Good

Dudley and Walsall Mental Health Partnership NHS Trust

Community-based mental health services for adults of working age

Quality Report

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Date of inspection visit: To Be Confirmed
Date of publication: 19/05/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RYK33	THQ – Trafalgar House	Walsall South Community Recovery Service	WS9 8AJ
RYK33	THQ – Trafalgar House	Dudley Early Access Service	DY1 2LZ
RYK33	THQ – Trafalgar House	Walsall North Community Recovery Service	WS3 2LW
RYK33	THQ – Trafalgar House	Dudley Community Recovery Service North	DY5 1RG

Summary of findings

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

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

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

Summary of findings

Ratings

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

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

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated community-based mental health services for adults of working age as good because:

- Patients, carers and staff told us of positive experiences of care. Staff were caring, respectful and compassionate towards patients, carers and colleagues. Patients and carers said they felt involved in their care.
- Buildings inspected were clean and they were accessible to patient, carers and staff.
- Clinic rooms in each building were equipped to assess and treat patients.
- There was a range of informative leaflets for patients and families.
- Staff had a good understanding of the risk and treatment needs of patients. Community services were able to respond quickly to urgent referrals.
- Staff were clear about their roles and responsibilities for reporting incidents and concerns.
- Staff followed safeguarding processes.
- Staff supported patients to monitor their physical health, develop confidence in social settings and return to work.
- Staff supported patients whose first language was not English and those who had a hearing impairment.
- CRS staff monitored and care coordinated patients admitted to hospital outside of Dudley and Walsall.
- Staff reflected the values and visions of the trust in their work.
- Staff said team managers supported them and they received regular management supervision.

However:

- Training levels for staff in the mental health act (MHA) was low.
- Some care plans and risk assessments were out-of-date.
- Caseloads were high in Walsall community recovery services.
- Some staff did not follow lone working protocols.
- There was poor uptake of clinical supervision.
- Some interview rooms did not have alarms and some staff working areas were not well maintained.
- The service did not always update staff and they did not feel engaged in the trust's organisational restructure.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- services provided support during and after incidents, acted on the findings of investigations and shared lessons learnt.Staff were clear about their roles and responsibilities for reporting incidents and concerns, and were confident to do so
- all patients had a risk assessment and risk management plan
- staff raised a warning flag in patient electronic care records when a risk was identified
- staff recognised and responded to warning signs and deterioration in patients' mental health
- staff discussed risk in regular management supervision
- staff understood and followed safeguarding processes
- staff were open and transparent when talking to patients
- areas were clean and well maintained
- clinic rooms were well equipped.

However:

- alarms were not always working in interview rooms
- although caseloads in Dudley CRS were below the trust average of 35, Walsall caseloads were regularly above 40
- some risk assessments were not up-to-date
- staff did not check one fridge temperature for two days.

patient safety protocols for staff including lone working policies were in place, however, some staff did not follow them

Are services effective?

Good

We rated effective as good because:

- staff working in CRS and EAS were skilled and experienced
- staff had historical and up-to-date knowledge of patients
- multidisciplinary team and referral meetings were held regularly
- community services had good links with teams both internal and external to the trust
- staff had access to information stored in electronic patient care records system, called OASIS
- patient information was stored securely
- staff had regular performance and management supervision although staff did not always take up clinical supervision
- staff have good knowledge of, and applied the Mental Capacity Act (MCA) in practice
- staff understood and complied with the Mental Health Act (MHA) including community treatment orders (CTOs)

Summary of findings

- patients' mental and physical health was regularly assessed
- patients felt involved in their care
- dedicated employment workers supported patients in secondary mental health services into work
- staff held clinics for monitoring patients prescribed lithium and clozapine medication that included physical health support
- staff supported patients who had communication difficulties.

However:

- staff training levels in the mental health act (MHA) were low
- some care plans were out-of-date

outcome measures were not embedded in planning care for patients.

Are services caring?

Good

We rated caring as good because:

- staff were respectful, kind and compassionate
- patients told us that staff were helpful, made time and listened to them
- patients had access to advocacy services
- staff involved carers in assessments and care planning.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- there were no waiting times to access services
- staff responded quickly to referrals
- the service took a proactive approach to patients who did not attend (DNA) appointments
- staff and patients felt confident about raising concerns and complaints
- Staff demonstrated duty of candour when things went wrong
- patients who have difficulty understanding English or had a hearing impairment received appropriate support
- patients admitted to specialist mental health services out of area received care co-ordination and support.

However:

- staff reported increasing numbers of patients with symptoms of autistic spectrum disorder (ASD) on their caseload but were not confident they had the knowledge and the skills to effectively treat them
- CRS staff reported long waiting lists for psychological therapies.

Summary of findings

Are services well-led?

Good

We rated community mental health services for adults of working age well-led as good because:

- staff praised team leaders and senior trust managers
- staff were aware of the trust's values and visions, and embedded them in their practice
- staff felt supported by team leaders and there was no evidence of bullying or harassment
- services used key performance indicators (KPIs) to support and improve clinical delivery.

However:

- staff reported a lack of visibility of operational managers
- staff did not feel included in service re-design and change to community services.

Summary of findings

Information about the service

Dudley and Walsall each have an early access service (EAS). Dudley EAS is based on Sandringham Ward at Bushey Fields Hospital; Dudley and Walsall EAS are based in Archway House and Centre, Glebe Street, Walsall. The service offers a single point of entry for adult referrals and provides mental health screening and assessment. GPs are the main referrers into EAS. Early access services can provide same day assessment for urgent referrals. Staff assess patients at the office base or in a patient's home, depending on the patient's choice and any presenting risk. EAS can refer into a range of services including secondary and primary mental health or can discharge back to the GP with advice. The team is made up of nurses, social workers and administration staff. The service has access to psychiatrists employed by the trust who are integral to assessing patients daily. The service does not manage psychiatrists but does see them as part of the team.

Dudley and Walsall each have two community recovery services (CRS). A community service is located in the north and south of each area. The teams provide services to patients with a range of severe and persistent mental health problems and who need ongoing treatment and care. Patients may have social care needs directly associated with their mental illness. Each team is made up of nurses, social workers, occupational therapists, psychologists and administrative staff. Assertive outreach nurses work in nursing teams. The service does not manage psychiatrists but does see them as part of the team. CRS have access to employment workers and community development workers.

Walsall CRS South is located in the Anchor Meadow Health Centre in Aldridge, Walsall. The centre also has GP and dental practices on site. The CRS is located on the first floor. Walsall CRS North is located at Mossley Day Hospital, Dudley CRS South at the Poplars Centre, Brierley Hill and Dudley CRS North at Halesview in Halesowen.

All the services operate 9am to 5pm and do not provide out-of-hours urgent care and treatment.

Our inspection team visited Dudley EAS, Walsall CRS North and South, and Dudley CRS North.

Our inspection team

Our inspection team was led by:

Chair: Angela Hillary, Chief Executive, Northamptonshire Combined Healthcare NHS Foundation Trust

Head of Hospital Inspections, CQC: James Mullins

The team that inspected the core service consisted of one CQC inspection manager, one CQC inspector, one psychiatrist, one social worker and one nurse.

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 patients, we always ask the following five questions of every service and provider:

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

Summary of findings

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited three community recovery services, one early access service and looked at the quality of the buildings and observed how staff were caring for patients
- spoke with 18 patients
- spoke with six carers or family members
- observed 20 home visits and assessments
- spoke with the managers or acting managers for each of the services
- spoke with 35 other staff members including doctors, nurses, social workers, a psychologist, occupational therapists, employment support staff and administrators
- attended and observed two referrals meetings and two multidisciplinary meetings.
- looked at care records for 26 patients
- looked at 21 medication cards
- carried out a specific check of the medication management process and 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

We spoke to 13 patients and six carers who used the service. Patients were happy with the caring nature of staff and told us they were supportive. One patient reported positive access to therapy and another patient told us of support into employment. One patient commented they did not know what a CPA (care programme approach) was and two patients had not seen a care plan for a long time. Patients and carers knew how to make a complaint and they felt listened to. More than one patient and carer reported having difficulty accessing care out of CRS and EAS working hours.

Good practice

An accredited vocational and employment specialist team in Walsall, employed by the trust, supported access to work for patients who have used secondary mental health services. The team had supported 64 patients into work since February 2015.

Walsall CRS held a borough-wide clozapine clinic with access to direct results from blood tests and physical health monitoring.

Areas for improvement

Action the provider MUST take to improve

Action the provider SHOULD take to improve

- The trust should ensure safe working practices for staff meeting patients in the Poplars Centre and Anchor Meadows Centre.
- The trust should ensure all staff comply with the lone working policy.
- The trust should ensure all risk assessments and care plans are up-to-date.
- The trust should ensure best practice in recovery-based approaches and outcome measures
- The provider should ensure caseload levels are manageable allowing staff to effectively care for patients.

Summary of findings

- The provider should ensure there is clear criteria allowing access to, and discharge from, community-based services, including transfers between services.

Dudley and Walsall Mental Health Partnership NHS Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Dudley Early Access Service	RYK33
Dudley Community Recovery Service North	RYK33
Walsall Community Recovery Service North	RYK33
Walsall Community Recovery Service South	RYK33

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 understood and complied with the Mental Health Act (MHA) including community treatment orders (CTOs).

Thirty-eight per cent of EAS staff and 42% of CRS staff had specific training on the MHA.

Approved Mental Health Practitioners (AMHP) told us they specifically care coordinate patients in the community who were subject a community treatment order (CTO). Staff were knowledgeable about the MHA in practice.

Staff accessed support from the trusts' mental health act office.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and knowledge of the Deprivation of Liberty Safeguards (DoLS). Staff described the principles of the MCA and we saw evidence of its use in clinical practice.

There was access to independent mental capacity advocates (IMCA) on request and staff knew how to support patients to access to this service.

Ninety per cent of EAS staff and 69% of CRS staff had completed training in MCA and DoLS.

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

- Staff had access to personal or room alarms when seeing patients in interview rooms. At the Poplars Centre, the room alarms were not working and personal alarms provided could not be heard from outside of the interview rooms.
- There was CCTV to monitor patients, visitors and staff entering and leaving premises. However, at Anchor Meadows Health Centre, there was no CCTV on the first floor where the mental health team was located. All patients and visitors signed in and out of buildings.
- Community recovery services (CRS) staff regularly checked clinical rooms and equipment used for patient examinations. CRS staff used equipment in clinical rooms to record blood pressure, temperature, weight and height. Equipment was tested, calibrated and an audit record kept. Sharps bins for safely storing used syringes were used appropriately.Although there were two clinical rooms in the Poplars Centre that held medication and equipment, the team manager discussed plans to use one room only. This would mean staff could access and audit equipment easier however, there was no timeline for the work to be completed.
- Most areas were visibly clean and well maintained. Staff rooms in the Poplars Centre; in particular, the administrative room, was poorly decorated and staff rooms were very warm. Poplars Centre staff complained about their working environment and had reported their concerns to the trust.A private company was contracted to undertake cleaning of community premises. We saw cleaners working in community buildings. Cleaning materials were securely stored in a locked cupboard. Cleaning records were not kept by cleaning staff on site, meaning there was no record that cleaning took place.

Staff understood the principles of infection control. There were alcohol-based hand rub stations in each location, and posters advising patients and staff how to use them. An infection control nurse in Walsall CRS North showed us the annual environment audit for January 2016 that displayed hand hygiene rates of 99%.

- Portable appliance testing (PAT) was visible in premises and checked regularly. This means that electrical equipment and appliances were safe to use.

Safe staffing

- Staffing levels in community teams was appropriate to meet the needs of patients in Dudley and Walsall.
- Dudley early access service (EAS), between October 2014 and September 2015, employed six whole time equivalent (WTE) clinical staff. Dudley EAS held no vacancies and no substantive staff left in the past 12 months. The sickness rate was 12% compared to the trust average of 5%.
- Walsall EAS employed five WTE clinical staff. The service held no vacancies and no substantive staff left in the past 12 months. The sickness rate was 3% compared to the trust average of 5%.
- Dudley community recovery services (CRS) South had 16.1 WTE staff. The vacancy rate was 11.5% and 1.9% of staff left the service in the past twelve months. The sickness rate was 5.8%.
- Dudley CRS North had 18.5 WTE staff and the service held no vacancies. The sickness rate was 7.5%.
- Walsall CRS North had 21.2 WTE staff. The vacancy rate was 8.5% and 1.8% WTE staff left in the past twelve months. The sickness rate was 5.6%.
- Walsall CRS South had 17.6 WTE staff. The vacancy rate was 10.5% and 1.9% staff had left in the past 12 months. The sickness rate was 7%.
- There was no recognised tool used to estimate the number and grade of staff required in the community-based services. We were informed that the trust allocated a budget and managers employed staff based on patient population and need. Team managers were flexible in using the budget to meet changes in service delivery.
- The trust's risk and assurance facilitator advised us there was no recommended caseload numbers for community recovery services. The trust's risk and assurance facilitator said caseloads depended on "complexity, need and interventions" and "indicatively,

Good

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we would expect a figure of around 35 per WTE but it will vary dependent on the above". Dudley CRS North caseload numbers were consistently below 35 whereas Walsall CRS caseloads were regularly over 35. Staff reported caseloads were frequently between 40 -45. This meant that staff were on occasions required to update care records out of working hours. CRS staff reported that caseloads levels were at their "maximum" and felt "stretched" with their workload.Assertive outreach (AO) staff, embedded in community recovery services held smaller caseloads. One AO staff said their caseload was on average 11.Team managers reviewed caseloads and performance with staff in four to six-weekly management supervision meetings.

- EAS and CRS in Dudley and Walsall did not report use of bank or agency staff.
- Psychiatrists were routinely available for urgent assessment at referral and if risk occurred in the community although they are not a crisis service.
- Team managers planned duty rotas to cover staff leave and training.
- Community teams prioritised workloads to cover in the case of staff absence for example, unexpected sickness
- The overall compliance to mandatory training was 83% for EAS and 75% for CRS.

Assessing and managing risk to patients and staff

- Community recovery services (CRS) and early access services (EAS) used the FACE (functional analysis of care environments) assessment tool. Staff completed this with patients and relatives.Assessment outcomes were recorded in the electronic care records system (OASIS).
- A warning flag highlighted risk in OASIS when staff accessed individual care records.
- Of the 26 care records we reviewed in CRS, all had risk assessments documented on OASIS. Seven (27%) of the risk assessments were not up-to-date. Staff planned the risk management of patients following assessment and responded when there was deterioration in a patient's mental health. Staff told us that they would amend risk management plans if risk changed. Risk assessments were reviewed every six months at care programme approach (CPA) meetings.
- EAS do not have a waiting list to assess patients; however, CRS in Dudley and Walsall monitor waiting lists at referral and multidisciplinary meetings. Staff could access risk information immediately on OASIS.
- Ninety-two per cent of community staff had received level 3 training in safeguarding adults and children. Staff showed a good understanding of safeguarding processes, for example, safeguarding was raised during the referrals meeting. Staff were able to identify and discuss the process of raising a safeguarding alert. Staff described good working relationships with local safeguarding teams. Staff care co-ordinated patients who were vulnerable and at risk of abuse or exploitation. Staff told us that financial exploitation was a concern locally.
- The trust had a process for working safely in trust buildings and in the community.Walsall CRS staff recorded when they entered and left their work base. Staff wrote in a book, held by administrative staff, where they would be for example, an interview room or in the community. If staff were late from appointments or had not phoned the office administrative staff would contact them. There was a coded alert if staff felt at risk: however, one member of staff who worked in Walsall North CRS was not aware of this. At Dudley CRS north, contact at the end of visits was not routine.The trust had assessed the Walsall CRS north building as high risk and staff were not left alone in the building. There was concerns about staff safety based on risk incidents involving neighbours to the building.The offices and interview rooms for Walsall CRS South were situated on the first floor of a community health centre, and accessed via a long corridor. The offices were behind a locked door, whereas the interview rooms were located in the corridor outside. There was no CCTV in the corridor. Patients attending appointments knocked on the office door, which had no glass panel or spyhole. This meant staff could not see who was outside the door. If patients were unknown to community teams or presented a risk, staff visited in pairs or invited patients to trust premises.
- We observed good storage of medications and safe practice in administration of medicines in community services. Nurses carry medication in locked equipment when working in the community.One Dudley CRS north nurse told us that they might have to store medication

Good

Are services safe?

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at home if the patient they are visiting is out. Staff said this practice was rare. One nurse reduced the risk of storing medication at home by phoning the patient in advance of their last visit to check they were home. We concluded that this was an isolated incident.

- Staff checked the clinic fridge temperatures in most services daily, however, at Walsall CRS North; staff had not checked the temperature since the end of January 2016. This was because the nominated worker was on annual leave. We advised the clinical lead who immediately allocated other staff to do the checks and aimed to discuss cover at the next team meeting.

Track record on safety

- Three serious incidents were reported in the previous 12 months. All three related to suicides of patients who received care through CRS in Dudley and Walsall.
- A serious incident (SI) investigation from June 2015 into the death of a service user in the community recommended: 'a target response of one working day for contact with emergency referrals in EAS should be viewed as a minimum standard and contact established for screening as soon as practically possible'.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and recorded them in an electronic reporting system.
- Staff were open and transparent towards patients and explain when things go wrong
- Staff discussed incidents and received feedback from lessons learnt in managerial supervision every four to six weeks.
- The trust displayed large posters in trust buildings describing lessons learnt from incidents.
- Managers supported staff following serious incidents. Staff described how debriefs supported learning. Staff spoke highly of the support from their immediate managers and peers.

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

- We looked at the care records for 26 patients. Staff used the outcomes from risk assessments to develop patient care plans. Staff across community services completed holistic assessments of mental and physical health and risk. Staff assessed the impact of patient's mental health on social issues for example, work, social inclusion and benefits. However, CRS staff did not always reflect recovery-focused work in care plans.
- Twenty-five out of 26 records had a care plan. A care plan was missing for one patient in Walsall CRS South and they did not have an up-to-date risk assessment. Four out of 26 (15%) care records were not up-to-date.
- Care records were stored securely on OASIS using password protection, and any paper records, including medication cards, were locked in cupboards within a locked room.All staff in community-based services had access to care notes on OASIS. Staff could access information when they worked from home but not all when working in the community based on access to SIM-enabled computers.

Best practice in treatment and care

- We reviewed 21 medication charts during our inspection. We found that medication was prescribed in lines with National Institute for Health and Care Excellence (NICE) guidelines.Walsall CRS ran clozapine and lithium clinics for patients prescribed these medications. Staff had access to PoCHI (Point of Care Haematological Analysis Equipment) blood-testing equipment that identified results quickly. Staff monitored the physical health of patients who attended these clinics in accordance with NICE guidelines.Staff ran health and wellbeing clinics in each CRS for patients who received their mental health medication by an injection known as a depot.
- Community staff used low-level psychological approaches to care that included CBT and anxiety management in accordance with NICE guidelines.
- A vocational specialist employment team in Walsall supported patients in secondary mental health services into work. Accreditation was through the centre for mental health in London and was one of 12 centres of excellence nationally. This team had supported 64 patients into work, for example, as a bus driver, a teaching assistant and a hairdresser in the past 12 months. Walsall CRS worked directly with the Local Authority to support patients who experienced housing problems.CRS worked with community development workers in the trust and ran regular groups to support social inclusion. One support worker in Walsall CRS ran a weekly friendship group for women and another support worker was running weekly sports groups.
- The service used HoNOS (Health of the Nation Outcome Scale) with each patient, and staff used the outcome to care cluster patients. Care clusters measure the outcome of a mental health assessment using a set of pre-agreed measures. Each cluster has a score that indicates a level of mental health need to develop a care package.Although the trust was rolling out the Dudley and Walsall Recovery Outcome Measure (DWROM) across community services, we found little evidence that it was embedded in practice.
- The trust audited the care programme approach (CPA) in community services in March 2015. The trust interviewed 120 patients including all Dudley and Walsall CRS patients.In August 2015, the trust completed an audit of referral to assessment waiting times in EAS across Dudley and Walsall. The action plan detailed discussions with team managers on how to improve waiting times and re-audit in July 2016.
- The trust completed an audit of the care programme approach in March 2015. Twenty patients' notes in each of the four CRS (80 in total) were reviewed and the audit found:
  - 43 records (54%) had an up-to-date risk assessment
  - 65 records (81%) showed patient involvement
  - 64 risk assessments (80%) led to a risk management plan
  - 48 records (60%) had a documented record of the risk management plan being shared with patients
  - forty-six records (58%) were shared with others, for example, carers and GPs. We saw an improvement in record keeping during the inspection however, as detailed earlier; some risk assessments and care plans were out of date.

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.

- Trust pharmacy staff completed a 'safe and secure handling of medicines' audit in December 2015. Eighty-six per cent of standards were met: however, plans for the following were actioned and completed:
  - to set up a recording sheet to sign medication keys in and out of the key safe
  - to record daily fridge and cooler temperatures
  - to record delivery notes for medication.

Skilled staff to deliver care

- There was a sufficient range of skilled staff delivering assessment and treatment to patients. This included nurses, doctors, social workers, occupational therapists and psychologists. Staff were experienced and appropriately qualified to carry out their roles. Staff appeared motivated and committed to delivering good quality care to patients. Staff were keen to learn new skills to benefit patient care.Each service had administrative support from the trust, and the local authority provided additional administrative support to CRS.
- Staff received a trust and local induction. This was designed to support staff into practice and to continue professional development.
- Healthcare support staff have access to the care certificate as part of induction.
- Staff had one-to-one managerial supervision. Individual staff records showed case management discussion, KPI (key performance indicator) reviews, sickness and performance monitoring and lessons learnt from incidents.Staff also had access to clinical supervision in line with the trust policy. Team managers did not hold records of staff who received clinical supervision. Most staff did not access clinical supervision. Staff told us they received and contributed informally to peer support in teams. CRS social workers attended monthly peer support sessions organised by the local authority.The percentage of staff appraised in the last 12 months was 100% in EAS and 85% in CRS.
- Team managers held regular team meetings and staff were able to contribute.
- One nurse in Walsall CRS was trained to work with patients with hearing impairment.
- CRS was not commissioned to provide services for patients with autistic spectrum condition (ASC). Staff reported an increase in referrals for patients who have symptoms of ASC. Staff had little or no experience of working with patients with ASC. Staff had access to a psychiatrist working in the trust who had a special interest in ASC.
- Poor staff performance is addressed promptly and effectively in one-to-one management supervision.

Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings were held regularly across community services and these were well attended by a range of disciplines. Minutes of previous meetings evidenced regular attendance by multidisciplinary staff. Multidisciplinary staff met daily to discuss referrals and plan assessments in early access services (EAS). Staff met regularly as a team during the day to give updates on decisions following referrals and assessments. EAS wrote to the GP of all patients to share any outcomes.We observed two CRS multidisciplinary and referral meetings. Staff responded appropriately to patients' needs and identified action plans for urgent and non-urgent care.
- Psychiatrists are not managed by community services however are seen as integral to multidisciplinary working. Psychiatrists were visible in assessment and referral meetings and worked effectively with community staff although, one member of Walsall CRS said they could be difficult to contact for routine tasks, for example, signing treatment cards.
- Community teams communicated regularly with trust inpatient and community teams, and primary care services including GPs.
- Walsall CRS staff found it difficult to transfer or discharge patients in receipt of depot injections to the care of their GP. Walsall CRS North reported 64 patients are ready for discharge to primary care under a GP. Walsall CRS South did not have accurate figures: however, the team manager estimated up to 80 patients could be discharged to the GP.
- CRS teams care co-ordinate older people. There was a clear pathway for patients to transition to older people

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.

community services however; the service could not routinely transfer older people for example, if patients were physically active. This meant caseloads in parts of CRS remained high.

- Community teams had good working links in the trust with specialist services, for example: eating disorders, psychological therapies and learning disability.
- CRS staff routinely monitored patients who received specialist inpatient treatment in out of area services. Walsall CRS employed a dedicated nurse to undertake reviews and all out-of-area patients had a care co-ordinator. Specialist inpatient services include eating disorders, personality disorder, forensic and perinatal care.
- Staff worked with different agencies to safeguard patients, for example, the multi-agency safeguarding hub (MASH) and the police.

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

- Staff received training on the Mental Health Act (MHA). Thirty-eight per cent of EAS staff and 42% of CRS staff had received updated training in the MHA and Code of Practice. The trust and staff told us that MHA training was also embedded in the Mental Capacity Act (MCA) training. Ninety per cent of EAS staff and 70% of CRS staff had received this training. Psychiatrists and AMHPs (approved mental health professionals) received annual updates on the MHA (Mental Health Act).Staff had a good understanding of the MHA. AMHPs and psychiatrists provided specific support with patients on a Community Treatment Order (CTO). A CTO means that a patient will be supervised in the community with conditions, for example: going to appointments and taking medication. If these conditions are not followed then a responsible clinician (psychiatrist) may readmit back to hospital.
- Patient records showed staff read their rights when placed on a CTO and regularly afterwards.
- A mental health act administrator provided administrative support and advice on the implementation of the Act. Staff told us they sought advice from the mental health act administrator when needed.
- CTO paperwork is stored securely and was up to date.
- We did not see evidence of audits of in relation to adherence to the MHA or code of practice.
- Independent Mental Health Advocacy (IMHA) services were provided by a local organisation, with information on how to access displayed on noticeboards in community buildings.

Good practice in applying the Mental Capacity Act

- Ninety per cent of EAS staff and 69% of CRS staff had completed training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- During home visits, assessments and team meetings, we observed that staff understood the principles of the MCA and applied it in practice. Staff supported patients to make decisions. Staff detailed their observations and decisions in OASIS, the electronic recording system. Staff developed care plans for patients at risk of exploitation and abuse.
- There was a policy on the MCA and DoLS that staff were aware of and could refer to when needed. Staff knew where and how to access advice from the mental health act administrator.
- Dudley Advocacy Service in Dudley and Voiceability in Walsall provided independent mental capacity support to patients.

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

- All staff we observed in community recovery services (CRS) and early access services (EAS) were kind, caring and compassionate. We observed staff on home visits and during assessments, and found they were polite, positive and warm towards patients.In referral meetings, staff used positive words to describe patients, for example, "I am so proud of what they have achieved" about someone who had maintained their mental health in the community. When staff spoke with us they discussed patients respectfully and showed a good understanding of their individual needs.
- We spoke with patients and they were positive about the care they received. All patients we spoke to and their carers reported that staff treated them with respect and were supportive and helpful towards them.
- Staff maintained confidentiality by storing records safely and not discussing patient details in public areas.

The involvement of people in the care that they receive

- Patients and families are encouraged to attend care programme approach (CPA) meetings every 6 months.
- During home visits, patients told us that staff involved them in their care and any decisions, and they felt listened to. Staff involved family and carers during community visits.
- Electronic records indicated that 15 out of 18 patients had received a copy of their care plan. However, staff had offered a copy to one of them.
- Care plans did not reflect what patients and carers said on home visits. Care plans did not consistently personalise the care patients received, for example, there were few "I" statements, no comments from carers and minimal plans for recovery outcomes.
- A 2015 CQC survey of patients who use community mental health services across 55 NHS trusts reported that Dudley and Walsall trust was in the best performing trusts in the following areas: 'how to contact someone if you have concerns about your care' and 'involvement in discussing how care is working.'
- Patients and relatives in the trust had access to general advocacy services and help with complaints. The trust advertised these services in community buildings and on its website.

One community patient is an expert by experience in the trust and helps represent the interests and views of other patients and carers. Patients had access to patient forum groups where they and carers could express their views about the trust.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- Early access services (EAS) received most of their referrals from GPs. Staff held review meetings daily to assess risks and prioritise assessments. EAS had a duty worker to screen and assess new referrals and enough experienced staff to discuss them.
- The trust completed an audit in August 2015 of waiting times for assessment in Dudley and Walsall EAS. The average waiting time for urgent assessment was six days in Dudley and four days in Walsall. The average routine wait for assessment in Dudley was 22 days and 40 days in Walsall. One patient had to wait 61 days for assessment in Walsall. EAS waiting times had improved at the time of the inspection. Most urgent referrals are seen on the same day but will be assessed within 24 hours. Non-urgent referrals are seen within two weeks in Dudley CRS and the team manager from Walsall CRS advised they were working towards this target. Patients who need to be seen urgently outside of 9am – 5pm hours and at weekends are seen by the crisis teams.
- Community recovery services (CRS) accepted referrals from a range of services, for example, EAS, inpatient wards and CAMHS. The multidisciplinary team reviewed referrals in weekly meetings. CRS did not hold a waiting list for assessments or allocation of a care co-ordinator. Team managers allocated care co-ordinators at these meetings. CRS saw patients on the same day of referral based on urgency and risk. There was no clear referral criteria for EAS.There was no clear inclusion criteria for referrals to the community services.
- Team managers used data from OASIS, the trust electronic records system, to identify waiting times for assessment and treatment. Managers used the data to manage performance with individual staff and in team meetings.
- Staff reported long waiting times to access psychological therapies. We requested information to identify waiting times however, the trust did not respond.
- Staff were skilled and experienced to respond to patients who needed to be seen urgently. There was rapid access to a psychiatrist in EAS.
- Records showed that rates for follow-up within seven days of patients discharged from hospital were 96.2%.
- There were no waiting times for allocation of a care coordinator in the CRS.
- We observed a duty worker responding to a phone call from a patient. The duty worker remained professional and supported the patient to discuss their concerns and needs.
- Following assessment, EAS and CRS staff assigned a patient a 'care cluster' using the health of the nation outcome scales (HoNOS) tool. There are 21 care clusters that show the severity and complexity of a patient's mental health and places them into a category. The intended outcome is for patients to be referred to an appropriate mental health team to meet their needs.
- EAS discharge patients following assessment and actively support transfer to more appropriate services.Dudley CRS planned discharge from initial assessment meaning patients understood their care pathway. Staff reported no delayed discharges. Walsall CRS found it difficult to discharge some patients that meant caseloads were above the recommended 35. Team managers in Walsall reported that over 150 patients could be discharged to the care of their GP however; GPs would not accept responsibility because the patient is on depot medication. Criteria for admission to community older people's services meant that Walsall CRS care coordinated older patients, some over 80 years old.
- Between October 2015 to December 2015, 178 (21%) patients out of 858 referrals did not attend (DNA) their appointment with Dudley and Walsall EAS. In line with the trust's policy, staff documented the DNAs and offered a further appointment by way of letter, phone call or text message. Staff also informed the GP about the DNA.
- Although EAS and CRS worked from 9am to 5pm, they offered appointments outside these hours to help patients who were in work.
- Staff cancelling appointments was rare and linked to unexpected demands, for example, urgent referrals and staff sickness. Staff told us they would move their appointments based on patient need and re-schedule appointments accordingly.

Are services responsive to people's needs?

Good

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

- Appointments were well organised, appointments ran on time and patients and carers were kept informed.

The facilities promote recovery, comfort, dignity and confidentiality

- Walsall CRS South was located in the Anchor Meadow Health Centre in Aldridge in Walsall that also had GP and dental practices on site. The CRS was located on the first floor. Walsall CRS North was located at Mossley Day Hospital. Dudley CRS South was located at the Poplars Centre, Brierley Hill and Dudley CRS North at Halesview in Halesowen.The trust rented the Poplars Centre and did not have access to the whole building. Staff explained that repairs or maintenance was slow. The administration room was poorly decorated and many rooms were in need of re-decoration.
- Community buildings had rooms and equipment to assess and support patients.
- Interview rooms were not soundproofed. Staff could hear people in an interview room but could not clearly hear the content.
- A range of accessible information was available in all reception areas. Information included how to access services and treatment, how to make a complaint, details of local support groups and carers' information. Each area had a large poster detailing lessons learnt from complaints and incidents.

Meeting the needs of all people who use the service

- Access for wheelchairs was available across community buildings. Disabled parking spaces were at the front of buildings and toilets were adapted appropriately.
- Information leaflets were available in languages other than English upon request or if staff identified the need.
- We saw use of an interpreter during an assessment. Staff told us that access to an interpreter was readily available. A small proportion of staff had bi-lingual skills to support patients. There was access to a nurse trained to care for patients who had a hearing impairment and two nurses are booked to attend a course in signing (BSL).
- CRS staff consistently told us that they were not commissioned to care coordinate people with autistic spectrum disorder (ASD). Staff report an increasing number of patients, in particular younger patients, who have symptoms of ASD. Staff did not have the confidence to effectively communicate with, and care for patients with ASD.

Listening to and learning from concerns and complaints

- EAS received three complaints since February 2015, two of which were partially upheld. CRS received 19 complaints of which five were fully upheld and seven partially upheld. No complaints were referred to the parliamentary and health services ombudsman.
- Patients and carers knew how to make a complaint and staff would support them to do so.
- Staff were open and transparent when dealing with complaints. They used the principles of duty of candour to try to resolve complaints locally. Staff were able to describe the complaints process with confidence.
- Staff discussed complaints at team meetings and in one-to-one management supervision.
- EAS and CRS had received 30 compliments since February 2015.

Are services well-led?

Good

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

- The trust's vision and values were displayed in community buildings.
- Staff related to the values and vision of the trust, and agreed with them. Staff regularly spoke of a positive leadership at trust board level over the past 12 months.
- Staff knew who senior staff were within the trust. Managers working at trust level visited community teams and staff felt supported. However, staff rarely saw operational (middle) managers on site.
- Senior OT staff were less visible in the trust and occupational therapists felt they were valued less than other staff groups in the trust.

Good governance

- There were governance structures in place to support safe delivery of care. We found good lines of communication between community services and senior managers within the trust.
- Eighty per cent of community staff was up-to-date with statutory and mandatory training.
- Ninety per cent of community staff had an appraisal in the past twelve months. We reviewed records showing that management supervision was taking place however: there were no records that showed staff received clinical supervision.
- Incidents are reported routinely and we saw evidence that learning is consistently taken into account to improve practice.
- Community teams are involved in some clinical audits such as medication management and caseloads.
- Managers and staff discussed incidents, complaints and patient feedback at team and one-to-one meetings.
- Procedures for safeguarding, the Mental Health Act and Mental Capacity Act are followed.
- Team leaders reviewed key performance indicators (KPIs) weekly, and used the information to support team improvement.
- Team managers received good support from their administrative staff.
- Staff could raise concerns about risk and knew how to access the risk register.

Leadership, morale and staff engagement

- Sickness levels were above the trust average; however, records showed that sickness was managed appropriately and staff were supported back into work.
- Staff across all services staff could raise concerns at local and trust level.
- There were no grievances being pursued and no individual allegations of bullying and harassment.
- Staff knew how to use the whistleblowing policy felt able to raise concerns at local and trust level.
- Staff expressed job satisfaction with their work with patients and had good working relationships with their colleagues and team leaders.
- Staff had opportunities to access leadership and development courses and provided examples of training they had completed.
- Staff commented that local managers were excellent in providing support in and out of work. Peer support was seen as a strength in community teams.
- Staff were open and transparent with patients and described the principles of duty of candour.
- At the Walsall CRS South referrals meeting, staff discussed the closure of assertive outreach services but did not know specific plans.

Commitment to quality improvement and innovation

None identified

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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