Outstanding ☆

Black Country Partnership NHS Foundation Trust

Community-based mental health services for older people

Quality Report

Tel: 08451461800
Website: www.bcpft.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)
TAJ07	Edward Street Hospital	Sandwell Therapy and Recovery Unit	B70 8NL
TAJ52	Penn Hospital	Wolverhampton Older People's Home Treatment Team	WV4 5HN
TAJ52	Penn Hospital	The Groves Day Hospital	WV4 5HN

This report describes our judgement of the quality of care provided within this core service by Black Country Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Black Country Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Black Country Partnership NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆

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 rated community based mental health services for older people as outstanding because:

- Staff had good knowledge of safeguarding. They were trained to level three and identified risks and appropriate referrals were recorded.
- Each care and treatment record contained detailed risk assessments and risk management plans. These were reviewed regularly.
- Patients had access to advocacy services and staff knew how to support patients to make sure they had access.
- Patient information leaflets explaining how to complain were available in all locations. Staff knew how to respond to complaints.
- Each team followed appropriate national institute for health and care excellence guidelines; these included the use of low-dose antipsychotics in people with dementia and dementia,supporting people with dementia and their carers in health and social care.
- In order to meet the needs of the local population, the treatment and recovery unit had developed a Punjabi cognitive stimulation group. A further cognitive stimulation group had been developed in partnership with West Bromwich Albion football club.
- Staff told us they felt their managers were approachable and supportive.
- There was no occupational therapy or psychotherapy input within community-based mental health services for older people. The treatment and recovery unit and the groves day centre had no psychology input.
- Patients were not formally involved in the development of services or in staff interviews.

Summary of findings

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

Are services safe?

Good

We rated community-based mental health services for older people as good for safe because:

- Cleaning schedules were fully completed and showed that regular cleaning took place.
- Staff accessed mandatory training in line with the trust policy. The treatment and recovery unit had an average compliance rate of 82%, the home treatment team and the groves day centre had 100% compliance.
- Each team had a lone working policy and arrangements were in place in each team to protect staff.
- Staff received safeguarding training to level three. Staff understood the processes and were able to demonstrate examples of referrals made.
- Care and treatment records contained detailed risk assessments and risk management plans. These were reviewed regularly.
- There was good medical cover, which meant that patients had rapid access to a psychiatrist.

Are services effective?

Good

We rated community-based mental health services for older people as good for effective because:

- Care and treatment records contained comprehensive assessments.
- Care records contained holistic and detailed care plans. These were reviewed regularly.
- Physical healthcare needs were addressed. There were good links with primary care to ensure any ongoing physical healthcare support.
- Staff reported good relationships with the local authority safeguarding team and with the trust's safeguarding lead who provided support and supervision where required.

However:

- Staff had received mental capacity act training as part of the mandatory training on a once only basis and demonstrated an understanding of the five principles. Where appropriate, staff had recorded capacity. However, this was a brief yes or no answer and we did not see any evidence of the use of a formal assessment tool.

Summary of findings

- There was no occupational therapy or psychotherapy input within community-based mental health services for older people. The treatment and recovery unit and the groves day centre had no psychology input.
- Each team had electronic records and paper records. Only some patient information was stored electronically. Nursing and medical records were kept separately; this could mean information was missed.

Are services caring?

Good

We rated community-based mental health services for older people as good for caring because:

- Staff demonstrated a respectful, caring and compassionate attitude towards patients and their families and carers.
- Clear information about the service was available for carers.
- Care and treatment plans demonstrated involvement from people who used services or their carers. They were individualised and reflected the views of patients and their families where appropriate.
- There was good availability of independent advocacy services and staff supported patients and families to access this service.

However:

- Patients were not formally involved in the development of services or in staff interviews. Managers recognised this as an area for development.

Are services responsive to people's needs?

Outstanding

We rated community-based mental health services for older people as outstanding for responsive because:

- Responsive systems were in place to triage referrals and urgent referrals could be seen within 24 hours.
- There was cohesive working with the working age adult crisis team to ensure 24-hour access to services for older people.
- Teams actively engaged with patients who were reluctant to participate in support and treatment. For example, carers told us how staff contacted them if their relative did not attend to explore ways of engaging patients.
- At the treatment and recovery unit, there were leaflets displayed in six different languages to reflect needs of the local population.
- Each of the locations used by the teams were accessible to people with physical disabilities.

Summary of findings

- In order to meet the needs of the local population, the treatment and recovery unit had developed a Punjabi cognitive stimulation group. A further cognitive stimulation group had also been developed in partnership with West Bromwich Albion football club.
- Interpreters were available and were being accessed.
- Patient information leaflets explaining how to complain were available in all locations and staff knew how to respond.

Are services well-led?

Outstanding ☆

We rated community-based mental health services for older people as outstanding for well-led because:

- Staff knew and agreed with the organisation's values. Teams had developed their own objectives in line with these values.
- Staff received regular supervision and appraisal.
- All staff reported incidents effectively.
- Staff had opportunities to develop their leadership skills and told us they could access additional specialist training if they needed it.
- Job satisfaction was high amongst staff. This compared favourably to the NHS staff survey which had a score of 3.74 for the trust as a a whole and 3.84 as a national average.
- Staff spoke of feeling supported and being able to challenge each other appropriately.
- Staff told us they felt team leaders and service lead were approachable and supportive.
- The treatment and recovery unit had developed links with West Bromwich Albion football club in order to provide an innovative cognitive stimulation group
- The treatment and recovery unit were developing a reminiscence room and had raised funds through charitable donations to facilitate this.

Summary of findings

Information about the service

The community-based mental health services for older people provided treatment for adults over 65 years old with functional and organic mental health needs. They would also provide treatment for adults under 65 years old with organic mental health needs where appropriate.

- The treatment and recovery unit provided group and individual therapy for patients with a functional or organic diagnosis. The service covered the Sandwell area and operated from Monday to Friday 9am-5pm.
- The home treatment team provided intensive support at home for patients experiencing functional or organic mental health needs with the aim of avoiding a hospital admission. The service covered all of the Wolverhampton area and operated seven days a week, 9am-5pm Monday to Friday and 8am-4pm Saturday and Sunday.
- The groves day hospital provided group therapy and support 9am-4pm Monday to Friday.

The Black Country Partnership NHS Foundation Trust was last inspected in September 2014. This inspection did not include community-based mental health services for older people. There were no outstanding compliance actions for this core service.

Our inspection team

The team that inspected the community-based mental health services for older people consisted of two inspectors, a nurse specialist professional advisor, a social worker specialist advisor, a psychiatrist specialist advisor and one expert by experience. (An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer.)

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients through comment cards.

During the inspection visit the inspection team:

- Visited three community based teams based within different trust locations.
- Reviewed the quality of the environment and observed how staff were caring for patients.
- Spoke with ten patients.
- Spoke with six carers.
- Interviewed the managers or deputy managers for each of the teams.
- Met with fifteen other staff members; including doctors, nurses, housekeeping staff and psychologists.
- Attended and observed a service user group.
- Attended and observed three home visits.
- Attended and observed a group supervision meeting.
- Attended and observed a medical review.

Summary of findings

We also:

- Inspected twenty-five care and treatment records. We also looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Patients and their carers spoke extremely positively about the service. They told us staff were friendly and approachable and understood their needs.

They said they felt listened to and valued, that staff involved them and their families in decisions about their individual support and care needs.

Good practice

- The treatment and recovery unit at edward street hospital had developed cognitive simulation groups for those that use Punjabi as a first language. The Punjabi group recognised the different early life experiences of many of the patients using services.The team had also developed a similar programme in partnership with West Bromwich Albion football club. This was aimed at engaging particularly male patients and recognised the important role football had played in their lives.
- The home treatment team at penn hospital had developed a thorough and consistent approach to the ongoing physical healthcare needs of patients. They liaised with colleagues in primary care settings effectively to ensure patients' needs were met.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure patients and carers are involved in the development of services and staff recruitment.
- The trust should ensure there is a full range of psychological and occupational therapies available in line with national institute for health and care excellence pathway for older people and mental health.
- The trust should ensure teams have adequate administrative support.

Black Country Partnership NHS Foundation Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Treatment and Recovery Unit	Edward Street Hospital
The Wolverhampton Older People's Home Treatment Team	Penn Hospital
The Groves Day Hospital	Penn Hospital

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.

- Staff received once only training on the use of the Mental Health Act and the Mental Health Act Code of Practice as part of the core mandatory training.
- Staff had an understanding of the Mental Health Act and their responsibilities in delivering compliant services. The core service had no patients on community treatment orders and staff were not frequently working with the Act.
- Information about patients' consent to treatment and capacity to consent to this were recorded. These were completed in all the records we checked.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received once only basic training relating to the Mental Capacity Act as a part of their safeguarding training.
- Assessments relating to capacity to consent to treatment were completed appropriately.
- The trust had a Mental Capacity Act policy and staff knew how to access this if required.
- Good recording of patients being supported to make decisions regarding their care were seen. However, capacity assessments were varied.

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 contained appropriate alarm systems
- All the premises contained clinic rooms. These were well equipped with oxygen, suction equipment, blood pressure monitoring machines and scales to weigh patients. These were regularly checked and recorded in line with trust policy.
- Cleaning schedules were fully completed and showed that regular cleaning took place. All the locations were clean and well maintained. The treatment and recovery unit at edward street hospital had scored 99.5% in the October 2015 monthly cleaning audit.
- Infection control was part of the mandatory training programme and there was an infection control policy in place. Staff were aware of infection control principles and adhered to these, including hand washing. There were posters displayed in bathrooms demonstrating good hand washing technique.

Safe staffing

- The number and grades of staff had been estimated by the trust based on previous service demand and in agreement with commissioners. Staff did not know if a specific evidence based tool had been used to determine staffing levels.
- The treatment and recovery unit and the groves day centre were fully staffed. There were no management or multidisciplinary team vacancies. Teams had the appropriate number of staff on duty for all shifts. The treatment and recovery unit had one member of staff on long-term sick leave; however, this was not affecting service delivery. The home treatment team had a full time band 5 nurse vacancy, which had been advertised but not recruited into. This meant that during the month of October 2015, there were nine days that there was no qualified nurse on duty. Managers told us this was mitigated by support being available from the qualified nurses on duty in the adults of working age home treatment team. There was only one shift in the home treatment team covered by use of bank and agency staff. A bank member of staff who had previously worked in the team and knew the role well covered this shift. The treatment and recovery unit and the groves day centre did not use any bank or agency staff.
- Staff were managing a caseload of between six and nineteen There were no patients awaiting the allocation of a care co-ordinator.
- Psychiatrists were not an integrated part of all the teams.Staff from the community teams told us psychiatrists were accessible and could provide a rapid response if required.

Assessing and managing risk to patients and staff

- Each care and treatment record showed that patients had a risk assessment carried out at initial assessment across all the teams. The teams used the threshold assessment grid (TAG) model.TAG is a brief assessment of the severity of an individual's mental health problems using seven questions to identify risk. These were reviewed as part of the care pathway on a minimum of a six monthly basis and more often if risk or patient need changed.
- Qualified staff were trained to level three and healthcare support workers to level two in safeguarding adults and children. All staff had either completed this training or were booked to complete it in the next two months. This was evidenced on the electronic traiing matrix. Staff spoke confidently about the processes for making safeguarding referrals and where to access support within the trust if required.
- Trust wide robust lone working policies were in place and staff were observed to be following these as part of their daily routine. These included a written record of visits carried out and a buddy system to make telephone contact after visits were completed.
- All staff had received training in breakaway techniques as part of mandatory training and knew how to use them.
- Medicines were stored securely and within safe temperature ranges. Temperatures were recorded daily in line with trust policy.
- Medicine reconciliation was conducted before the patient's admission to the unit and re-checked on admission for discrepancies.

Good

Are services safe?

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

- Assessment was carried out prior to admission, for suitability for patients to self-administer their own medication. If unable to self-administer their own medication, a medication card waswritten to allow administration by staff; this also allowed administration of medicines held as stock where necessary.

Track record on safety

- Incidents were reported on the trust electronic recording system. Each incident was reviewed and investigated by the management team.
- No serious incidents had been reported within the teams in the past twelve months.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents. There was an electronic incident reporting system in place.
- Each team reported incidents appropriately and there was evidence of this in all the teams.
- Feedback from incidents was shared with staff at meetings. This meant staff were able to discuss incidents and learn from them.
- The trust had recently implemented a lessons learned bulletin to share learning from trust wide incidents. These were shared in managers meetings and disseminated to the teams in team meetings. However, staff told us this was a new process and not yet an embedded part of the culture of the teams.
- There were staff de-briefing procedures in place and staff understood these processes.These would be implemented if there was a serious incident involving the teams.

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

- Each care and treatment record contained comprehensive assessments that began when the patient was first assessed by staff. These assessments covered physical health, previous and current mental health needs, falls assessment, continence, memory assessments and capacity.
- Care records contained holistic and person centred care plans. These were up to date and reviewed on a regular basis. Reviews took place on a minimum of a six monthly basis and more often if risk or patient need changed. These were carried out by the keyworker; either a nurse or a doctor. Carers told us they had been involved in developing careplans.
- There were appropriate systems in place to ensure records were stored securely. Paper records were locked in filing cabinets in a locked room when not in use. Electronic records were accessed via the trust's computer system and these were appropriately password protected

Best practice in treatment and care

- Each team followed appropriate national institute for health and care excellence guidelines. These included the use of low-dose antipsychotics in people with dementia, supporting people with dementia and their carers in health and social care.
- The home treatment team had a psychologist within the team who provided clinical input.
- Physical healthcare checks took place at initial assessment. Clear arrangements were in place for partnership working around physical healthcare needs with colleagues in primary care. The home treatment team at Penn Hospital carried out regular physical healthcare checks and ensured that patients were supported in accessing primary care services where appropriate. There were examples of staff supporting patients accessing treatment for leg ulcers and antibiotic medication. This was evidenced in treatment records
- As part of the trust's management supervision framework, there were monthly audits of patient care and treatment records.These helped to improve the consistency and quality of treatment records.

Skilled staff to deliver care

- All staff had access to mandatory training in line with trust policy. The treatment and recovery unit had an average compliance rate of 82%, the home treatment team and the groves day centre had 100% compliance.
- The service lead was implementing the Working with Older People in Scotland – A Framework for Mental Health Nurses to assess staff skills. This tool provides clear definition of the skills required for mental health nurses working with older people in order to facilitate best practice. This tool was to be used as as part of the supervision and appraisal process to identify appropriate learning and development for staff.
- All staff received monthly management and clinical supervision. Appraisals were completed on an annual basis. This was supported by what staff told us and those records reviewed.
- Staff were experienced in working with older people with mental health issues. There were opportunities for staff to access specialised training for their role such as cognitive behavioural therapy and cognitive stimulation therapy. Nursing staff had also received dementia awareness training.

Multi-disciplinary and inter-agency team work

- Each team held regular team meetings. Staff were observed to be sharing information and case discussion took place to inform best practice in care and treatment.
- Effective communication took place between each team and with the wider trust. For example, the home treatment team manager acted as gatekeeper for inpatient beds and had developed good relationships with the in-patient wards through this role. This enabled consistency and development of links between inpatient and community services.
- Positive working relationships with primary care and the services provided by the local authority were reported. For example, referrals were made onto local authority day services for identified social needs once secondary mental health input was no longer required.
- Staff reported good relationships with the local authority safeguarding team and with the trust's safeguarding lead who provided support and supervision where required.

However:

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.

- There was no occupational therapy , psychotherapy or social worker input within community-based mental health services for older people. The treatment and recovery unit and the groves day centre had no psychology input.

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

- There were no patients on community treatment orders.
- Staff had been trained on the use of the Mental Health Act and the Mental Health Act code of practice as part of their mandatory training.
- Staff had an understanding of the use of the Mental Health Act and their responsibilities in delivering compliant services.
- Of the twenty five treatment records viewed, we saw that nineteen of these contained information about patients' consent to treatment and capacity to consent was recorded.In the other six records the boxes were not completed.

Good practice in applying the Mental Capacity Act

- Staff had received training in the Mental Capacity Act as a part of their safeguarding training on a once only basis.
- Assessments relating to capacity to consent to admission and treatment were completed appropriately in the nineteen treatment records that contained them.
- The trust had a Mental Capacity Act policy and staff knew how to access this if required. Staff understood the principles of the policy and could discuss the importance of informed consent, capacity, least restrictive options and best interests decisions.
- Support was available from the safeguarding team to support staff with applying the Act and staff felt confident approaching them for this.
- Each team had electronic records and paper records. Only some patient information was stored electronically. There were separate nursing and medical records. Treatment records were not integrated and this could present a risk of information not being shared between teams.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We saw that staff responded to patients in a respectful, kind and compassionate manner throughout the inspection. They spoke to patients with empathy and listened to their views. Patients and carers told us they felt listened to and valued by staff.
- Staff demonstrated a good understanding of the individual needs of patients. There were examples of staff listening to the views of patients and responding to these in a supportive way. Care was being planned and delivered in response to these patient views.

The involvement of people in the care they receive

- Patients had access to leaflets about treatment options offered by the teams. Leaflets were on display in waiting rooms at all the sites we visited which were accessed by patients and carers.They were available in different languages at the treatment and recovery unit, the other teams could access leaflets in other languages if required.
- Patients and their families or carers were involved in the planning of care and reviews about their treatment where appropriate. Care plans demonstrated patient involvement and reflected the views of patients and carers.
- There was access to independent advocacy throughout the teams inspected, however, there were no posters displayed in reception areas with contact details for these. Staff were aware of how to contact advocacy services and supported patients to do so . There was evidence of this documented in a patient's care records.
- The teams did not carry out carers' assessments. There was a referral process in place for assessment if necessary by the trust's carers service at Quayside and staff spoke about this process with confidence . The team were not recording numbers of those referred to the carers service.
- Patient feedback was actively sought. Teams obtained feedback via trust wide friends and family leaflets and referred patients to patient advice and liaison service if appropriate in the context of a complaint.

However:

- Patients were not formally involved in the development of services or in staff interviews

Are services responsive to people's needs?

Outstanding ☆

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

Our findings

Access and discharge

- The treatment and recovery unit and the groves day centre had no waiting lists for treatment and new referrals were seen within a week for assessment. There were no waiting lists in place and urgent referrals were responded to on the same working day where appropriate. The teams were monitored against the eighteen week RTT targets and were well within this target. Referrals mainly came from the psychiatrists, the community mental health teams and gps,although the teams took referals from any professional involved.
- The home treatment team had a variety of suitably skilled and experienced staff in place to assess patients immediately. All referrals to the home treatment team were seen on the same day or the next day based upon risk and service user preference. Staff responded to phone calls in a prompt, sensitive and compassionate manner. This was observed during the inspection.
- There were arrangements for patients in crisis to be seen out of hours. Urgent 'out of hours' referrals would be seen by the working age adult crisis team at the accident & emergency department at the local acute hospital. The referral would then be triaged onto the home treatment team the next morning.
- The service specification had a clear inclusion & exclusion criteria for who would be offered a service from the teams. The treatment and recovery unit and the groves day hospital provided group and individual therapy for patients with a functional or organic diagnosis.

The home treatment team provided intensive support at home for patients experiencing functional or organic mental health needs with the aim of avoiding a hospital admission. All the teams would consider referrals from patients under 65 years old with an organic diagnosis.

- Staff had a good knowledge of other local services in order to signpost inappropriate referrals to other local services if the need arose.
- Carers of people using the service told us the teams would contact them if patients did not attend for planned care and alternatives to encourage engagement would be explored. This was documented in care records. For example, the home treatment team arranged home visits at times which suited individual patient need.
- Across the teams, staff told us they did not cancel appointments and would prioritise patient care.If staff sickness caused shortages managers told us they would carry out groups or home visits if necessary to ensure there were no cancellations.
- Visits usually ran on time and we observed patients and carers being kept informed of waiting times whilst accessing services. If visits were running late staff would telephone patients and inform them of an expected time of arrival.
- Staff felt there was adequate medical cover

The facilities promote recovery, comfort, dignity and confidentiality

- There were adequate rooms for seeing patients at the treatment and recovery unit. The rooms offered a variety of settings designed to facilitate different group activities in a comfortable setting. There were bright colours used to differentiate between different areas of the unit, single coloured flooring which is evidenced based in dementia care. There were also plenty of comfortable chairs at a raised height to meet the needs of the patient group and a spacious disabled toilet.
- All the interview rooms we inspected were adequately sound proofed to protect patient confidentiality. There was a wide variety of leaflets available.Some were readily available in different languages. Staff told us those that weren't could be obtained through the translation service if necessary. These included how to complain,carer groups, information on dementia, anxiety, depression, patients' rights and treatment choices. There were also photographs of team members with their name and job role displayed.
- The home treatment team did not see patients on the premises.
- The groves day hospital was confined to a small area with one main communal area, a small group room and an open plan kitchen. The service managers told us there were plans to relocate the service as part of service development. At the time of inspection, premises had not yet been decided upon.

Meeting the needs of all people who use the service

Are services responsive to people's needs?

Outstanding ☆

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

- There were systems in place to use interpreters and signers and all the staff we spoke to knew how to access them. Information leaflets were available in all locations; staff could access a translation service as required.. At the treatment and recovery unit there were leaflets displayed in six different languages to reflect the local population. These included Chinese, Urdu, Punjabi and Polish. Each location visited was accessible to people with physical disabilities.
- The treatment and recovery unit at edward street hospital had developed cognitive simulation groups for those that use Punjabi as a first language. The Punjabi group recognised the different early life experiences of many of the patients using services.The team had also developed a similar programme in partnership with West Bromwich Albion football club. This was aimed at engaging particularly male patients and recognised the important role football had played in their lives. Tours of the clubs ground, The Hawthorns, were also arranged and included talks with ex-players in addition to group sessions in the clubs reminiscence museum.

Listening to and learning from concerns and complaints

- None of the services visited had received any complaints in the past twelve months.
- Patients knew how to complain and there were information posters and leaflets displayed in all locations to support them with this. Staff were knowledgeable and confident when discussing the complaints procedure and expressed the importance of dealing with these proactively. They told us complaints would be managed locally initially and patients kept informed of timescales, feedback would be given via telephone or letter and escalated through the formal complaints process if necessary.
- Staff received feedback from complaints within other services at the team meeting and this was seen in the minutes. A management of quality and safety meeting was held at trust level monthly and was attended by the service lead, learning from incidents elsewhere in the trust was shared in this meeting. The service manager then fed back learning to team leaders.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and values

- Staff told us that they knew the organisation's values and agreed with these. Staff knew who the most senior managers in the organisation were. The presence of senior managers was good across the teams.
- The teams felt well supported and valued by the service lead.
- There were posters displayed which highlighted the trust values at both penn hospital and edward street hospital.

Good governance

- Each team had good systems in place for monitoring mandatory training, supervision and appraisals. An appraisal matrix was in place to schedule appraisals annually.
- Records indicated staff were up to date with these. The team managers told us that they had enough time and autonomy to manage the services. They also said that, where they had concerns, they could raise them with their senior managers.
- Staff were focused upon delivering direct care and we observed this throughout the inspection. Staff were observed actively engaging with patients and knew the patients well which enabled them to respond to patient's individual needs.
- Team managers felt supported and able to make decisions with sufficient authority. The service lead explained her vision for developing the service and told us she was supported by senior managers in developing this. The treatment and recovery team had access to administrative support.
- Managers had the ability to submit items to the service risk register when necessary and the service lead had oversight of this and escalated issues to thetrust wide risk register where appropriate.
- The service lead attended the trust quality and safety group. Actions from this group were then shared with team leaders and in turn with the teams through team meetings and emails. There was evidence of this in team meeting minutes.
- For the home treatment team then there are no specific KPIs.However, there is an activity target. For Wolverhampton CCG patients the Q2 target for the number of face to face contacts was 1438 and there were 1552 contacts.
- There are service-wide KPIs that are influenced by the performance of Home Treatment Team, however none of these are specifically for that team. The main one of these is 7 day follow up, where 95.1% of patients were followed up within 7 days, against a target of 95%. The treatment and recovery unit and the groves day centre were commissioned as block contracts and did not use KPIs.

However:

- The groves day centre had no administrative support and the home treatment team had three hours a week administrative support, which managers told us was not enough.

Leadership, morale and staff engagement

- There was one current bullying or harassment case within the teams. This was being dealt with through mediation and managers were clear on how to address this. Staff knew the whistleblowing process for the organisation and felt confident to use this.
- Managers knew the processes to address staff individual performance issues if required.
- Job satisfaction was high amongst staff. This compared favourably to the NHS staff survey which had a score of 3.74 for the trust as a a whole and 3.84 as a national average. However, the management of change that was due to take place affected staff morale in the home treatment team. Staff had opportunities to develop their leadership skills and told us they could access additional specialist training if they needed it. They told us they felt supported by their managers to access training opportunities. Staff were positive about their relationships with each other. They spoke of feeling supported and being able to challenge each other appropriately. Staff told us they felt team leaders and service lead were approachable and supportive.
- The home treatment team were undergoing a management of change process to merge with the adults of working age team and voiced concerns that their specialism in working with older adults would be lost.

Are services well-led?

Outstanding ☆

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.

Commitment to quality improvement and innovation

- The treatment and recovery unit had developed links with West Bromwich Albion football club in order to provide an innovative cognitive stimulation group
- The treatment and recovery unit were developing a reminiscence room and had raised funds through charitable donations to facilitate this.

However:

- There was no evidence of teams carrying out clinical audits.