Good

Worcestershire Health and Care NHS Trust

Community-based mental health services for adults of working age

Quality Report

Isaac Maddox House Shrub Hill Road Worcester
Worcestershire WR4 9RW
Tel: 01905 733658
Website: http://www.worcestershire.nhs.uk/

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
R1AZ3	Worcestershire Health and Care NHS Trust	**Redditch Community Mental Health Team**	B98 7DP
R1AZ3	Worcestershire Health and Care NHS Trust	Wychavon Community Mental Health Team	WR9 8QU
R1AZ3	Worcestershire Health and Care NHS Trust	Bromsgrove Community Mental Health Team	B61 0BB
R1AZ3	Worcestershire Health and Care NHS Trust	Malvern Community Mental Health Team	WR14 1JE

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

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

Summary of findings

Where applicable, we have reported on each core service provided by Worcestershire Health and Care NHS Trust and these are brought together to inform our overall judgement of Worcestershire Health and Care NHS Trust.

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services responsive?	Good

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

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

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

Summary of findings

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Summary of findings

Overall summary

We gave community-based mental health services for adults of working age an overall rating of good because they had made improvements since the last comprehensive inspection in January 2015. Some of these improvements include:

- the trust extended the single point of access (SPA) system across Worcestershire. This meant that GPs could refer directly to a single team and ensured consistency. The SPA team risk assess and prioritise appointments for patients. Urgent cases would be dealt with by the crisis teams and non urgent referrals would be referred to community mental health teams. Overall, the management of referrals had improved in Worcestershire, leading to a consistent approach across community teams
- patients had access to, and were referred to specialised mental health services when clinically appropriate, for example, eating disorder services
- the trust had introduced protocols to clarify roles and responsibilities for duty workers. This made it clear to staff who undertook this role and it is now embedded in community teams. The duty worker is a point of contact and support for patients and external agencies who ring community teams. The role also helps cover for staff who may be absent through sickness, training or leave
- staff had developed a good understanding of lone working in trust buildings and working in the community. The trust had increased the number of staff who had accessed de-escalation and conflict resolution training.
- the trust had introduced a single operating procedure (SOP) to support and monitor waiting times for referral. Waiting times are reviewed at trust and local level
- the trust implemented an electronic care records system county wide. This had improved access for staff to patient information, including out of hours. Storage of information had improved with most notes transferred to the electronic system
- the Redditch community team integrated medical notes into multidisciplinary care records for patients. this improved access to patient information to staff
- the trust responded to low staffing levels in the Droitwich team by reviewing service provision county wide. This led to the Droitwich team merging with another community service to support staffing levels
- the trust had implemented training for staff in the Mental Capacity Act (MCA). This has improved staff knowledge of the MCA and its application in practice
- although we did not inspect the well-led domain, we saw evidence of greater engagement with staff about service re-design

Although there was improved monitoring of waiting times to see a psychologist, 41% of patients had to wait over 18 weeks.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- The environments were clean and well maintained.
- The trust had improved access to de-escalation and conflict resolution training, and more than 80% of staff had attended. We saw improvements to staff and visitor safety by using personal alarms, electronic diary systems and good use of the lone working procedures.
- Caseloads were seen to be manageable.
- We saw from case notes that comprehensive risk assessments were completed at assessment and were updated if risk status changed.
- Although some staff had not completed their safeguarding training in November 2015, the Trust had planned further training that all staff have now accessed. Staff knew how to report safeguarding concerns.

Are services effective?

Good

We rated effective as good because:

- We saw the trust had a Standard Operating Procedure (SOP) for the duty worker role and system. This gave clarity and consistency to the duty worker role and responsibilities.
- An electronic care record system was introduced in December 2015 meaning care records could be better accessed by the team and out of hours.
- Community teams had migrated most paper records to the electronic records and they are stored securely.
- Within the Wychavon team, a support worker had developed a well- being clinic to include basic physical health care checks. The clinic had links to the Trust health care trainers to ensure they used the latest guidance. Carers were offered access to this service.
- Staff working across the teams were from a range of professional backgrounds including nursing, social work, psychology, occupational therapists, specialist therapist, training and employment officer and medical.
- All staff had an appraisal within the last 12 months.
- There were weekly multi-disciplinary team meetings to discuss new referrals and decide upon appropriate plans of care.

Summary of findings

- Staff were trained in, and had good knowledge of, the Mental Health Act and Mental Capacity Act.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- The Trust had implemented a single point of access (SPA) system across Worcestershire.
- All urgent referrals were seen within 24 hours. Non urgent referrals were seen within Trust targets.
- Patients had choice and flexibility of appointment times and where they wanted to be seen.
- All patients who were in specialist placements out of county are reviewed monthly.
- Interview rooms in community services were clean and ensured privacy. Rooms were well-maintained and appropriately furnished.

However;

- Although waiting times to access psychological interventions was monitored better, 41% of patients were waiting longer than the trust target of 18 weeks.

Summary of findings

Information about the service

Community mental health services are delivered through integrated health and social care teams provided by Worcestershire Health and Care NHS Trust. Worcestershire Health and Care NHS Trust has seven community mental health teams (CMHT) and two early intervention services (EIS).

The Droitwich CMHT has recently merged with the Evesham team however, some of the ex-Droitwich staff work out of the Worcester office.

Our inspection team

The team that inspected community health service for adults consisted of one CQC inspection manager and three CQC inspectors.

Why we carried out this inspection

We inspected two locations on 30 November 2015 as a follow up to our comprehensive mental health inspection programme of January 2015. This was to review the outcomes of actions identified at the original inspection. We subsequently reviewed two other locations on 11 and 13 May 2016 to source further evidence that the Trust complied with the action plan.

Following the January 2015 inspection, the provider was instructed that they SHOULD take action to improve community based mental health services for adults of working age so that:

- The trust should ensure that access to psychological interventions are improved
- Waiting times for referrals should be monitored and addressed
- The service should ensure that the lone working policy and use of panic alarms are embedded across the service
- The trust should ensure there are clear plans for staffing within the Droitwich team as it was not clear what the plans were for staffing following April 2015
- The trust should clarify the role and responsibilities of the duty worker
- The trust should ensure the system for referrals are improved across the service
- The trust should monitor the training that both substantive and agency staff are in relation to the MCA
- The trust should review the current IT and paper records system
- The trust should look at ways of improving access to medical records and clinical records in the Redditch team
- The trust should improve communication with staff on the rationale and potential impact of changes across the services.

How we carried out this inspection

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

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

Summary of findings

Before the inspection visit, we reviewed the Trust monthly action plan submitted to the CQC detailing agreed actions from the previous inspection.

During the inspection visit, the inspection team:

- visited four community mental health teams
- spoke with one service manager and the team managers for all four services
- spoke with nine other staff members, including two clinical leads, four nurses (one who was carrying out the duty role), one social worker and two student nurses.
- looked at care records of 21 patients, including risk assessments and care plans
- looked at 10 medication cards
- reviewed a number of documents and data including, the trust action plan, policies and procedures, supervision and training records.

What people who use the provider's services say

Areas for improvement

Action the provider SHOULD take to improve

The trust should improve access to patients receiving psychology assessment in the community.

Worcestershire Health and Care NHS Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Redditch Community Mental Health Team	Worcestershire Health and Care NHS Trust
Wychavon Community Mental Health Team	Worcestershire Health and Care NHS Trust
Bromsgrove Community Mental Health Team	Worcestershire Health and Care NHS Trust
Malvern Community Mental Health Team	Worcestershire Health and Care NHS Trust

Mental Health Act responsibilities

- Mental Health Act (MHA) training was mandatory and staff undertook training annually. Staff had a good understanding of the MHA, including the code of practice and guiding principles.
- Approved mental health professionals (AHMPs) had specific knowledge of the MHA and supported colleagues with its application in practice. Records were generally compliant with the MHA and code of practice for patients on a community treatment order (CTO). A CTO means a patient receives supervised treatment in the community under the direction of their responsible clinician, usually a consultant psychiatrist. Relevant assessments were updated and patients were read their rights.

Mental Capacity Act and Deprivation of Liberty Safeguards

Training in the Mental Capacity Act (MCA) (2005) and the deprivation of liberty safeguards was provided. All staff were either up to date or had been booked onto training. Staff were knowledgeable about the MCA including the guiding principles and how to apply them in practice. MCA assessments were discussed in multi-disciplinary meetings.

Good

Are services safe?

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

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

Our findings

Safe and clean environment

- Interview rooms were clean and positioned in reception areas. Alarms were fitted and we tested one alarm in the Bromsgrove service that proved it worked and was maintained.
- The reception areas were clean and tidy across all four locations.

Safe staffing

- The CQC comprehensive inspection in January 2015 identified that staffing levels at Wychavon CMHT were low and the trust had placed low staffing on the risk register. The trust reviewed provision of community services meaning Wychavon and Evesham CMHTs have merged to support safer staffing levels. The trust has taken staffing levels off the risk register.
- Staff turnover was high, for example, the Bromsgrove team reported 20%. A number of staff retiring and staff transferring to other teams were the main reasons. Recruitment was on-going and most positions had been filled. Staff we spoke to were positive about their ability to meet the needs of patients based on staff numbers.
- Staff told us case loads were manageable and they averaged about 20 for care co-ordinators.
- Patients were allocated a care co-ordinator at a multi-disciplinary meeting following referral to the community teams.
- Duty workers were embedded in community teams. The role supports cover for staff sickness, leave and any vacancies. This ensures there is a point of contact for patients, carers and external professionals such as GPs.
- Staff were able to access psychiatrists when required and had systems in place for this. Psychiatrists were not managed by community teams however, they was seen as part of the multi-disciplinary team.
- Eighy-nine per cent of staff are up to date with mandatory training. Substantive and agency staff received appropriate training for their role. Records were kept locally and at trust level, and dates for outstanding training were booked.

Assessing and managing risk to patients and staff

- The Trust operated a single point of access (SPA) for all referrals. Staff undertaking the SPA role received referrals and triaged based on risk and clinical need.
- Risk assessments were recorded on an electronic care records system called 'carenotes'. The use of carenotes was embedded in practice across community teams. However, the use of a local authority records system called Framework i was used to monitor risk and a few risk details were not migrated to care notes.
- All care records we reviewed had an up to date risk assessment. They were reviewed regularly and updated.
- There was evidence of crisis plans in risk assessments.
- Patients were routinely monitored at multidisciplinary meetings to assess any change in risk.
- Not all staff in November 2015 were up to date with their adult and children safeguarding training. However, in May 2016, all staff had received safeguarding training and updates were monitored and flagged both locally and at Trust level. Staff were confident to raise safeguarding alerts and knew the process for recording.
- There was a lone working policy and the teams we visited had been using the policy. Staff followed lone working procedures in community buildings and when visiting patients. Staff recorded their whereabouts on a whiteboard and shared electronic diaries. The duty worker and receptionist checked that staff were safe. Alarms were carried by staff within community buildings and staff discussed patient risk prior to interviewing. Eighty-one per cent of staff had completed either de-escalation, safety and disengagement, or conflict resolution training.

Track record on safety

- We did not inspect this.

Reporting incidents and learning from when things go wrong

- We did not inspect this however, staff routinely told us of learning from incidents via team meetings, individual supervision and trust bulletins.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- The trust had a Standard Operating Procedure (SOP) for the duty worker role and system. This gave clarity and consistency to the duty worker role and responsibilities. A county wide single point of access (SPA) system was implemented in November 2015 and is now established in community teams. The SOP and SPA system meant there was consistency in assessing and monitoring referrals. Staff we spoke to described the system as being effective and reliable.
- The trust introduced an electronic record system on 7 December 2015, meaning care records could be accessed by the team and out of hours staff. This meant that all staff had access to up to date clinical and risk information. Most paper records had been migrated to the electronic system.
- Of the 21 care records we reviewed, all assessments were completed in a timely manner and updated regularly.
- Of the 21 care records we reviewed, most were personalised and recovery orientated. All care plans were holistic and reflected the individual needs of patients. The mental health recovery star was being rolled out in community teams and staff were accessing training. The recovery star is a model that measures individual change during a persons recovery from their illness.
- As a result of the introduction of an electronic system, care records were stored securely and accessible to staff, including out of hours.

Best practice in treatment and care

- We reviewed 10 medication cards that were in date, signed and assessed for side-effects and drug sensitivities.
- A support worker, in the Wychavon team had developed a well-being clinic to include basic physical health care checks. The well-being clinic was aimed at patients at risk of developing diabetes and patients who were prescribed anti-psychotic medications. The clinic had links to the Trust health care trainers to ensure they used the latest guidance. Carers were offered access to this service. We saw evidence of physical health monitoring within the care records.
- Outcome measures are used in community teams, including the health of the nation outcome scale (HoNOS). HoNOS is specifically designed to measure the health and social functioning of people who use health and social care services.

Skilled staff to deliver care

- Staff working across the teams were from a range of professional backgrounds including nursing, social work, STR workers, psychology, occupational therapists, specialist therapist, training and employment officer, medical and administration. Student nurses on placement spoke positively of their experience.
- Staff are experienced and qualified.
- A standard operating procedure for managerial and clinical supervision was in place, and all staff were supervised on a 4-6 weekly basis. Records we reviewed showed staff were up to date. All staff had an appraisal within the last 12 months. Community services regularly attend team meetings.
- Staff had access to specialist training and plan this through appraisal. One nurse undertook EMDR (eye movement desensitisation and reprocessing) training and worked alongside psychology to support treatment. An agency social worker told us they had appropriate training and supervision for their current role.
- Not all staff in November 2015 had completed their safeguarding training for adults and children, although the trust had recognised this and they were putting on extra sessions. Staff were booked onto this training and all were up to date in May 2016.

Multi-disciplinary and inter-agency team work

- Staff attended weekly multi-disciplinary team meetings to discuss new referrals, assess risk and plan care.
- There was regular handover of information between staff and the duty worker role supported communication.
- The team manager from Redditch CMHT told us they were developing a rapid re-entry protocol for GPs, to help engage and improve relationships. They were also developing a regular telephone communication system for GPs and consultant psychiatrists. The team manager within the Redditch team regularly met with the Clinical Commissioning Group (CCG) partners to improve communication channels.

Are services effective?

Good

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

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

- Mental Health Act training was mandatory and all staff had received training. Approved mental health professionals formed part of community teams and alongside psychiatrists, supported decision making. There were agency workers in teams. They had all been in post for a number of months and had knowledge of patients. Agency staff had received appropriate statutory and mandatory training, including Mental Health Act and Mental Capacity Act.
- We reviewed 10 treatment cards and all patients had consented to treatment.
- A small minority of patients were subject to a community treatment order (CTO). Of two records we saw where a CTO was used, patients were updated about their rights and were involved with planning their care. The paperwork was filled in and complete.
- Staff were aware of advocacy services and would provide advice on how to access an independent advocate if a patient requested.

Good practice in applying the Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety-five per cent were up to date with training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safegaurds. Of the nine who had not received MCA training, three were on a career break or off long term sick and there were four new starters, of which two had been booked on the training.
- All staff were aware of the Mental Capacity Act (MCA) and had a good understanding of the principles and application.
- The trust had a policy in place on the MCA.
- Staff provided examples of when they may need to assess for capacity and how they would support patients on a decision-specific basis.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- The trust target for assessment of routine referrals was 18 weeks. Community services had met this target regularly. Bromsgrove CMHT routinely assessed patients within two weeks.
- There was a significant waiting list for psychology in November 2015 because of staffing issues. The Trust had acknowledged this and had recruited to vacant posts. We were told by both team managers that while service users were waiting for psychology, they were given the duty worker phone number and also advised that they could access their GP if they needed too. Some patients were under the care of a care coordinator or attended out-patient appointments which ensured any changes in their mental health could be monitored.
- Staff were able to refer patients to specialised help to support a range of issues for example, eating disorders, gateway workers to help with depression and anxiety, and nurse advisors to the elderly.
- The introduction of the electronic patient records system had improved monitoring of waiting times for psychology. Three areas were being tracked and patients were banded by length of wait from one week up to over 18 weeks. No patients were waiting over 18 weeks for a psychology outpatient appointment. Ten percent of patients had to wait over 18 weeks for a screening appointment and 49% for a full assessment. Overall, 190 patients were on the waiting list to seen psychology and 41% had to wait over 18 weeks.
- The trust operated a single point of access (SPA) system across Worcestershire. All urgent cases were referred to the crisis team and patients were seen within 24 hours. All other referrals were monitored by the community teams. Non-urgent referrals were discussed weekly at multi-disciplinary team meetings and a date is set for assessment. Community teams were flexible to respond if a case became urgent.
- We were told that activities and out patient appointments (OPA) were rarely cancelled. Teams covered for each other when required.
- We saw the duty worker responding appropriately to patients who phoned the service.
- There was specific criteria for people who needed to access services however, all patient referrals were reviewed by the single point of access team. Patients with specialised mental health needs were referred to specialist teams for example, eating disorders.
- Staff were responsive to difficult to engage patients including those with long term mental health problems. Staff had introduced a Depot. clinic for patients to receive their medication so they could also monitor other aspects of their functioning such as physical health. Team managers told us patients had choice and flexibility of appointment times and where they wanted to be seen, for example, patients were given a choice on whether they wished to be treated at home or at the centre. Patients were asked if they wanted to speak to us in community services however, no-one spoke to us to corroborate the above.
- Patients who are admitted to specialised hospitals outside of Worcestershire are reviewed every month by community staff. We saw evidence of meetings attended by psychiatrists and nurses.

The facilities promote recovery, comfort, dignity and confidentiality

- Community services had adequate interview rooms to ensure privacy. Rooms were well-maintained and appropriately furnished. We did not fully inspect clinic rooms however they were in use at the time of inspection by staff and patients. Clinic rooms were visibly clean.
- Interview rooms were not soundproofed however, we could not hear what was being said from outside of the room. The Bromsgrove team played soft music outside of the interview room to support confidentiality.
- There was a range of information for patients and the public in reception areas.

Meeting the needs of all people who use the service

- Community buildings were accessible for patients with a disability.

Listening to and learning from concerns and complaints

- Staff knew how to make a complaint and would know how to support patients wishing to. There was information about PALS visible in community buildings.

Are services responsive to people's needs?

Good

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

- There has been one significant complaint to the trust about access to assessment, treatment and a care coordinator. This complaint is ongoing and unresolved,and the trust had provided details of the NHS ombudsman to the complainant.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.