see the separate inspection report on this service on our website – www.cqc.org.uk/location/RXADT.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in the following core services:

- Child and adolescent mental health wards
- Community health services for children and young people
- Wards for older people with mental health problems.

For more information, see the outstanding practice section of this report.

Areas for improvement

We found areas for improvement, including five breaches of legal requirements across three core services and one at trust level that the trust must put right. We found 23 things that the trust should improve to comply with a breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report

Action we have taken

We issued three requirement notices to the trust. Our action related to five breaches of legal requirements in three core services and one at trust level.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found the following areas of outstanding practice.

In wards for older people with mental health problems, staff facilitated intergenerational groups which had a positive impact on patients' wellbeing.

Summary of findings

In child and adolescent mental health wards, the building at Ancora House provided an exemplary environment for the care of children and young people, designed with meaningful patient involvement. Assessment and outreach staff completed detailed assessments, considering negative or stigmatising effects of inpatient admissions on young people. Staff considered sustainable alternatives, leading to person-centred decisions being made.

In community health services for children and young people, special interest networks had been developed. Staff acted as champions across services, identifying training and development needs and using best practice and guidance to develop pathways and policies. Caseloads across the services were very well managed and care was tailored to meet the needs of young people. Staff were highly skilled in the management of complex patients and consistently demonstrated the delivery of high quality care.

Areas for improvement

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

Action the trust MUST take to improve:

At trust level:

The trust must ensure that effective systems and processes are in place to monitor and manage staff access to clinical supervision.

In wards for older people with mental health problems:

The trust must ensure that patients' privacy, dignity and safety is not compromised as a result of breaches in relation to the Department of Health guidance on mixed sex accommodation.

The trust must ensure that each patient has a personal emergency evacuation plan in place.

The trust must ensure staff are compliant with all mandatory training.

In acute wards for working age adults and psychiatric intensive care units:

The trust must ensure that physical health monitoring takes place and policy and national guidance followed after the administration of rapid tranquilisation to a patient in the service.

In child and adolescent mental health wards:

The trust must make sure that staff record their responsibilities under the Mental Health Act Code of Practice relating to seclusion and cogent reasons are given if staff need to depart from the code.

The trust must make sure staff consider and record discussions around the differing thresholds and responsibilities between seclusion and long-term segregation, where patients present with sustained risks.

The trust must make sure that audits are carried out relating to seclusion and rapid tranquilisation. These must include both data analysis and a review of staff practice, benchmarked against national guidance with the aim of improving practice.

Action the trust SHOULD take to improve:

Trust-wide:

The trust should ensure that duty of candour requirements are fully met, including the provision of a written apology.

Summary of findings

The trust should ensure that mandatory training compliance is in line with the trust target.

In wards for older people with mental health problems:

The trust should ensure that observation windows promote privacy and dignity.

The trust should ensure all bathrooms protect patients' privacy and dignity.

The trust should ensure care plans on Meadowbank ward are personalised.

In acute wards for working age adults and psychiatric intensive care units:

The trust should ensure that mandatory training is completed and recorded accurately across the service.

The trust should ensure that actions continue to eliminate mixed sex accommodation and the use of double rooms be reviewed to ensure patients' privacy and dignity are maintained.

The trust should ensure that bed occupancy levels are maintained within the targets set by the trust.

The trust should continue to implement their action plan to ensure that supervision for clinical and medical staff regularly happens and is recorded as having taken place.

The trust should ensure that all risk assessments are updated regularly to reflect patient risk.

In child and adolescent mental health wards:

The trust should ensure that managers disseminate the wards' future objectives, improvements following audit and a clear clinical governance framework to drive quality to ward staff.

The trust should make sure staff clearly state in their response to complaints:

- at what stage complaints are at in the complaints procedure,
- clear decisions to enable patients to understand the outcome of their complaint and
- patients are signposted where to go if they were unhappy with the latest response.

In forensic inpatients or secure wards:

The trust should ensure that information about capacity decisions is easily accessible to staff. Capacity decisions were recorded, but they were not always easy to find in the care record.

The trust should ensure that care plans are person centred. Care plans were holistic and recovery orientated, but some were written in the style of care management plans and described what the patient would do ("you will") rather than involving the patient ("I will").

The trust should ensure that patient's views about the quality of the food are responded to. Most patients we spoke with thought the food was of poor quality.

In community health services for children and young people:

The trust should consider the process for checking the review dates of all policies so they are correct when publishing.

The trust should review assurance systems to check staff are following the correct process for cleaning and maintaining equipment and the clinic rooms in line with infection prevention and control guidance.

The trust should review the use of soft play items in the clinic areas in line with infection prevention and control guidelines.

Summary of findings

The trust should continue regular review of patient records whilst awaiting the transfer of paper records to the electronic system.

The trust should consider provision of portable electronic devices to all staff to complete records remotely.

The trust should ensure there is a clear and consistent process for taking referrals which is shared across all services.

The trust should continue to review the effectiveness of the quality improvement plan to monitor staff compliance with mandatory training.

The trust should continue to identify and provide support to staff during the transition of services.

Is this organisation well-led?

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

We rated well-led at the trust as good because:

- The trust board and senior leadership team had the appropriate skills, knowledge and experience to perform its role. Non-executive directors provided robust and constructive challenge to the trust board. The trust board and leadership team demonstrated a high level of integrity. High priority was placed on doing the right thing for patients, staff and the organisation as a whole.
- Senior leaders were visible across the trust. Staff felt valued and were proud to work for the trust. The chief executive had made a personal commitment to staff engagement and had established opportunities to meet with staff regularly. There was a programme of board visits to front line services.
- Leadership development opportunities were available and succession planning was in place throughout the trust.
- The trust's strategy, vision and values underpinned a culture which was person centred. The trust demonstrated a commitment to patient and carer involvement and had established a network of over 70 'lived experience connectors'. These were people with experience of accessing services. There was a lived experience, volunteering and engagement network in place.
- There were effective systems in place to review incidents and share learning.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy. Operational delivery structures had changed in April 2018 and this process had been well managed.
- There were robust processes and governance arrangements in place in relation to safeguarding. There was a comprehensive training programme in place across the trust.
- The trust was actively engaged in collaborative work with external partners, including involvement with the local sustainability and transformation plans.
- There were organisational systems in place to support improvement and innovation across the trust. Each care group had a designated service improvement lead and had quality improvement plans in place.

However:

Summary of findings

- The trust was not fully meeting the duty of candour requirements. Formal letters of apology were not routinely provided to patients and families.
- Compliance rates for clinical supervision were variable between services. Although generally staff reported having regular supervision, there were not effective systems in place to record this. Senior leaders were aware of this issue, but steps had not been put in place to improve this across the trust.
- Mandatory training compliance at trust level was above trust target although compliance rates were variable at service level.
- Despite the person-centred culture, not all services were engaging effectively with patients to encourage their involvement in the development of care plans.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Outstanding ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Outstanding ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Mental health	Requires improvement ↓ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Overall trust	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Outstanding ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Community health services for children and young people	Good ↑ Dec 2018	Good ↔ Dec 2018	Outstanding ↑ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
Community end of life care	Good Dec 2015	Good Dec 2015	Outstanding Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Overall*	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Outstanding ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018

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

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Forensic inpatient or secure wards	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Child and adolescent mental health wards	Requires improvement ↓ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Outstanding ↑ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Wards for older people with mental health problems	Requires improvement ↓ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Wards for people with a learning disability or autism	Good Dec 2015	Good Dec 2015	Outstanding Dec 2015	Outstanding Dec 2015	Good Dec 2015	Outstanding Dec 2015
Community-based mental health services for adults of working age	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Mental health crisis services and health-based places of safety	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Specialist community mental health services for children and young people	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Community-based mental health services for older people	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Community mental health services for people with a learning disability or autism	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Substance misuse services	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Overall	Requires improvement ↓ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018

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

Ratings for primary medical services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Willaston Surgery	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Westminster Surgery	Good Oct 2018	Good Oct 2018	Good Oct 2018	Requires improvement Oct 2018	Requires improvement Oct 2018	Requires improvement Oct 2018
GP Out of Hours - Countess of Chester Hospital	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018

Community health services

Background to community health services

The trust provides community physical health services across Cheshire and Wirral. The trust provides community health services for adults, community health services for children, young people and families and community health services for end of life care.

During this inspection, we inspected community health services for children, young people and families.

Summary of community health services

Good ● → ←

Our rating of these services stayed the same. We rated them as good because:

- We rated effective, responsive and well-led as good. We rated safe as requires improvement and caring as outstanding. Our rating for the trust took into account the previous ratings of services not inspected this time.
- The trust had made improvements in community health services for children, young people and families and addressed the recommendations identified in our previous inspection.
- Managers promoted a positive culture that supported and valued staff.
- Staff were competent for their roles and there were excellent professional relationships across services. Staff had completed the mandatory training required by the trust. Staff had training on how to recognise and report abuse and knew how to apply it.
- Staff provided care and treatment in line with national guidance.

However:

- It was not always clear from patient records whether consent to intervention at each visit was discussed with children and young people.
- Not all staff were aware of the trust procedure for effective cleaning of equipment despite accessible policies and procedures.
- There was not a consistent method of triage and allocating referrals across the service. The trust was aware of this and action plans were in place to address this at the time of our inspection.

Community health services for children and young people

Good  

Key facts and figures

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provides a range of both mental health and physical health services. These include community based physical health care services in western Cheshire, inpatient and community mental health services for adults and children, learning disability and drug and alcohol services within Cheshire, Wirral and neighbouring areas. The trust also provides GP practices, a range of specialist services within Liverpool, Bolton, Warrington, Halton, Sefton and Trafford and tertiary services for the North West of England.

The trust operates across a large geographical footprint covering three local authority areas, five Clinical Commissioning Groups and four acute trusts making the strategic framework in which the trust operates complex. This is the result of the significant financial and demographic challenges faced in all localities, the trust's large geographical footprint and the complex commissioning framework in place. The trust employ approximately 3,400 staff and have 15,000 Foundation Trust members.

Children, young people and families

This service provides a community based health service to all children and young people, including those with disabilities, inclusive of their families/ carers, where appropriate (ante natal to 19 years). The service provides universal, preventative and targeted interventions to meet the physical and emotional health and well-being needs of individuals and their families/ carers within their communities. It includes health visiting team and practitioners who have expertise in child development and family health.

Community health services for children, young people and families were delivered across three districts; Ellesmere Port and Neston, Chester and Rural, Northwich and Winsford. Within the trust there were eight integrated teams of 0-19 Starting Well services, the speech and language therapy service, the paediatric continence service and the health and wellbeing 5-19 service.

In each of the 0-19 Starting Well services there was an integrated team of health visitors, school nurses, early years workers, family nurses and business support (admin).

Our inspection was short notice-announced which meant staff knew we were coming a short time before visiting to ensure that everyone we needed to speak with was available. We inspected community health services for children, young people and families provided by the trust over a three-day period from 7 August 2018 to 9 August 2018.

We visited four 0-19 Starting Well services with integrated teams of health visitors, school nurses, family nurses, early years workers and admin staff. We also visited the paediatric continence service, the paediatric speech and language therapy service and spoke with the trust safeguarding team for children and adults.

During the inspection, we spoke with 24 patients accompanied by families and carers and 37 members of staff. We observed care and assessments in three patients' homes, six clinics and looked at care records for 17 people.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The trust had addressed the recommendations identified by the CQC at the last inspection and made significant improvements across the service.

Community health services for children and young people

- The trust electronic patient record system was shared across all services and anyone with access to the system could see the full patient history.
- Staff were aware of the importance of raising incidents and there was a positive culture of incident reporting.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made sure staff were competent for their roles and there were excellent professional relationships across all services.
- There was an exceptional family focused approach to care delivery and staff had extensive knowledge about their patients.
- Caseloads across all services we visited were very well managed and care was tailored to meet individual needs.
- The trust planned and provided services in a way that met the needs of local people and worked well with external organisations.
- There was a diverse knowledge base among managers that was utilised across the services.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was an improvement in the way services were delivered and staff felt this was due to the new ways in which the teams worked.

Is the service safe?

Good ● ↑

Our rating of safe improved. We rated it as good because:

- The trust addressed all actions the CQC told the provider to take at the previous inspection.
- The trust had made significant improvements following their last inspection to maintain the safety of its patients and staff.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. All teams used comprehensive assessments and questionnaires to establish risks. These were embedded in the patient electronic records.
- The electronic patient record was used to alert staff of anything that might be deemed a vulnerable situation such as safeguarding or looked after children alerts. This meant staff were informed of this when accessing the patient record.
- The trust electronic patient record system was shared across all services and anyone with access to the system could see the full patient history. The trust had robust systems in place to mitigate risks whilst awaiting transfer of some paper records onto the electronic system.
- All staff we spoke with had completed mandatory training expected by the trust. The trust had quality improvement plans in place to identify gaps in compliance across all services and support those who were non-compliant.

Community health services for children and young people

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- All staff we spoke with were aware of the importance of raising incidents and there was a positive culture of incident reporting. We saw a robust system of incident sharing and lessons learned across the services we visited. Incidents were discussed at the operational and governance meetings and fed back to the teams at team meetings.
- Staff kept themselves and the premises clean. They used control measures to prevent the spread of infection and the trust infection prevention and control policy was easily accessible.
- Staff had training on how to recognise and report abuse and they knew how to apply it. All patient electronic records had an alert system that informed staff of any concerns, such as safeguarding alerts. This meant anyone with access to the records were informed to ensure safe management of care and the most appropriate input.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- Staff in the Northwich and Winsford 0-19 Starting Well service did not always have timely access to up-to-date, accurate and comprehensive information. The trust had taken over services from another trust where paper documentation had been used to manage the caseloads. This was addressed at the time of our inspection.
- It was not always clear in patient records whether or not consent to intervention at each visit was discussed.
- Whilst the majority of staff had personal laptops, new starters and those transferring from another trust did not.
- Not all staff were aware of the trust procedure for effective cleaning of equipment despite accessible policies and procedures.
- We saw soft toys stored in clinic rooms that were not in line with the trust infection prevention and control standard operating procedure. We raised this with managers during our inspection and new 'easy wipe' toys were being sourced.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. The service had developed best practice alerts which informed staff of updates to practice following national or locally developed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. A quality assurance tool kit had been developed by district leads to support staff carrying out audits across the service.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Staff roles were being extended and developed to provide holistic care across the children's, young persons and families service.
- We saw excellent professional relationships among the integrated disciplines across all services.

Community health services for children and young people

- Staff of different disciplines worked together as a team to benefit service users. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care and we saw evidence of this in practice.

However:

- Not all staff felt supported taking on roles they felt were beyond their scope of practice. This was being addressed at the time of our inspection.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- Staff consistently cared for patients with compassion and respect. Feedback from patients confirmed that staff treated them well and with kindness.
- There was an exceptional family focused approach to care delivery and consistent evidence of therapeutic relationships between staff and those they cared for.
- We observed staff were highly skilled at adjusting their tone, language and terminology to adapt to the person they were speaking with.
- We saw evidence of extensive staff knowledge about their patients and how they were thorough in ensuring care was patient focused whilst involving the family and carers.
- Families and carers we spoke with felt included in their child's care and were encouraged to contribute to any development plans.
- Staff consistently provided emotional support to patients, families and those close to them to minimise their distress. We were given many examples where this was evident.
- All staff we observed had an excellent rapport with the children, young people and their families and carers and found innovative ways of keeping them engaged with services.
- Staff had an excellent knowledge and understanding of their caseload, usually developed over a long period of time.
- Staff were highly skilled at recognising people's needs and finding appropriate ways to meet them
- There was clear evidence in examples we were given that forming long term, trusting relationships had not always been easy. Staff had gained the trust of the child as well as the family or carer.
- Staff showed excellent knowledge in how to approach difficult and complex situations with compassion and understanding.
- Staff used a variety of verbal, non-verbal and interpersonal skills to gain the trust of the patient, family and carer.
- Caseloads across all services we visited were very well managed and care was tailored to meet individual needs.
- Staff had extensive knowledge of the resources available in their services, trust and in the wider community. They utilised these consistently to ensure quality care and support was provided for all children, young people, families and carers.

Community health services for children and young people

Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people. Changing needs of the community were monitored using a variety of sources including local authority feedback, GP information and schools.
- The service took account of patients' individual needs and we were given many examples of support given to vulnerable children, young people and their families.
- The trust worked well with external organisations which ensured a holistic approach to patient care.
- People could access the service when they needed it. The trust had systems in place to address referral to assessment times such as providing extra clinics in various locations and home visits for hard to reach groups. This meant access to services was more equitable across the community.
- Referrals were accepted from a variety of sources and patients could self-refer which meant services could be accessed easily.
- The trust saw opportunities to provide drop in clinics for hard to reach groups and advertised these across the community.

However:

- There was not a consistent method of triage and allocating referrals across all services. The trust was aware of this and action plans were in place to address this at the time of inspection.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Managers had a range of experience and came from a variety of professional backgrounds. This provided a diverse knowledge base that was utilised across the services.
- Managers were visible and visited the bases regularly. They were also accessible by telephone and email.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust vision and values were embedded into staff annual appraisal and staff objectives were set against these values.
- Staff were aware of the trust strategy and were fully informed of the transformation of community services. The service had a transformation and innovation lead to support delivery of the trust five-year plan.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Community health services for children and young people

- There was an improvement in the way services were delivered and staff felt this was due to the new ways in which the teams worked.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- There was representation at the trust board from the children's, young people and families' services. Actions from the board meetings were fed back to each team via the children's, young people and families operational committee and the respective service leads.
- The trust held a divisional risk register for children, young people and families services and was presented at the CYP and families care group meeting. Risks around team performance and capacity were discussed at the Starting Well operational and governance meetings.
- We saw a positive attitude within all teams we visited and staff told us of the improved staff morale.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The 0-19 Starting Well Service identified key priorities for service delivery and developed special interest network (SPIN) groups.

However:

- Not all staff felt supported during the transition to the trust from another trust. Managers were aware of this and the transformation and innovation lead was addressing this at the time of our inspection.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

Mental health services

Background to mental health services

The trust provides mental health services and learning disability services across Cheshire and Wirral. The trust provides eleven mental health services from ten registered locations.

During this inspection, we completed our annual well led review of the trust and inspected the following core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Wards for older people with mental health problems
- Forensic inpatient or secure wards.

Summary of mental health services

Good   

Our rating of these services stayed the same. We rated them as good because:

- We rated caring, effective, responsive and well-led as good. Our rating for the trust took into account the previous ratings of services not inspected this time.
- We rated well-led at the trust level as good.
- Staff interacted positively with patients and in most services patients were involved in care planning. Patients were generally positive about staff.
- On child and adolescent mental health wards, our rating of responsive went up from good to outstanding.
- Staff were positive about working for the trust and spoke highly of managers and senior leaders. There was good teamwork amongst the staff and staff felt able to raise concerns.
- The environment on child and adolescent wards was excellent and had been designed in consultation with young people.
- Managers used data effectively and we saw evidence of data being used to inform how services were delivered.

However:

- We rated safe as requires improvement in three of the ten core services. In wards for older people with mental health problems and child and adolescent mental health wards our rating of safe went down from good to requires improvement.
- Compliance with mandatory training was below trust target in some services.

Summary of findings

- Generally staff felt well supported said they received clinical supervision. However, recorded rates of clinical supervision were low.
- In two services, there was limited evidence of patient involvement in care planning.
- Not all staff were following trust policy in relation to rapid tranquilisation and physical health monitoring was not always taking place.
- On child and adolescent mental health wards there were gaps and shortfalls in seclusion records.

Forensic inpatient or secure wards

Good   

Key facts and figures

The trust provided forensic inpatient services at the Soss Moss Site. There were two wards:

- The Alderley Unit – a 15-bed low secure ward for men with a learning disability
- Saddlebridge Recovery Centre - a 15-bed low secure ward for men with a mental illness

Both wards were for men aged over 18 years old. All patients were detained under the Mental Health Act.

During this inspection we looked at all five key questions: was the service safe, effective, caring, responsive and well led? The inspection was announced at short notice, so staff knew we were coming the day before the inspection.

Before this inspection, we reviewed information that we held about the service. During the inspection we:

- spoke with 12 patients
- spoke with four carers or relatives of patients
- spoke with 17 staff who had clinical or administrative roles
- spoke with four managers
- spoke with an independent Mental Health Act advocate
- reviewed eight care records
- reviewed all 28 prescription charts
- carried out a tour of both wards, and visited the onsite occupational therapy service
- observed a multidisciplinary team meeting, and a patients' meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

A comprehensive inspection of forensic inpatient or secure wards was last carried out by the Care Quality Commission in October 2016. Forensic inpatient or secure wards were rated as good in all five domains and good overall.

Summary of this service

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

- Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff and managers worked to keep the use of restrictive interventions to a minimum. The service had low levels of the use of restraint, rapid tranquilisation and seclusion.
- The service had enough staff with the right skills, qualifications and experience for each shift. Patients had regular one to one sessions with their named nurse. Patients rarely had their escorted leave cancelled, even when the wards were short staffed. The service had enough daytime and night time medical cover and a doctor was available to come to the ward in an emergency.

Forensic inpatient or secure wards

- Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.
- Staff delivered care in line with best practice and national guidance. Staff used recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes.
- The Mental Health Act was implemented effectively. Staff received training about the Mental Health Act and knew how to access advice.
- Staff were aware of the Mental Capacity Act, and knew how it worked in relation to best interest decision making.
- Care plans were holistic and recovery orientated. There was a programme of activities for patients, which were based on their individual needs and preferences.
- Staff were respectful and responsive when caring for patients. The patients we spoke with were generally positive about the staff. Patients knew how to raise concerns. Patients gave feedback about the service through a weekly meeting called 'my service, my say'. Patients had personalised bedrooms, which they could access with an electronic key. There were facilities on the wards such as an activities of daily living kitchen and a gym.
- The trust had clinical governance structures that the secure wards fed into. Information packs were generated for each of the services in the trust, which contained key information such as staffing and incidents.

However:

- Not all care plans were person centred, and some described what the patient would do ("you will") rather than involving the patient ("I will").
- Capacity decisions were recorded, but they were not always easy to find in the care record.
- Most patients we spoke with thought the food was of poor quality.

Is the service safe?

Good   

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

- Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff and managers worked to keep the use of restrictive interventions to a minimum. The service had low levels of the use of restraint, rapid tranquilisation and seclusion.
- Staff completed and regularly updated thorough risk assessments of all wards areas, and removed or reduced any risks they identified. The seclusion rooms allowed clear observation, and were fitted out in accordance with the Mental Health Act Code of Practice.
- Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs. All ward areas were cleaned regularly.
- The service had enough staff with the right skills, qualifications and experience for each shift. Patients had regular one to one sessions with their named nurse. Patients rarely had their escorted leave cancelled, even when short staffed. The service had enough daytime and night time medical cover and a doctor available to come to the ward quickly in an emergency.
- Staff had completed and were up to date with most of their mandatory training.

Forensic inpatient or secure wards

- All staff received training in safeguarding that was appropriate for their role. Staff knew how to identify potential safeguarding concerns, and the action to take in response.
- All staff knew what incidents to report and how to report them. Staff understood the duty of candour. They were open, transparent and gave patients a full explanation when things went wrong.

Is the service effective?

Good   

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

- Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.
- Patients received care from a multidisciplinary team of staff.
- Staff delivered care in line with best practice and national guidance. Staff used recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes.
- Staff received supervision and appraisal, and could access additional training within the trust.
- Staff received training on the Mental Health Act and its Code of Practice. They had access to advice and support on the implementation of the Mental Health Act. Patients were aware of their rights under the Mental Health Act, and had access to an independent Mental Health Act advocate.
- Staff received training on the Mental Capacity Act. Patients were supported to make specific decisions, before they may be determined to not have capacity.

However:

- Although care plans were holistic and recovery-orientated, not all care plans were person centred. Some described what the patient would do (“you will”) rather than involving the patient (“I will”).
- Capacity decisions were recorded, but they were not always easy to find in the care record.

Is the service caring?

Good   

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

- Staff were respectful and responsive when caring for patients. The patients we spoke with were generally positive about the staff.
- Staff understood and respected the individual needs of each patient. Staff involved patients and gave them access to their care planning and risk assessments, and found ways to communicate with patients who had communication difficulties.
- Patients gave feedback about the service through a weekly meeting called ‘my service, my say’.
- Staff supported, informed and involved families or carers.

Forensic inpatient or secure wards

Is the service responsive?

Good ● → ←

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

- Patient discharge was planned through the care programme approach, and multidisciplinary team meetings. The service had had no delayed discharges in the past year
- Each patient had their own bedroom, which they could personalise. Patients had a secure place to store personal possessions. The service had a full range of rooms and equipment to support treatment and care. Patients could make phone calls in private. The service had an outside space that patients could access easily.
- The service had quiet areas and a room where patients could meet with visitors in private.
- Patients had access to opportunities for education and work.
- The service could support and make adjustments for people with disabilities, communication needs or other specific needs.
- Patients knew how to complain or raise concerns. An independent advocate was based in the unit and provided support for patients on both wards.
- Patients could make their own hot drinks and snacks and were not dependent on staff.

However:

- Most patients we spoke with thought the food was of poor quality.

Is the service well-led?

Good ● → ←

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

- Staff knew and understood the trust's visions and values. Staff were generally positive about managers and the teams they were part of, and felt able to raise their concerns.
- The trust had clinical governance structures that the secure wards fed into. Information packs were generated for each of the services in the trust that contained key information such as staffing and incidents. These were reviewed routinely.
- Managers supported staff during their appraisals and discussed career progression and development.
- The service had commissioning for quality and innovation targets which it was on track with. These included reducing restrictive practices, implementation of the recovery college, and physical health.
- Staff had access to equipment and technology that worked well and supported them to do their work. Contingency plans were in place for potential emergencies such as fire, loss of utilities, and failure of the electronic record system.
- Both wards were part of the Royal College of Psychiatrists' quality network for forensic mental health services.

Forensic inpatient or secure wards

Areas for improvement

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

Wards for older people with mental health problems

Good   

Key facts and figures

We carried out a core service inspection of wards for older people with mental health problems (the service) which are provided by Cheshire and Wirral Partnership NHS Foundation Trust. The service is provided for male and female patients over 65. The inspection was unannounced, so staff did not know we were coming and we could observe routine activity.

The service had 27 deprivations of liberty safeguards applications made in the 12 months between 1 May 2017 and 30 April 2018. During inspection, there were two patients with a Deprivation of Liberty Safeguard authorisation in place (one standard and one urgent).

The service is split into three following locations:

- Cherry ward at Bowmere Hospital provides 11 mixed sex accommodation beds.
- Croft ward at the Millbrook Unit, Macclesfield District Hospital has 14 mixed sex accommodation beds.
- Meadowbank ward at Springview Mental Health Unit, Clatterbridge Hospital has 11 mixed sex accommodation beds.

During this inspection, the inspection team:

- toured each area of the wards including lounges, gardens, kitchens and bedrooms
- inspected all three clinic rooms and checked equipment
- checked 34 prescription charts and 2 patient care records
- we interviewed 19 staff members including a matron, doctors, a pharmacy technician, ward managers, qualified nurses, occupational therapists, domestic staff, a clinical education manager, a Mental Health law team manager and care support workers
- spoke with three patients and seven carers
- Mental Health advocate
- observed a multidisciplinary meeting, patients' activities and interactions between staff, patients, family members and carers.

Summary of this service

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

- The service provided a range of care and treatment suitable for patients in line with best practice and national guidelines. Staff involved patients, families and carers in patients' care and treatment. Staff used therapeutic drug and physical health monitoring, nutritional screening, podiatry services, speech and language and occupational therapies.
- Each ward had enough staff to provide care and treatment for patients.
- Clinical areas were clean and stocks and equipment were maintained.

Wards for older people with mental health problems

- Staff assessed risks, including the risk of ligature points (places to which those intent on self-harm could attach something to strangle themselves) and took action to remove or reduce risks.
- Recent patient-led assessments of the care environment (PLACE) (2017) showed that the service had scored higher than other similar trusts for cleanliness, condition, appearance and maintenance of the wards and for the food provided on the wards.
- There was good teamwork among staff and staff were happy to work in the service. Staff felt able to raise concerns. They said managers supported and encouraged them to access further training to develop their skills.
- Families and carers were involved in the patients' treatment from the admission stage through to discharge.

However:

- Meadowbank and Croft wards were not compliant with the Department of Health guidance on eliminating mixed sex accommodation. The service reported 29 breaches in the year to 30 April 2018 on Croft and Cherry wards, mainly due to urgent admissions of male patients onto female areas of the wards.
- Patients did not have personal emergency evacuation plans in place to assure safety in the event of an emergency evacuation. The wards admitted frail older people, some of whom had significant mobility issues. There were no plans in place for patients to set out how they would be evacuated in an emergency.
- Patients were not able to close the observation windows from inside their bedroom doors. This could compromise their privacy and dignity.
- The accessible bathroom did not have a shower curtain around the bath to protect patient's dignity and privacy and laundry was being stored in there which could present an infection control risk.
- Care plans on Meadowbank ward were not personalised.
- There were low compliance rates with mandatory training, including fire evacuation.

Is the service safe?

Requires improvement ● ↓

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

- Meadowbank and Croft wards were not compliant with the Department of Health guidance on eliminating mixed sex accommodation. The service had reported 29 breaches of the mixed accommodation guidance on Croft and Cherry wards. These mainly related to urgent admission of male patients onto female wards.
- The ward admitted frail, elderly patients some of whom had significant mobility issues. Patients did not have personal emergency evacuation plans. This meant that in the event of an emergency, staff and patients could be at risk as the support patients required to safely evacuate the ward had not been assessed or documented.
- Mandatory training compliance was low which included fire evacuation.

However:

- Each ward had monthly environmental risk assessments which included ligature risks that were up to date. Areas that could not always be observed by staff (blind spots) were being managed through individual patient risk assessments and observations.

Wards for older people with mental health problems

- All patients had nurse call alarms in their bedrooms and staff had easy access to the nurse call systems and personal alarms.
- The wards and kitchens were clean, well maintained and had good furnishings. Information received from the trust showed that the service scored higher than the England average for cleanliness, condition, appearance and maintenance.
- Clinic rooms were clean and fully equipped, with accessible resuscitation equipment and emergency drugs. Each ward had processes to check that drugs were in date and equipment was being maintained.
- There was enough staff on each of the wards and managers could access staff from other wards or use bank or agency staff familiar with the patients if needed to cover instances such as sickness or annual leave. New staff received a full induction and handover before they worked on the ward.

Is the service effective?

Good   

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

- The service provided a range of care and treatment suitable for patients that were in line with best practice and national guidelines.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Multidisciplinary meetings included evidence of monitoring of prescribing, physical health and discharge planning.
- The service audited how they applied the Mental Capacity Act and Mental Health Act.
- Patients' were informed of their rights on admission and routinely thereafter. Information regarding their rights and advocacy was provided in patient welcome packs.
- There was a range of technology and equipment throughout the service that supported staff to carry out their roles.

However,

- Although most care plans we looked at were personalised, holistic and recovery focused and showed that comprehensive assessments were done on admission, the care records we looked at on Meadowbank ward were not patient focused.

Is the service caring?

Good   

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

- We saw positive interactions between staff, patients, family and carers that demonstrated a caring environment.
- Patients, families and carers were provided with information about the service and what support was available to them.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Wards for older people with mental health problems

- Staff used the triangle of care and involved families and carers during the patient admission process.
- Families and carers could feedback about the service and we saw that changes had been made because of feedback.

Is the service responsive?

Good ● → ←

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

- Cherry ward and Croft ward both allowed patient's family and carers could to visit them at any time.
- There was comprehensive discharge planning evident in patients care plans.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- Patient-Led Assessments of the Care Environment score for ward food was higher than similar trusts at 100% for each ward. Patients were offered nutritional food and the service demonstrated dietary needs being catered for. All required staff had received food hygiene training.
- Each ward catered for disabled access.
- Patients had personalised their bedrooms.

However:

- Patients could not close observation windows inside bedroom doors to protect their privacy and dignity. All bedrooms on each ward had these windows and they could be locked open or closed only by staff.
- Not all accessible bathrooms had a shower curtain to protect patients' dignity and privacy.

Is the service well-led?

Good ● → ←

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

- Staff on Cherry ward had developed an intergenerational group and linked in with a child and adolescent ward to hold regular joint coffee mornings with patients and staff.
- Leaders were knowledgeable about the service.
- Good levels of teamwork were observed on the wards.
- Staff could contribute to the trusts strategies and developments within the service.
- Staff could raise concerns without fear.
- Managers collated and used feedback from family and carers to make improvements to the service.
- Staff felt the service had an open and honest culture and were happy to work within the service.

Wards for older people with mental health problems

Outstanding Practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

Child and adolescent mental health wards

Good   

Key facts and figures

Cheshire and Wirral Partnership NHS Foundation Trust provide two child and adolescent mental health wards at Ancora House which is located at the Countess of Chester Hospital. The wards provide care and treatment to children and young people who have severe and/or complex mental health conditions who require hospital care. The wards are:

- Coral ward - a 12 bed acute admission ward for male and female patients aged between 13 and 18 who require emergency admission due to their mental health needs. An additional two beds are available on a spot purchase basis.
- Indigo ward - a 14 bed planned admission ward for male and female patients aged between 13 and 18 who need therapeutic intervention, such as young people with an eating disorders.

The beds are contracted by NHS England North West specialist commissioning team on behalf of Cheshire and Merseyside commissioners.

We last inspected Cheshire and Wirral Partnership NHS Foundation Trust's child and adolescent mental health wards in June 2015. On that inspection, we found that this core service was meeting the regulations. We rated this core service as good overall and across all five key questions (safe, effective, caring, effective and well-led).

In September 2016, the trust's child and adolescent mental health wards moved to a purpose-built building at Ancora House. We registered Ancora House to provide the following regulated activities:

- assessment and treatment for people detained under the Mental Health Act and
- treatment for disease, disorder and injury.

We carried out Mental Health Act monitoring visits to Coral ward in May 2018 and Indigo ward in March 2017. The trust sent an action statement addressing the shortfalls we found on each of these visits.

Our inspection team for this core service was one CQC inspector, one CQC assistant inspector, one CQC Mental Health Act reviewer, one consultant psychiatrist and one nurse manager (both specialising in child and adolescent mental health services).

We inspected this core service as part of our ongoing comprehensive mental health inspection programme. We looked at all key questions.

Before the inspection visit, we reviewed information that we held about these services, asked the trust for information and asked a range of other organisations for information. We inspected Ancora House on 8 and 9 August 2018. This was a short-notice announced inspection - the service got 24 hours' notice that we were coming. During the inspection visit, we:

- toured both ward environments
- met with seven young people who were patients on the wards
- spoke with the clinical lead nurse, modern matron and nurse consultant who oversee both wards

Child and adolescent mental health wards

- spoke with the ward manager or senior nurse in charge of each ward and spoke with 13 other staff including consultant psychiatrists, qualified nursing staff, clinical support workers, visiting pharmacist, occupational therapy staff, dietician and a clinical psychologist
- spoke with the deputy head teacher while touring the school attached to Ancora House
- spoke with one carer
- observed a community meeting
- observed three clinical meetings (a multi-disciplinary ward review meeting, a care programme approach meeting and a multidisciplinary eating disorder clinical case review meeting)
- reviewed prescription charts for all 13 patients
- reviewed all 13 care records (including Mental Health Act and seclusion records where relevant)
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

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

- There were sufficient numbers of skilled staff to provide direct care and treatment. Most staff had completed ongoing mandatory training. Managers carried out detailed reviews of restraint and prone restraint episodes. Following a review of incidents, managers had increased staffing levels to try and prevent incidents from occurring at these times.
- Staff completed detailed goal based care plans and risk management plans for each patient. Staff followed national guidance in the routine prescribing of medication for children and young people and the care and treatment of patients with eating disorders. There was good multidisciplinary working with clinical psychologists, family therapists and occupational therapists. Staff had improved their recording of patient rights and competence and capacity decisions following our Mental Health Act monitoring visits.
- Patients were mostly happy with the quality of care and support. Staff made great efforts to involve patients and carers in the building of Ancora House, their own care and treatment and the running of the wards, including patients coproducing a dedicated website. There was a high response and satisfaction rate from surveys of patients and carers.
- The building at Ancora House provided an exemplary environment for the care of children and young people. The assessment and outreach team completed detailed admission assessments and managed patient admissions well. Staff had paid attention to meeting the needs of all patients with disabled access and leaflets translated into different languages. Patients spoke highly of the school attached to Ancora House which had very well-equipped classrooms to meet young people's educational needs.
- There was good morale among the staff team. The trust produced locality data pack, which provided detailed information to managers on key indicators. Staff completed regular audits which promoted good practice. Managers took immediate action on the gaps in auditing around seclusion and rapid tranquilisation which we identified. The wards had been assessed through the Royal College of Psychiatrists' peer accreditation scheme and were awaiting the results.

However:

Child and adolescent mental health wards

- Staff had not always ensured that they were recording their responsibilities under the Mental Health Act Code of Practice relating to seclusion as we found gaps and shortfalls in the records. Staff had not always fully recorded whether they had considered the threshold between seclusion and long-term segregation in cases where patients were in seclusion for long periods due to sustained risk.
- There had been no audits of staff practice relating to seclusion or rapid tranquilisation to benchmark practice against national guidance with the aim of improving safe practice and recording of responsibilities.
- Although there were only a small number of complaints, we saw one complaints response which did not clearly state what stage the complaint was, the patient had not been given a full decision to enable them to understand the outcome and the patient was not signposted where to go if they were unhappy with the latest response.
- While there was a commitment to quality improvement, ward staff did not articulate the ward's future objectives, improvements following audit or a clear clinical governance framework to drive quality.

Is the service safe?

Requires improvement ● ↓

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

- Staff had not always ensured that they were recording their responsibilities under the Mental Health Act Code of Practice relating to seclusion as we found gaps in observation records, nursing and medical reviews were not always occurring within the prescribed time frames and the need for continued seclusion was not always fully detailed during these reviews.
- Staff had not fully recorded whether they had considered the threshold between seclusion and long-term segregation in these cases. Records indicated that young people had been kept in long-term segregation on two occasions. There had been no audits of staff practice relating to seclusion or rapid tranquilisation to benchmark the practice against national guidance with the aim of improving safe practice and recording of responsibilities.

However:

- Staff ensured that the wards complied with Department of Health guidance to eliminate mixed sex accommodation as patient bedrooms were en-suite and located on two different corridors, one for males and the other for females.
- Managers had ensured that there was significant attention to ligature risks across the wards and took action to address some exposed wiring leads from gaming equipment on Indigo ward.
- Staff carried out ongoing risk assessments on patients.
- There were sufficient numbers of skilled staff to provide care and treatment.
- Most staff had completed ongoing mandatory training and training uptake figures had improved.
- Managers carried out detailed reviews of restraint and prone restraint episodes.
- Managers had looked at trends in incidents and having noticed a peak in incidents following young people returning from education on weekdays, had increased staffing levels to try and prevent incidents from occurring at these times.

Is the service effective?

Good ● → ←

Child and adolescent mental health wards

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

- Staff completed detailed care plans for each patient with goal based planning and positive behavioural approaches (where appropriate) incorporated into the care plans.
- Staff regularly and routinely checked patients' physical health. Staff followed National Institute of Health and Care Excellence in the routine prescribing of medication for children and young people and the care and treatment of patients with eating disorders.
- Staff working with patients with eating disorders followed national guidance for treatment.
- Patients had good access to psychological interventions.
- We found good multidisciplinary working with clinical psychologists, family therapists and occupational therapists working on the wards alongside other clinical staff.
- Staff had ensured that there had been improvements to shortfalls in the recording of their responsibilities relating to patient rights and competence and capacity following our Mental Health Act monitoring visits.
- Staff understood the legal framework around consent, competence and capacity to assist children and young people in making decisions and involve parents and carers, where appropriate.
- Staff worked effectively with other agencies including teaching staff working in the school attached to Ancora House, community mental health staff and local authority children's' teams where necessary.

Is the service caring?

Good ● → ←

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

- Many patients were positive about the staff in the hospital stating they were happy with the quality of care and support.
- The wards employed a participation worker to promote patient involvement.
- Staff made great efforts to involve patients and carers in their own care and treatment as well as the running of the child and adolescent mental health wards.
- Patients had been actively and meaningfully involved in the design of Ancora House.
- Patients had coproduced a dedicated website for the trust's child and adolescent mental health services.
- Staff routinely surveyed patients and carers about their views on the patients' stay in hospital and there was a high response and satisfaction rate.
- Staff held regular parents and carer sessions to provide information and support.

Is the service responsive?

Outstanding ☆ ↑

Our rating of responsive improved. We rated it as outstanding because:

Child and adolescent mental health wards

- The assessment and outreach team managed patient admissions well so there was good bed management, patient flow and patients were moved on, where appropriate.
- Patients received a very detailed, holistic assessment prior to their admission which included assessment and outreach staff looking at any negative or stigmatising effects of admitting each child or young person.
- Patients in Cheshire and Merseyside were able to get a bed local to their area at Ancora House quickly and were only sent out of area if they required more specialised care.
- Patients were not kept on the ward longer than necessary with average lengths of stay benchmarking lower than the national average.
- Staff completed detailed discharge care plans for each patient which were reviewed at each weekly case review.
- The building at Ancora House provided an exemplary and safe environment for the care of children and young people.
- Children and young people had been meaningfully involved in the design of the building and this clearly showed in the welcoming environment.
- Patients had access to very well equipped off-ward activity areas (including a cinema room, gym, sanctuary room and well maintained outdoor space).
- Patients had access to a range of educational classrooms and facilities which met or exceeded mainstream school provision.
- Patients spoke highly of the school attached to Ancora House (which was rated as outstanding by Ofsted).
- Staff paid significant attention to meeting the needs of all patients with disabled access throughout the building, an induction loop and treatment leaflets interpreted into different languages.
- There were a large number of compliments and a small number of patients' complaints.

However:

- Although there were only a small number of complaints, we saw one complaints response which did not clearly state if investigators had treated this as a formal complaint or was being resolved locally, the patient had not been given a full decision to enable them to understand the outcome and the patient was not signposted where to go if they were unhappy with the latest response.

Is the service well-led?

Good   

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

- Managers had worked hard with bringing the two ward teams together from two separate locations to Ancora House.
- There was good morale among the staff team.
- Staff completed regular audits in relation to care planning, risk assessments, infection control and the Mental Health Act which promoted good practice.
- Managers took immediate action on the gaps in auditing around seclusion and rapid tranquilisation which we identified.
- The trust produced locality data pack, which provided detailed information to managers on key indicators.

Child and adolescent mental health wards

- The wards had been assessed through the Royal College of Psychiatrists' peer accreditation scheme and were awaiting the results.

However:

- While there was a commitment to quality improvement, ward staff did not fully articulate the wards' future objectives, improvements following audit or a clear clinical governance framework to drive quality.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

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

Good   

Key facts and figures

Cheshire and Wirral Partnership NHS Foundation Trust provides inpatient services for men and women aged 18 years and over with mental health conditions.

The trust has six acute inpatient wards and two psychiatric intensive care units over three hospital locations.

Clatterbridge Hospital (also known as Springview) is on the Clatterbridge Hospital site on the Wirral and has three wards:

- Brackendale ward – a 22 bed mixed-sex acute admission ward for adults and older adults with a functional mental illness
- Brooklands ward – a 10 bed mixed-sex psychiatric intensive care unit for adults
- Lakefield ward – a 24 bed mixed-sex acute admission ward for adults.

Bowmere Hospital on the Countess of Chester Hospital site on the outskirts of Chester has three wards:

- Beech ward – a 22 bed mixed-sex acute admission ward for working age adults
- Juniper ward – a 20 bed mixed-sex acute admission ward for working age adults
- Willow ward – a seven bed mixed-sex psychiatric intensive care unit for working age adults.

Millbrook Unit on the Macclesfield General Hospital site has two wards:

- Adelphi ward – a 20 bed mixed-sex acute admission ward for adults and older adults with a functional mental illness
- Bollin ward – a 23 bed mixed-sex acute admission ward for working age adults.

The service was last inspected in October 2016, the report being published in February 2017. The inspection of this service led to one requirement notice being issued:

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment: the trust did not always comply with the Department of Health guidance on same sex accommodation. On this inspection, the trust had acted to comply with the requirement notice.

The service was inspected by two inspectors, one assistant inspector, and three specialist advisers.

The inspection was unannounced, with trust management being made aware of the inspection 30 minutes before the inspection was due to start.

Before the inspection, we reviewed information that we held about the service, and this was analysed and outlined in evidence appendices, allied to this summary.

During the inspection, the inspection team:

- visited eight wards within the trust providing acute services for adults, this included two psychiatric intensive care units
- interviewed 36 patients in the service

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

- interviewed 33 members of staff, including doctors, ward managers, trained nurses and health care assistants
- Interviewed two senior managers for the service
- reviewed 36 sets of care records relating to patients within the service
- checked 145 prescription cards and folders
- attended one multi-disciplinary team meetings
- attended one other meetings
- completed tours of eight wards
- reviewed 47 sets of meeting minutes
- monitored two medication rounds
- looked at policies, procedures and other documents relating to the running of the service.

Summary of this service

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

- Ligature risk assessments for patients and the wards had been carried out and had been updated. Staff members had personal alarms and patients had access to nurse call buttons in each room. Clinic rooms were clean and had equipment that had been recently calibrated and maintained, and drug cupboards were in order. Fridge temperatures were monitored, and emergency equipment was checked daily and all equipment in date. Seclusion rooms met specifications of guidance, and recording of seclusion events followed policy. Staff knew safeguarding policies and applied them when required, keeping patients from harm or neglect. Staffing levels were sufficient for the service, with use of bank nurses familiar to the wards. Risk assessments were completed on each patient on arrival on the wards.
- Care plans were created within 72 hours of admission, and were comprehensive, holistic and considered the views of the patients. Physical health monitoring was being recorded regularly, with specific health problems monitored and treated accordingly. Clinical audit was being undertaken by staff on wards and reflected in practice. The Mental Health Act was being adhered to and the Code of Practice was available to all staff on each ward. Mental Health Act paperwork was regularly audited, patients were being read their rights, and there was a dedicated team who monitored all aspects of the Mental Health Act. Capacity was being assessed for each patient, and best interest meetings were taking place on the wards.
- Staff interacted positively with patients across the service. Patients described staff in positive terms, with no complaints made about staff. Carers and patients were given opportunities to feed back into the service through several channels. Patient led assessment of the care environment results put the service at above the national average. Patient meeting minutes showed consideration and actions by the service in respect of patient suggestions. Patients could get involved in decisions about the service, with the trust running an expert patient programme designed to involve patients in aspects of the service.

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

- The wards were clean and well furnished with appropriate furniture for the service. There were enough rooms for therapies and social activities to take place. Patients were happy with the quality of the food and choice available. There was information across the service regarding medication and treatment that was available to patients. Patient complaints were being acted upon when received, with feedback taking place. There was reasonable adjustment of rooms across the service for patients with physical disabilities.
- The multi-disciplinary teams across the service worked well together, and the relationship with ward staff and management was good. Ward managers were experienced and knew the role and purpose of their wards, as well as relevant policies and protocols. Trust values were integrated into ward philosophies, and all staff knew the trust values when discussed. The trust used locality data packs to keep the service informed of performance within the service, and to guide staff to areas of improvement or good practice. The service had acted on feedback from the last inspection, and had made improvements based on that feedback.

However,

- Staff did not follow trust policy or national guidance in relation to rapid tranquilisation, several care records did not show monitoring of physical health after intra-muscular administration of medication.
- Work to eliminate mixed sex accommodation had been undertaken since the last inspection, but more action was required. On Adelphi and Bollin wards, some rooms contained beds for two people, separated only by a curtain in the middle of the room.
- Bed management was taking place, although the wards were admitting over the 85% trust target for occupancy. This meant that when patients returned from episodes of leave they could not always return to the same ward.
- Risk assessments were taking place but not always being updated to reflect changes in patient risk.
- Mandatory training was taking place, but staff were not all completing the required training.
- Supervision was not happening regularly for clinical staff, and the trust did not have a target level.

Is the service safe?

Requires improvement ● → ←

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

- Staff were not following the trust's policy nor national guidance in relation to rapid tranquillisation. The monitoring of physical observations was not always taking place after the administration of intra-muscular medication.
- Work to eliminate mixed sex accommodation had been undertaken since the last inspection, but more action was required. The service reported 26 breaches in the year to 30 April 2018. These all involved the placement of either a male or female in a bedroom in a designated area for the opposite sex, and did not involve shared bedrooms
- Risk assessments were in place but not always being updated to reflect changes in patient risk.
- Mandatory training was being undertaken by all staff, but compliance rates fell below 75% for some training.

However,

- Ligation risk assessments for both patients and the wards had been carried out and were updated. Blind spots were mitigated by parabolic mirrors enabling staff to see all aspects of the wards.
- Seclusion rooms met the specifications of guidance, and recording of seclusion of patients was taking place in line with policy.

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

- Personal alarms for staff were utilised, with nurse call buttons in each room in the service.
- Clinic rooms were clean, mostly air-conditioned to maintain temperature, and equipment and drugs were all in date.
- Staffing levels were suitable for the service, with shortfalls covered using bank staff.

Is the service effective?

Good   

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

- Care plans were created within 72 hours of admission and were maintained and updated as necessary
- Physical health monitoring was ongoing for each patient, with added monitoring of any particular health needs for each patient
- Activities relevant to the needs of the service were provided seven days a week
- Outcomes of treatment and care was being monitored and audited
- Medication was monitored by a pharmacist and national guidance was followed in the administration and prescribing of medication
- The Mental Health Act was being applied in line with the Code of Practice
- The Mental Capacity Act was being adhered to, with capacity being recorded and considered for each patient in the service.

However

- Supervision was not happening regularly for clinical staff, and the trust did not have a target level, however an action plan was in place that showed improvement.

Is the service caring?

Good   

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

- Patients were admitted to the service in a manner that oriented them to each ward with relevant information and care
- Patients spoke positively about their care on the wards inspected
- Patients were offered choice with respect to treatment options, and patients felt they were involved in their care
- Carers were fully involved in the patient experience, and supported by staff in the service
- Patients were directed towards advocacy if required, with signage allowing contact with advocacy by the patient at any time
- Patients and carers could give feedback on the service.

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

Is the service responsive?

Good   

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

- The wards were all clean, suitably furnished for the service, and brightly decorated
- The service was recovery focused for patients
- There were enough rooms and space for activities and therapies to take place
- Patients knew how to complain and complaints were acted upon by the service and trust
- Patients thought that the food and choice of food was good
- The service provided lots of information regarding medication and mental health problems
- There were reasonable adjustments so disabled people could use the wards.

However,

- Bed management was taking place, although the wards were admitting over the 85% trust target for occupancy. This meant that when patients returned from episodes of leave they could not always return to the same ward.
- On Adelphi and Bollin wards, some rooms contained beds for two people, separated only by a curtain in the middle of the room.

Is the service well-led?

Good   

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

- The service had cohesive and experienced multi-disciplinary teams, despite not having psychological input
- Ward managers were experienced and had the authority to run the wards
- The service worked to the trust values
- The service used locality data packs to keep staff informed of the progress of key performance indicators for each ward
- There was a good working relationship between senior members of the multi-disciplinary team and ward staff
- Staff completed audits in a variety of areas to review practice and improve the service
- The service had acted on feedback following the last inspection and made improvements in relation to providing safe care and treatment, staffing and governance.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Brian Cranna, Head of Hospital Inspection led this inspection. Two executive reviewers, Carolyn White and Robert Mackie, supported our inspection of well-led for the trust overall.

The team included one inspection manager, nine inspectors and ten specialist advisers.

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