WM QRS West Midlands Quality Review Service

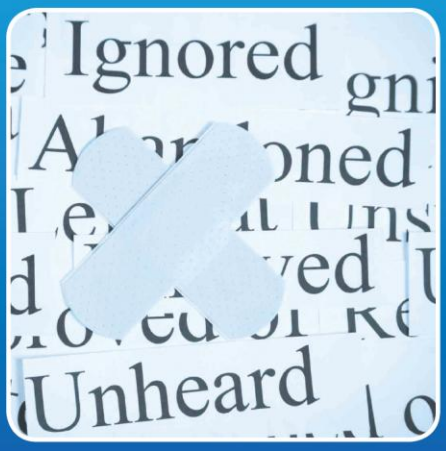
NHS

Reviews of Mental Health Services, Health Services for People with Learning Disabilities, Dementia Services and Care of Vulnerable Adults in Acute Hospitals

Worcestershire Health Economy

Visit Date: 20th, 21st, 22nd and 23rd September 2011 Report Date: December 2011

Images courtesy of NHS Photo Library and Sandwell & West Birmingham NHS Trust



INDEX

Compliance tables for Appendix 2 can be found in a separate document

INTRODUCTION

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

West Midlands Quality Review Service (WMQRS) was set up as a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on http://www.wmqi.westmidlands.nhs.uk/wmqrs/.

This report presents the findings of the review of mental health services, health services for people with learning disabilities, dementia services and care of vulnerable adults in acute hospitals which took place on 20th, 21st, 22nd and 23rd September 2011. The purpose of the visit was to review compliance with WMQRS Quality Standards for:

- Mental Health Services, Version 1, February 2011
- Health Services for People with Learning Disabilities, Version 1.1, December 2010
- Dementia Services, Version 1, February 2011
- Care of Vulnerable Adults in Acute Hospitals, Version 1.1, December 2010

These visits were organised by WMQRS on behalf of the following Care Pathway Groups: West Midlands Mental Health Care Pathway Group, West Midlands People with Learning Disabilities Care Pathway Group and West Midlands Dementia Care Pathway Group.

The purpose of these standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care within the Health Economy which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned and identifies areas where changes may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting ream which reviewed the services at Worcestershire health economy. Appendix 2 gives the details of compliance with each of the standards and the percentage of standards met.

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of Worcestershire health economy for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

KEY POINTS

1 This review of the Worcestershire health economy found good working relationships between health organisations and between health and social care. The Worcestershire Health and Care NHS Trust was going through a period of significant organisational change at the time of the review but the staff who met the visiting team were staff were open, honest, thoughtful and reflective, as well as highly committed to providing good care for their service users and carers. Reviewers were impressed by the plans for modernisation of mental health services and for increasing the focus on recovery.

2 Reviewers raised Trust-wide concerns about IT systems and care records, clinical supervision, arrangements for admission to in-patient care of young people aged under 18, access to psychological therapies and statutory and mandatory training.

3 In addition to the Trust-wide issues, the reviewing teams had the following findings about individual services. The Worcestershire Enhanced Primary Care and Improved Access to Psychological Therapies Service had made good progress but was not yet funded or staffed to meet the expected need of the population. The Early Intervention Service had many examples of good practice which justified its national and international reputation. CMHTs were generally well-organised with some examples of good practice although their roles in the modernised services proposed were not yet clear. The Crisis Resolution Home Treatment team was going through significant change and a particular concern was raised about access to medical cover out of hours. In-patient wards had a generally good environment and good focus on therapeutic activities. Reviewers were concerned about the skill mix in the Assertive Outreach service but service user feedback on the service was very positive. The Recovery Services reviewed were highly committed to enabling recovery and ensuring service users could return to employment and independent living.

4 Reviewers were impressed by Worcestershire's services for people with learning disabilities and, in particular, by the service user and carer involvement in these services. Concerns were raised about discharge arrangements.

5 The Early Intervention in Dementia Service was well-organised with many examples of good practice. The dementia pathway in Community Mental Health Teams (CMHTs) was less clear, including arrangements for diagnosis, assessment and support for the more severely affected people referred to these teams.

6 Worcestershire Acute Hospitals NHS Trust had undertaken a lot of work to raise awareness of the care of vulnerable adults. Reviewers were particularly impressed by the acute hospital liaison service for people with learning disabilities and work to improve care for people with dementia.

Return to *Index*

HEALTH ECONOMY OVERVIEW

General Comments and Achievements

This review of the Worcestershire health economy found good working relationships between health organisations and between health and social care. Integration of health and social care was apparent at both commissioner and provider levels. Links with other organisations, including third sector organisations, were also very good. All organisations had worked together to reduce variations in access to services between the different parts of Worcestershire.

This report identifies many examples of good practice which had been achieved through effective joint working over many years. Several of the concerns identified in the 'mental health services' section of this report will require action by commissioners as well as providers.

Good Practice

1 A comprehensive Carers Policy was in use across the health economy.

Further Consideration

1 **Future Strategy for Community Mental Health Teams**

Plans for the development of mental health services were being actively pursued covering primary care, assessment, home treatment and recovery. The future role of Community Mental Health Teams was less clear. Reviewers were told about a review of CMHTs, whereas others thought that their future was as recovery-focussed teams. Reviewers suggested that health economy-wide clarity about the future role of CMHTs is needed soon. This needs to include the role of the older adult CMHTs as well as those for adults of working age.

Return to *Index*

MENTAL HEALTH SERVICES

PRIMARY CARE - GENERAL PRACTICE

No specific issues were identified.

Return to *Index*

MENTAL HEALTH TRUST-WIDE

WORCESTERSHIRE HEALTH AND CARE NHS TRUST

General Comments and Achievements

The Trust was going through a period of significant organisational change at the time of the review. The new Health and Care Trust had been formed in July 2011. Reviewers comments about most of the clinical services reviewed were that staff were open, honest, thoughtful and reflective, as well as highly committed to providing good care for their service users and carers. This culture will stand the Trust in good stead as it takes forward its modernisation plans. Many staff commented on the good communication they received from senior management about the changes which were taking place although a few felt that their voice had not been sufficiently taken into account in the planning process. The Trust was embarking on the development of a new Clinical Strategy supported by a significant process of staff engagement.

At the time of the review the Trust had already instigated a '*Big Recovery*' initiative which supported the values and principles of recovery across mental health services. Reviewers were impressed by the engagement of service users, carers and staff in ensuring that recovery was embedded in the work of the Trust. A '*Values and Pledge*' had been developed which was starting to challenge working practices and allow the voice of users and carers to hold the Trust to account. The Trust had also been working on '*Ten Challenges for Recovery*' for medical staff, positive risk-taking and other actions.

The Trust was aware of many of the issues identified in this report and some plans to address them were already in place.

Immediate Risks: None

Concerns

1 **IT Systems and Care Records**

Reviewers were seriously concerned about the multiplicity of IT systems and care records in use within the Trust. Several services were using multiple IT systems which required multiple data entry. Staff were not always able to access the system containing the information they needed. There were also several examples of multiple care records. Although most staff were aware of where information needed to be entered and which systems / records needed to be checked for the latest information, these arrangements were rarely documented and often relied on staff remembering to update or check another system or record. Reviewers considered there was significant potential that staff would not have the up to date, full information that they needed when making decisions. Information about safeguarding and about carers' needs assessments were recorded on separate systems which relied on staff remembering to check and update as necessary. For young people aged under 16, details of their case worker in the Early Intervention service could not be recorded on the CAMHS system.

A project group was looking at implementation of a new IT system but its remit did not appear to include minimising the risks associated with the current systems and records.

2 **Clinical Supervision**

With the exception of the IAPT service, robust arrangements for clinical supervision were not in place. Informal arrangements were evident in some areas.

3 **Arrangements for admission to in-patient care of young people aged under 18**

Due to insufficient prompt availability of adolescent in-patient beds within the region, young people aged less than 18 were sometimes admitted to adult wards. Arrangements for support from the crisis team for young people aged under 18 were not clear. These appeared to vary between the two Early Intervention Teams and also varied depending who within each team was on duty. Reviewers were told that CAMHS consultants were involved in finding an appropriate adolescent in-patient bed, even where prescribing responsibility had been transferred to the Early Intervention service.

4 **Access to Psychological Therapies:**

Several of the services reviewed had no or limited input from staff with competences in more specialist psychological therapies. The skill mix on the Redditch CMHT included only one psychologist who was not able to attend the allocation meeting and waiting times for specific psychological interventions exceeded 18 weeks. The Assertive Outreach and Crisis Resolution / Home Treatment teams had no psychologist. In-patient services had little access to psychology expertise although some in-reach from CMHTs was taking place. At the time of the visit, the Early Intervention service had no psychologist input due to staff sickness. There was also no clear framework of developing competences in psychological interventions for different groups of staff in order to make most effective use of psychology staff for more specialist interventions.

5 **Statutory and Mandatory Training**

Approximately 40% staff across the Trust had completed statutory and mandatory training.

Further Consideration

1 **Approved Mental Health Practitioner Rota**

At the time of the review there was only one AMHP on duty at night for the county but this was due to increase to two from 1st October 2011. A joint AMHP policy was being developed to replace the previously separate Trust and Local Authority policies.

2 **Care plans and care coordination**

The Care Programme Approach (CPA) policy in use within the Trust was fairly general and there was a separate policy for non-CPA care planning. The care planning documentation did not appear to be designed to engage service users and the assessment documentation had no space for recording service users' goals. Some of the care plans seen by reviewers were written in the third person and seemed to be the service's plan rather than the service user's plan. In several services there was little evidence of care plans having had service user input or having been agreed by the service user. Some care plans referred to staff members by forename without clarity of surname or role (for example, "Mary will come and visit you".) It was also not clear that staff had had training in enabling service user involvement in care planning.

3 **Clinical guidelines, data collection and audit**

Clinical guidelines for the Care Clusters offered by each service, data collection and a rolling programme of audit of implementation of guidelines were not yet in place. This issue is identified as for 'further consideration' at this stage for several services but will be of concern if progress is not made over the next few years.

4 **Review and Learning**

Trust-wide governance arrangements were in place but arrangements for review and learning at a service level were less evident. Reviewers suggested that, as part of the organisational development programme, the Trust should ensure that all services have robust arrangements for review and learning as an integral part of their work.

5 The Trust Risk Assessment and Management Policy was not clear on risk management and was due for review in March 2011.

6 Several of the policies and procedures previously used by the mental health Trust were written in fairly general and aspirational language and did not have clearly specified outcomes and metrics. Many of these policies were being revised and reviewers suggested that the inclusion of clearer outcomes and metrics may be helpful.

7 Professional leadership arrangements were being redesigned as part of the development of the new Trust. Reviewers suggested that these needed to be clarified soon in order to ensure robust input from different professional perspectives into the new Clinical Strategy.

8 Modernisation plans for mental health services appeared to be being pursued separately from those for services for people with learning disabilities. There were some suggestions during the review that people with learning disabilities did not have the same access to mental health and dementia services as other service users. The Trust should consider whether further work is needed in this area.

Return to *Index*

PRIMARY CARE-BASED PSYCHOLOGICAL THERAPIES

WORCESTERSHIRE ENHANCED PRIMARY CARE & IMPROVED ACCESS PSYCHOLOGICAL THERAPY (IAPT)

General Comments and Achievements

Reviewers were impressed with the progress made by this team, especially as the service had been in existence for less than a year and had 27% of expected funding (based on national bench-marks). Service users were very pleased with service they had received. Staff were enthusiastic and committed and were prepared to work very flexibly. Team-work was good and staff were confident in the leadership of their manager.

Reviewers identified several good aspects of the service, including a) a good user experience questionnaire, b) workers positively encouraged carers to be involved in sessions with the service user and c) the service was in the process of re-visiting all GP practices. There was a good approach to preparing people for 'discharge' and service users were positive that they had been enabled to take responsibility for their own health and well-being. The service was working hard to set up level 0 interventions. There was a programme of "Sharing experience for

positive improvement and awareness" which was a good approach to learning from incidents, complaints and positive feedback. A multi-agency IAPT care planning group had been in existence for several years.

Good Practice

1 Very good support for getting people back into employment was available. A Remploy 1.4 wte Employment Support Worker had been in post since July which enabled good links between IAPT and employment services. Signposting to benefits and employment opportunities was good with support and emphasis on preparing people for work. The service was also working with people who had been out of work for a while, including discussing with employers about 'reasonable adjustments' that may be needed.

2 Excellent arrangements for clinical supervision were in place. Clinical supervision was appropriate to the complexity of the work undertaken and sessions were all recorded.

3 Good, clear, concise clinical guidelines were available.

Immediate Risks: None

Concerns

1 Staffing levels were insufficient to meet expected need within the population. Four new staff were about to start but this would still leave the service well below the expected staffing levels. Staffing and the services offered were different in different parts of Worcestershire. As a result, waiting times between referral and initial contact varied between two weeks and three months – with the potential for problems to escalate during this time.

Further Consideration

1 NHS Worcestershire and the Adult Joint Commissioning Unit's commissioning intentions for the service addressed the inequalities in service between different parts of Worcestershire. Ongoing discussions with commissioners will be needed to ensure these intentions are implemented, especially given the changes to commissioning organisations.

2 Information available showed that, in some areas, only 55% staff had completed mandatory training. This was understandable because staff had been on IAPT training but needs to be addressed as soon as possible. Some staff suggested that the information may not be accurate because of difficulties in confirming training completed.

3 Mechanisms for user and carer involvement were in place but users and carers who met the reviewers were not clear how to be involved with improving services. Areas which may benefit from discussion with users and carers include ways of making information about the service more accessible, information on benefits advice, and user views on the language used in the recently produced newsletter.

4 The operational policy may benefit from review to ensure consistency with current practice in relation to timescales and to ensure that operational policy measures are consistent with Vital Signs.

5 Discussion with learning disability services about access to IAPT services for people with learning disabilities may be helpful to ensure that all staff have a shared understanding of criteria for access to IAPT.

SPECIALIST MENTAL HEALTH SERVICES

WORCESTERSHIRE EARLY INTERVENTION SERVICE (EI)

General Comments and Achievements

The Worcestershire Early Intervention Service consisted of two teams, both of which were positive and enthusiastic. Service user and carer feedback about the service was very good with users and carers appreciating the strong emphasis on social recovery. The teams had good insight into the challenges which they faced and were thoughtful and reflective about improvements which they wanted to make. Teamwork was good with all staff contributing to the development of services. The service had a national and international profile and was making a substantial contribution to Early Intervention research.

Good Practice

1 Approximately 68% of service users were in education or employment.

2 There was a good framework for physical health screening.

3 Communications with GPs were good. There was a good referral pathway for GPs. There had been lots of collaborative working with GPs to ensure the appropriate identification of psychosis and GPs reported that that they were kept informed of service users' progress.

4 The service offered a good range of therapeutic interventions with particular focus on family therapy.

5 Arrangements for transition from CAMHS care were robust. One member of staff was the case worker for all service users aged 14 and 15, and for some 16 year olds.

Immediate Risks: None

Concerns

1 **Clinical Supervision**

Formal clinical supervision for staff providing cognitive behavioural therapy was not happening due to staff sickness. Monthly individual clinical supervision of all case managers was, however, in place. There was also monthly provision of behavioural family therapy supervision for all staff working with families.

2 **Arrangements for admission to in-patient care of young people aged under 18:** See Trust-wide section of this report.

3 **IT Systems and Care Records:**

See Trust-wide section of this report relating to multiple IT systems. In addition, for service users aged under 16, the transition worker could not be recorded as the case worker on the CAMHS system. As a result, communications about the individual may not reach the appropriate person.

Further Consideration

1 **Guidelines and Data collection:** See Trust-wide section of the report

2 The Early Intervention service identified several areas of service development to which further consideration was already being given. Reviewers agreed with these and identified some additional areas for consideration. Reviewers suggested, however, that it will be important for the service to prioritise its

development plans to ensure robust implementation and consolidation of changes made. Areas for further consideration included:

a. Reviewers were told that approximately 20% of service users were from black and minority ethnic communities and further consideration of the way that the service responds to the specific needs of this group may be helpful. Particular issues identified during the review included access to interpreting services, spiritual care and availability of information.

b. Although the teams were clear about arrangements for 'next steps transition', service users and carers were less clear about their care after their time with the Early Intervention service.

c. The service was taking on the care of young people with bipolar disorder (as well as those with a first episode of psychosis). The implications of this change for clinical guidelines and care planning may benefit from further consideration.

d. The Early Intervention service was collecting data on activity and outcomes but, at the time of the review, little analysis of these data had been undertaken. Further work on analysing the service's data would give a better understanding of current caseload, activity and outcomes, which may help to prioritise the future service developments. As part of this work, consideration should be given to the needs of young people with a long history of psychosis being supported by other Worcestershire services.

e. Discussions were taking place about improving links with other services, including links with dual diagnosis services, smoking cessation services, crisis teams, Connexions, MIND and Re-think. At the time of the review, the links with these services appeared to rely heavily on relationships between individuals rather than clearly understood and documented pathways which all team members understood.

f. The service had plans to undertake more work on educating referrers about the service. Considering the extensive number of potential interfaces with referrers, some service-wide prioritisation may be helpful to reduce the workload of those involved in educating referrers.

g. There was good service user and carer involvement in staff recruitment but mechanisms for involving users and carers in plans for the future development of the service were less clear.

It may be helpful to bring these plans together into a single, prioritised development plan for the service which is linked with team members' personal development plans.

Return to *Index*

MALVERN COMMUNITY MENTAL HEALTH TEAM (CMHT)

General Comments and Achievements

This was a welcoming, friendly team who had prepared well for the review visit. Staff were highly motivated and worked well together. There was good integration with social care and good collaboration with other agencies. The team was taking a positive approach to the reorganisation of services which was taking place. Staffing levels were good with good levels of medical staff input.

Good Practice

1 The team had good access to employment workers and the 'Hub' enabled a recovery-focussed approach to care.

2 Access to employment opportunities was also very good, including the linked nurseries which provided a therapeutic and empowering work opportunity.

3 Service users were very positive about the positive attitude of reception staff and the difference which this made to their experience of accessing services.

4 The premises were excellent.

Immediate Risks: None

Concerns

1 **Clinical Supervision:** See Trust-wide section of this report

2 **IT Systems and Care Records:** See Trust-wide section of this report

3 **Operational Policy**

The CMHT did not have an operational policy and, as a result, much of the organisation of the service depended on the custom and practice as understood by different members of staff.

Further Consideration

1 **Clinical guidelines, data collection and audit:** See Trust-wide section of the report

2 **AMHP Rota:** See Trust-wide section of this report

3 **Care plans and care coordination:** See Trust-wide section of this report

4 Service users' carer coordinators also carried out assessments of carers' needs. It may be helpful to consider whether this arrangement gives sufficient objectivity in the assessment of carers' needs.

5 Further discussion with the Assertive Outreach team about difficulties and delays in the referral pathway may be helpful in order to resolve issues about which the CMHT had concerns.

Return to *Index*

REDDITCH COMMUNITY MENTAL HEALTH TEAM (CMHT)

General Comments and Achievements

This was a committed team whose members were working well together. Integration of health and social care staff was good. The premises were very good and had enabled an integrated approach to the provision of care, and included a skills workshop and kitchen. There was good access to further education courses run by external agencies but delivered in the Redditch building. Links with housing providers were good.

Good Practice

1 The whole process of support for carers was well organised, including good arrangements for assessment of needs, support available, clear eligibility criteria and an emergency contingency plan.

2 The service was particularly responsive to service users' needs, including flexible availability of clinic times and good documentation for carers.

3 The 'Consent to Share Information' form in the case notes was signed by the service user and provided clear information for everyone involved with the individual's care, including other care providers and other agencies.

Immediate Risks: None

Concerns

1 **IT Systems and Care Records:** See Trust-wide section of this report.

2 **Clinical Supervision:** See Trust-wide section of this report.

3 **Access to Psychological Therapies:** See Trust-wide section of this report.

4 **Operational Policy**

The CMHT did not have an operational policy and, as a result, much of the organisation of the service depended on the custom and practice as understood by different members of staff.

Further Consideration

1 Service users with a higher functioning level were being helped to access training and jobs but, at the time of the review, service users who were unable to function at this level did not appear to have the same level of support. Reviewers were told that they would previously have been able to attend drop-in sessions and discussions about alternative arrangements were in progress. Further consideration of the support available for this group of clients may be helpful.

2 **Clinical guidelines, data collection and audit**: See Trust-wide section of the report

3 **AMHP Cover Out of Hours:** See Trust-wide section of this report.

4 **Alternatives to Admission:** See mental health services commissioning section of this report.

5 The service users from the Redditch team did not have a clear pathway for providing feedback about the service. There was a Trust-wide mechanism but feedback was not always specific about the local service. The team might want to review the mechanisms for feedback to ensure service user and carer views are heard and taken into account.

Return to *Index*

WORCESTERSHIRE ACUTE CARE - CRISIS RESOLUTION HOME TREATMENT SERVICE (CRHT)

General Comments, Achievements and Good Practice

The Crisis Resolution Home Treatment service for Worcestershire was In the middle of significant change. Staff were open and thoughtful and reflective and members of the team seemed to work well together. Multi-disciplinary working was well-embedded. There were good mechanisms for involvement of service users and carers and the reconfiguration had come about partly in response to service users' feedback about the need for greater access and consistency of service. Integration between health and social care was good and AMPH staffing levels were good (10 members of staff). Levels of sick leave and staff turnover were low. A good feedback form was in use and good arrangements for assessments of carers' needs were in place.

Immediate Risks:

1 **Out of Hours Telephone Prescribing**

Infrequently, verbal authorisation for new medication or changes in dose of existing treatment was being given by medical staff to nurses on the Crisis Resolution / Home Treatment Team.

Concerns

1 **IT Systems and Care Records:** See Trust-wide section of this report.

The crisis team had a stand-alone IT system which did not link automatically with the Trust-wide system for recording care plans and risk assessments. The risks associated with this were mitigated by arrangements for communication with CMHTs and GPs every Friday. If changes took place between these weekly updates then others may not be aware of them. Reviewers were told that nominated people within CMHTs did have access to the CRHT system. This arrangement relied, however, on CMHT staff being aware that there was something that they should ask a nominated person to check.

2 **Clinical Supervision:** See Trust-wide section of this report

3 **Medical Cover Out of Hours**

One consultant was on call for the crisis team and in-patient services without, usually, a 'middle-grade' doctor being available. As a result, medical cover for home visits out of hours was largely limited to people needing compulsory detention under the Mental Health Act.

4 **Alternatives to Admission:**

A limited range of alternatives to admission was available. One crisis bed was becoming available at the time of the review. Reviewers were also told that some day care facilities were no longer available.

Further Consideration

1 **Clinical guidelines and audit:** See Trust-wide section of the report

2 **Care plans and care coordination:** See Trust-wide section of this report.

3 Filing cabinets containing patient records were unlocked at night. The building was secure at night. Reviewers recommended that the risks associated with this practice should be reviewed.

4 Trust-wide governance arrangements were in place but arrangements for review and learning within the Crisis Team were less evident.

5 Reviewers were given several different views about the future staffing and service organisation and some staff felt that they had not been involved in planning the changes. Several issues may benefit from further consideration, with service user and carer and staff involvement, as the new service develops:

a. Clarifying the criteria and arrangements for access to the crisis team may be helpful. Reviewers were told that users of the Assertive Outreach service were not able to access the crisis team and a mixed picture of links with Early Intervention teams was evident.

b. It was suggested to reviewers that some clinicians may be undertaking assessments of new service users on their own. Reviewers commented that this may lead to more cautious decision-making and a corresponding increase in admissions and Mental Health Act assessments.

c. Proposed police turnaround time (90 minutes) for Section 136 removals appeared inconsistent with the ability of the crisis team to respond

d. It appeared that a greater number of transitions between services may result from the new arrangements and the service will need to ensure that these transitions are robustly managed.

6 Some data on the activity and outcomes of the service were being collected but these did not appear to be being analysed to inform the service delivery and future developments.

7 Some service users and carers commented that staff did not always wear their identification badge when undertaking home visits.

Return to *Index*

WORCESTERSHIRE ACUTE CARE – IN-PATIENT CARE

General Comments and Achievements

All the staff who met the visiting team were positive and enthusiastic. The wards reviewed had good weekly timetables, good occupational therapy support and lots of therapeutic activities were taking place. Relationships with the police were good.

Good Practice

1 The environment for the provision of in-patient services was good, with the exception of Abberley Ward (see below). Reviewers were particularly impressed with the environment on the Hadley Unit.

2 A very good checklist was used for discussion with service users prior to the weekly ward meetings. This meant that service users' concerns were systematically considered.

3 There was a good check-list for GP medication.

Immediate Risks: None

Concerns

1 **Operational Policy and Clinical Guidelines**

There was no operational policy for the in-patient services (other than PICU). Clinical guidelines covering the therapeutic interventions offered by the services were also not in place. As a result, the organisation of the services and the therapeutic interventions offered depended on the individual views of members of staff and it was not clear that consistent care was being offered.

2 **Abberley Ward Environment**

This ward was in need of modernisation and was not conducive to current clinical practice. Not all areas provided single room accommodation.

3 **Access to Psychological Therapies**: See Trust-wide section of this report.

4 **IT Systems and Care Records**: See Trust-wide section of this report.

Further Consideration

1 **Clinical guidelines, data collection and audit**: See Trust-wide section of the report .

Return to *Index*

WORCESTERSHIRE ASSERTIVE OUTREACH SERVICE (AO)

General Comments and Achievements

Service users and carers were very pleased with the services they received. Service users were particularly positive about the communication they received and that staff arrived when they said they were going to. Service users said that they were concerned about the future and whether this level of support would be maintained.

Immediate Risks: None

Concerns

1 **Care plans and care coordination:** See Trust-wide section of this report.

This issue is included as a 'concern' for the Assertive Outreach service because reviewers were told that drug doses were included in the Care Plan at the time of CPA and the system for checking for updates to dosages was not clear.

2 **Skill Mix**

Staff with specialist competences in occupational therapy and psychology were not part of the team at the time of the review. In particular, reviewers were told that service users had to be admitted in order to access an occupational therapy assessment.

3 **Alternatives to Admission:**

A limited range of alternatives to admission was available. One crisis bed was becoming available at the time of the review. Reviewers were also told that some day care facilities were no longer available.

4 **Clinical Supervision:** See Trust-wide section of this report.

Further Consideration

1 Arrangements for liaison with CMHTs may benefit from review. Reviewers were told that, in order to re-access Assertive Outreach, clients who had previously been in contact with the service had to be referred back to their GP and then re-referred to Assertive Outreach. Reviewers were told that this added delays and difficulty at a time when service users were in particular need.

2 **Clinical guidelines, data collection and audit:** See Trust-wide section of this report.

3 A physical health policy had been developed and links with primary care about service users' physical health needs were improving. Reviewers encouraged continuation of this work.

4 Arrangements for giving information about treatments and side effects may benefit from review as some service users said that they had not received the information that was available.

Return to *Index*

WORCESTERSHIRE RECOVERY SERVICE – SHRUBBERY AVENUE and CROMWELL HOUSE

General Comments and Achievements

Recovery services at Shrubbery Avenue and Cromwell House were provided by highly committed staff. Services were focussed on enabling recovery and ensuring service users could return to employment and independent living.

Good Practice

1 The services' focus on recovery was embedded in all aspects of the work with service users. Service users were very clear about their goals and plans for recovery. The process for discharge planning was excellent. Service users were very clear about their discharge plan and staff spent considerable time working through housing needs. Service users had their own file of information about their care and plans for the future. Links with employment services, benefits advice and housing services were very good.

2 Mental health promotion was actively promoted through all work at Shrubbery Avenue. Reviewers were particularly impressed with the gardening project.

3 The Shrub Hill project was particularly impressive and provided a range of re-ablement initiatives. Some of the activities were run by ex-users. Staff were enthusiastic about developing the skills of those using the facility.

Immediate Risks: **None**

Concerns

1 **Lone Worker at Night**

Reviewers were seriously concerned that one member of staff was on duty alone at night at Shrubbery Avenue. This was a mixed sex facility for six males and one female at the time of the review. Reviewers were told that this was because the clients were low risk, which did not appear to be consistent with the need for them to be in NHS in-patient care.

2 **IT Systems and Records of Care:** See Trust-wide section of this report.

Further Consideration

1 Arrangements for assessments of carers' needs may benefit from review as these were not clear. Staff did not appear to have access to information about carers' assessments.

2 **Care Plans:** See Trust-wide section of this report.

3 **Clinical Guidelines, Data Collection and Audit:** See Trust-wide section of this report.

4 It may be helpful if information about other organisations which provide mental health services, for example, *MIND* and *Re-think,* could be easily accessible. The system of suggestion boxes may also benefit from review as to whether this was meeting users' needs for providing feedback and involvement in decisions about the management of the services.

Return to *Index*

COMMISSIONING

NHS WORCESTERSHIRE and ADULT JOINT COMMISSIONING UNIT

General Comments and Achievements

Commissioning staff had been actively involved in the development of mental health services and had good understanding of services and the challenges they faced. There were good working relationships with Clinical Commissioning Groups. Commissioners knew that they needed to undertake further work on the development of services for people with personality disorders, dual diagnoses and autistic spectrum condition. A Joint Strategic Needs Assessment had not yet been completed.

Concerns

Several of the concerns in the mental health services section of this report require commissioner involvement and active monitoring of the progress which is being made.

Further Consideration

1 Some concerns were raised with reviewers about changes to the range of alternatives to admission and whether service users had been fully involved in these changes. Further discussion with service users about these changes may be helpful. The arrangements for evaluation of their impact, including service users' views on the changes, were not clear.

Return to *Index*

HEALTH SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

PRIMARY CARE

See specialist learning disabilities section of this report.

SPECIALIST LEARNING DISABILITIES SERVICES

WORCESTERSHIRE HEALTH and CARE NHS TRUST

General Comments and Achievements

This service had impressive engagement of service users and carers and of staff. There was excellent integration of health and social care. The team had strong leaders who were pro-actively driving forward improvements in the care provided. Although the services were going through a reorganisation, service users and carers and staff were actively involved in planning for the future and were approaching the change very positively. Good links with primary care were in place, despite limited resources for this work (see below).

Many examples of good practice had already been implemented (see below). Other initiatives were in development, including: a) a criminal justice liaison pathway was being piloted, and b) the behaviour team was working on a system of accreditation of services for people with challenging behaviour. There were also plans for an in-patient assessment and treatment service and for increased medical sessions for the team.

Good Practice

1 Service user and carer involvement in the organisation and management of the service was excellent. Specific examples of this included service user and carer input to the development of transition services, the carer's policy at the acute Trust and re-provision of special bus passes. Service users and carers had prepared their own evidence for the review visit. They were actively involved in several forums and working groups.

2 Acute hospital liaison services for people with learning disabilities worked very well. Reviewers were particularly impressed by the alert in the hospital electronic record which ensured that the liaison team was notified if the person was admitted to hospital.

3 Two posts, based in the north and south of the county, focussed on the needs of older carers.

4 A very good quality assessment checklist for new providers of bespoke and out of area care had been developed.

5 A guide on reasonable adjustments and how it applied to the different professional roles had been developed.

6 All 68 general practices had a learning disability register.

Immediate Risks: None

Concerns

1 Several concerns about discharge arrangements were raised by service users and by staff. These included a) some confusion about discharge from a particular therapy (for example, physiotherapy or speech and language therapy) for users who needed ongoing care, b) communication with service users about the reasons for discharge, c) documentation of discharge planning in care plans and d) arrangements for re-accessing care for people who had been discharged.

2 There was insufficient Primary Care Liaison Worker time. The Primary Care Liaison Worker worked two days a week covering the whole of Worcestershire. The time for this role was insufficient¸ especially given the size and geographical spread of the county.

3 Reviewers were told of long waiting times for advocacy services and difficulty accessing advocacy services for people with complex communication needs.

Further Consideration

1 Improved documentation of the 'out of hours' pathway may be helpful. Although most service users and carers knew how to access help this was not clear in the information available.

2 The extent to which Health Action Plans were completed and used was variable. Several different formats were used and reviewers heard differing views about which was the best format. Reviewers suggested that further work was needed on ensuring uptake and usage of Health Action Plans.

3 A strategy for services for people with autistic spectrum condition was being developed but the timescales for this work, and for implementing the strategy, were not yet clear. Reviewers encouraged continuation of this work.

4 Reviewers were told of plans for four community teams across Worcestershire in future. As these will not map to Clinical Commissioning Groups, it will be important to ensure that responsiveness to commissioners of services is maintained. Also, staffing levels for some allied health professionals, especially physiotherapy and speech and language therapy staff appeared too low for the proposed model of service organisation.

5 Arrangements for transition of young people to the care of adult services. Reviewers were told of plans for a dedicated transition team which was to be implemented in the new financial year. However, there was concern that those users who had experienced difficulties with the previous transition arrangements still needed support and it was unclear how this would be addressed.

Return to *Index*

COMMISSIONING

NHS WORCESTERSHIRE and ADULT JOINT COMMISSIONING UNIT

See specialist learning disabilities service section of this report.

Return to *Index*

SERVICES FOR PEOPLE WITH DEMENTIA

MEMORY SERVICES

A range of services for people with dementia were available in Worcestershire, including an Early intervention Service, six community mental health teams which provided care for people aged over 65 with functional and organic problems, a team which supported people with dementia in care homes, admiral nursing, dementia advisers, an intermediate care worker and an acute liaison team.

In-patient care for people with dementia was also provided by Worcestershire Health and Care Trust but was not reviewed.

People with suspected dementia were referred to the Early Intervention Service, if they were thought to be in the early stages of the dementia, or to CMHTs if their disease was more advanced.

General Comments, Achievements and Good Practice

Reviewers considered that Worcestershire was well on the way to having a very good set of services providing holistic care for people with dementia. The services were looking positively to exploit the opportunities resulting from the recent organisational merger. Commissioners were also enthusiastic and involved in the development of services. Service user and carer feedback was very good.

The Early Intervention in Dementia Service had many examples of good practice, including good information for service users and carers. Staff of this service were enthusiastic and focussed on the development of the service.

Particular examples of good practice included:

1 Liaison with other services and with the voluntary sector was good. Dementia advisers were available to provide support to people diagnosed through the Early Intervention Service. CMHTs had good integration with social care. An acute hospital liaison service was in place, including 'flagging' of vulnerable individuals so that the liaison service was notified when they were admitted to hospital.

2 Service users were very pleased with the accessibility of memory clinics. Initial assessment took place at home and was followed by a discussion about the most appropriate next step. Carers felt very well supported and were particularly grateful that they always got to talk to someone when they rang up.

3 Admiral nurses were available throughout Worcestershire. Good links with Worcester University were in place. Action learning sets had been run as part of the development of the services.

4 A good structured primary care training programme was in place for all groups of staff. This ensured training appropriate to the level of involvement with the care of people with dementia.

5 A good pathway had been developed with Dementia UK on palliative care for people with dementia.

6 Very good training with long term care providers was in place. A leadership programme had been run and the services 'out-reached' into care homes.

7 Good public awareness programmes were run with lots of work with schools, local events and newspapers.

Immediate Risks: None

Concerns: None

Further Consideration

1 **Dementia Pathway in Community Mental Health Teams**

In contrast to the Early Intervention in Dementia Service, diagnosis, assessment and support offered to people with dementia referred to CMHTs did not yet meet several of the expected Standards. Memory Clinics were run but these used different assessment tools from the Early Intervention Service. It was not clear that information about all aspects of dementia was made available to people assessed and diagnosed. Dementia advisers were available to people supported by CMHTs but it was not clear that service users were routinely offered this support. It therefore appeared that those people with the greatest needs were being referred to the service with the less developed arrangements for diagnosis, assessment and support. This was reflected in the experience of users and carers who met the reviewing team.

2 Given the extent of organisational change taking place, it will be important to maintain the emphasis on memory services and a robust pathway for service users and carers.

3 Governance of the diagnostic process within Worcestershire Acute Hospitals NHS Trust may benefit from review. Reviewers were told that the acute hospital liaison service was undertaking assessments, discussing these with psychiatrists and then telling people their diagnosis while they were in hospital. It was not clear that patients following this pathway, especially those with a first presentation, had access to an appropriate range of assessment and diagnostic tests, and access to the support that was available in other settings.

4 The services and commissioners were giving further consideration to meeting the specific needs of people with young onset with dementia, alcohol-related dementia and those with learning disabilities who developed dementia. Reviewers encouraged continuation of this work.

Return to *Index*

COMMISSIONING

NHS WORCESTERSHIRE and ADULT JOINT COMMISSIONING UNIT

See Memory Services section of this report.

Return to *Index*

CARE OF VULNERABLE ADULTS IN ACUTE HOSPITALS

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

During this visit reviewers looked at Trust-wide guidelines and policies and tested their implementation in the following clinical areas:

Alexandra Hospital, Redditch: Emergency Department, Ward 9 Gynaecology, Ward 10 Surgery

Worcestershire Royal Hospital: Emergency Department, Falls Out-patient Department, Respiratory HDU and General Medicine

General Comments and Achievements

Much work had been undertaken across the Trust in raising awareness of caring for vulnerable adults. A range of nursing metrics was reported and audits had shown improvements in the delivery of some aspects of care across all hospital sites. Ten patients were spoken to by reviewers and all were appreciative of the care they had received. Staff were committed and knowledgeable. 'Comfort and Care' rounds had been implemented. A good range of information was available for patients and carers. An integrated discharge team provided support for people who were particularly vulnerable.

Good Practice

1 Acute hospital liaison services for people with learning disabilities worked very well.

2 A Carers Development Officer was developing work with carers on all wards and departments.

3 A dementia care mapping exercise had focussed on the patient experience as well as carers' experiences.

4 An alert in the hospital electronic record (Oasis) flagged admissions of people who may be vulnerable and ensured that the liaison teams were notified if the person was admitted.

5 Safeguarding posters were in available in four languages.

Immediate Risks: None

Concerns: None

Further Consideration

1 Cover for the Safeguarding Lead was through Matrons. It was not clear to reviewers that this arrangement would ensure robust cover, consistent understanding and implementation of policies, and effective follow-up of issues identified.

2 Additional training for PALS about safeguarding may be helpful in order to develop understanding of safeguarding issues and processes.

3 Reviewers were impressed that several improvements had been developed recently or were being planned. It will be important to ensure that these are followed through to full implementation. Examples included a support worker for safeguarding, implementation of new policies, implementation of the Trust dementia strategy, Safeguarding Champions, closer working with social workers, patient information and discharge planning booklets.

4 See also Memory Services section of this report about the governance process for people diagnosed with dementia during in-patient care at Worcestershire Acute Hospitals NHS Trust.

Return to *Index*

COMMISSIONING

NHS WORCESTERSHIRE

No specific commissioning issues were identified.

Return to *Index*

APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Jon Tomlinson	Joint Commissioner	Birmingham City Council
Angharad Newbold	Clinical Governance Manager	Birmingham & Solihull Mental Health NHS Foundation Trust
Belinda Dooley	Joint Commissioning Manager	Sandwell PCT
Billy McAlinden	Service Manager – Learning Disabilities	[2]gether NHS Foundation Trust
Bridget Convery	Counsellor/Clinical Hypnotherapist - Carer	Carers In Partnership
Claire Dyson	Patient Advice and Liaison Services Officer	NHS South Birmingham
Darren Perry	Consultant Clinical Neuropsychologist	North Staffordshire Combined Healthcare NHS Trust
Dawn Lewis	Carer	Carers in Partnership
Diane Rhoden	Adult Safeguarding Lead Nurse	Sandwell & West Birmingham Hospitals NHS Trust
Diane Topham	Operational, Business and Performance Manager	[2]gether NHS Foundation Trust
Dr Mary Eminson	Consultant Psychiatrist (Retired)	
Dr Pullical Ravi	Consultant Psychiatrist - Substance Misuse	Dudley & Walsall Mental Health Partnership NHS Trust
Dr Suchithra Thirulokachandran	Consultant Psychiatrist in Learning Disabilities	Black Country Partnership NHS Foundation Trust
Elizabeth Kiernan	Clinical Nurse Specialist Older People	University Hospitals Coventry & Warwickshire NHS Trust
Felix Davies	Director of Psychological Services	South Staffordshire & Shropshire Healthcare NHS Foundation Trust
Gillian Mobbs	CMHT manager	Coventry and Warwickshire Partnership NHS Trust
Heather Palin	Matron	Severn Hospice
Heidi Osborne	Safeguarding Nurse	NHS South Birmingham
Izzy Leighton	Speech & Language Therapist	Coventry & Warwickshire Partnership NHS Trust
Jeannie LeMesurier	Carer	Carers in Partnership
Jo-Anne Ricketts	Learning Disabilities Specialist Nurse	Royal Wolverhampton Hospitals NHS Trust
Joe Martin	Lead Nurse Safeguarding Adults	NHS Birmingham East & North
John Copping	Carer	Carers in Partnership
Lisa Caroll	Nurse Consultant Acute Medicine	University Hospital of North Staffordshire NHS Trust
Marie Campbell	Community Nurse/Care Manager	Sandwell PCT

Mary Elliffe	Service Manager	Birmingham & Solihull Mental Health Foundation Trust
Mohammed Zaman	Service User/Carer	AFSUG
Moni Grizzell	Sister	Black Country Partnership NHS Foundation Trust
Nicola Harvey	Carer/Counsellor/Physiotherapist	Carers In Partnership
Paul Harper	Assertive Outreach Team Leader	North Staffordshire Combined Healthcare NHS Trust
Ranjit Sanghera	Programme Specialist	NHS West Midlands
Robin Felton	Team Manager	Birmingham & Solihull Mental Health NHS Foundation Trust
Sally Simmonds	Deputy Directorate Manager for Mental Health	[2]gether NHS Foundation Trust
Simon Wheeler	CPA lead	Coventry and Warwickshire Partnership NHS Trust
Sue Nicholls	Head of Clinical Governance and Quality / Interim Executive Nurse	NHS Solihull
Tim Newbold	Service Manager	Birmingham & Solihull Mental Health NHS Foundation Trust

WMQRS members:

Jane Eminson	Acting Director	West Midlands Quality Review Service
Sarah Broomhead	Quality Manager	West Midlands Quality Review Service
Elaine Woodward	Clinical Support: Mental Health, Dementia & Learning Disabilities Lead	West Midlands Quality Review Service
John Levy	Clinical Support: Mental Health, Dementia & Learning Disabilities Lead	West Midlands Quality Review Service

APPENDIX 2 COMPLIANCE WITH QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varied depending on the nature of the service provided. Percentage compliance also takes no account of 'working towards' a particular Quality Standard. Reviewers often comment that it is better to have a 'No but', where there is real commitment to achieving a particular standard, than a 'Yes but' – where a 'box has been ticked' but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

Table 1 - Percentage of Quality Standards met

Service	No. Applicable QS	No. QS Met	% met	No. services / clinical areas
Mental Health Services				
Primary Care	9	5	56	-
Worcestershire Health and Care NHS Trust (Trust-wide)	11	10	91	-
Primary Care Based Psychological Therapies	29	24	83	1
Early Intervention Service	52	46	88	2
Community Mental Health Team - Malvern	52	31	60	2
Community Mental Health Team - Redditch	52	37	71	
Crisis Resolution Home Treatment Team	56	36	64	1
In-patient services	50	32	64	2
Assertive Outreach Team	54	40	74	1
Recovery Service - Shrubbery Avenue & Cromwell House	52	41	79	2
Commissioning - NHS Worcestershire & Adult Joint Commissioning Unit	14	12	86	-
Health Economy	**431**	**314**	**73**	**-**
Health Services for People with Learning Disabilities				
Primary Care	8	8	100	-
Specialist Learning Disabilities Service	45	37	82	2
Commissioning - NHS Worcestershire & Adult Joint Commissioning Unit	18	13	72	-
Health Economy	**71**	**58**	**82**	**-**
Dementia Services				
Primary Care	10	6	60	-
Early Intervention in Dementia Service	56	47	84	1
Community Mental Health Teams (Older Adults)	56	41	73	6
Commissioning - NHS Worcestershire & Adult Joint Commissioning Unit	17	11	65	-
Health Economy	**139**	**105**	**76**	-

Service	No. Applicable QS	No. QS Met	% met	No. services / clinical areas
Care of Vulnerable Adults in Acute Hospitals				
Worcestershire Acute Hospitals NHS Trust (Trust-wide)	24	23	96	-
Worcestershire Acute Hospitals NHS Trust (Clinical areas - Alexandra Hospital)	17	14	82	3
Worcestershire Acute Hospitals NHS Trust (Clinical areas - Worcestershire Royal Hospital)	17	14	82	4
Commissioning - NHS Worcestershire	3	2	67	-
Health Economy	**61**	**53**	**87**	**-**
Totals				
Worcestershire Health and Care NHS Trust	**565**	**422**	**75**	-
Worcestershire Acute Hospitals NHS Trust	**58**	**51**	**88**	-
NHS Worcestershire & Adult Joint Commissioning Unit	**79**	**57**	**72**	-
Health Economy	**702**	**530**	**75**	-

Details of compliance with individual Quality Standards can be found in a separate document.