Birmingham and Solihull Mental Health NHS Trust

Neuropsychiatry services

Quality Report

The Barberry
Birmingham
B15 2FG
Tel:0121 301 2000
Website: www.bsmhft@nhs.uk

Date of inspection visit: 13-15 May 2014
Date of publication: 09/09/2014

Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
The Barberry	RXTD3	Neuropsychiatry Services	B15 2FG

This report describes our judgement of the quality of care provided within this core service by Birmingham and Solihull Mental Health Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Birmingham and Solihull Mental Health Foundation Trust and these are brought together to inform our overall judgement of Birmingham and Solihull Mental Health Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

Contents

Summary of findings

Overall summary

Neuropsychiatry services provided by Birmingham and Solihull NHS Foundation Trust were based at the Barberry Centre. This service provided care and treatment for people with people who had a variety of conditions, including sleep disorders, chronic fatigue syndrome, Huntington's disease, and somatisation disorders.

We found that these specialist services delivered within the West Midlands area were valued by people who used the service. The staff were knowledgeable and had specialist skills that enabled them to deliver safe and effective care.

Staff were supported in their roles and had access to specialist training as well as mandatory training. This meant that staff were able to deliver care and treatment in the areas they worked in to a high clinical standard.

People who used the service told us that they had had good experiences of the service and that staff treated them with kindness and respect.

The department had a strong base in current research practice and staff were enthusiastic. The service was responsive to the needs of the people once they were referred. However we found a long waiting list for this service.

While some staff felt slightly detached from the trust, due to the differences in the nature of the service they delivered, all staff told us that they felt supported by their managers and felt that the senior leadership in the trust had an interest in their work.

Summary of findings

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

Are services safe?
Neuropsychiatry services provided by the trust were safe. Staff had a good understanding of where the risks lay and the service had a strong governance framework that ensured that incidents were reported and the organisation learnt from incidents. Staff had an understanding of safeguarding vulnerable adults and children.

Are services effective?
Staff had a very good understanding of best practice guidance. There was a very strong research focus in the department which helped to ensure that the services delivered were effective. Staff worked well in a multi-disciplinary context and liaised with external services to ensure the best outcomes for people who used the service.

Are services caring?
People we spoke with told us that they were treated with kindness and consideration by staff. We saw that staff had a good understanding of the needs of individual patients and were able to ensure that services were adapted to meet their needs.

Are services responsive to people's needs?
Staff and people who used the service told us that they were concerned about the long waiting times for people coming into the service. However, when people received a service, it met their needs. The service has responded to complaints regarding the planned future provision of services.

Are services well-led?
Staff we spoke with felt proud to work within the service and felt they were able to deliver a good standard of care. The team were aware of the leadership and values within the trust.

Summary of findings

Background to the service

Neuropsychiatry services provided by Birmingham and Solihull NHS Foundation Trust were based at the Barberry Centre. This service provided care and treatment for people with people who had a variety of neuropsychiatric conditions. These included sleep disorders, chronic fatigue syndrome, Huntington's disease, somatisation disorders and related disorders.

The team consisted of specialist staff. This included neuropsychiatrists, neurologists and specialist nurses. There were two telemetry beds based at the Barberry Centre where diagnostic tests were carried out and the service also provided rehabilitation and care co-ordination services to people who met the criteria of the service and provided outpatient clinics. These neuropsychiatry services were delivered by the trust regionally across the West Midlands.

These services had not been inspected previously by the Care Quality Commission or colleagues from the Mental Health Act team.

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett, Consultant Psychiatrist

Team Leader: Julie Meikle, Head of Hospital Inspection (Mental Health), CQC

The team included CQC inspectors and a variety of clinical specialists, psychiatrists and Experts by Experience (who have experience of using services).

The team that inspected this service was a CQC inspector, a psychiatrist and a clinical psychologist.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health inspection programme.

How we carried out this inspection

Before the inspection, we reviewed information that we had about the neuropsychiatry services at Birmingham and Solihull NHS Foundation Trust. We spoke with focus groups of people who used the service and looked at information provided to us by stakeholders, including local and national commissioners and Healthwatch.

During the inspection, we met with staff as well as managers within the service and spoke with clinicians based in the service. We spoke with people who used the service and we checked records on site.

This assisted the Care Quality Commission to obtain a view of the experiences of people who used this service.

What people who use the provider's services say

People we spoke with told us that they were satisfied with the service. However, we saw from recent complaints that some concerns were raised about the length of the waiting list for the service but when people had received the service, they were very satisfied with the care and treatment provided.

Summary of findings

Good practice

- The service had a very strong research focus.
- Staff had access to specialised training related to the areas they work in.
- There was very strong multidisciplinary working within the team which improved outcomes for people who used the service.
- The service had looked internally at ways it could increase capacity in the outpatients service in order to improve the experience of people who used the service.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust must work with the commissioners of this service to address the length of waiting times for people to be assessed and treated by the neuropsychiatry service.

Birmingham and Solihull Mental Health NHS Trust

Neuropsychiatry services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Neuropsychiatry Services	The Barberry

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

We found that staff in the service were aware of their duties under the Mental Health Act (1983).

This service had two beds which were used for telemetry and did not detain people under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

We saw that staff had a good knowledge and understanding of the Mental Capacity Act and had received training related to the use of the Mental Capacity Act.

The beds based in the neuropsychiatry services were provided for time-limited diagnostic purposes and therefore people did not remain in the service for extended periods.

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

Neuropsychiatry services provided by the trust were safe. Staff had a good understanding of where the risks lay and the service had a strong governance framework that ensured that incidents were reported and the organisation learnt from incidents. Staff had an understanding of safeguarding vulnerable adults and children.

Our findings

Track record on safety

Managers within the Neuropsychiatry services have a good understanding of where the current risks lie in the service. We saw that regular audits were completed which related to patient safety and equipment on the site. Staff had a good understanding about how incidents were reported and told us that they received information about incidents when they were reported. All reported incidents were screened by the clinical lead and incidents, complaints and feedback were discussed in the minuted neuropsychiatry business meetings which were held monthly. We checked the minutes and saw that clinical governance was a standing agenda item. This meant that everyone in the team was aware of current issues in the service and in the wider trust related to patient safety and feedback from people who used the service.

Learning from incidents and Improving safety standards

Neuropsychiatry is based within the trust's specialist services which are located at The Barberry centre. There was a monthly Specialities Clinical Governance Meeting which the Clinical Lead from Neuropsychiatry attended. These meetings ensured that issues, including incidents, from each of the specialities were discussed and shared across the services. Issues related to feedback from audits were also discussed. The clinical lead then ensured that this information was shared at a local level through regular team meetings. This meant that the service had an understanding of local incidents but also ensured learning from incidents that happened with specialist services in the trust and across the trust. Staff were able to give examples of where incidents had been highlighted and had led to changes in the service.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff displayed a good understanding of safeguarding including knowledge of when to report safeguarding concerns and who to inform. We saw that staff had received training related to safeguarding. Staff told us that they felt they would be able to report concerns to their immediate managers or more senior management when appropriate. The trust had a whistleblowing policy and allowed members of staff to contact the Chief Executive with concerns directly which staff were aware of. The service has a monthly, informal "coffee and management" meeting where concerns can be raised informally. This meant that staff had the means to alert the trust to unsafe practice if identified.

We inspected the clinic and telemetry areas and found them to be clean and hygienic. The trust policies for infection control were being effectively followed.

Assessing and monitoring safety and risk

Staff explained how they used risk assessments to ensure that the services they were providing were safe. We saw that people who received a service were assessed in relation to risk through the use of questionnaires when they come into the service. This was re-assessed as necessary to ensure that risk information was up to date. Staff levels met the required complement however we were told that trust employed bank staff were used regularly. These staff were familiar with the service and had access to the same training and development opportunities as the permanent staff.

Understanding and management of foreseeable risks

We saw that the service had access to emergency medical equipment which was in working order, such as a crash bag and a defibrillator as well as emergency medication and an oxygen supply. The clinical lead had a good understanding of contingencies and an awareness of planning for contingencies should these happen.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

Staff had a very good understanding of best practice guidance. There was a very strong research focus in the department which helped to ensure that the services delivered were effective. Staff worked well in a multi-disciplinary context and liaised with external services to ensure the best outcomes for people who used the service.

Our findings

Assessment and delivery of care and treatment

Neuropsychiatry services delivered care and treatment through a number of methods which were dependent on the assessed needs of the people who used the service. For example, some people received a service primarily through outpatient clinics led by doctors or nursing staff. Other people received inpatient diagnostic tests through the telemetry service. There was also a process for some people, for example, people with a diagnosis of Huntington's Disease to receive ongoing support and care coordination to ensure a consistency to the pathway of care through their illness. We spoke with staff who delivered services in different ways and were told that the service ensured that people were assessed appropriately. We saw that staff were knowledgeable about the services which they delivered and had specialist knowledge of the conditions that they worked with. Staff were aware of relevant NICE guidelines. Medical staff, nursing staff and allied health professionals had a good understanding of current research in their areas of expertise. The consultants in the team were active in research which ensured that best practice could be reflected in the team. One member of staff was studying for a doctorate and carrying out research which related specifically to the clinical outcomes for people who used the service.

We were told that processes were being established to ensure that the research which members of the team cared out was fed back to the full team in order to improve care and treatment within the team. Staff told us that they get the opportunities to attend training which is specific to their specialities including international conferences which ensured that the clinical practice was up to date.

We saw that people were given information about the service when they were first referred and we saw that consent was discussed with them. Staff had an understanding of the Mental Capacity Act (2005). We saw that information was provided to family members to facilitate best interests' decisions about treatment being made when people lacked the capacity to consent to treatment.

We saw that physical health was considered and assessed as a part of the service delivery. Nurses based in the telemetry suite were general qualified nurses and therefore had been trained specifically to ensure that people's physical health care needs were being met.

Outcomes for people using services

The department used specific quality of life assessments to determine the impact of the care and treatment being provided. Other outcome measures used depended on the needs of the people who used the service and the kind of treatment which they were receiving – for example, we were told that sometimes Hospital Anxiety and Depression Scales are used when appropriate. The department does not use HoNOS (Health of the National Outcome Scale) used in other parts of the trust as it was not adapted for people who used the neuropsychiatry services. Audits were conducted regarding the efficiency of the telemetry services and this was done in order to benchmark with other services nationally. The service also ensured that people's responses to drugs was audited in order to ensure that the best outcomes were achieved for people. One member of staff told us that they thought measurement of outcomes "could be done better".

Staff, equipment and facilities

All staff we spoke with told us that they were supported in their training and that the specialist training provided in the neuropsychiatry service was excellent. The department held quarterly internal learning events which focused on the specific needs of people who used the service and developed staff in their specialist areas. These training days were open to staff who worked through the trust bank as well as permanent members of staff.

One member of staff told us they were proud to be able to represent the department and international conferences and another member of staff explained that the department is well-cited in the relevant professional journals and had a strong involvement in research in the field.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

The medical staff were part of the Midlands and North West CPD group for neuropsychiatry which meets quarterly and ensures training. They also had access to training as members of the British Neuropsychiatry Association which offered other specialist training opportunities.

All the staff we spoke with had access to annual appraisals and regular supervision. This ensured that their practice was updated and that they had the opportunities to develop professionally.

One member of staff had newly joined the service and had been through the trust induction process which they said they found helpful.

Multi-disciplinary working

The neuropsychiatry services were drawn up from teams with different disciplines who worked closely together within their own professional areas of expertise. Different professionals worked in different areas of the service depending on the type of service which was being delivered. The team consisted of epilepsy specialist nurses, nurse therapists, occupational therapists and a part time speech therapist, physiotherapist and dietician as well as support from neurophysiologists working with the medical team. This meant that there was a range of expertise within the team.

The team delivered a service across the region which meant that they linked with different areas regarding local authorities and local primary care as well as receiving referrals from secondary care. We were told about specific work which was done within the epilepsy services where the team worked collaboratively with Birmingham Women's Hospital had ran a clinic which looked at epilepsy in pregnancy. The department had strong links with the neurology department at Queen Elizabeth Hospital, Birmingham which was located on the same campus as the Barberry.

Are services caring?

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

Summary of findings

People we spoke with told us that they were treated with kindness and consideration by staff. We saw that staff had a good understanding of the needs of individual patients and were able to ensure that services were adapted to meet their needs.

Our findings

Kindness, dignity and respect

We observed care which treated people with dignity and compassion. Someone who used the service told us that the "care has been excellent". Staff explained to us how they met specific cultural and religious needs, for example, ensuring that halal food was available when necessary. There were two beds with ensuite facilities in the telemetry unit. The service only has same gender patients admitted together to ensure the dignity of those who stay on the unit. We saw that there were privacy curtains available.

People using services involvement

People we spoke with told us that they had been given information about the service and were told what to expect from the service. They told us that they felt listened to.

People who used the telemetry service were given feedback forms when they were discharged. However we noted that feedback was not gathered routinely from outpatients.

We saw written information which was provided to people who used the service. This helped people to make decisions about the treatments available to them.

Staff told us that they were some support groups which had been set up relating to specific conditions, for example, the service had a chronic fatigue support group. This enabled people to feed back to the service as a group related to their condition and ensure that they were involved in the way the service was delivered. The clinical lead was able to give us an example of when the service had changed on the basis of feedback received from support groups. However, this was not the case for every condition that the service treated; for example, there was no support group for people with epilepsy.

Emotional support for care and treatment

We saw that staff had a good understanding of the needs of people who used their service. Staff told us that if someone came in who did not speak English fluently they would arrange for interpreters to be present. When people used the telemetry service and needed to stay overnight, there could be, if necessary, arrangements made to allow family members to stay with them. This meant that staff could adapt the service to meet the needs of specific groups of people who may need additional support.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

Staff and people who used the service told us that they were concerned about the long waiting times for people coming into the service. However, when people received a service, it met their needs. The service has responded to complaints regarding the planned future provision of services.

Our findings

Planning and delivering services

The neuropsychiatry services covered a range of different conditions and had specific expertise based in different areas of neuropsychiatry, for example, epilepsy, Huntington's Disease, Chronic Fatigue Syndrome and sleeping disorders among other related conditions. People were referred from secondary healthcare services initially and would be assessed by a consultant. Outpatients' clinics were held by nurses or doctors depending on the needs of the people who used the service. The service had a specialist nurse who had experience in working with people with learning disabilities which meant that the epilepsy services were able to meet the needs of people with learning disabilities with a specialist who had an understanding of particular needs which may present themselves.

Provision of care within the telemetry service was both gender and condition specific, so, while there were two beds, the service would not have people with different genders in the telemetry suite at the same time. They would also ensure that people who had similar conditions were provided with care at the same time, for example, two people who were experiencing seizures. This meant that the service was adaptable to the needs of the people who used the service.

Right care at the right time

We saw that people had information provided to them when they came into the service. However, we saw that there were significant delays in the times between referral to the service and assessment by the service. The length of times for the wait was dependent on the type of condition that people had and the treatment or care which they required. For example, we were told that the waiting times for treatment across the neuropsychiatry services were approximately 15 months long.

We saw that this was the main area in which people had made complaints. The management and staff were aware that the waiting list times were the highest risk area for the service. Staff told us of ways they had tried to manage this and look at using their resources most effectively. For example, the department had moved to the booking system which informed people of the waiting list and then sent a date for an appointment out four weeks before it was due. This was to try and manage non-attendances better.

The clinical lead told us that work had been done to look at rationalising the work however; it was found that most referrals that came through to the team were appropriate.

Staff told us that the lack of capacity was the reason for the long waits for treatment and that this was identified to the trust as a concern. They had been given board approval to increase the service but this needed further planning with the commissioners of the service before implementation.

Care pathway

Referrals were received across the region from hospital consultants. People referred to the service would be assessed initially and receive the relevant service according to their needs. We were told by staff that the service ensured that referrers and GPs were aware of people's progress through the service and of the interventions and treatment offered. Assessments took into account people's medical histories as well as their social histories to ensure that the services offered met their needs.

The service worked with other professionals involved in the care and treatment of people who used the services, such as social services, when they were involved. When people were discharged back to primary care, sufficient discharge information was provided.

Learning from concerns and complaints

There had been some recent complaints which had been upheld. Mostly they related to the waiting times for the service. Staff we spoke with were aware of these. We saw that some work had been done to look at ways to reduce the waiting list times without additional resources. This meant that the service was trying to look at responding to complaints to improve. We saw that the service had made

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

some changes to the types of training and measures taken by people who had chronic fatigue syndrome following a request from the user group for staff to focus on medical models. This meant that the trust and front line staff had looked at the feedback from people who used the service and had responded to it as required. People were aware of the complaints procedure and had used it if required. They felt it had been effective.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

Staff we spoke with felt proud to work within the service and felt they were able to deliver a good standard of care. The team were aware of the leadership and values within the trust.

Our findings

Vision and strategy

All the staff we spoke with felt that the team worked well together and told us that they were proud to be a part of the service. They were aware of the weaknesses and strengths of the team. Staff were committed to ensuring that they provided a good and effective service to people who needed to us it. Staff told us that they felt the appointment of a clinical lead, about two years ago, had made a positive difference to the team.

Responsible governance

The neuropsychiatry services were part of specialised services within the trust structure. There was a clear governance system which the service was a part of. There were regular clinical governance meetings, which were held monthly, for the service leads in specialised services and the leads from these services attended these meetings to insure that information flowed down to the teams and up to the management in the trust. There were clear lines of accountability and staff were aware of their managers.

The service was aware of the highest risks which were presenting and had acted on ways to mitigate risks related to this, particularly looking at different models to establish the service which might lead to changes in the waiting list times.

There was a matron based on the site at The Barberry who had an oversight role related to audits and ensuring that lessons were learnt from auditing processes.

Leadership and culture

Staff in the neuropsychiatry services were aware of the trust leadership and felt supported and appreciated by the organisation. Most of the staff we spoke with told us that they felt supported by their managers and all the staff we spoke with felt that the team had a positive and progressive ethos.

Staff were aware of the procedures to raise concerns and felt that they would be able to if they had any. One member of staff, who was new to the team, commented to us about how valued they felt when they joined the service. The team worked well together across a number of different specialist areas and we found that staff had a great deal of respect for other professionals within the service, regardless of discipline.

Engagement

Staff we spoke with felt that the trust was responsive to issues that they raised. There were mechanisms, such as reporting directly to the Chief Executive through the 'Dear John' initiative and 'Listening into Action' which had ensured that staff voices were heard by the trust management.

We saw that the team had mechanisms to share feedback from people who used the services back to the team.

Performance improvement

All the staff in the team had appraisals which identified personal goals. We saw that the service had undertaken a review of the way it operated on the back of a number of complaints about waiting times and had looked at possible changes which could be implemented as a result. There had been a case shared at board level to look at increasing the capacity of the service and this had been progressed.

The service did not feel that cost improvement programmes had an impact on them as they were a service that brought people in to the trust.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	The trust must take proper steps to work with the commissioners of this service to address the length of waiting times for people to be assessed and treated by the neuropsychiatry service. Regulation 9 (1) (b)(i)