

2gether NHS Foundation Trust

Inspection report

Rikenel
Montpellier
Gloucester
Gloucestershire
GL1 1LY
Tel: 01452891000
www.2gether.nhs.uk

Date of inspection visit: 12 February to 29 March
2017
Date of publication: 01/06/2018

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

Summary of findings

Background to the trust

2gether NHS Foundation Trust (2gether) provides specialist mental health and learning disability services to the people of Gloucestershire, Herefordshire and the surrounding region.

They serve a combined population of 800,000 people who live within 1900 square miles of rural and urban landscape. 96% of services are provided within the community and as close to an individuals' family and friends as possible - this is an essential factor in helping to improve a person's recovery.

There are seven locations which are as follows: Charlton Lane - RTQ01, Wotton Lawn - RTQ02, Laurel House - RTQG1, Oak House – RTQHM, Hollybrook – Now Berkeley House RTQ54, Stonebow Unit – RTQHJ, Honeybourne - RTQ13.

The last comprehensive inspection was conducted in October 2015 and published January 2016.

In Gloucestershire Health and Local Authority mental health services are fully integrated in services for adults of working age. Children and young people's services, learning disability and older people's services are not integrated. In Herefordshire services for adults of working age, older people's and learning disabilities services were integrated but the integration arrangements ended in March 2014 and ended in March 2015 for services for adults of working age and older people's services. Children and adolescent mental health services in Herefordshire have never operated as an integrated service.

The trust has been working with Gloucestershire clinical commissioning group and Gloucestershire county council to agree and develop a new model of care for patients with learning disabilities for some considerable time. The strategy is to provide a range of health and social care support, including, inpatient assessment and treatment services, intensive support services to help patients stay in their own home (normal place of residence) when in crisis and community supported living placements.

2gether NHS Foundation Trust received foundation trust status in 2007. The organisation now provides services from more than 34 places in Gloucestershire and more than 18 places in Herefordshire. It has an income of about £106 million, and employs more than 2300 staff. The trust has nine locations registered with the Care Quality Commission.

Prior to this inspection, we had rated the trust in 2016 as good overall, with a good rating in effective, caring, responsive, and well led. However, we rated the trust as requires improvement for safe.

Overall summary

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

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

Summary of findings

What we inspected and why

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

We inspected four core mental health services:

- Community based mental health services for older people
- Wards for people with learning disabilities or autism
- Wards for older people with mental health problems
- Specialist community mental health services for children and young people

We did not inspect the trust's other core services, as our review of intelligence suggested there were no identified risks to patients.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed *Is this organisation well-led?*

What we found

Overall trust

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

- We rated effective, caring, responsive and well-led as good. We rated safe as requires improvement. Our rating for the Trust took into account the previous ratings of services not inspected this time.
- Staff worked to ensure care plans were holistic and patient centred. In the majority of the teams we inspected, there was a good range of different mental health professionals who worked well together (and with other agencies) to ensure patients received care in line with national guidance.
- Staff were caring and respectful towards patients. Patients and carers gave positive feedback about the care received. They said they were involved in decisions about their care and staff considered their well-being and experiences as a patient, as well as their physical health needs.
- In the majority of the services we inspected, we found that staff were working to help patients to recover in a responsive way. This was reflected in the time it took for patients to receive an assessment and then their treatment, and in the way the inpatient staff in the majority of the wards we inspected worked to help patients to be ready for discharge.
- The trust's senior leadership team had the skills, knowledge, and experience necessary to successfully oversee a large organisation. We found the trust board was preparing well for the acquisition of Gloucestershire care services community trust. They had appointed a joint chair in January 2018 and were in the process of recruiting a new joint chief executive in March 2018.
- We saw evidence of some excellent leadership at all levels across the trust with many dedicated, compassionate staff who were striving to deliver the best care for their patients.
- 2gether NHS trust had its own research base called the Fritchie Centre, which participated in national and local studies aimed at increasing the understanding of mental health conditions.

However:

Summary of findings

- We rated safe as requires improvement. We found that there were a number of issues still with the wards for people with learning disabilities. These included improvements that were needed in providing handwashing facilities for staff, storing food appropriately, and a lack of an agreed vision with the local clinical commissioning group for the service.
- There were particular problems with the ongoing recruitment for Cantilupe ward. Also, the staff on Jenny Lind ward did not have access to regular supervision sessions and team meetings. Both of these were wards for older people with mental health problems.

Are services safe?

Our rating of safe stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as requires improvement because:

- The ward for people with learning disabilities needed to improve in infection control measures. There were insufficient hand washing facilities and staff did not regularly monitor that food was being stored safely in the fridges on the ward.
- Staff on the ward for people with learning disabilities reported a high number of incidents of the use of physical restraint to manage challenging behaviour. Staff had not devised a plan to reduce the need for physical restraints. Subsequently, the trust provided the reducing restrictive intervention strategy.
- Staff had delayed reporting a safeguarding concern to the local authority on the ward for people with learning disabilities.
- There had been difficulties with recruitment on one of the wards for older adults with mental health problems, and in one of the specialist community mental health teams for children and young people that had affected their ability to provide care.

However:

- The facilities in the services we inspected were clean and well maintained.
- Staff assessed risk and these assessments were comprehensive.
- The majority of the services we inspected followed the trust's safeguarding policy and raised concerns appropriately.

Are services effective?

Our rating of effective stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as good because:

- Care plans were appropriate and met patients' needs. These followed national guidance where appropriate. For example, in community mental health teams for children and young people in Hereford, we saw that care plans were updated regularly and were jointly created with patients and carers.
- Staff were experienced, and were supported to maintain their skills. The teams we inspected had a good range of professionals to provide patient care.
- All staff were aware of the duties they had under the Mental Capacity Act and the Mental Health Act.
- In the majority of the teams we inspected, staff received regular supervision in line with the trust's guidance and targets.

However:

- Supervision and appraisals were below the trust's target on the ward for people with a learning disability.

Summary of findings

Staff in the specialist community mental health teams for children and young people did not always routinely assess the patients' physical health needs.

Are services caring?

Our rating of caring stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as good because:

- All staff were respectful and kind to patients.
- Staff were knowledgeable about their patients and tried to meet their needs in a patient centred way.
- Where staff were working with patients with communication needs, they had the skills and facilities to meet these needs. We saw staff using these tools to great effect on the wards for older adults with mental health problems.
- Staff on the wards for older adults with mental health problems had taken many steps to ensure an appropriate pathway for end of life care. This had involved many changes to ensure that people in palliative care were cared for in comfort and peace.

However:

- Some confidential information was displayed in public areas in the ward for people with learning disabilities.
- Some patients reported that they had not been given a copy of their care plan by the community mental health teams for older adults,
- Advocacy services were not available for children and young people

Are services responsive?

Our rating of responsive stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as good because:

- The wards we inspected had a range of facilities for patients. For example, the ward for people with learning disabilities had good access to outdoor space that could be personalised by patients. The wards for older adults with mental health problems were also equipped with a range of facilities for therapeutic activities and had a range of sensory equipment for the patients with dementia.
- The community teams we inspected were able to respond quickly to new referrals and had clear criteria for the patients that would be seen by the service.
- A social worker had been hired at Charlton Lane hospital to help reduce the delays in discharging patients from wards for older adults with mental health problems.
- Information was available for patients on how to complain, and staff could demonstrate learning from complaints. Some patients told us they were not sure of how to complain.

However:

- The length of stay on the ward for people with learning disabilities was high (on average nine years) and while five out of six of the patients there were ready for discharge, there were no current discharge plans in place. This was due to challenges in finding appropriate placements to meet the needs of the client group.
- Some of the facilities used by the community mental health teams did not support patients privacy and dignity.

Summary of findings

Are services well-led?

Our rating of well-led stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as good because:

- The board and senior leadership team had a clear set of values that were at the heart of all the work within the organisation. They worked hard to ensure staff understood them in relation to their daily roles.
- The trust strategy was directly linked to the vision and values of the trust, local sustainability and transformation plans and the joint work with Gloucestershire care services community trust.
- The trust was committed to improving services by learning from when things go well and when they went wrong, promoting training, research and innovation and it enabled localities to share learning across the trust.
- The trust included and communicated effectively with patients, staff, the public, and local organisations. It supported localities to develop their own engagement strategies and encouraged staff to get involved with projects affecting the future of the trust.
- Trust leaders frequently visited front-line teams, which helped to make the senior team visible to staff across services. Many of the staff we spoke with told us they felt the senior team were open and approachable.
- Senior leaders understood the challenges to quality and sustainability the Trust faced, with workforce, consistency of service delivery, and access to services identified as key challenges. They were able to explain clearly the actions they had taken and the plans they had in place to further address those challenges.
- The Trust operated a targeted programme of internal audits to monitor quality of services, clinical standards, and operational and financial performance. We did not look in detail at the Trust's financial management in this inspection. The Trust was operating with a financial surplus and had been for the majority of the last five years. We did not identify any instances where financial pressures had compromised the standard of care. Quality impact assessments were always carried out to ensure quality was never compromised by any cost improvement programmes.
- We found that the trust had developed a detailed governance system to support it to achieve its vision. The process for monitoring risks was strong and the board were sighted on both the corporate and operational risks facing the organisation. These were presented in board meetings via a comprehensive risk register, which was clear and concise.
- The trust held a serious incident panel every fortnight which was attended by the director of nursing and medical director.
- The board actively engaged with service users and we saw evidence how each board meeting started with a patient experience presentation, undertaken by someone who has first-hand experiences of using the trusts services.
- There was a programme of Experts by Experience who were involved in a wide variety of trust activity including recruitment of trust staff, research, and committee activity.
- We saw clear evidence of how appropriate action was taken by senior leaders to address staff behaviour and performance that was inconsistent with the Trust's vision and values.
- Many of the staff we spoke with expressed pride in working for the Trust. They told us they were valued and able to raise concerns freely and without fear of retribution in what they felt was an atmosphere of openness.
- The Trust had effective systems in place to ensure that services discharged their specific powers and duties according to the provisions of the Mental Health Act, 1983 and Mental Capacity Act, 2005.

However:

Summary of findings

- Clinical supervision information could not be provided by the trust as part of the provider information return.
- We heard of concerns that there may be gaps in safeguarding support and a lack of Safeguarding practice for adults, due to a lack of dedicated resource in the staff team, if the non-recurrent support agreed with the staff team was not maintained within the staff team on an ongoing basis

Ratings tables

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

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

Ratings for the whole trust

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

Ratings for mental health services

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

Areas for improvement

We found areas for improvement including 11 breaches of legal requirements that the trust must put right. We found 23 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality

Action we have taken

We issued eight requirement notices to the trust. Our action related to breaches of eight regulations in three core services.

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

What happens next

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

Areas for improvement

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

Action the trust **MUST** take to improve:

We told the trust that it must take action to bring services into line with legal requirements. This action related to the following core services:

Summary of findings

Wards for people with learning disabilities or autism

Action the provider **MUST** take to improve:

- The provider must ensure there are enough hand decontamination stations so staff cannot move from patient to patient without the facilities to clean their hands. (Regulation 12)
- The provider must ensure that staff follow safe procedures for the preparation, storage and serving of food. (Regulation 12)
- The provider must have a service wide plan to reduce the use of restrictive practice. (Regulation 12)
- The provider must ensure care plans are proactive and focus on preventing challenging behaviour. (Regulation 12)
- The provider must ensure there is a local governance procedure in place, which ensures local concerns are escalated through the appropriate trust systems. (Regulation 17)

Wards for older people with mental health problems

Action the provider **MUST** take to improve:

- The trust must ensure that staffing levels on Cantilupe ward are in line with the safe staffing complement. (Regulation 18)
- The trust must ensure that staff on Jenny Lind ward have access to regular supervision sessions and team meetings, as in line with the trust policy. (Regulation 18)
- The trust must ensure that thermometer in the clinic room on Cantilupe ward is in place and monitored. (Regulation 12)

Specialist community mental health services for children and young people

Action the provider **MUST** take to improve:

- The trust must improve access to suitable waiting areas the Linden centre. (Regulation 15)
- The trust must ensure there is appropriate soundproofing to maintain confidentiality at the Linden centre and Park House. (Regulation 10)
- The trust must ensure that the physical health of children and young people is monitored. This is particularly important for children and young people prescribed anti-psychotic medication. (Regulation 12)

Mental health services

Wards for people with learning disabilities or autism

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

- The provider should ensure that staff updated all risk assessments in line with the trust standard.
- The provider should ensure all risk behaviours have a management plan in place.
- The provider should ensure that the training has enough input on the use of primary interventions to prevent challenging behaviour and has learning disability specific content.
- The provider should ensure the patient timetables identify therapeutic input.
- The provider should ensure the staff receive supervision and appraisals in line with the trust policy.

Summary of findings

- The provider should ensure they address the concerns around the multidisciplinary team and produce an action plan to show this will be achieved.
- The service should ensure that staff follow the same restrictions while on the unit as patients.
- The provider should ensure that there are adequate spare uniforms so that staff do not need to wear theatre scrubs.
- The provider should ensure patient meeting continue every two weeks.
- The provider should ensure it involves staff in planning and shaping the development of the service.
- The provider should ensure that staff receive a local induction at an appropriate time and that it provides staff the information they need.
- The provider should make appropriate arrangements for the storage of information need by staff in clinical areas to prevent confidential information being displayed.
- The provider should provide a strategy that defines the service and how it works towards the trusts vision and values.
- The provider should assess patients' capacity to agree to the use of CCTV.
- The provider should assess patients' capacity around physical health care.
- The provider should show how patients are given copies of their care plans, have been involved in planning their care or if they refuse or are unable to, show this.
- The provider should provide patients with a care pathway.
- The provider should ensure that they complete action plans follow audits and make sure all staff are aware of any changes needed.

Specialist community mental health services for children and young people

Action the provider SHOULD take to improve:

- The trust should offer advocacy to all children and young people receiving a service and train staff to understand why independent support is needed. The trust should work with commissioners and partners to address access to advocacy.

Community based mental health services for older people

Action the provider SHOULD take to improve:

- The trust should ensure that staff always offer patients a copy of their care plan, and document they have done so.
- The trust should ensure leaders can clearly demonstrate action taken around informal complaints.
- The trust should ensure that the staff update the risk assessments regularly in patient records.
- The trust should ensure all staff members carry personal alarms.

Summary of findings

Is this organisation well-led?

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

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

- The board and senior leadership team had a clear set of values that were at the heart of all the work within the organisation. They worked hard to ensure staff understood them in relation to their daily roles.
- The trust strategy was directly linked to the vision and values of the trust, local sustainability and transformation plans and the joint work with Gloucestershire care services community trust.
- The trust was committed to improving services by learning from when things go well and when they went wrong, promoting training, research and innovation and it enabled localities to share learning across the trust.
- The trust included and communicated effectively with patients, staff, the public, and local organisations. It supported localities to develop their own engagement strategies and encouraged staff to get involved with projects affecting the future of the trust.
- Trust leaders made frequent visits to front-line teams, which helped to make the senior team visible to staff across services. Many of the staff we spoke with told us they felt the senior team were open and approachable.
- Senior leaders understood the challenges to quality and sustainability the Trust faced, with workforce, consistency of service delivery, and access to services identified as key challenges. They were able to explain clearly the actions they had taken and the plans they had in place to further address those challenges.
- The Trust operated a targeted programme of internal audits to monitor quality of services, clinical standards, and operational and financial performance. We did not look in detail at the Trust's financial management in this inspection. The Trust was operating with a financial surplus and had been for the majority of the last five years. We did not identify any instances where financial pressures had compromised the standard of care. Equality impact assessments were always carried out to ensure quality was never compromised by any cost improvement programmes.
- We found that the trust had developed a detailed governance system to support it to achieve its vision. The process for monitoring risks was strong and the board were sighted on both the corporate and operational risks facing the organisation. These were presented in board meetings via a comprehensive risk register, which was clear and concise.
- The trust held a serious incident panel every fortnight which was attended by the director of nursing and medical director.
- The board actively engaged with service users and we saw evidence how each board meeting started with a patient experience presentation, undertaken by someone who has first-hand experiences of using the trusts services.
- There was a programme of Experts by Experience who were involved in a wide variety of trust activity including recruitment of trust staff, research, and committee activity.
- We saw clear evidence of how appropriate action was taken by senior leaders to address staff behaviour and performance that was inconsistent with the Trust's vision and values.

Summary of findings

- Many of the staff we spoke with expressed pride in working for the Trust. They told us they were valued and able to raise concerns freely and without fear of retribution in what they felt was an atmosphere of openness.
- The Trust had effective systems in place to ensure that services discharged their specific powers and duties according to the provisions of the Mental Health Act, 1983 and Mental Capacity Act, 2005.

However:

- Clinical supervision information could not be provided by the trust as part of the provider information return.

Our overall rating of this service has stayed the same. We rated it as good

A summary of our findings about this service appears in the Overall summary.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018

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

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Forensic inpatient or secure wards	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Wards for older people with mental health problems	Good ↑ Mar 2018	Good →← Mar 2018	Outstanding ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018
Wards for people with a learning disability or autism	Requires improvement →← Mar 2018	Requires improvement →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Requires improvement →← Mar 2018	Requires improvement →← Mar 2018
Community-based mental health services for adults of working age	Requires improvement Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Mental health crisis services and health-based places of safety	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Good Jan 2016	Outstanding Jan 2016
Specialist community mental health services for children and young people	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018
Community-based mental health services for older people	Good →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Community mental health services for people with a learning disability or autism	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Requires improvement Jan 2016	Good Jan 2016

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

Community-based mental health services for older people

Good  

Key facts and figures

2gether NHS Foundation Trust community based mental health services for older people have five community mental health teams (CMHT's) across Gloucestershire and Herefordshire. The CMHT's have a mix of staff specially trained in the management of mental health problems in older people such as anxiety disorders, schizophrenia, dementia and depression.

The Hereford based service has access to a memory service, which aims to provide specialist assessment, diagnosis and treatment for people concerned about their memory. They also provide a community dementia service to support primary care with all elements of the dementia care pathway, a care home in-reach team which provides specialist advice, assessment and diagnosis of people living in care homes; and the community mental health team (CMHT).

The Gloucestershire based services are locality based 'one stop teams' for people of all ages. They provide mental health care for people with mental ill health and also provide integrated social care and specialist care for people with a learning disability. The older adults' services are incorporated into this model, and focus is on recovery, mental well-being and care planning.

At the last inspection we rated community based mental health services for older people as requires improvement in effective and well-led and good in safe, caring and responsive.

Our inspection was a short notice announced to ensure everyone we needed to talk to was available, as well as allowing us access to home visits where appropriate.

As part of our inspection of this core service we inspected the following locations:

- Herefordshire older person's community mental health team
- Forest of Dean later life team
- Cheltenham, Tewkesbury and North Cotswolds later life team
- Stroud and South Cotswolds later life team.

We did not visit the Gloucester City later life team as this service had only recently been added as a location.

We inspected all five key questions.

During the inspection visit, the inspection team:

- Visited each environment where patients attended the premises
- Checked the clinic room and medicine charts where applicable
- Interviewed the team managers
- Spoke with 23 clinical staff in one-to-one interviews
- Reviewed 27 care records
- Spoke with 20 patients and carers
- Spoke with 2 psychiatrists

Community-based mental health services for older people

- Spoke with 2 psychologists
- We reviewed policies and procedures, meeting minutes, training and supervision records and audits

Summary of this service

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

- Staff vacancy rates were low across the teams. Managers monitored and managed the effects of sickness absence well in most teams.
- Caseloads were manageable within the teams. Patient records contained current, relevant and comprehensive holistic information. All patients had care plans in place.
- Staff completed risk assessments on admission. Staff assessed the physical health of patients regularly and took action to address any physical health problems.
- There were three serious incidents reported in the previous 12 months. Staff used effective reporting systems and learned from incidents.
- All the environments we visited were comfortable, clean and welcoming. Environments had disabled access and toilets. Conversations could not be heard from outside interview rooms and staff were aware of issues around privacy and dignity during confidential interviews.
- Staff understood their responsibility around safeguarding adults and children. Staff attended mandatory training and knew how to raise a concern.
- Clinic rooms were well equipped and maintained. Staff made sure equipment was checked regularly.
- Staff were focussed on the health and wellbeing of patients. Staff involved carers in assessment and treatment and offered support and advice on issues and services. Patients, families and carers told us they were happy with the care received.
- Staff received supervision and appraisals. Teams discussed clinical and managerial issues in weekly multidisciplinary meetings. Managers identified learning needs of staff and provided opportunity to develop.
- There was evidence of strong leadership across the teams, particularly in the services our previous inspection identified as requiring improvement. Managers were visible and supportive, and motivated their teams to create a positive culture. Managers challenged underperforming members of staff.
- Staff morale was generally good. Staff were positive about the leadership in the trust. Staff were also aware of the senior management team, and told us that senior managers were visible and accessible.

However:

- Staff sickness levels in the Tewkesbury service had an impact on patient visits. Visits were often cancelled and staff needed to telephone instead at these times.
- All patients had care plans in place, but they varied in quality and patients did not always have a copy of their care plan. Staff did not always document if they did offer a copy.
- Staff highlighted the complaints procedure to patients and families. However staff did not always manage informal complaints transparently. We could not establish how teams decided if a complaint should be handled formally or informally.

Community-based mental health services for older people

- Although all patients had robust initial risk assessments, records demonstrated they were not always updated regularly.
- Some staff did not carry personal alarms at all times.

Is the service safe?

Good   

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

- Environments were safe and clean. Interview rooms and patient waiting areas were well maintained and furniture was in good condition.
- Staff had manageable caseloads. There was an average of 25-35 patients per full time staff member. Managers ensured caseloads were reviewed.
- Patient records contained comprehensive risk assessments including physical health. Staff were able to tell us about individual risks and how they were managed.
- The trust had policies and procedures in place to manage risk, both patient and environment. There were effective personal safety and lone working protocols in place.
- Staff protected patients from harm. Staff knew how to raise a safeguarding concern and there were good working relationships with local safeguarding teams.
- Staff reported incidents and there was learning identified from them.

However:

- Sickness levels in Tewkesbury meant staff could not always carry out patient visits. Staff ensured they contacted the patient by telephone and identified any risks at this time.
- Staff told us occasionally some doctors did not wear personal alarms when they interviewed patients alone in a room.
- Although staff carried out thorough risk assessments on admission and monitored risk through reviews and visits, risk assessments were not always updated in the patient records.

Is the service effective?

Good  

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

- Care plans were holistic and recovery focused. They contained risks and interventions, and patient records held the expected information.
- There was good evidence of multidisciplinary and multiagency working in the teams. Patients had good access to psychological interventions.
- Staff received regular supervision and annual appraisals.
- Staff were aware of and followed National Institute for Health and Care Excellence guidelines.
- Staff adhered to the Mental Health Act (MHA) code of practice. There was sufficient support for staff around the MHA.

Community-based mental health services for older people

- Staff showed good practice in applying the Mental Capacity Act. Staff knew the principles of the Mental Capacity Act and how to apply them.

However:

- Patients told us they did not always get offered their care plans or know what was in them. We did not see evidence in the patient records that staff offered care plans.

Is the service caring?

Good ● ➔ ➜

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

- Staff supported patients with care and compassion. Feedback from patients and carers confirmed that staff treated them with kindness, dignity and respect.
- Staff understood the needs of the patient group, including social, cultural and religious needs.
- Patients told us they felt involved in their care. Staff provided carers with and advice on advocacy and other services.
- Some team members acted as carers' champions, providing comprehensive information packs and had set up befriending and carers cafes.

Is the service responsive?

Good ● ➔ ➜

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

- There were no waiting lists in the teams we visited. Patients that presented as more urgent were seen within trust timescales.
- Staff in the teams tried to be flexible where possible with appointment times.
- There were minimal amounts of formal complaints in the teams. Staff tried to proactively engage with patients and carers to manage any concerns before they became formal. However patients and carers told us they knew how to raise a formal complaint if necessary.
- The environments were comfortable and accessible. Information leaflets were available around the environments about services they could access, including advocacy.
- The trust had made adjustments for disabled people.
- The service received a high number of compliments. Staff told us they were proud of their work and this was reflected in the compliments received.

However:

- Although teams offered the formal complaints procedure to patients and their families, there was no clear process around how teams managed the informal concerns. Leaders in the Tewkesbury team could not tell us the outcome of an informal complaint they had managed through the supervision process, or why it was treated informally.

Community-based mental health services for older people

Is the service well-led?

Good  

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

- The leadership across the services was visible, positive and accessible.
- Staff morale was good and staff felt positive about their teams and team leaders. Staff were enthusiastic and motivated.
- Staff attended supervision and had annual appraisals. Staff could access training to support professional development.
- Leaders carried out health and safety risk assessments to ensure patients, visitors and staff were kept safe.
- The trust ensured systems and procedures were in place to ensure there were enough staff, that incidents were reviewed and that learning from incidents took place.
- The leaders operated effective systems and processes to ensure they assessed and monitored their service.

Outstanding practice

We found a number of examples of outstanding practice in this service.

Areas for improvement

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

Action the provider MUST or SHOULD take to improve:

The trust SHOULD ensure:

- The trust should ensure that staff always offer patients a copy of their care plan, and document they have done so.
- The trust should ensure leaders can clearly demonstrate action taken around informal complaints.
- The trust should ensure that the staff update the risk assessments regularly in patient records.
- The trust should ensure all staff members carry personal alarms.

Wards for older people with mental health problems

Good   

Our overall rating of this service has stayed the same. We rated it as good

A summary of our findings about this service appears in the Overall summary.

Key facts and figures

2gether NHS Foundation Trust had five wards for older people with mental health problems. These wards provided care for patients who are aged over 65 and require hospital admission for their mental health problems.

Two of these wards were located at the Stonebow Unit in Hereford: Cantilupe Ward and Jenny Lind Ward. Cantilupe ward was a 10 bed, mixed sex ward, which had two additional emergency beds. It was an assessment and treatment ward for older people with organic mental illness or cognitive impairment, such as dementia. Jenny Lind was an eight bed mixed sex ward. It provided assessment and treatment for older adults with functional mental illness like depression and psychosis.

The three other wards for older people were located at the Charlton Lane Centre in Cheltenham, Gloucester. Chestnut ward was a 14 bed mixed sex ward and Mulberry ward was an 18 bed mixed sex ward. Both were assessment and treatment wards for older people with functional mental illness. Willow ward was a 16 bed mixed sex ward providing assessment and treatment for older people with organic mental illness, like dementia.

At the last inspection, this core service was rated as requires improvement in safe, good in effective, good in caring, good in responsive and good in well-led. Overall the provider was rated as good.

Our inspection was unannounced.

As part of our inspection of this core service we inspected the following locations:

- Cantilupe ward, Stonebow Unit, Hereford
- Jenny Lind ward, Stonebow Unit, Hereford
- Chestnut ward, Charlton Lane, Cheltenham
- Willow ward, Charlton Lane, Cheltenham

At the time of the inspection, Mulberry ward was closed to visitors for infection control purposes. We did not inspect the ward, but did speak to the ward manager and staff members off the ward.

We inspected all five key questions.

During the inspection visit, the inspection team:

- Visited four wards
- Interviewed five ward managers and acting ward managers
- Interviewed two modern matrons
- Spoke with 37 staff members, including consultant psychiatrists, junior doctors, psychologists, assistant psychologists, qualified and unqualified nurses, healthcare assistants, occupational therapists, occupational therapy technicians, ward secretaries, facilities manager, domestic staff, social workers and activities coordinators.
- Checked four clinic rooms

Wards for older people with mental health problems

- Reviewed all the medication charts on Cantilupe, Jenny Lind, Chestnut and Willow wards.
- Reviewed 20 care records
- Spoke with 17 patients and carers
- Observed handovers, clinical review meetings and staff interactions with patients
- We reviewed policies and procedures, meeting minutes, training and supervision records and audits.

Summary of this service

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

- Staff had resolved the breach of the guidance on eliminating mixed-sex accommodation that we identified at the last inspection in January 2016 on Jenny Lind ward. The ward was now compliant with national guidelines.
- The wards were recovery-oriented and provided a suitable environment for the patient group. There were images, posters and paintings with a reminiscence focus. The wards at Charlton Lane, in particular, had utilised colours and images to mark patients' bedrooms to make them more dementia friendly and had a range of sensory equipment along the corridors for stimulation.
- All the wards were clean, odour-free and well-maintained with suitable furnishings and fittings. The communal areas were bright and airy, and the wards had a range of facilities for therapy intervention.
- Charlton Lane wards had developed a 'Lofthouse suite' - a room with padded walls and soft furniture which staff could use as a calm and safe space for patients at higher risks of falls.
- All staff members, including bank and agency, were provided with a good induction so that they were familiarised with the ward environment and the service provided.

However:

- At the previous inspection in January 2016, staff did not monitor the overall temperature in the clinic room at Cantilupe Ward. At this inspection, this was still the case and there was no thermometer in place. This was confirmed by the staff on the ward.
- The trust struggled to recruit a sufficient number of qualified nurses for night shifts on Cantilupe, and at the time of the inspection there were six vacancies for qualified nurses. Due to vacancies, the service could not guarantee that staffing levels matched their minimum staffing complement during the night shifts.
- There were no supervision arrangements in place on Jenny Lind ward. In the 12 months leading up to the inspection, staff had not had access to regular supervision sessions, and team meetings. According to the trust policy, substantive staff were meant to have eight supervision sessions in twelve months, along with yearly appraisals and on Jenny Lind this process had not been followed.

Is the service safe?

Good  

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

Wards for older people with mental health problems

- The mixed-sex accommodation issue identified at the last inspection in January 2016 on Jenny Lind ward had been resolved and the ward was now compliant with national guidelines.
- The wards were recovery orientated and provided a suitable environment for the patient group. There were images, posters and paintings with a reminiscence focus. The wards at Charlton Lane, in particular, had utilised colours and images to mark patients' bedrooms to make them more dementia friendly and had a range of sensory equipment along the corridors for stimulation.
- All the wards were clean, odour-free and well-maintained with suitable furnishings and fittings. The communal areas were bright and airy, and the wards had a range of facilities for therapy intervention.
- Charlton Lane wards had developed a 'Lofthouse suite' - a room with padded walls and soft furniture which staff could use as a calm and safe space for patients at higher risks of falls.
- All staff members, including bank and agency, were provided with a good induction so that they were familiarised with the ward environment and the service provided.
- The care plans and risk assessments were comprehensive, holistic, recovery orientated and up-to-date. They were regularly reviewed and updated as required.
- The procedures for safeguarding children while visiting the ward had improved since the last inspection in January 2016. Staff were competent and understood the procedures around allowing children on the ward. Patients and the ward environment were risk assessed prior to allowing children on the ward, and if necessary, all the wards had access to a family room for visitations.

However:

- At the previous inspection in January 2016 we noted that the overall temperature in the clinic room at Cantilupe Ward was not being monitored. At this inspection, this was still not being monitored and there was no thermometer in place. This was confirmed by the staff on the ward.
- The trust struggled to recruit qualified nurses for night shifts on Cantilupe, and at the time of the inspection there were six vacancies for qualified nurses. Due to vacancies, the service could not guarantee that staffing levels matched their minimum staffing complement during the night shifts.

Is the service effective?

Good   

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

- Staff worked hard to ensure patients had extensive, person centred care plans and that these plans were up to date. We reviewed 20 care plans and saw that where staff had identified patients' needs, there were plans on how they met those needs. This included patients' physical health needs.
- The wards had a range of suitably skilled healthcare professionals who provided input into the service and supported the needs of patients on the wards. These include consultant psychiatrists, ward managers, qualified and unqualified nursing staff, clinical psychologist, occupational therapists, pharmacists and activities coordinators.
- The multi-disciplinary team members showed evidence of effective teamwork. The handovers at all of the wards were comprehensive and covered a range of aspects in the patients' care.

Wards for older people with mental health problems

- Staff adhered to the Mental Health Act Code of Practice and we saw evidence of correctly filled paperwork and updated care plans for detained patients. Staff also applied the Mental Capacity Act and we saw evidence of patients being assessed for capacity to treatment, and consenting to the sharing of information.

However:

There were no supervision arrangements in place on Jenny Lind ward. In the 12 months leading up to the inspection, staff had not had access to regular supervision sessions, and team meetings. According to the trust policy, substantive staff were meant to have eight supervision sessions in twelve months, along with yearly appraisals and on Jenny Lind this process had not been followed.

Is the service caring?

Outstanding ☆ ↑

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

- Staff recognised the totality of patients' needs. Their attitudes and behaviours towards their patients were discreet, respectful, and responsive. We observed positive, patient centred interactions between staff and patients.
- Patients emotional and social needs were seen as being as important as their physical needs. To ensure they recognised these needs, staff made use of visual aids to communicate with patients in an effective way. This allowed patients to have a real voice in their care.
- The activities coordinators on Willow Ward developed a 'Life History' tree for each patient on the ward. This was located in each patient's bedroom and detailed their life histories, likes, dislikes, hobbies and interests so that they could be engaged with the service to their fullest potential.
- Staff at Charlton Lane gave all patients and carers a welcome pack containing information that helped orient them to the wards.
- Staff worked to ensure that patients and carers were active partners in their care and were committed to this. All wards had set up carers' groups and community meetings to support carers in their roles, and to involve them better in patient care.
- On Willow Ward, one of the nurses was leading an initiative on the St John's campaign. The nurse stated that this underlined the belief that carers should not just be allowed but welcomed to the service, and supports carers to be as involved in the patient's care as possible. Each carer was given flexible visiting times so that they were more involved in the personal care, feeding and therapy work of patients. As a result, staff believed that patients felt more engaged in the treatment and care they received.
- Staff had worked very closely with local hospices and palliative care experts to develop their own model for end of life care. Carers were closely engaged and updated regularly at this stage in patients' care. Patients were transferred to single-bedrooms to allow for privacy and dignity in care. Staff ensured that no unnecessary sounds or movements were made, and that patients were kept as comfortable as possible. The staff members also arranged for 'mood-lighting', and aroma therapy in patients' bedrooms who were in palliative care. This helped to lighten the mood and provide a more gentle atmosphere during this time.

Is the service responsive?

Good ● → ←

Wards for older people with mental health problems

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

- Charlton Lane wards had employed their own in-house social worker with the aim of reducing the delays for care allocation and discharge. Staff told us that this had helped in reducing cases of delayed discharges, and finding suitable placements for patients in a timely manner.
- At Charlton Lane, all patients had a 'care chart' in their rooms – this detailed what aids the patient used (such as glasses, hearing aids or dentures) so that they were not lost, and could be identified and utilised during personal care or other interactions.
- All the wards had a full range of rooms and equipment available, including a patient kitchen, outdoor spaces and rooms for therapeutic activities and treatment. All the wards were recovery orientated and had dementia friendly fittings, images and sensory equipment on the walls and in rooms. The bedroom doors were also marked with pictures and colours to make them more recognisable to patients with dementia.
- The décor and environment of the wards was suitable for the patient groups, and there were various artefacts, posters, images and paintings which had been well-placed around the ward for reminiscence purposes.
- Charlton Lane wards hand out an information booklet to patients upon their admission which includes a list of useful contacts in the local community that patients could approach for support. These include services provided by Age UK, Alzheimer's Society, MIND, Carers' Gloucestershire amongst others.
- Staff members were open to feedback. They were able to give various examples of where a complaint or concern had to change in the service provided. For example, patients on Willow Ward wanted segregated patient activity groups to take place for men and women, and as a result the activities coordinators developed a 'men's and 'ladies' groups which alternated on a weekly basis.

However:

- When there were bed pressures at Stonebow Unit, patients from the adults acute ward might be transferred to Jenny Lind or Cantilupe ward. While the occurrence was rare, it was not reported as an incident on Datix. This is important because patients who are acutely unwell or at risk as the ward for older people with mental health problems is not the most suitable for younger adults.

Is the service well-led?

Good   

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

- Ward managers had a good understanding of the services they managed and used their skills, knowledge and experience to ensure the wards remained safe for staff and patients.
- All the staff members reported that the morale on the wards was good and that they felt supported in their roles.
- All staff and patients knew who the senior management team were and that they felt confident to approach them if they had any concerns. Staff knew who the trust's executive team were and said they visited the wards.
- The trust's vision, values and strategies for the service were evident and on display on information boards throughout the wards. Staff we spoke to understood the vision and strategic objectives of the organisation.
- The trust recognised staff success through the yearly staff awards. Trust wide, individual staff members and teams received nominations to recognise their practice. A number of members across this service were nominated and awarded with the trust award.

Wards for older people with mental health problems

Outstanding practice

We found a number of examples of outstanding practice in this service.

On Willow Ward, one of the nurses was leading an initiative on the St John's campaign. The nurse stated that this underlined the belief that carers should not just be allowed but welcomed to the service, and supports carers to be as involved in the patient's care as possible. Each carer was given flexible visiting times so that they were more involved in the personal care, feeding and therapy work of patients. As a result, staff believed that patients felt more engaged in the treatment and care they received.

Staff had worked very closely with local hospices and palliative care experts to develop their own model for end of life care. Carers were closely engaged and updated regularly at this stage in patients' care. Patients were transferred to single-bedrooms to allow for privacy and dignity in care. Staff ensured that no unnecessary sounds or movements were made, and that patients were kept as comfortable as possible. The staff members also arranged for 'mood-lighting', and aroma therapy in patients' bedrooms who were in palliative care. This helped to lighten the mood and provide a more gentle atmosphere during this time.

2Gether NHS trust had its own research base called the Fritchie Centre, which participated in national and local studies aimed at increasing the understanding of mental health conditions. They were also involved in improving the services provided and helping to develop new treatments. One of the projects they were leading on is the 'Valuing Active Life in Dementia', based upon work carried out by Dr Maud Graff in the Netherlands. The aim of the project was to develop a community occupational therapy programme which allows dementia sufferers and carers to maintain an active engagement with life.

The Fritchie Centre also offered a Managing Memory service, providing memory assessments, community dementia nurse, information and education service for those in Gloucestershire worried about memory. Carers at the wards for older people with mental health problems said that this service had been a great support to them in the community, and in educating and supporting carers with patients currently admitted to the wards.

Areas for improvement

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

Action the provider MUST or SHOULD take to improve:

The trust MUST ensure:

- The trust must ensure that staffing levels on Cantilupe ward are in line with the safe staffing complement.
- The trust must ensure that staff on Jenny Lind ward have access to regular supervision sessions and team meetings, as in line with the trust policy.
- The trust must ensure that thermometer in the clinic room on Cantilupe ward is in place and monitored.

Wards for people with a learning disability or autism

Requires improvement   

Key facts and figures

The trust has one ward for people with learning disabilities or autism (Berkeley House) which is a seven-bedded mixed sex unit. The trust created Berkeley House by bringing together two units previously known as Westridge and Hollybrook. Hollybrook offered a long stay facility and Westridge was an assessment and treatment unit. The trust refurbished Hollybrook, reduced the number of beds and renamed the service Berkeley House. No clear model of care had been found for service since the merger. Patients stayed from both services. It is registered to accept people detained under the Mental Health Act and on our visit most patients had been detained. This is Berkeley House first inspection, as we last inspected the previous services in 2015 and rated them as requires improvement.

On this inspection, we visited the trust only location for this core service:

- Berkeley House

This was because we had identified breaches at this services at our last inspection.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with the manager
- spoke with seven other members of staff including nurses, support workers, an occupational therapist, psychologist and consultant psychiatrist
- reviewed five sets of patient records
- met with a patient and the staff giving them care
- spoke with two family members.

Summary of this service

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

- Staff were not following trust policies such as recording meal and fridge temperatures in the unit's kitchens (the unit had a main kitchen, and separate, smaller kitchens in each flat). There were no hand cleaning facilities at the entrance to clinical areas and staff did not carry hand gels.
- There was no overall ward strategy to reduce restrictive practices such as physical interventions.
- Staff had not reported a safeguarding incident as soon as possible.
- The average length of stay at this service was nine years and all patients had been there more than a year. These high lengths of stay in hospital are not consistent with the expectation of the Transforming Care Programme that hospital should not be a home for people with learning disabilities. However, we were persuaded that the trust had taken every reasonable step to try to facilitate discharge and that the reasons it had not succeeded were not within the trust's control. The trust was working with its commissioners to meet the expectations of the Transforming Care Programme.

Wards for people with a learning disability or autism

- Staff did not manage patient records appropriately. Patient timetables did not show what therapeutic input they were having. Staff had displayed confidential care information about patients in areas used by more than one patient.
- Staff used items banned for patients in front of them. For example, using ceramic cups, when patients were not allowed to use them.
- Governance systems did not always allow learning and changes to take place. The service could not show how it learned from complaints or incidents at the ward or from elsewhere in the trust. Audits did not result in changes to improve the service.
- Staff had different views on the purpose of the service. There was no plan in place to show how the service shared the trust visions and values.
- Staff reported low morale and were mixed on whether they could safely raise concern with the management team. Staff were not aware of how they sent information to the trust's governance systems. The manager did escalate information to the central risk register despite reporting concerns to the inspection team and did not keep a local risk register.

However:

- Staff managed medication appropriately. Staff followed the trust guidance on emergency medical equipment and completed the six-monthly emergency test.
- The ward recruitment policy rewarded staff with the experience and skills needed to work with patients with a learning disability.
- Staff treated patients with care, respect and communicated in a way they could understand. Patients could give feedback about the service and families reported being involved in care and welcome on the unit.
- The ward offered ample personal space for patients and staff supported them to visit the local community.

Is the service safe?

Requires improvement   

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

- There was not effective infection control procedures and facilities. Staff could move between patients without access to hand cleaning facilities such as sinks and hand gels.
- Staff did not regularly record the temperature of food prepared in the unit kitchens. Staff did not routinely record fridge temperatures and disposal dates of food items stored in the unit fridges.
- The ward reported using a high number of physical interventions and there was no overall plan to reduce this.
- Staff had delayed reporting a safeguarding issue and the service had not recognised other possible safeguarding issues.

However:

- Staff followed medication management systems. The ward carried out medical emergency scenarios every six months.
- All patients had an up to date risk assessment in place.

Wards for people with a learning disability or autism

Is the service effective?

Requires improvement   

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

- While patients had ample access to the community and local activities, there was a lack of therapy on patients' weekly timetables.
- Staff did not follow up appropriately on clinical audits when they were completed. There were no identified action plans following audits.
- Staff did not always receive supervision or appraisals appropriately. The number of staff receiving appraisals and supervision was below the trust's target.

However:

- Patients had positive behaviour care plans to help prevent challenging behaviour but there was no evidence that these had resulted in reduction in the use of restrictive interventions.
- The service used a learning disability specific outcome measure.

Is the service caring?

Good   

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

- All interaction between staff and patients was respectful.
- Staff could explain the patients' needs and how to help the patients' meet them.
- Staff used individual communication methods with patients.
- Patients could give feedback via an easy read complaints form and the patient meeting.
- Staff always invited families to meetings and families reported always being welcome on the unit.

However:

- We saw confidential information displayed in an area accessed by more than one patient.
- Staff continued to use china cups in areas patients could not.
- Staff did occasionally wear medical scrubs.

Is the service responsive?

Good  

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

- Each patient had a private unit with outdoor space and they could personalise them as they chose.

Wards for people with a learning disability or autism

- The ward was designed to the changing needs of the patients and they remained in the same unit throughout their admission.
- Patients had regular access to the community.
- Patients could cook for themselves and there was a defined cooking slot for all patient weekly.
- There was a complaints procedure in place and an easy read form for patients to use.

However:

- The average length of stay at this service was nine years and all patients had been there more than a year. These high lengths of stay in hospital are not consistent with the expectation of the Transforming Care Programme that hospital should not be a home for people with learning disabilities. However, we were persuaded that the trust had taken every reasonable step to try to facilitate discharge and that the reasons it had not succeeded were not within the trust's control. The trust was working with its commissioners to meet the expectations of the Transforming Care Programme.
- There were no action plans to show how staff had learnt from complaints or incidents. Management and Staff were unaware of learning from incidents or complaints elsewhere in the trust.

Five out of six patients were ready for discharge but there were no discharge plans in place.

Is the service well-led?

Requires improvement   

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

- Staff did not know the long-term vision for the service that linked it to the trusts values and staff had different understanding of the services purpose or model of care provided.
- Not all staff felt happy to raise concerns.
- Governance systems were not effective and there were no local governance meetings.
- There was no local risk register and the manager did not escalate concerns that affected patient care through the correct channels.
- The trust was not involved in any accreditation schemes.

However:

- There were opportunities for staff to receive management and leadership training.

Areas for improvement

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

Action the provider MUST or SHOULD take to improve:

The trust MUST ensure:

- The provider must ensure there are enough hand decontamination stations so staff cannot move from patient to patient without the facilities to clean their hands.

Wards for people with a learning disability or autism

- The provider must ensure that staff follow safe procedures for the preparation, storage and serving of food.
- The provider must have a service wide plan to reduce the use of restrictive practice.
- The provider must ensure care plans are proactive and focus on preventing challenging behaviour.
- The provider must ensure the patient receive the therapeutic input required to meet their needs.
- The provider must ensure there is a local governance procedure in place, that ensures local concerns are escalated through the appropriate trust systems.

The trust SHOULD ensure:

- The provider should ensure that staff updated all risk assessments in line with the trust standard.
- The provider should ensure all risk behaviours have a management plan in place.
- The provider should ensure that the training has enough input on the use of primary interventions to prevent challenging behaviour and has learning disability specific content.
- The provider should ensure the staff receive supervision and appraisals in line with the trust policy.
- The provider should ensure they address the concerns around the multidisciplinary team and produce an action plan to show this will be achieved.
- The service should ensure that staff follow the same restrictions while on the unit as patients.
- The provider should ensure that there are adequate spare uniforms so that staff do not need to wear theatre scrubs.
- The provider should ensure patient meeting continue every two weeks.
- The provider should ensure it involves staff in planning and shaping the development of the service.
- The provider should ensure that staff receive a local induction at an appropriate time and that it provides staff the information they need.
- The provider should make appropriate arrangements for the storage of information need by staff in clinical areas to prevent confidential information being displayed.
- The provider should provide a strategy that defines the service and how it works towards the trusts vision and values.
- The provider should assess patients' capacity to agree to the use of CCTV.
- The provider should assess patients' capacity around physical health care.
- The provider should show how patients are given copies of their care plans, have been involved in planning their care or if they refuse or are unable to, show this.
- The provider should provide patients with a care pathway.
- The provider should ensure that they complete action plans follow audits and make sure all staff are aware of any changes needed.

Specialist community mental health services for children and young people

Good   

Key facts and figures

The specialist community mental health services for children and young people consists of children and young people's services (CYPS) which provide a range of services across Gloucestershire and child and adolescent mental health services (CAMHS) in Hereford.

Children and young people's services in Gloucestershire provides a comprehensive range of services including tier 2 primary mental health workers responsible for assessment, tier 3 workers who provide specialist assessment and goal/outcome based interventions, and what is described as a tier 4 worker who offers support for children and young people admitted to hospital. There is also a learning disability and parenting programme team. Children and young people services in Gloucestershire subcontract to Action for Children who provide some services based in the same building.

Child and adolescent mental health services in Hereford provides a tier 3 service to children and young people with complex moderate to severe mental health difficulties and a learning disability service.

Services in Gloucestershire and Hereford use the choice and partnership approach, a clinical services transformation model that promotes collaborative working, goal setting, and demand and capacity flow management.

Services in Gloucestershire are provided from three bases, Acorn House in Gloucester, Park House in Stroud and Evergreen House in Cheltenham. Services in Hereford are provided from the Linden Centre. We visited all team bases.

Before the inspection visit, we reviewed information that we held about these services and information requested from the Trust.

During the inspection visit, the inspection team:

- Spoke with six children and young people, and five carers.
- Interviewed with five managers across the services.
- Spoke with 16 other staff including nurses, social workers, psychologists and occupational therapists.
- Interviewed six doctors, including one locum doctor.
- Reviewed care records for 22 children and young people.

We also observed:

- Group supervision led by a psychologist.
- Two multidisciplinary team meetings.
- One family based therapy session.
- An appointment with a young person and their carer.

Our inspection between 20 and 21 February 2018 was unannounced (staff did not know we were coming).

Summary of this service

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

Specialist community mental health services for children and young people

- Services were safe. There were effective policies and procedures in place to ensure the safety of children, young people, families, carers and staff. Staff had the skills, knowledge and training required to perform their role and they managed identified risks. Staffing levels were good across all teams.
- Staff kept comprehensive and up to date care records for children and young people. Information was recorded from the point of referral and frequently updated. There was evidence of joint working between children and young people and staff.
- The service offered a range of treatment and care options in line with national guidance. Each team base had a range of rooms and equipment to deliver care and treatment. Teams included a range of professionals such as nurses, psychologists, social workers, occupational therapists and psychiatrists.
- Staff treated children and young people with respect, dignity and as partners in their care.
- There were effective governance systems in place to support the delivery of good quality care.

However:

- There were no independent advocacy services for children and young people. Staff did not always understand the importance of an independent advocate and felt that they were able to advocate for children and young people.
- We had concerns about confidentiality in both the Linden centre and Park House as therapy rooms were not soundproofed.
- The physical health of children and young people using the service in Gloucestershire was not always recorded.

Is the service safe?

Good   

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

- Team bases were safe for staff and patients. Staff completed regular risk assessments of the care environment. Alarms were available to staff, either as handheld alarms or fitted in therapy rooms. There were good personal safety protocols for staff completing home/community visits.
- All areas in all team bases were clean and well maintained. Toys were cleaned on a regular basis.
- The specialist children and young people community services had good staffing levels. Existing staff covered vacant posts, sickness and leave. The service did not use agency staff.
- Mandatory training rates for staff were good, despite staff telling us about difficulties accessing training courses.
- Care records contained comprehensive risk assessments, which staff updated regularly. Crisis plans were created in collaboration with children and young people.
- Staff protected children and young people from abuse through clear safeguarding policies and procedures.

Is the service effective?

Good   

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

Specialist community mental health services for children and young people

- Care records contained care plans. Care plans in Hereford were holistic, person centred and demonstrated involvement of both children, young people and their families and carers. However, care plans from Gloucestershire were inconsistent.
- Staff completed a comprehensive mental health assessment for each child and young person referred to the service.
- The service offered a range of care and treatments suitable for children and young people. Staff completed regular audits to monitor and assess the quality of care delivered.
- Staff were experienced and qualified. They had the right skills and knowledge to meet the needs of children and young people. Teams included, or had access to a full range of specialists.
- All staff received supervision every four to six weeks. Staff received individual clinical and management supervision and group supervision.
- The teams had effective working relationships with other teams within the trust and teams external to the organisation. Closer working relationships had been developed with the adult crisis team after they began working with anyone over the age of 11 experiencing a crisis.
- Staff completed mandatory training, including Mental Health Act and Mental Capacity Act training.

However:

- Staff in Gloucestershire did not always assess the physical health of children and young people. However, all teams had good links with local GPs.

Is the service caring?

Good   

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

- Staff treated children and young people with kindness, dignity and respect. They were responsive to the needs of children and young people and supported them to understand and manage their care.
- Children and young people felt staff treated them well, were there for them and did not judge them.
- Staff involved children and young people in all aspects of their care and treatment. New care plan formats were developed to improve joint working between staff and children and young people.
- Children and young people were involved in decisions about the service including recruitment and service development. Children and young people were involved in the design of a new website for the service.

However:

- Advocacy services were not available for children and young people.

Is the service responsive?

Good   

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

Specialist community mental health services for children and young people

- Staff responded promptly to referrals, contact from children and young people open to the service and concerns raised by parents and carers. They worked within the target set by the trust.
- The service had clear criteria for which patients would be offered a service, and who could be placed on waiting lists. A range of teams provided care and treatment for children and young people with a variety of needs. The accident and emergency liaison team ensured trained and experienced clinicians assessed children and young people presenting at a general hospital.
- Facilities at Evergreen House, Acorn House and Park House promoted comfort and dignity. There were a range of rooms and equipment to support treatment and care.
- Information on the trusts complaints procedure was displayed in waiting rooms, on the website and in welcome packs given to children, young people, families and carers at initial appointments. However, children, young people and their carers told us they were unaware of the trusts complaint procedure.

However:

- Facilities at the Linden centre did not promote dignity, comfort and privacy for children and young people. The waiting room was shared with other NHS services, such as dementia services, dentistry and podiatry. Therapy rooms were not soundproofed. Conversations could be overheard and it was difficult to maintain confidentiality.
- Acorn house did not have a clinic room for staff to take physical observations of children and young people.
- Therapy rooms in Stroud were not sound proofed. Although access to therapy rooms was limited in Stroud, there was still the potential for private conversations to be overheard.

Is the service well-led?

Good ● → ←

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

- Team leaders were knowledgeable and had a good understanding of the services they managed. Staff felt supported and valued by team leaders.
- There was a positive and cohesive culture. Staff were proud of their work and felt able to raise concerns without fear of retribution.
- Governance systems were in place to ensure the team performed well. Patients were assessed quickly, incidents were reported, investigated and learned from. Systems ensured referrals and waiting lists were well managed and staff received sufficient training and supervision.
- Staff had access to the risk register and could escalate concerns when required. Concerns raised by staff matched those on the risk register. The service had emergency plans in place.
- Staff had access to the equipment and information technology needed to do their work. Information on the electronic records system was accessible and easily shared between teams.
- Children, young people, families and carers were involved in the service. They had opportunities to give feedback, were involved in decision making and service planning. A participation worker was employed to develop these roles further

Specialist community mental health services for children and young people

Outstanding practice

We found a number of examples of outstanding practice in this service.

Areas for improvement

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

Action the provider **MUST** or **SHOULD** take to improve:

The trust **MUST** ensure:

- The trust must improve access to suitable waiting areas the Linden centre.
- The trust must ensure there is appropriate soundproofing to maintain confidentiality at the Linden centre and Park House.
- The trust must ensure that the physical health of children and young people is monitored. This is particularly important for children and young people prescribed anti-psychotic medication.

The trust **SHOULD** ensure:

- The trust should offer advocacy to all children and young people receiving a service and train staff to understand why independent support is needed. The trust should work with commissioners and partners to address access to advocacy.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

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

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

The team included a Head of Hospital Inspection, one inspection manager, nine inspectors, two assistant inspectors, two mental health act reviewer, 12 specialist advisers, and two experts by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.