

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

Shropshire and South Staffordshire Health Economy

Visit Date: 28th September and 4th, 5th, 6th, 7th, 10th, 11th, 12th and 13th October 2011.

Report Date: Version 2, June 2012 (replacing Version 1, March 2012)

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



INDEX

Introduction	3
Health Economy Overview	4
Mental Health Services	6
Primary Care General Practice	6
Primary Care-Based Psychological Therapies	6
South Staffordshire and Shropshire Healthcare NHS Foundation Trust – Trust-wide	8
Specialist Mental Health Services.....	10
Early Intervention Services.....	10
Community Mental Health Teams.....	12
Acute Care Service - Crisis Resolution Home Treatment Teams	14
Acute Care Services – In-patient	16
Assertive Outreach Services.....	19
Commissioning.....	21
Health Services for People with Learning Disabilities	23
Commissioning.....	27
Services for People with Dementia	28
Primary Care	28
Memory Services	28
Commissioning.....	32
Care of Vulnerable Adults in Acute Hospitals	35
Burton Hospitals NHS Foundation Trust.....	35
Shrewsbury and Telford Hospital NHS Trust.....	36
Robert Jones and Agnes Hunt Hospital NHS Foundation Trust	38
Mid Staffordshire NHS Foundation Trust	39
Commissioning.....	40
Appendix 1 Membership of Visiting Team	41
Appendix 2 Compliance with the Quality Standards	44

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 28th September and 4th, 5th, 6th, 7th, 10th, 11th, 12th and 13th October 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 developments 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 team which reviewed the services at Shropshire and South Staffordshire health economy. Appendix 2 contains 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 Shropshire and South Staffordshire 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.

HEALTH ECONOMY OVERVIEW

SHROPSHIRE COUNTY AND TELFORD & WREKIN

General Comments

- 1 Working relationships within the Shropshire County and Telford & Wrekin health economy appeared good with providers and commissioners aware of the issues to be addressed and working together to achieve progress. Links with local authorities and voluntary sector organisations seemed to be working well.
- 2 Organisations in the health economy had successfully worked together and with service users and carers on consultation about the move to improved in-patient facilities, with an associated reduction in bed numbers. Implementation of phase 1 of the strategy was progressing to plan with good understanding of the risks involved and shared commitment to addressing difficulties as they arose.
- 3 Phase 2 of the strategy for improved mental health services and services for people with dementia was being proposed but had not yet been developed. Reviewers considered that this strategy needed to be developed soon. Service users and carers and staff were aware that further change was needed and the uncertainty around planned changes was unsettling to all involved. Reviewers also commented that pathways of care would, ideally, be changed in advance of the move to the new hospital.
- 4 Personalisation of care and individualised budgets did not appear to have a high profile. Further work to raise awareness of personalisation and the implications for local services may be helpful.

SOUTH STAFFORDSHIRE

General Comments

- 1 Reviewers found good understanding of the issues which needed to be addressed, especially in relation to mental health services and health services for people with learning disabilities. Integration with social care was good for adults of working age. Several GPs had a specific interest in mental health services and were actively engaged in improving these services. A Section 75 Agreement was in place although this may be in need of updating to reflect changes to services since it was agreed.
- 2 Reviewers were concerned by the complexity of commissioning arrangements, which were also going through a time of significant change. At the time of the visit, different aspects of the commissioning of mental health services for South Staffordshire appeared to be undertaken by the Joint Commissioning Unit, one PCT and five Clinical Commissioning Groups. Patch leads had also been identified for some services. Although contract monitoring was undertaken through a combined forum, supported by separate finance / activity and clinical quality groups, this complexity did not result in effective commissioning. The resulting multiple and sometimes inconsistent communications potentially caused frustration for providers, especially South Staffordshire and Shropshire Healthcare NHS Foundation Trust.
- 3 Reviewers considered that this complexity of commissioning arrangements and multiple interfaces with the Trust resulted in South Staffordshire and Shropshire Healthcare NHS Foundation Trust being able to take forward the development of mental health services without effective commissioner direction and oversight.

Reviewers also noted a lack of transparency in the relationships within the health economy and a certain amount of lack of trust - with some staff fearful of putting forward proposals or raising issues.
- 4 The approach to improving the physical health of users of community-based services relied extensively on GPs undertaking this role. While recognising the lead role of primary care, it may be helpful to audit the extent to which the expected support for service users' physical health needs is being provided and whether any additional support is needed.

- 5 Personalisation of care and individualised budgets did not appear to have a high profile. Further work to raise awareness of personalisation and the implications for local services may be helpful.

Return to [Index](#)

MENTAL HEALTH SERVICES

PRIMARY CARE GENERAL PRACTICE

No specific issues were identified although GPs who met the visiting team did raise some concerns about adequate consultation and communication with South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SS&SHFT). They also reported some difficulties in being able to locate where their patients were being cared for in the organisation.

PRIMARY CARE-BASED PSYCHOLOGICAL THERAPIES

A SHROPSHIRE COUNTY (SS&SHFT)

The Shropshire County Improving Access to Psychological Therapies (IAPT) Service was not reviewed as part of this visit and this report therefore provides no assurance of the quality of this service. The Trust considered that the Telford and Wrekin IAPT service demonstrated the model of care operational across the Trust.

Return to [Index](#)

B TELFORD & WREKIN IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT) SERVICE (SS&SHFT)

General Comments, Achievements and Good Practice

Reviewers met with the lead practitioner and staff of the Telford and Wrekin IAPT service, who were very positive and committed to delivering and improving services for local residents. Reviewers did not meet any service users or carers or the employment adviser and so had limited opportunity to 'triangulate' the information they were given.

The team had been in place for two years and had successfully integrated three separate 'talking therapy' services into a cohesive and committed workforce with a positive and trusting approach to their work. Recovery rates were good compared with regional and national averages.

There had been significant development of the Psychological Well-being Practitioner workforce and these staff were taking a flexible approach to providing services. This was particularly evident in the telephone screening that had been implemented and had led to reduced waiting times, integration with employment support and a single point of entry for primary care-based psychological therapies.

Immediate Risks: None

Concerns

1 Information for Service Users and Carers

Little information was available for service users and carers and the information that was available was not all clear and well-presented. Feedback to service users about their treatment relied on verbal information without any documented process or standard template for giving information.

Further Consideration

1 Operational Policy and Clinical Guidelines

The team did not have an operational policy or clinical guidelines covering their work. As a result, several aspects of the team's work relied on informal or verbal processes which may not have been consistently implemented by all staff. This issue is identified as for 'further consideration' at this stage but will be of concern at any future review visits as progress should have been made by then.

2 Service User and Carer Involvement

Mechanisms for involving service users and carers in decisions about the organisation of the service did not appear to be well-developed. Reviewers did not find any evidence of service user and carer input into service development and review.

3 Referral rates for older people were below the national average and ways of improving accessibility of services to this group of residents may benefit from review.

4 The staffing structure may benefit from the development of a Senior Psychological Well-being Practitioner role. Reviewers also noted the relative lack of administrative support which was placing additional pressure on some clinical staff.

Return to [Index](#)

C SOUTH STAFFORDSHIRE PRIMARY CARE-BASED PSYCHOLOGICAL THERAPIES SERVICE (SS&SHFT)

General Comments, Achievements and Good Practice

Primary care-based psychological therapy services to the Seisdon Peninsula, Uttoxeter and Burton were provided by South Staffordshire and Shropshire Healthcare NHS Foundation Trust. The teams had undertaken good preparation for the review. Staff were enthusiastic and positive and realised that their service was still developing. Self-referral was available. The Uttoxeter and Burton teams were moving towards integration. Compliance was reviewed separately for Seisdon and Burton / Uttoxeter.

Immediate Risks: None

Concerns

1 Stepped Care Model

The distinction between step 3A and 3B in the model of care was not clear and did not appear to be consistently applied. There was no systematic process of review of service users who 'stepped up' or 'stepped down' although verbal case discussion sometimes took place. Case management arrangements were not in place to ensure consistency of care for service users.

2 Staff Competences

There was no evidence that staff had competences needed to deliver step 3 person-centred counselling in accordance with NICE guidance. Staff did have core counselling skills and a client-focussed approach. There was also a lack of clarity of the difference between high and medium intensity therapists in terms of their roles in practice, and their job descriptions and Knowledge and Skills Frameworks.

3 Equality and Diversity

It was not clear that staff had undertaken equality and diversity training. Some of the practice described by staff during the review meeting and the template forms available suggest that further training may be needed to ensure responsibilities under the Equality Act 2010 are being fulfilled.

4 Facilities

Due to time constraints, reviewers were not able to visit facilities used by the teams but were told that the Uttoxeter and Burton teams did not have access to appropriate clinical space for their work, for example, windowless store rooms where they were frequently interrupted.

Further Consideration

1 Systems for outcome measurement at the end of each contact may benefit from review to ensure that robust data are available.

D SOUTH STAFFORDSHIRE IAPT - STARFISH

General Comments and Achievements

Primary care-based psychological therapy services to Cannock and Rugeley were provided by *Starfish*. Reviewers met the Director of this service but did not meet other staff or service users, and did not visit facilities. Limited evidence of compliance was provided and so reviewers were not able to provide fully to quality assure this service. Self-referral was not yet available. Reviewers were told that policies, service user involvement and data collection were robust.

Immediate Risks: None

Concerns

1 Staff Competences

Psychological Well-being Practitioners had not undertaken accredited training appropriate to their roles.

Further Consideration

- 1 The team was considering starting self-referral and reviewers encouraged them to continue with this development.

Return to [Index](#)

SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST – TRUST-WIDE

General Comments and Achievements

Reviewers were impressed by many aspects of the services at South Staffordshire and Shropshire Healthcare NHS Foundation Trust. Innovations were being actively pursued. The Trust was committed to listening to service users' and carers' views and ensuring these were taken into account. The Trust was actively promoting its services outside of the local area and, as a result, only 65% of its income came from local commissioners.

Good Practice

- 1 A 'Care Cluster Allocation Tool' had been developed and was being implemented throughout the Trust. As a result, all service users were being allocated to a care cluster. A competence framework and training plan had also been developed to support care cluster allocation and expected therapeutic interventions. This training included training in learning from significant incidents.
- 2 'Golden Thread' was an excellent system for holding and accessing information about a particular service, including relevant policies, guidelines, training records, meeting notes and action plans. Services with access to 'Golden Thread' had very good governance in these areas.
- 3 'Performance Plus' provided very effective monitoring of the activity and key indicators of performance for services. This was supplemented by other monitoring systems, including Essential Standards Visits. These involved Trust Directors making unannounced visits to all locations at least once a year with a clear checklist of issues to be considered during their review. All Directorates had a performance review twice a year.
- 4 Service user involvement was good. There was a Service User Sub-group of the Trust Board. Service users had started training as Peer Recovery Workers and Peer Support Workers.
- 5 'Wellness Recovery Action Plans' (WRAP) were in use in many services and enabled care plans to have a clear focus on recovery and improving well-being. WRAP implementation was supported by training for staff.

- 6 The Trust had a strong commitment to research and good links with academic institutions, with many shared appointments.

Concerns

1 IT System and Risk Assessment

The risk assessment could not be updated on the IT system. As a result staff did not always have access to the latest risk assessment. Reviewers were given several examples of changes to risk of which staff had not been aware, with potentially serious consequences for the service user or for staff. Because of this problem, some services had developed other risk assessment systems which added to the potential for confusion. This problem also made it more difficult for risk assessments to be translated into specific actions in care plans (see below). Physical appearance also could not be updated on the IT system.

2 Access to Care Records

In some services social care and health staff were not able to access relevant IT systems and so may not always have the up to date information they needed. This issue was raised particularly by CMHTs and Assertive Outreach services but may also apply to others. The Trust said that all appropriate health and local authority staff had access to both local authority and Trust clinical systems but some staff who met the reviewers were not aware of this.

Multiple care records also existed and reviewers were told that service users could have up to four sets of notes (CMHT, Crisis Team, in-patient and archived notes; archived notes were kept in Stafford and could not be accessed easily). As a result, clinical staff often did not have the full clinical picture when making decisions. (See also 'IT system and risk assessments' (above) about the lack of access to the latest risk assessments.) The Trust said that an Integrated Mental Health Case File model was operational with strict criteria to regulate the use of temporary files but some staff did not appear to be aware of this policy.

CMHT staff were not able to update electronic records at the point of client contact. Hand-written notes were therefore kept which were later recorded electronically. This made it difficult for other staff to access the latest notes and difficult to obtain the service user's written agreement to the care plan or changes to it.

3 Impact of Crisis Team on Other Services

Across the Trust, crisis resolution / home treatment teams were working with insufficient senior medical staff. At the time of the visit the South Staffordshire Teams also had high levels of sickness absence among nursing staff. These issues were impacting on other services, particularly out of hours. Service users and other agencies commented on the difficulty in accessing the crisis teams outside normal working hours. This issue is particularly important given the plans further to reduce bed numbers.

4 Medical Staffing

The approach to medical staffing within the Trust was for consultant psychiatrists to work in in-patient services, CMHTs or the crisis teams. Senior medical staffing of the crisis teams was considered insufficient (see CRHT section of this report). In South Staffordshire and Shropshire consultant psychiatrists had one job-planned session in the Early Intervention Team and no job-planned sessions in Assertive Outreach Services. Reviewers were told that these services had a nominated lead consultant but these arrangements appeared, in practice, to be variable. The Trust was planning to review consultant job roles, linked with a change to age-independent services. Reviewers were concerned that the medical staffing model did not achieve consistency of clinical practice, continuity of care for service users or appropriate sub-specialisation.

5 Links with CAMHS services:

In Shropshire and Telford & Wrekin a protocol covering transition from CAMHS was not in use and formal handover arrangements were not in place. Reviewers were told that this led to difficulties, especially when

young people were waiting to see an adult psychiatrist. Sometimes young people were then referred to the crisis team because of deterioration in their condition while they were waiting. The Trust said that a transition policy was in place and implementation monitored but most staff who met reviewers were not aware of the policy and were concerned about transition arrangements.

Further Consideration

1 Care Plans

Service users and carers from several services commented that they found the Trust care plan format prescriptive and not user-friendly. Several of the care plans seen by reviewers did not link risk-assessments into care planning actions with expected outcomes. Some care plans were written in the third person and appeared to be the professional's plan rather than that of the service user. Some service users were unclear whether they had agreed their care plan. (NB. This may relate to the delay in publishing the care plan electronically – see above.)

2 Operational Policies, Clinical Guidelines and Audit

Some services which were not on 'Golden Thread', including services for people with learning disabilities, did not yet have written clinical guidelines and operational policies. The Trust used NICE guidelines but these had not been localised and clinical guidelines for the therapeutic interventions offered by services were generally not available. Although some audits were being undertaken it was sometimes not clear what actions were taken as a result of the audit. A Trust-wide operational framework was available but some services did not have service-specific operational policies and were happy to rely on informal arrangements.

- 3** Some issues around AMHP rotas, staffing and supervision were identified during the review of North Staffordshire services and may also apply to South Staffordshire. Reviewers suggested that the Trust should confirm with Staffordshire County Council whether they have any concerns about AMHP arrangements and, if so, ensure these are addressed.

Return to [Index](#)

SPECIALIST MENTAL HEALTH SERVICES

All specialist mental health services reviewed were provided by South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

EARLY INTERVENTION SERVICES

A SHROPSHIRE AND TELFORD & WREKIN

General Comments and Achievements

This team had been through a time of significant organisation change but was working well and positively trying to improve recovery for its clients. There was strong commitment to personalisation of care and innovation whenever possible. Good support for service users and carers was available. Feedback from service users and from other services was good. Links with primary care were also good with a recent event for GPs being significantly over-subscribed.

Good Practice

- 1** Good use was made of the care cluster allocation tool and HONOS data were routinely collected. The team was advised of service users allocated to care cluster 10 by other services.

Immediate Risks: None

Concerns

1 Consultant Psychiatrist Staffing

Reviewers were seriously concerned that, although there was a nominated Clinical Lead with one session per week allocated to this work, the service had insufficient dedicated consultant time allocated to work with service users of the early intervention service. The team therefore had to link with approximately 20 consultant psychiatrists based in CMHTs who worked very flexibly but did not have specific expertise in the care of young people with a first episode of psychosis or specific time allocated for this work.

2 Skill Mix

The skill mix of the Telford team did not include staff with occupational therapy competences. Neither team included staff with specialist competences in psychology.

3 IT System and Risk Assessments: See Trust-wide section of this report

Further Consideration

1 Care Plans: See Trust-wide section of this report

2 Out of Hours Cover

Reviewers were told that the 'first line' of out of hours cover was through the GP out of hours service *ShropDoc*. Although *ShropDoc* employed GPs with specific interest in mental health problems, for some service users this pathway could delay access to an appropriate mental health assessment and care. Links between the Early Intervention and Crisis Resolution / Home Treatment services did not appear to be well-developed.

3 Operational Policies, Clinical Guidelines and Audit: See Trust-wide section of this report.

4 The pathway following care by the Early Intervention Service was not clear and may benefit from review to ensure that all service users are transferring to appropriate support and care.

5 Some of the information for service users and carers may benefit from the inclusion of more specific information about the Early Intervention Service.

Return to [Index](#)

B SOUTH STAFFORDSHIRE

General Comments and Achievements

This team was highly committed to providing good care and support for young people with a first episode of psychosis. Team members were doing the best that they could under difficult circumstances. They had developed a service centred on the needs of young people and with a culture that was responsive to their needs and non-stigmatising. A CAMHS / Early Intervention link worker role had been developed. The Occupational Therapist within the team was planning to develop further the occupational therapy support which could be offered to clients. At the time of the review, the team was staffed by four CPNs, one senior occupational therapist, one senior social work practitioner, four youth workers and three STR workers. A consultant psychiatrist had one session per week notionally allocated for work with the team.

Good Practice

1 The team had good links with the Sports Club which provided good leisure and fitness opportunities.

2 Pharmacy services were used to identify young people on cluster 10 who were prescribed anti-psychotic medication for the first time. These young people were then referred to the Early Intervention Service.

Immediate Risks:

1 Reviewers identified an immediate risk to clinical outcomes in the Early Intervention Service in South Staffordshire for a combination of reasons:

a. **Medical Staffing**

Early Intervention services had one job planned session of a consultant psychiatrist input however, at the time of the visit, the team reported that this was not used for clinical work with the service. The service specification clearly identified that 'No dedicated EIT consultant' was expected and the service should access locality-based consultants. As a result, Early Intervention staff were linking with 10 consultants across the localities.

b. **Clinical Guidelines**

A Trust-wide formulary was in use but there were no guidelines covering the therapeutic interventions or medication for young people with a first episode of psychosis. As a result, clinical practice varied between the psychiatrists who were involved in the care of young people.

c. **Staffing Levels**

In South Staffordshire, in order to ensure compliance with new caseload targets, service users were normally discharged to primary care or Community Mental Health Teams after one year rather than the three years expected by the service specification and national guidance. The service was meeting the expected number of 71 new cases per year but staffing levels were insufficient to meet the commissioned total caseload of 213. At the time of the review, the team was caring for 70 young people. Annual contact was maintained with those service users transferred to CMHTs through the CPA process, with referral back to the Early Intervention Service if the young person had a second episode of psychosis. Commissioners and providers had been aware of this issue for some time but there was no agreed plan to resolve it.

Staffing levels were insufficient for the expected number of referrals (see above), in particular, there were insufficient staff who could care coordinate. At the time of the review, the number of staff who could care coordinate would normally have resulted in a maximum of 90 clients in the service – compared with the commissioned total caseload of 213. In addition to the lack of medical staff (see above), no-one within the team had specialist competences in psychological therapies. Nurse prescribers had been trained but were not able to use these skills because supervision was not available.

Return to [Index](#)

COMMUNITY MENTAL HEALTH TEAMS

A SHROPSHIRE AND TELFORD & WREKIN

General Comments and Achievements

CMHTs in Bridgnorth and Wellington were reviewed. Both were responding well to local needs despite serving very differing catchment areas. The Bridgnorth team was a strong team that had worked hard to prepare for the review. Several staff had been in post for many years and knew each other and their service users very well. The Wellington team was led by social care and had a strong social care focus that was benefiting service users.

Localised 'WRAP plans' (Wellness Recovery Action Plans) were in use in both CMHTs. These made the expectations of staff and of service users very clear. Pharmacy was well-integrated into both services and had a central role in monitoring and advising on medication issues.

Good Practice

- 1 A comprehensive Carers Handbook had been produced.
- 2 In Bridgnorth, a 'PATH' House service (Possible Alternatives to Hospital Admission) provided a proactive alternative to hospitalisation that could be used on a short-term basis. This was a 24/7 drop-in service available to support service users in times of crisis. There was also seven day access to flexible levels of support.
- 3 Wellington had very good service user engagement with their care plan. Users were actively encouraged to sign their care plan. This had been audited and was counter-signed by the Team Manager.
- 4 The Wellington team had encouraged the development of specialist roles, for which staff had specific training. Examples of these roles included MAPPA (Multi-Agency Public Protection Arrangements), and employment roles.
- 5 The Wellington team had robust arrangements for clinical and managerial supervision, taken from a structured social care and health practice model.

Immediate Risks: None

Concerns

- 1 **IT System and Risk Assessments:** See Trust-wide section of this report
- 2 **Access to Care Records:** See Trust-wide section of this report.

Further Consideration

- 1 **Operational Policies, Clinical Guidelines and Audit:** See Trust-wide section of this report.
- 2 The care plans in Bridgnorth used a mixture of professional and non-professional language. For example, a service user was told that they should be "concordant with their medication". Greater involvement of carers in care planning may also be helpful.
- 3 Arrangements for physical health checks may benefit from review. It was not clear that these were being undertaken routinely. Staff thought that general practitioners were undertaking annual health checks but there was no formal agreement and no monitoring of whether this took place. Other links with primary care may also benefit from review, including primary care training and development.
- 4 Specific competences in the care of people with personality disorder may be a useful addition to the competences available and training could be accessed through the Knowledge Understanding Framework. Both teams were considering extending their services from five to seven days per week. This will require additional training in lone worker policies.
- 5 The Bridgnorth CMHT was providing support to the Bridgnorth Assertive Outreach team and had taken over more than half of the assertive outreach caseload. The implications for the work of the CMHT were not discussed in detail but should be kept under review.

Return to [Index](#)

B SOUTH STAFFORDSHIRE

General Comments and Achievements

Three CMHTs in Cannock, Stafford and Burton were reviewed. These were responding well to local needs despite serving differing catchment areas. A good range of services were available at various sites, including care for people with autistic spectrum condition. The Cannock team was well-integrated and provided access to health, social care, justice and third (voluntary) sector services.

Localised 'WRAP plans' (Wellness Recovery Action Plans) were fully integrated into care planning. Care coordination was well-developed and one service user commented: "The most important person for the service user is the care co-ordinator". Psychological therapies were multi-tiered and responsive to need with assessments being undertaken quickly. In some teams there was, however, a wait of up to four months for therapy to begin following an assessment.

Pharmacy was well-integrated and supportive around the care of service users with specialist needs, including ADHD.

Good Practice

- 1 Good information was available at all sites on "making my wishes known" which included articles on advance directives.
- 2 Service users and staff commented positively on the well-equipped, multi-media resource room in Cannock.
- 3 Single Point of Access services were managing clients with complex needs, were well-organised and had nurse and medical support available if needed.

Immediate Risks: None

Concerns

- 1 At the time of the review, the pathways of care for older people with functional and organic mental health problems were not clear. Care of older people was not fully integrated into the CMHTs although this was being considered. Reviewers were told that about 150 people with dementia were in transition between CMHT care and possible care by MAC UK Neuroscience Ltd. (see dementia services section of this report) but had not yet been accepted by this service. It was not clear how teams were integrating physical health and function deficits into care planning in a holistic way, including communication and links with the pain clinic and falls team. It was not clear that these aspects were being taken into account in mental health care planning.

Further Consideration

- 1 **Clinical Guidelines and Audit:** See Trust-wide section of this report.
- 2 Staff reported that they were unsure about accessing specialist services, for example eating disorder and forensic services and further work on links with these services may be helpful.

Return to [Index](#)

ACUTE CARE SERVICE - CRISIS RESOLUTION HOME TREATMENT TEAMS

A SHROPSHIRE and TELFORD & WREKIN

General Comments and Achievements

Crisis Resolution / Home Treatment services for Shropshire and Telford and Wrekin were provided by a single team, with bases in both Shrewsbury and Telford, co-located with in-patient services. Compliance with Quality Standards is shown separately for each part of the service. Many of the issues identified were common across the team. The team was very welcoming to the reviewers.

The Crisis Resolution / Home Treatment team worked very flexibly. Team-work was good with high levels of mutual trust. Service user and carer feedback was very positive. STR workers were well-integrated into the team. Band 7 staff had started to take additional responsibilities and length of in-patient stay had reduced by approximately 10 days.

Good Practice

- 1 The team had good access to crisis beds in Shropshire and Telford which often helped to avoid admissions.
- 2 In Telford, links with social care were very good and the Crisis Team and Emergency Duty Team were co-located.
- 3 The lone worker policy was clear. Staff worked flexibly and through a 'buddy' system to avoid lone working.
- 4 Relationships between the consultant psychiatrist and GPs were very good with regular personal contact by phone or email to ensure that GPs were kept updated on any changes to the care of their patients.

Immediate Risks: None

Concerns

1 **Insufficient Senior Medical Staff**

Senior medical staffing dedicated to the Crisis Team was insufficient for the population and area covered. One consultant psychiatrist and 0.5 wte Associate Specialist covered Shropshire and Telford & Wrekin. The locum Associate Specialist was also employed as a locum to cover the team at Stafford and so may not always be available. CMHT consultants provided support to the crisis team on an ad hoc basis during times of annual leave and other absences

2 **Clinical Guidelines, Data Collection and Audit**

Clinical guidelines were not documented and implementation therefore could not be audited. Data collection to enable clinical audit did not appear to be taking place routinely. This issue was considered as a concern¹ because of the shortage of senior medical staff, the heavy dependence on individual personal relationships and, therefore, the high probability that senior medical staff covering for absences will be unfamiliar with the way in which the team works.

3 **IT and Risk Assessments:** See Trust-wide section of this report.

4 **Access to Care Records:** See Trust-wide section of this report.

5 People from Powys who accessed other mental health services in Shropshire were not able to access the Crisis Resolution / Home Treatment service.

Further Consideration

1 **Links with CAMHS services:** See Trust-wide section of this report.

2 Arrangements for offering assessments of carers' needs were not robust. Staff suggested that this happened if they had time rather than being a routine part of care planning.

3 The team use a whiteboard for monitoring lone workers. Reviewers commented that details could accidentally be erased from this and wondered if a more robust system was needed.

4 Arrangements for clinical and managerial supervision may benefit from review as it was not clear that Trust policies on this were being fully implemented within the team. Records were held at a team level and Trust-wide monitoring arrangements were not clear.

5 The specialist assessment tool, referral sheet and physical assessment tool did not record the role of the person undertaking the assessment or referral. It may be helpful to include this.

¹ In most other reports this issue has been categorised as for 'further consideration' with a note that it will be a concern if significant progress is not made in the next two to three years.

- 6 The assessment tool had space to record 'early warning signs' but these were mostly not completed in the examples seen by reviewers.

Return to [Index](#)

B SOUTH STAFFORDSHIRE EAST & WEST

General Comments and Achievements

Crisis Resolution services for South Staffordshire were provided by two teams (East and West). The three service users and carers who met the visiting team were very pleased with the care they received and said that they felt involved and included in planning this care. Staff were committed and enthusiastic despite the pressures under which they were working. Robust arrangements for clinical and managerial supervision were in place.

Both teams had undertaken facilitated 'Creating Capable Teams' sessions and had plans for the development of the services. CMHTs reported that timely access to crisis services was difficult, particularly out-of-hours. Staff in the crisis teams said that they were having to prioritise their work, with priority being given to avoiding admission / early discharge, urgent assessments and '72 hour crisis support'. At the time of the review there were high levels of sickness absence among nursing staff.

Good Practice

- 1 The crisis team visited in-patient wards every weekday for a 'rapid review' of all in-patients. This lasted half an hour, ensured good liaison with in-patient services and facilitated early discharge.

Immediate Risks: None

Concerns

1 Senior Medical Staff and Skill Mix

Senior medical staffing dedicated to the Crisis Team was insufficient for the population and area covered. At the time of the review, one wte consultant psychiatrist was available to cover both teams. The teams' establishment included an Associate Specialist but this post was vacant at the time of the review covered by 0.5 wte locum. It was not clear how consistent medical cover was arranged during times of annual leave and other absences although some cover from CMHT-based consultants was available. The teams had no psychologist although nursing staff had additional training in psychological therapies. The combination of these issues meant that multi-disciplinary input to decision-making, including medical input, was of necessity limited.

2 Continuity of Care

There was no system of allocation of a 'key worker' and service users and carers commented that they saw lots of different people and did not have a central contact point to go to for advice.

Further Consideration

- 1 Criteria for referral to the service may benefit from review to ensure that the most appropriate clients are being referred.
- 2 The service users and carers who met the visiting team were not aware of the written information that was available. Further work on disseminating and distributing this information may be helpful.

Return to [Index](#)

ACUTE CARE SERVICES – IN-PATIENT

A SHELTON HOSPITAL, SHREWSBURY (STOKESAY MARSHES AND WHITTINGTON WARDS)

General Comments and Achievements

In-patient services were going through a time of significant change with planned reductions in in-patient beds prior to the move to the new hospital. Service users and carers had been heavily involved in the design of the new hospital and staff had good awareness of the proposed changes. At the time of the review visit the ward accommodation was well decorated and wards had a relaxed atmosphere. The wards were piloting a patient management system 'Patient Status at a Glance' which gave a quick view of the status of all patients.

Good Practice

- 1 Service user involvement in ward meetings and care planning meetings was good. Several of these meetings were facilitated by service users.
- 2 The Crisis Team visited in-patient wards every weekday for a 'rapid review' of all in-patients. This lasted half an hour, ensured good liaison with in-patient services and facilitated early discharge.
- 3 There were good arrangements for physical health review on admission.
- 4 The in-patient service had good reflective practice and psychological mindfulness training, led by the psychologist.
- 5 Good medicines management arrangements were in place. The pharmacist attended the in-patient ward meetings on a daily basis. A side effect monitoring scale (LUNSERS) was in place, which also gave good information about medications.

Immediate Risks: None

Concerns

- 1 **IT Systems and Risk Assessments:** See Trust-wide section of this report
- 2 **Access to Care Records:** See Trust-wide section of this report

Further Consideration

- 1 **Care Plans:** See Trust-wide section of this report
- 2 **Operational Policies, Clinical Guidelines and Audit:** See Trust-wide section of this report.
- 3 Greater involvement of service users in agreeing care plans may be helpful. For example, reviewers did not see any evidence, such as signatures, that service users had agreed their care plan.
- 4 Staff who met the reviewing team were unclear about responsibility for undertaking assessments of carers' needs. Additional staff awareness of the arrangements may help to increase access to these assessments.
- 5 Both clinical and managerial supervision were in place but some staff were unclear about the differences between them. Clearer differentiation between the two types of supervision may be beneficial.

Return to [Index](#)

B CASTLE LODGE, TELFORD

General Comments and Achievements

In Castle Lodge, Telford provided a relaxed, homely atmosphere for in-patient services. Staff were enthusiastic, committed and welcoming to the reviewing team.

Good Practice

- 1 There was a good DVD which gave a virtual tour of the facilities and staff prior to admission and helped service users and carers to be familiar with what to expect.

Immediate Risks: None

Concerns

- 1 **IT System and Risk Assessments:** See Trust-wide section of this report

Further Consideration

- 1 **Care Plans:** See Trust-wide section of this report
- 2 **Clinical Guidelines and Audit:** See Trust-wide section of this report.
- 3 Three of the 10 band 5 posts were vacant and it was not clear whether recruitment to these posts had commenced.

Return to [Index](#)

C ST GEORGE'S HOSPITAL, STAFFORD (BROCTON HOUSE, CHEBSEY HOUSE and NORBURY HOUSE)

General Comments and Achievements

The three in-patient wards reviewed had several examples of good practice. Care was provided by enthusiastic and committed staff who had good awareness of the strengths and weaknesses of the service offered. A service user Ambassador had direct access to the Chief Executive as part of the Trust service improvement programme. One unit also provided beds for the Ministry of Defence and this unit was using a good range of rating scales. The use of these scales was being considered by the other units. In-patient services had sufficient medical cover and medical staff were actively engaged with improving care on the wards. Carer engagement appeared good.

Good Practice

- 1 The Crisis Team visited in-patient wards every weekday for a 'rapid review' of all in-patients. This lasted half an hour, ensured good liaison with in-patient services and facilitated early discharge.
- 2 A 'summary board' gave a clear, client-focussed overview of expected interventions and progress. The board was also used to identify people who were nearly ready for discharge.

Immediate Risks: None

Concerns

- 1 **IT System and Risk Assessments:** See Trust-wide section of this report

Further Consideration

- 1 Letters to GPs were being faxed and reviewers suggested that this and possibly other processes could benefit from greater user of IT.
- 2 Links with specialist services relied on informal relationships without clear referral guidelines.

Return to [Index](#)

ASSERTIVE OUTREACH SERVICES

A SHROPSHIRE COUNTY

General comments, Achievements and Good Practice

The assertive outreach team for Shropshire County was based in Bridgnorth. This team worked in a flexible way to provide care for 12 service users (at the time of the review visit). If the team was fully staffed it would have capacity for 28 service users. Service users and carers were satisfied with the service they received and commented particularly positively about good communication from staff. Service users who met the visiting team were concerned that the range of day opportunities available to them was being reduced. Carers were regularly involved in service planning and a good carers' information booklet was available.

Immediate Risks: None

Concerns:

1 Staffing and skill mix

At the time of the review visit the only person in the team was one registered nurse because two members of staff were on maternity leave. The CMHT was supporting the Assertive Outreach team and had taken on the care of over half of the caseload of the Assertive Outreach service. The CMHT had additional STR workers to help with this workload. It was not clear to reviewers how CMHT staff could absorb the intensity of work expected of an Assertive Outreach service in the way described. The team did not include staff with occupational therapy or specialist psychology competences. The service had tried to recruit to an occupational therapy post but had been unsuccessful.

2 **IT System and Risk Assessments:** See Trust-wide section of this report

3 **Access to Care Records:** See Trust-wide section of this report.

Further Consideration:

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

2 Assessments of carers' needs were undertaken by a separate agency and were recorded on a separate system. Staff of the Assertive Outreach team and CMHT could not access this information and did not feel that they could adequately take carers' needs into account.

3 Operational policies, for example, those covering handover, joint working and referral to specialist services were not documented. Staff worked together well and had a good understanding of processes to be followed. Documenting these in more detail may be helpful to ensure consistency of care and approach.

4 Further work on the relationship between consultants responsible for in-patient and out-patient care may be helpful. Reviewers were told that appropriate communication between the different consultants did not always take place.

Return to [Index](#)

B TELFORD & WREKIN

General comments and achievements

The Telford and Wrekin Assertive Outreach Team was caring for 64 service users. Staff were working in a very flexible way. Service users and carers were very satisfied with the service they received, in particular, good communication and involvement with planning their own care. They compared this experience very favourably with that they had experienced previously from other mental health services. The role and input of the STR worker was seen as particularly helpful by service users and carers. Carers were regularly involved in service

planning and a good carers' information booklet was available. Service users who met the visiting team were concerned that the range of day opportunities available to them was being reduced.

Good Practice

- 1 Links with other services were particularly good, in particular, there was a good relationship with housing services and other voluntary organisations.
- 2 Pharmacy input to the work of the team was also good. There was good use of Patient Group Directives and a pharmacist regularly attended clinical team meetings.

Immediate Risks: None

Concerns:

1 Staffing and skill mix

The team was providing a seven day a week service with a 1:10 staff: client ratio. Reviewers were told that one member of staff was on duty at weekends with support from other services. Staffing appeared insufficient to support seven day working. Also, the Assertive Outreach team was not able to access staff with specialist competences in psychology. (This support was available to local CMHT and in-patient services.)

2 IT System and Risk Assessments: See Trust-wide section of this report

3 Access to Care Records: See Trust-wide section of this report.

Further Consideration:

- 1 As part of the consideration of the skill mix needed, the appointment of additional STR workers may be helpful.
- 2 Assessments of carers' needs were undertaken by a separate agency and were recorded on a separate system. Staff of the Assertive Outreach team and CMHT could not access this information and did not feel that they could adequately take carers' needs into account.
- 3 Operational policies were not documented. Staff worked together well and had a good understanding of processes to be followed. Documenting these in more detail may be helpful to ensure consistency of care and approach.
- 4 Further work on the relationship between consultants responsible for in-patient and out-patient care may be helpful. Reviewers were told that appropriate communication between the different consultants did not always take place.
- 5 Both service users and staff were unclear about future plans for the modernisation of services. Service users were concerned that the care they received from the Assertive Outreach team may not continue.

Return to [Index](#)

C SOUTH STAFFORDSHIRE (LICHFIELD & BURTON)

General Comments and Achievements

The South Staffordshire Assertive Outreach teams were well organised with enthusiastic and committed staff. Service user feedback mechanisms were well developed with a values-based questionnaire and resulting action plan. The approach to training was particularly strong with good monitoring and proactive training updates for staff. The teams were well led by a nurse consultant who had responsibility for governance of the services. Medical input to the teams was provided by consultant psychiatrists from each CMHT.

Good Practice

- 1 The teams had very good links with other services, including crisis teams, CMHTs, third sector organisations and social care staff. The monthly multi-disciplinary team meeting was attended regularly by the manager of a 'crisis housing' service. Links with employment support and therapeutic and day service providers were also good.
- 2 Good links with pharmacy services were in place. In particular, pharmacy staff supported the provision of 'Depos' and pharmacists regularly attended multi-disciplinary team meetings. Good cooperation on 'cold chain' storage was also evident.

Immediate Risks: None

Concerns

- 1 **IT System and Risk Assessments:** See Trust-wide section of this report

Further Consideration

- 1 The staffing and skill mix of the service should be kept under review to ensure that the specific assertive outreach contribution is maintained in any changes that are planned. Reviewers were told of plans for service modernisation and staff were unsure of the implications for the work of the teams. As part of this work, consideration should be given to the allocation of job-planned consultant psychiatrist time to work with the assertive outreach teams, because of the high risk nature of the some of the work undertaken.
- 2 Operational policies were not documented. There was also a lack of clarity about the hours for which the service was available. Staff worked together well and had a good understanding of processes to be followed. Documenting these in more detail may be helpful to ensure consistency of care and approach.

Return to [Index](#)

COMMISSIONING

SHROPSHIRE COUNTY PCT and NHS TELFORD & WREKIN

See the Health Economy section of this report. Reviewers commented positively on commissioning arrangements for mental health services and, in particular, on the knowledge and insight which commissioners had about local services.

Concerns

- 1 Most of the concerns identified in the mental health services section of the report require action by commissioners and /or commissioner monitoring to ensure appropriate progress is made. Commissioners should also consider the need for additional assurance of the quality of the Shropshire County IAPT service as this was not reviewed as part of this visit.

Further Consideration

- 1 Occasional shared Clinical Quality Review meetings with other commissioners of services from South Staffordshire and Shropshire Healthcare NHS Foundation Trust may be helpful to ensure that any common issues are identified and actioned appropriately.

Return to [Index](#)

SOUTH STAFFORDSHIRE (STAFFORDSHIRE JOINT COMMISSIONING UNIT)

See the Health Economy section of this report for reviewers' comments on the complexity of commissioning arrangements and the impact on local services.

Concerns

- 1 Most of the concerns identified in the mental health services section of the report require action by commissioners and /or commissioner monitoring to ensure appropriate progress is made.

Further Consideration

- 1 Reviewers suggested that further consideration should be given to lead commissioner roles in relation to mental health services and to ensuring better communication between commissioners with the aim of avoiding multiple and inconsistent communication, especially with South Staffordshire and Shropshire Healthcare NHS Foundation Trust
- 2 Occasional shared Clinical Quality Review meetings with other commissioners of services from South Staffordshire and Shropshire Healthcare NHS Foundation Trust may be helpful to ensure that any common issues are identified and actioned appropriately.

Return to [Index](#)

HEALTH SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

SHROPSHIRE COUNTY AND TELFORD & WREKIN

Primary Care and Specialist Learning Disability Services

TELFORD AND WREKIN COMMUNITY LEARNING DISABILITIES TEAM AND SPECIALIST DAY SERVICES (TELFORD AND WREKIN LOCAL AUTHORITY)

SHROPSHIRE COUNTY IN-PATIENT AND COMMUNITY LEARNING DISABILITY SERVICES (SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS TRUST)

Health services for people with learning disabilities in Shropshire and Telford & Wrekin were provided by teams which worked across both areas. These teams linked closely with social care staff in each local authority. Most of the issues identified by reviewers were common across Shropshire and Telford & Wrekin. A few issues were specific to either Telford & Wrekin or Shropshire services. This report gives the common points and then issues which were specific to services in the different localities.

TELFORD & WREKIN and SHROPSHIRE COUNTY

General Comments and Achievements

Primary Care and Community Learning Disability Services for Shropshire County and for Telford & Wrekin were provided by committed staff and reviewers found many good aspects of the care being delivered. The teams in both areas had a mixture of styles and special interests across health and social care. Psychological support was integrated into the teams and was seen to add significant value for both short-term and longer-term interventions. Reviewers were particularly impressed by the work with podiatry and by the easy read material that had been developed by service users and advocacy groups. Several locality groups were co-chaired by service users and user involvement was good throughout the services.

There was good awareness of the need for change in the services delivered. For example, there were plans to develop single-point of access services to replace the three possible routes of referral in place at the time of the review. Service users and staff who met the visiting team were, however, uncertain about future services for people with learning disabilities and the impact this would have on them. Management re-organisations were also impacting on staff morale.

Good Practice

- 1 A comprehensive and diverse range of easy read documents were available across the health economy.
- 2 The Common Assessment Framework database held information about individual's health needs and their emergency action plan. It linked to their Health Action Plan. The police, emergency services and GP out of hours service *ShropDoc* found this useful information in emergency situations.
- 3 Collaborative working across Shropshire County and Telford & Wrekin was well established. Service users and carers and staff had been fully involved in planning the changes to the learning disabilities services. This was particularly impressive because extensive changes were being considered. As a result of strong collaborative working, multi-disciplinary planning for people with complex needs had become more firmly established.
- 4 The "Taking Part in Life" programme was effectively engaging with over 57% of local people with learning disabilities. This programme could evidence improved outcomes and new initiatives were being added, for example, sexual health and GP clinics. 'Taking Part' also ran a 'mystery shopping' programme which included *ShropDoc* and the Princess Royal Hospital.

- 5 A worker had been employed to work with people with learning disabilities from black and minority ethnic communities. The post had already led to better engagement with this group of service users, weight management programmes and improved liaison with GPs.
- 6 A good referral pathway to maternity services had been developed with Shrewsbury and Telford Hospital NHS Trust.

Immediate Risks: None

Concerns

1 Clinical Guidelines

Clinical guidelines were not available and the therapeutic interventions provided by the service were not always clear. Staff had an informal understanding of the pathways of care and their contribution to them. Reviewers were also concerned that some staff did not fully understand the contribution which clinical guidelines make to providing effective, consistent pathways of care for service users and the need for governance of their implementation. Greater clarity about the therapeutic interventions offered by the service and their outcomes may help to raise the profile of the service and help its contribution to be recognised.

Further consideration

- 1 **Access to Care Records:** See Trust-wide section of this report.
- 2 Further work may be helpful to ensure a) pathways for all service users are clear and b) effective liaison between services caring for people with learning disabilities is in place, including with acute hospital services.
- 3 A range of advocacy services was available but some service users were not clear how these services were being used and whether the support provided was appropriate.
- 4 Staff within the service did not fully understand changes taking place in the local health economy, including changes to commissioning arrangements. Briefing staff to ensure an understanding of the impact of these changes on services for people with learning disability may be helpful.
- 5 Services yet were not yet in a position to respond easily to individualised budgets and personalisation. Further work in this area will be important to ensuring the future relevance (and funding) of the services.

Return to [Index](#)

TELFORD & WREKIN

Good Practice

- 1 There was good recording of activity by service users who were able to determine the services they needed and what was working well for them. This feedback had also been incorporated into service planning and new developments in the service, for example, weight management and improving access to GPs.

Further Consideration

- 1 Reviewers commented that capacity within the joint community learning disability team may not be sufficient effectively to address primary care liaison and acute hospital liaison as well as other work. Reviewers suggested that commissioners should be more specific about the services that they wish to commission in order to clarify the service delivery priorities for staff. This was being addressed at the time of the visit through a 'Modernisation Review'.
- 2 As part of the management restructuring within Telford and Wrekin, it may also be helpful to review the employment arrangements for staff to ensure that line management arrangements fully support the way in

which the team is working. Service users were aware of the management changes and staff moves and further communication about the impact for their care may be helpful.

Return to [Index](#)

SHROPSHIRE COUNTY (SS&SHFT)

Good Practice

- 1 South Staffordshire and Shropshire Healthcare NHS Foundation Trust had developed a good resource pack for primary care teams. This had information covering 'what is a learning disability' and about other health problems. Links to local and national websites were included. The Trust had also worked with both local authorities on programmes for people with learning disabilities about personal relationships, sexual health and parenting.
- 2 A 'steps to employment' group had been developed in response to the local needs in Shropshire. This group was helping service users to respond to the changes in the economy and changes in employment styles.

Further Consideration

- 1 Staff were undertaking some work that had not been specifically commissioned, for example work with people with Asperger's syndrome. It may be helpful to review with commissioners whether this is supported by them.
- 2 The nurse undertaking health facilitation was identifying significant unmet primary health care needs. Mechanisms for linking this service with primary care and ensuring feedback to GPs may benefit from further development. Further development of links with the Local Authority may also be helpful.

Return to [Index](#)

MYTTON OAK HOUSE, SHREWSBURY (IN-PATIENT) (SS&SHFT)

General Comments, Achievements and Good Practice

This ten bedded unit was located on the Royal Shrewsbury Hospital site. It provided mostly health review that, by default, was mostly respite care and some low intensity therapeutic interventions. The service was provided by committed staff who had tried hard to improve the environment for service users. Care records were good and all service users had a copy of their care plan. Integration with social care was good. There were good informal links providing advice and support to staff at Royal Shrewsbury Hospital. Telephone advice to staff based at Robert Jones and Agnes Hunt Hospital was also provided.

The service was co-located with the Shropshire base for the Community Learning Disability Service. Several of the issues identified above are therefore also applicable to the in-patient service.

Concerns

- 1 **Clinical Guidelines:** See Primary Care and Community Learning Disability Team section of this report

Further Consideration

- 1 The future role of the service was not clear. As part of the Trust-wide modernisation programme it will be important to clarify the need for in-patient care, the purpose of the unit and links with other in-patient provision. Service user, carer and staff involvement in this work will be important.

Return to [Index](#)

SOUTH STAFFORDSHIRE

Primary Care

Staffordshire and Stoke on Trent Partnership Trust (South Division) Primary Care

Staff were committed to providing good care for people with learning disabilities. Reviewers were impressed by the work with podiatry and by the easy read material that had been developed by service users and advocacy groups. Several locality groups were co-chaired by service users. The team had also worked with Mid Staffordshire NHS Foundation Trust and Burton Hospitals NHS Foundation Trust on the development of hospital 'picture pathways' and 'hospital passports'.

Further Consideration

- 1 Work to ensure that all people with learning disabilities have a Health Action Plan should continue.
- 2 The service was supporting the care of several people who were in prison and the training of some prison staff. It was not clear that the service was commissioned to undertake this role.

SOUTH STAFFORDSHIRE ADULT COMMUNITY LEARNING DISABILITIES TEAMS and SPECIALIST DAY SERVICES (SS&SHFT)

General Comments and Achievements

This service been through significant changes but staff morale was good and staff were committed to providing good care for people with learning disabilities. There were good relationships between social care and health staff despite the significant changes and budgetary pressures affecting both organisations.

Staff and service users' achievements were regularly celebrated. Cards were being made and supplied to a local shop. An allotment project at Kingsley Burton was also self-sustaining and offered service users the opportunity to gain skills in gardening.

A clearly defined pathway for transition to adult care was easy to follow and had been embedded into services.

Good Practice

- 1 A good range of easy read information was available.
- 2 A communication booklet contained additional information about the service user as an individual, including their likes and dislikes. On the front page, written in bold, was the statement "nobody can consent for this patient". This was designed to accompany the user wherever they went and to remind all professionals that the user's rights must be respected at all times. This was in addition to the Health Action Plan.

Immediate Risks: None

Concerns:

1 Staffing Levels and Skill Mix

It was not clear from the information available that the service had sufficient staff with appropriate competences for the work being undertaken. Reviewers were informed that a National Development Team for Inclusion review was taking place at the time of the visit and the outcome from this review would include the appropriate skill mix needed to support the future strategy.

Further consideration

- 1 Service users with autistic spectrum condition reported variable experiences of care and said that engagement was effective only when the Community Learning Disabilities Team was involved. This pathway was being reviewed with key stakeholders and partner agencies.
- 2 The service was not yet in a position to respond easily to individualised budgets and personalisation. Further work in this area will be important to ensuring the future relevance (and funding) of the service.

Return to [Index](#)

COMMISSIONING

SHROPSHIRE COUNTY PCT and NHS TELFORD & WREKIN

Reviewers commented positively on commissioning arrangements for services for people with learning disabilities and, in particular, on the knowledge and insight which commissioners had about local services. Reviewers were also impressed that work had started on addressing the needs of people with autistic spectrum condition.

Several of the issues identified in the primary care and specialist learning disability services section of this report will require action and / or monitoring by commissioners.

Return to [Index](#)

SOUTH STAFFORDSHIRE (STAFFORDSHIRE JOINT COMMISSIONING UNIT)

General Comments and Achievements

Commissioners had good understanding of the issues that needed to be addressed and had commissioned a national review to help shape the future strategic direction. Commissioners had been actively engaged in monitoring and encouraging the development of local services. Services for people with learning disabilities were jointly commissioned by social care and health and it had been agreed that these joint commissioning arrangements would continue. Reviewers were also impressed that work had started on addressing the needs of people with autistic spectrum condition.

Further Consideration

- 1 It was not clear that outstanding 'campus closure' issues were fully integrated into service development plans to ensure that this group of service users have access to an appropriate range of alternative services.
- 2 The policy on managing out-of-area placements was not clear about the review process and reviewers were told that no dedicated staff time was allocated to managing out of area placements. This may benefit from further consideration.
- 3 Some service users had not yet received annual health checks and work to improve uptake should continue.
- 4 Local services were supporting the care of several people who were in prison. It was not clear that services were commissioned to undertake this role.

Return to [Index](#)

SERVICES FOR PEOPLE WITH DEMENTIA

PRIMARY CARE

Several issues relating to primary care are identified in the Memory Services sections of this report.

Return to [Index](#)

MEMORY SERVICES

SHROPSHIRE COUNTY AND TELFORD & WREKIN OLDER ADULT COMMUNITY MENTAL HEALTH TEAMS and MEMORY SERVICES

Older adult CMHTs had responsibility for older adults with functional and organic mental health problems. These teams were responsible for memory assessment and initiation of treatment. If necessary, service users were referred to the memory service after three months of follow up.

The services were in the process of changing to a new model of care with the aim of providing a local service with specialist dementia advice available when needed through:

- Community teams for people with dementia
It was planned that these teams will initiate memory assessment and will provide continuity of care for people with mild and moderate memory problems and those with more complex needs. Following referral, a team member will do an initial assessment within 20 days and arrange investigations. This will be followed by MDT discussion, further investigations will be arranged if required, a care plan will be agreed and treatment started.
- Dementia Service
This service will advise on diagnosis and assessment and provide support to the in-patient ward. Additional staff were being recruited to this service.

General Comments and Achievements

Because the services were in the middle of change to a new model of care it was difficult for reviewers to judge the extent to which relevant Quality Standards were being met and would be met in the future. Some staff were not clear about the future arrangements, or had different views about how they would work in practice, which also caused some confusion.

Good clinical and managerial supervision arrangements were in place. Community teams had a good range of specialist nurses – although their future roles were uncertain. Work had taken place on intermediate care for people with dementia. In Telford these services were being strengthened and were continuing to work with service users for four weeks in order to avoid admissions and facilitate discharge from acute hospitals.

Good Practice

- 1 An acute hospital liaison nurse for older people worked proactively. Whenever community team or Chestnut Ward patients were admitted to Shrewsbury and Telford Hospital NHS Trust then she was notified, would visit them and worked to facilitate their discharge.
- 2 A good range of assessment tools was in use.

Immediate Risks: None

Concerns

1 NICE Guidance on Structural Imaging

NICE guidance on structural imaging was not yet robustly implemented. Reviewers were told that one consultant did not follow the guidance and structural imaging was not used routinely. Reporting by a neuro-radiologist was not available.

2 Staff Competences and Skill Mix

Staff competences for roles caring for people with dementia were not yet in place. A training matrix covered mandatory training but not specific competences for roles within the service. Staff had experience in caring for people with dementia but this experience may not be relevant to the model of care being proposed. In particular, there was not evidence of competences in the range of assessments needed for people with dementia. At the time of the review the skill mix of community teams included medical and nursing staff but not a clinical psychologist or neuropsychologist or an occupational therapist. A psychologist had been recruited and was about to start.

3 Future Model of Care

While recognising the need to balance ease of access and availability of specialist expertise, reviewers were concerned about the proposed model of care for a variety of reasons, including:

- a. A dementia care pathway was available but it was not clear how this was going to be implemented in practice.
- b. The proposed model of care involved GPs undertaking the physical examination, including neurological examination, medication review and requesting structural imaging with appropriate reporting. It was not clear that all GPs would have the appropriate specialist expertise in the care of people with dementia to provide this level of input to the diagnostic process.
- c. Consultant psychiatrists from the proposed dementia service would, whenever possible, be part of the multi-disciplinary diagnostic discussion but would not usually have seen the patient.

Further Consideration

- 1 'Out of hours' specialist dementia advice was not commissioned. Out of hours advice was available from *ShropDoc*. The extent to which *ShropDoc* could provide specialist expertise in the care of people with dementia and the amount of additional specialist dementia advice needed may benefit from further consideration.
- 2 Some of the community teams were co-located with social care but social care staff were not integrated into the teams. As part of developing the new model of care, opportunities for improving liaison with social care staff should be considered.
- 3 Education and training programmes had been run with some care homes and an in-reach service to care homes was being piloted at the time of the visit. Reviewers encouraged continuation and, subject to evaluation, roll out of this approach.
- 4 Further work on primary care education and training will be needed whatever model of care is adopted. The proposed model of care has significant implications for primary care and the associated training and development needs should not be underestimated.
- 5 Training in 'preferred priorities in care' and the Liverpool Care Pathway had previously been available. Existing staff had received this training but it was not clear how new staff would gain these skills.

Return to [Index](#)

SHROPSHIRE IN-PATIENT SERVICE (CHESTNUT WARD)

General Comments and Achievements

Chestnut Ward was an old facility but was kept clean and reasonably maintained. The ward had a good programme of structured activities including singing and 'pat dogs'. It was less clear how these activities were adapted to meet the needs of individual patients.

Good Practice:

- 1 A good weekly review form was in use which was clear and detailed, including physical health needs and speech therapy and occupational therapy review.
- 2 The ward had good support from allied health professionals, including a full-time occupational therapist, daily physiotherapist, and weekly speech and language therapy and dietician visit. Physiotherapy technicians were involved in exercise activities with the aim of reducing the number of falls.
- 3 An acute hospital liaison nurse for older people worked proactively. Whenever community team or Chestnut Ward patients were admitted to Shrewsbury and Telford Hospital NHS Trust then she was notified, would visit them and worked to facilitate their discharge.
- 4 A good range of assessment tools was in use.
- 5 A discharge liaison post was working effectively and data had been collected which showed reduced length of stay as a result of this work.

Immediate Risks: None

Concerns: None

Further consideration:

1 Clinical Guidelines and Audit

Clinical guidelines covering the therapeutic interventions offered by the in-patient service were not yet in place and, as a result, implementation of guidelines could not be audited.

- 2 The environment on the ward did not provide privacy and dignity for conversations between in-patients and their relatives. The ward was a long corridor with bedrooms at one end and the dining room and seating area at the other end. Relatives were not allowed in the seating area. The only place where carers could talk to relatives was in the corridor. The quiet room was kept locked.
- 3 Carers who met the reviewers commented that they were not offered a cup of tea when the tea trolley came round. Carers also commented that laundry often went missing.
- 4 Capacity and consent and section 17 leave review (when applicable) were not routinely recorded in the weekly review form. It may be useful to include these on the form.
- 5 Training in 'preferred priorities in care' and the Liverpool Care Pathway had previously been available. Existing staff had received this training but it was not clear how new staff would gain these skills.

Return to [Index](#)

SOUTH STAFFORDSHIRE - MAC UK NEUROSCIENCES Ltd.

General Comments, Achievements and Good Practice

At the time of the review, this service had been operational in South Staffordshire for only three months. The service was commissioned for 7,000 contacts per annum. After three months the service had seen 561 new referrals and a total of 1400 referrals (including those transferred from CMHTs).

The service was commissioned to undertake diagnosis and assessment, and to follow up patients with a diagnosis of dementia who did not have complex needs. Several aspects of the service were still under development, including links with primary care and ensuring GPs undertook appropriate pre-referral screening and physical health checks. Good support for carers was available and links with the Alzheimer's Society were good. Clinics were provided in a wide variety of locations in order to facilitate local access to care.

Immediate Risks: None

Concerns:

The service provided by MAC UK Neuroscience Ltd. was of serious concern to reviewers for a combination of reasons:

1 Staffing Levels, Skill Mix and Competences

Staffing levels were insufficient for the workload of the service. The service was commissioned for 7,000 contacts per annum and after three months had seen 561 new referrals and a total of 1,400 referrals. Staffing comprised one full time clinical lead psychiatrist, one clinical service manager, two band 6 and two band 5 nurses. At the time of the review, the South Staffordshire service was not able to see patients referred within the expected timescales. The service did not have staff with clinical psychology or neuro-psychology competences, although a non-clinical psychologist sometimes came from Bradford. No member of staff with occupational therapy competences was available. Evidence that staff had competences appropriate for their roles in the care of people with dementia was not available. Staff had not yet had DoLS training. A one day dementia awareness course had been run.

2 Assessment Process

The MAC self-assessment stated that the service did not undertake full neurological examinations as part of the assessment process. The assessments undertaken did not include assistive technology assessments or 'Looking to the Future' assessments. Reviewers were told that service users were referred to other agencies for each of these assessments. Arrangements for assessments of carers' needs also involved referral to another agency. This meant that the service could not undertake a holistic assessment of need and service users and carers may have to attend several organisations in order to have a full assessment.

3 Facilities

Memory clinics were provided in a wide variety of locations some of which did not offer appropriate facilities for physical examination (for example, fire stations).

See also section of this report relating to South Staffordshire commissioning of services for people with dementia (see below)

Return to [Index](#)

SOUTH STAFFORDSHIRE DEMENTIA SERVICE (SS&SHFT)

CMHTs in South Staffordshire provided care for people with dementia and more complex needs. These services were considered as specialist mental health CMHTs (see above) and their role in the care of people with dementia was not reviewed in detail. Because CMHTs were not reviewed for their role in the care of people with dementia and did not fully take on this role until October 2011, this report can give no assurance on the quality of the service provided.

Concerns

- 1 Approximately 150 people with dementia and less complex needs had been referred from CMHTs to MAC UK Neuroscience Ltd. in July 2011. Although these service users were not without care packages, this situation was difficult for all involved.

SOUTH STAFFORDSHIRE IN-PATIENT SERVICE (BASWICH WARD)

General Comments and Achievements

Baswich Ward was a 12 bedded in-patient ward for people with dementia. Referrals were usually from CMHTs caring for people with dementia. Staff were very committed and enthusiastic and were doing their best to provide good care in difficult circumstances, including making the most of the environment in the ward which was not purpose-built for the needs of people with dementia. The Ward Manager provided good leadership for the service. A good multi-disciplinary approach to care was evident, including consultant psychiatrist input. A sensory garden provided a pleasant outside space for users of the service. Good links with the dementia care team at Mid Staffordshire NHS Foundation Trust were in place. The ward psychologist and nurse consultant had implemented a programme of training for ward staff.

Good Practice

- 1 The ward had a very individualised approach to care, including flexibility over eating arrangements, a sensory room, use of life stories and good support for carers.
- 2 The ward psychologist provided outreach to care homes and input to their training programmes.
- 3 The ward psychologist and nurse consultant had implemented a programme of training for ward staff.

Immediate Risks: None

Concerns

1 Staffing Levels

The ward had 12 vacancies (three registered staff and nine health care assistants) out of an establishment of approximately 30 and so was heavily dependent on bank and agency staff whilst recruitment was in progress.

Further Consideration

- 1 Staff who met the visiting team did not have a good awareness of DoLS and were not able easily to give appropriate responses to scenarios.
- 2 Liaison with the newly established memory service provided by MAC UK Neuroscience Ltd. had not yet been developed. Developing a joint working relationship may be helpful to both services.
- 3 Social work staff were not integrated with the in-patient service and further consideration of ways of improving communication may be helpful.

Return to [Index](#)

COMMISSIONING

SHROPSHIRE COUNTY PCT and NHS TELFORD & WREKIN

Concerns

- 1 The section of this report relating to the Older Adult CMHTs and Memory Services identifies several concerns about the model of care which is being commissioned and towards which services are moving. A clear commissioning strategy is needed which ensures the National Dementia Strategy and NICE Guidance are implemented.

Return to [Index](#)

SOUTH STAFFORDSHIRE (STAFFORDSHIRE JOINT COMMISSIONING UNIT)

General Comments and Achievements

South Staffordshire commissioners had commissioned memory clinics from MAC UK Neurosciences Ltd², Dementia Advisers from the Alzheimer's Society and training for carers from *Approach*. The MAC UK Neuroscience Ltd. service had been operational since July 2011. CMHTs were commissioned to provide care for people with dementia with more complex needs³. GPs could refer patients directly to CMHTs if this was considered clinically appropriate. A Dementia Adviser Service and training for carers had been commissioned for South Staffordshire.

Concerns:

- 1 Reviewers were concerned that services for people with dementia were commissioned in a fragmented way from several services. The commissioned pathway was not clear and simple for service users and carers.
- 2 Several aspects of the service commissioned from MAC UK Neuroscience Ltd. were of serious concern:
 - a. Commissioned activity levels were insufficient for the need. The service was commissioned for 7,000 contacts per annum. After three months the service had seen 561 new referrals and a total of 1400 referrals (including those transferred from CMHTs). Reviewers were told that about 150 people were in transition between CMHT care and possible care by MAC UK Neuroscience Ltd. (see dementia services section of this report) but had not yet been accepted by this service.
 - b. From September 2011 willing GPs were requesting structural imaging required for diagnosis of patients with dementia. It was not clear that GP requests would include appropriate neuro-radiology reporting. (When the service was set up GPs were asked to undertake blood tests and request scans. Some GPs were unwilling to do this and MAC UK Neuroscience Ltd. had been allocated a budget for scans but still used GP requesting wherever possible.)
 - c. See MAC UK Neuroscience Ltd. section of this report in relation to Staffing Levels, Skill Mix and Competences; Assessment Process and Facilities. In particular, the assessment process required on-going referral to other services instead of providing a holistic diagnostic and assessment process.
 - d. Service users did not have a Dementia Adviser available to them at all times. Dementia Advisers had initial contact and, for some service users, could be involved again later in the patient journey.
 - e. The service specification required one month monitoring of anti-psychotic medication whereas national guidance is that this should be for a minimum of three months. (MAC UK Neuroscience Ltd. were monitoring for a minimum of three months.)
- 3 See South Staffordshire Dementia Service (SS&SHFT) section of this report in relation to the services commissioned from CMHTs.

² The service commissioned from MAC UK Neuroscience Ltd. covered diagnosis within 10 weeks of referral, preparation of care plans for all those diagnosed with dementia, annual reviews for all patients with dementia, memory clinic appointments, medicine reviews, sign-posting and information, work with carers on how to plan for a crisis and access to Dementia Advisers, partnership with other organisations, access for carers to training and support, screening and information gathering and provision of a care passport (advance directive) and antipsychotic medication prescribing (2 months only).

³ The service commissioned from CMHTs covered skilled assessments of patients and their carers, services for patients with a diagnosis of dementia (severe and enduring), service provision in each locality, a service for patients with complex needs that are challenging in nature, a care home intervention service to support clients in that environment to prevent admission to acute beds, carer support for complex patients, and support to enable patients to remain at home.

Further Consideration:

- 1 'Out of hours' specialist dementia advice was not commissioned from any provider. The out of hours pathway included the Emergency Duty Team, mental health help-line, GP out of hours service, 999 and advice from the Crisis Resolution / Home Treatment team. It was not clear that any of these services would have appropriate specialist expertise in the care of people with dementia.
- 2 Although the commissioners' self-assessment said that a) social care and health services provided a range of training for staff providing long-term care for people with dementia and b) that this service was commissioned from CMHTs, no evidence of this was available during the course of the review.
- 3 Social care staff were not integrated with health services for people aged over 65. Reviewers were not clear why the benefits of integrated working apparent in services for adults of working age were not being extended to older adults.
- 4 The relationship between the MAC UK Neuroscience Ltd. annual review and GP QOF reviews was not clear.

Return to [Index](#)

CARE OF VULNERABLE ADULTS IN ACUTE HOSPITALS

BURTON HOSPITALS NHS FOUNDATION TRUST

During this visit, reviewers looked at Trust-wide guidelines and policies and tested their implementation in the following clinical areas: Emergency Department, Emergency Admissions Unit, Ward 7 Haematology / Oncology, Ward 12 Frail Elderly, Ward 20 Orthopaedics and Gynaecology.

General Comments and Achievements

Over the last year a lot of work had taken place to raise awareness of the care of vulnerable adults and to ensure that appropriate policies and procedures were in place. A comprehensive 'strategic direction' document had been developed. A range of nursing metrics had been piloted and were being implemented across general wards, with the aim of later implementation in more specialist areas such as the Emergency Department and Emergency Admissions Unit. A new lead for safeguarding and care of vulnerable adults had been appointed and a programme of training and awareness was beginning. The staff who met the reviewing team were pleased with the progress achieved and aware of the actions that were still needed. In the clinical areas visited patient care seemed well organised and staff were responding appropriately to the privacy and dignity needs of patients. The electronic care planning system enabled individual care planning and provided the opportunity for appropriate prompts for staff.

Work had been undertaken to improve the care of people with dementia including a pilot of dementia ward metrics, a 'This is Me' pilot on two wards and awareness training. The Trust had a Dementia Working Group which involved the Alzheimer's Society and had developed a Dementia Strategy.

Good Practice

- 1 Case studies were used extensively in safeguarding training. This helped staff to understand exactly what they had to do in particular circumstances.
- 2 Good links with PALS were in place and there was a shared understanding of who should be alerted about different issues and good information was available.
- 3 In the orthopaedic ward the nursing station had been moved into the bays which made patients more visible to the nursing staff. There was a good individualised, falls prevention risk-assessment chart. The number of falls had reduced since these changes had been made.

Immediate Risks: None

Concerns

1 MCA and DoLS Training

The number of staff who had received training in Deprivation of Liberty Safeguards was not clear but it appeared that most staff had not yet received this training. The time allocated to Mental Capacity Act and DoLS training was short and the clinical staff on the wards visited by reviewers had limited knowledge of these areas.

2 Guidelines and Policies

There were no guidelines on the action to take if patients went missing. The Safeguarding policy had limited information about MCA and DoLS. It referred to the MCA code of practice but this was not available on all the wards. The restraint policy was available but did not cover challenging behaviour or de-escalation of incidents. The rapid tranquillisation policy was in draft form and did not yet include the latest national recommendations on rapid tranquillisation.

Further Consideration

- 1 Safeguarding training was allocated 90 minutes in mandatory training. It may be helpful to review whether this is sufficient for staff with ward management responsibility.

- 2 FEAT (Frail Elderly Access Team) had recently started work with the aim of reducing admissions. Reviewers suggested that data collection on the impact of the team, including re-admissions, was needed to ensure the team having the expected impact and no unexpected consequences.
- 3 Some aspects of the Trust IT system may benefit from further consideration, including use of the 'person with learning disability trigger' (staff who met the reviewers thought this was available but could not find it when asked), access for agency staff, advanced care plans and the Liverpool care pathway.
- 4 Several improvements had been developed fairly recently or were being planned. It will be important to ensure that these are all followed through to full implementation. Examples included the FEAT, nursing metrics dashboard, Safeguarding Lead and Dementia Specialist Adviser and safeguarding.
- 5 The number of DoLS referrals appeared low and understanding of the reasons may be helpful in order to prioritise work in this area. It may be because staff do not yet have appropriate training and awareness (see above).
- 6 Reviewers did not meet any staff with specific responsibility for the care of people with learning disabilities. They were told that there had been a specific post in the past. The need for additional support in this area may benefit from further consideration although community support was available.

Return to [Index](#)

SHREWSBURY AND TELFORD HOSPITAL NHS TRUST

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

Princess Royal Hospital: Ward 10, Ward 14, MAU and Ward 15

Royal Shrewsbury Hospital: Ward 24, A/E Department, Ward 27 and Ward 28

General Comments and Achievements

Shrewsbury and Telford Hospital NHS Trust had been going through significant organisational change and several staff were still uncertain about their roles. Some senior management and senior nursing staff had left the Trust or had changed roles and there were still some gaps in the nursing management structure at the time of the visit.

Reviewers noted an increased focus on improving quality and there were lots of plans to improve the care of vulnerable adults. Progress included the development of nursing metrics and the introduction of a dementia working group. Weekly 'patient triangulation meetings' had started where complaints were reviewed and trends identified. There were plans to implement a patient experience group. Recruitment of an Associate Director for Patient Safety to take the lead for safeguarding and care of vulnerable adults across the Trust was taking place. Meanwhile, a safeguarding nurse was in post and temporarily supported by another senior nurse. Reviewers recognised the pressure placed on these two individuals by the large agenda of improving the care of vulnerable adults.

Good Practice

- 1 A joint appointment of a 'Dignity Professor' had been made with Staffordshire University. This post illustrated the Trust's commitment to linking the educational needs of staff and the care of patients across the Trust.
- 2 A joint approach to the delivery of MCA and DoLS training had been agreed with local authorities in Shropshire and Telford & Wrekin.
- 3 The in-patient unit for people with learning disabilities based on the Royal Shrewsbury Hospital site provided easy access to advice on the care of people with learning disabilities and their carers for staff at Royal Shrewsbury Hospital and for PALS. Relationships with this service were good.

Immediate Risks: None

Concerns

1 Care of Vulnerable Adults

Care of vulnerable adults within Shrewsbury and Telford Hospital NHS Trust was of serious concern for a combination of reasons:

a. Care Planning

Assessment of vulnerable adults was taking place but care planning following an assessment was not consistent or individualised, and the actions required were not robustly documented. 'Care rounds' had been implemented but recording and evaluation of these was variable. Reviewers saw several examples where it had been documented consistently that the patient was asleep during the day. It was not clear that alternative monitoring of patient comfort took place for these patients. Reviewers also observed one particularly vulnerable patient with no care plan addressing his specific needs and two instances where the care being offered was sub-optimal - the comfort round recording had been completed but the patients were obviously distressed.

b. MCA and DoLS Training

The safeguarding training strategy and competence framework were not consistent as to whether training was included in the Trust induction or local induction. Reviewers met staff who were unclear what was included in the induction framework and who reported difficulty in accessing places on the integrated MCA and DoLS training.

c. Nominated Lead

There was no nominated lead for the care of vulnerable adults across the Trust. The Trust was aware of this and was considering appointing to a post within the new structure.

d. Review and Learning

Clinical areas did not have systems in place for review and learning from incidents, complaints and other feedback. There was a Trust-wide system but this did not link effectively with systems in individual clinical areas.

e. Guidelines and Policies

The Trust did not have a Restraint and Sedation Policy. The draft policy available to reviewers did not appear to comply with the latest guidance on chemical restraint for older people or second line drug management. There was no 'missing patients' policy and the safeguarding policy was due for review in 2009.

Further Consideration

- 1** Work with the Local Authority to ensure that there are sufficient training places for Trust staff training in MCA and DoLS may be helpful.
- 2** Little relevant patient information was available in the clinical areas reviewed. The Trust may wish to work with the newly formed Patient Involvement Group on ways of ensuring that those patients who are particularly vulnerable have timely access to appropriate information.
- 3** A medical lead with responsibility for safeguarding and improving the care of vulnerable adults within the Trust may help to support the Safeguarding Lead (when appointed) and raise awareness and training among medical staff.
- 4** It may be helpful to review the role of the Dignity Professor, especially in relation to dementia care, to ensure best use is being made of his skills.

- 5 The Trust was pursuing a range of initiatives to improve safeguarding and care of vulnerable adults. Reviewers suggested that further consideration should be given to the ways in which the Trust will assure itself that these have all been fully implemented and how their use and effectiveness will be evaluated.

Return to [Index](#)

ROBERT JONES AND AGNES HUNT HOSPITAL NHS FOUNDATION TRUST

During this visit, reviewers looked at Trust-wide guidelines and policies and tested their implementation in four clinical areas.

General Comments and Achievements

Staff at Robert Jones and Agnes Hunt NHS Foundation Trust had made significant efforts to improve the care of vulnerable people. Staff were welcoming and clinical areas appeared well-organised. Pathways for major and minor surgery were in place. There were good working relationships across the Trust and the Nursing Director and Deputy Director undertook regular clinical work. Standards of record-keeping were good and an IPAD 'information tracker' was planned which would give 'real time' patient experience feedback.

Good Practice

- 1 The Deprivation of Liberty Poster on the wards was very clear and easy to read.
- 2 In collaboration with service users the Trust had produced an easy read information booklet for people with learning disabilities who attended the Trust.
- 3 The Falls Assessment Intervention Tool was very good and had been extended to cover two hourly interactions with the patients and 'intentional rounds'. Since implementation there had been a 12% reduction in falls.

Immediate Risks: None

Concerns

1 Safeguarding Training

Although 40% of Trust staff had received safeguarding training during 2011 the staff who met reviewers were not clear about their role in relation to safeguarding. Reviewers considered that they would react appropriately to significant abuse but the Trust should assure itself that the expected safeguarding competences are being achieved through the training.

2 Guidelines and Policies

Several guidelines and policies were in draft form or not in place, including 'missing patients', restraint and sedation, and identification of vulnerable adults policies. The multi-agency Safeguarding Policy for Shropshire and Telford and Wrekin did not include Robert Jones and Agnes Hunt NHS Foundation Trust in its list of agreed organisations. This had been raised by the Trust but had not yet been amended. The policy was dated 2009 and, although subject to regular review, there was no indication of a formal review date.

Further Consideration

- 1 Several staff commented that the Trust was a 'low risk' organisation for safeguarding and improving the care of vulnerable adults because the organisation undertook mainly elective and rehabilitation work. Raising awareness of the orthopaedic and rehabilitation aspects of safeguarding and the contribution of the Trust to the care of vulnerable adults may be helpful.
- 2 A medical lead with responsibility for safeguarding and improving the care of vulnerable adults within the Trust may help to support the Safeguarding Lead and raise awareness and training among medical staff.

- 3 The 'Violence and Aggression' Policy may benefit from review to include the management of behaviours that challenge.
- 4 Staff were clear about access to interpretation services for Welsh speakers but some staff were not clear about interpretation services for people speaking other languages and access to sign language interpreters for people with hearing problems.
- 5 Criteria for access to rehabilitation may benefit from review. It appeared that, due to the current screening process for surgery, people with dementia may be deemed ineligible for rehabilitation when, in practice, they may benefit.
- 6 Telephone advice was available from the Mytton Oak Learning Disabilities Team but this team was not able to visit patients within the Trust to advise on their care. Further consideration of the support needed by Trust patients with learning disabilities may be helpful.

Return to [Index](#)

MID STAFFORDSHIRE NHS FOUNDATION TRUST

During this visit, reviewers looked at Trust-wide guidelines and policies and tested their implementation in the following clinical areas: Trauma and Orthopaedics, Acute Medical Unit, Surgical Assessment Unit, Outpatients and Ward 10 (Care of the elderly).

General Comments and Achievements

Mid Staffordshire NHS Foundation Trust had good awareness of the issues which needed to be addressed in relation to the care of vulnerable adults had had started addressing them. A lot of work was in progress and there was good commitment at all levels to seeing this through to full implementation. Discharge coordinators were working well to access potential delays and problems relating to discharges.

Several very good initiatives had started, including a pilot in two areas of 'I want great care' which involved 'real time' feedback for doctors about patient interactions. There were plans to extend this initiative to other areas of the Trust. 'In your shoes' events were bringing staff and patients together to discuss experiences of care. This provided staff with direct feedback on patient experiences. Reviewers were impressed by the amount of good practice which was being developed and by the determination to ensure that this was fully implemented at all levels.

Good Practice

- 1 The Dementia Team regularly visited wards to identify patients who may be suffering from dementia. A 'breakfast club' had been started on the care of the elderly ward by the dementia team to encourage social interaction and improve nutrition and hydration for those with dementia. The dementia team also worked with allied health professionals to ensure the specific needs of people with dementia were addressed. They had been instrumental in achieving implementation across the Trust of 'About Me' which gave information on the individual and their likes and wishes.
- 2 A social worker attended the care of the elderly ward twice a day and was proactive in meeting the needs of those people who were particularly vulnerable.
- 3 Wards were visited regularly by PALS (three times a week) and by a Trust Executive Director (at least weekly). Executive Directors were informed daily of all incidents which occurred the previous day.
- 4 The Dewey 'wandering patient' risk assessment provided a comprehensive assessment of vulnerable adults. Several policies, including the discharge policy and 'missing patients' policy were very clear and included robust checklists for staff to use.
- 5 Good guidance on one to one nursing observation was in use. This included a clear assessment process and outcomes.

Immediate Risks: None

Concerns

1 MCA and DoLS Training

Levels of staff training in MCA and DoLS were low (21 and 20 staff respectively had been training in 2010/11). As a result, staff in clinical areas were not clear about MCA and DoLS and their responsibilities in these two areas. The Trust was aware of this and had plans to implement additional training.

2 Restraint and Sedation Policy

The Trust did not have a Restraint and Sedation Policy.

Further Consideration

- 1** Links between the (external) Safeguarding Board and the (internal) Safeguarding Group may benefit from being formalised. The lead Director attended the external group and the Associate Director the internal group. Informal links were in place.
- 2** Some of the progress was not yet fully embedded in all the clinical areas visited and it will be important to ensure that full implementation is achieved. For example, patient information that had been developed was not always available, there was relatively little information available about safeguarding, and the discharge form was not always being used. It may also be helpful to check that the safeguarding training is achieving the expected training outcomes.
- 3** It may be possible to use existing staff and expertise to support the further development of the care of vulnerable adults. For example, reviewers met one staff nurse who had particular expertise in the care of people with learning disabilities. Similarly, the dementia team may be helpful in supporting MCA and DoLS training. It may also be helpful to identify a consultant who would raise awareness among medical staff and ensure appropriate training is in place.

Return to [Index](#)

COMMISSIONING

SHROPSHIRE COUNTY PCT and NHS TELFORD AND WREKIN

No specific commissioning issues were identified.

NHS SOUTH STAFFORDSHIRE

No specific commissioning issues were identified.

Return to [Index](#)

APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Dr Atta Asif	Consultant in Old Age Psychiatry	Coventry & Warwickshire Partnership NHS Trust
Janet Beech	Specialist Lead Nurse - Learning Disabilities	NHS Stoke on Trent
Sue Benton	Recovery Manager	Worcestershire Health and Care NHS Trust
Karen Bowley	Matron for Care of the Elderly/Stroke/Trauma & Orthopaedics	Royal Wolverhampton Hospitals NHS Trust
Helen Brown	Chartered Clinical and Forensic Psychologist	Birmingham & Solihull Mental Health NHS Foundation Trust
Colin Burbridge	Service User	
Dr Alice Campbell	Joint Associate Director of Psychology & Psychological Therapies	Dudley & Walsall Mental Health Partnership NHS Trust
Dr Bhavana Chawda	General Adult Consultant Psychiatrist	Dudley and Walsall Mental Health Partnership NHS Trust
Sue Coffee	Head of AHP, Health and Well Being services	Birmingham & Solihull Mental Health NHS Foundation Trust
Bridget Convery	Carer	Carers In Partnership
John Copping	Carer	Carers in Partnership
Paul Deeley Brewer	Head of Healthcare Governance	NHS Walsall
Andy Dixon-Smith	Service User	
Lucy Dunstan	Support Worker	Listen Not Label
Pauline Ellis	Clinical Governance Facilitator	Wye Valley NHS Trust
Dr Chris Fear	Consultant Psychiatrist/Clinical Director	2gether NHS Foundation Trust
Amanda Gatherer	Service Manager	Birmingham & Solihull Mental Health NHS Foundation Trust
Gary Graham	Chief Executive	Dudley & Walsall Mental Health Partnership NHS Trust
Lee Gunn	Carer	Carers in Partnership
Derek Hammond	Acute In-patient Service Lead	Worcestershire Health and Care NHS Trust
Paul Harper	Assertive Outreach Team Leader	North Staffordshire Combined Healthcare NHS Trust
Sue Harris	Lead Joint Commissioning Manager (Mental Health)	Worcestershire County Council
Nigel Haydon	Carer	Carers In Partnership

Lisa Hill	IAPT	Sandwell PCT
Mary Horner	Governance Manager	Wye Valley NHS Trust
Peter Hughes	Associate Director of Governance	Birmingham & Solihull Mental Health NHS Foundation Trust
Sai Krishna Iyer	Operational Manager for Physical Health Services	Birmingham & Solihull Mental Health NHS Foundation Trust
Dr Pam Jaques	Consultant Old Age Psychiatrist	2gether NHS Foundation Trust
Joy Jeffrey	Head of Nursing	Sandwell PCT
Rachel Johnson	Occupational Therapy Clinical Specialist	North Staffordshire Combined Healthcare NHS Trust
Jo Jordan	Self Advocacy Development	SpeakEasy N.O.W Worcestershire
Dr Shrikaanth Krishnamurthy	Associate Specialist Psychiatrist	Dudley & Walsall Mental Health Partnership NHS Trust
Gail Greer	Integrated Business Unit	Worcestershire County Council
Jeannie Le Mesurier	Carer	Carers in Partnership
Susan Leanord-Wesson	Lecturer-Practitioner, Older Adult Mental Health Services	University Hospitals Coventry & Warwickshire NHS Trust
Izzy Leighton	Speech & Language Therapist	Coventry & Warwickshire Partnership NHS Trust
Donna Luck	Team Leader	Coventry & Warwickshire Partnership NHS Trust
Gillian Loweth	CPN/Memory Clinic nurse	North Staffordshire Combined Healthcare NHS Trust
Maggie Matthews	Carer	Carers in Partnership
Billy McAlinden	Service Manager	Herefordshire County Council
Gillian Mobbs	CMHT Manager	Coventry and Warwickshire Partnership NHS Trust
Marisa Murphy	Self Advocate	Choice Checkers
Siraaj Nadat	Self Advocate	Listen Not Label
Jane Nix	Service Improvement Manager	NHS South Birmingham
Deb Norton	Team Manager, Recovery Team	Coventry & Warwickshire Partnership NHS Trust
Michelle Norton	Deputy Director of Nursing	Worcestershire Acute Hospitals NHS Trust
Yvonne O'Connor	Deputy Nursing Director	Dudley Group NHS Foundation Trust
Heidi Osborne	Safeguarding Nurse	NHS South Birmingham
Louise Oxnard	Team Manager	Coventry & Warwickshire Partnership NHS Trust

Bobbie Petford	IAPT Training Lead and Course Lead for Postgraduate Certificate in Low Intensity Psychological Interventions in Primary Care.	Birmingham and Black Country Consortium
Alison Price	Support Worker / Family Carer	Choice Checkers
Catherine Quekett	Support Worker	Choice Checkers
Diane Rhoden	Adult Safeguarding Lead Nurse	Sandwell & West Birmingham Hospitals NHS Trust
Mary Ring	Clinical Service Redesign Manager	NHS Coventry
Debbie Shaw	Operational Manager Neurological Rehabilitation Services	Walsall Healthcare NHS Trust
Sally Simmonds	Deputy Directorate Manager for Mental Health	NHS Herefordshire
Donna Smart	Mental Health Trainer & Service User Consultant	
Dawn Stallard	Clinical Team Leader	Worcestershire Health and Care NHS Trust
Diane Topham	Operational, Business and Performance Manager	NHS Herefordshire
Mandy Wassall	Principal Speech and Language Therapist	Black Country Partnership NHS Foundation Trust
Paul Whistler	Self Advocate	Choice Checkers
Natalie Willetts	Nurse Consultant in Acute Services	Birmingham & Solihull Mental Health NHS Foundation Trust
Lois Wilson	Clinical Team Leader	Black Country Partnership NHS Foundation Trust
Olivia Wood	Clinical Practitioner	Worcestershire Health and Care NHS Trust

WMQRS Members

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

APPENDIX 2 COMPLIANCE WITH THE 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: Shropshire County PCT	10	4	40	-
Primary Care : NHS Telford & Wrekin	10	5	50	-
Primary Care : NHS South Staffordshire	10	6	60	-
Telford & Wrekin Primary Care Based Psychological Therapies (SS&SHFT)	30	19	63	1
South Staffordshire Primary Care Based Psychological Therapies: Seisdon (SS&SHFT)	30	17	57	1
South Staffordshire Primary Care Based Psychological Therapies: Burton and Uttoxeter (SS&SHFT)	30	18	60	2
South Staffordshire Primary Care Based Psychological Therapies (Starfish)	30	14	47	1
South Staffordshire and Shropshire Healthcare NHS Foundation Trust: Trust-wide	11	11	100	-
Shropshire and Telford & Wrekin Early Intervention Service (SS&SHFT)	53	19	36	1
South Staffordshire (SS&SHFT) Early Intervention Service	53	42	79	1
Community Mental Health Team - Bridgnorth (SS&SHFT)	54	46	85	1
Community Mental Health Team - Wellington (SS&SHFT)	54	44	81	1
Community Mental Health Team - Cannock Chase (SS&SHFT)	54	45	83	1
Community Mental Health Team -Stafford (SS&SHFT)	53	45	85	1
Community Mental Health Team - Burton (SS&SHFT)	54	47	87	1
Crisis Resolution Home Treatment - Shropshire County (SS&SHFT)	56	34	61	1
Crisis Resolution Home Treatment - Telford & Wrekin (SS&SHFT)	56	34	61	1
Crisis Resolution Home Treatment - South Staffordshire (East and West) (SS&SHFT)	56	34	61	2
Shelton Hospital, Shrewsbury (Stokesay, Marshes and Whittington Wards) Acute Care Services – In-Patients (SS&SHFT)	50	31	62	3
Castle Lodge, Telford (SS&SHFT) Acute Care Services – In-Patients (SS&SHFT)	50	27	54	1
St George's Hospital, Stafford (Brocton House, Chebsey House, Norbury House) Acute Care Services – In-Patients (SS&SHFT)	50	36	72	3

Service	No. Applicable QS	No. QS Met	% met	No. services / clinical areas
Assertive Outreach Shropshire - Bridgnorth (SS&SHFT)	54	39	72	1
Assertive Outreach Telford & Wrekin (SS&SHFT)	54	41	76	1
Assertive Outreach - South Staffordshire - Lichfield and Burton (SS&SHFT)	54	35	65	2
Commissioning: Shropshire County	15	12	80	-
Commissioning: Telford & Wrekin	14	13	93	-
Commissioning: South Staffordshire (Staffordshire Joint Commissioning Unit)	15	11	73	-
Health Economy	1060	729	69	-
Health Services for People with Learning Disabilities				
Primary Care : Shropshire County PCT	9	4	44	-
Primary Care : NHS Telford & Wrekin	9	5	56	-
Primary Care : NHS South Staffordshire	9	8	89	-
Telford & Wrekin Community LDT & Specialist Day Services (T&W Local Authority)	45	31	69	2
Shropshire County Community Learning Disability Services (SS&SHFT)	44	28	64	1
Mytton Oak House - In-patients (SS&SHFT)	45	27	60	1
South Staffordshire Community and Day Services (SS&SHFT)	45	33	73	
Commissioning: Shropshire County PCT & Shropshire County Council	18	9	50	-
Commissioning: Telford & Wrekin Joint Commissioning Unit	17	11	65	-
Commissioning: South Staffordshire PCT	18	13	72	-
Health Economy	259	169	65	-
Dementia Services				
Primary Care : Shropshire County PCT	10	4	40	-
Primary Care : NHS Telford & Wrekin	10	4	40	-
Primary Care : NHS South Staffordshire	10	4	40	-
Shropshire Older Adult CMHTs and Memory Services (SS&SHCFT)	56	33	59	
Shropshire In-patient Dementia - Chestnut Ward (SS&SHCFT)	47	32	68	1
South Staffordshire MAC UK Neuroscience Ltd.	54	16	30	1
South Staffordshire In-patient Dementia (Stafford) Baswich Ward (SS&SHCFT)	48	32	67	1
Commissioning: Shropshire County PCT	17	6	35	-
Commissioning: NHS Telford & Wrekin	17	6	35	-
Commissioning: South Staffordshire (Staffordshire Joint Commissioning Unit)	17	5	29	-
Health Economy	286	142	50	-
Care of Vulnerable Adults in Acute Hospitals				
Burton Hospitals NHS Foundation Trust: Trust-wide	24	18	75	-
Burton Hospitals NHS Foundation Trust: Clinical Areas	17	10	59	5
Shrewsbury & Telford Hospital NHS Trust: Trust-wide	24	14	58	-

Service	No. Applicable QS	No. QS Met	% met	No. services / clinical areas
Shrewsbury &Telford Hospital NHS Trust: Clinical Areas Princess Royal Hospital	17	6	35	4
Shrewsbury &Telford Hospital NHS Trust: Clinical Areas Royal Shrewsbury Hospital	17	6	35	4
Robert Jones & Agnes Hunt NHS Foundation Trust: Trust-wide	24	12	50	-
Robert Jones & Agnes Hunt NHS Foundation Trust: Clinical Areas	17	7	41	4
Mid Staffordshire NHS Foundation Trust: Trust-wide	24	17	71	-
Mid Staffordshire NHS Foundation Trust: Clinical Areas	17	11	65	4
Commissioning: Shropshire County PCT	3	1	33	-
Commissioning: NHS Telford & Wrekin	3	1	33	-
Commissioning: NHS South Staffordshire	3	1	33	-
Health Economy	190	104	55	-
Totals				
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	1241	849	68	-
Starfish	30	14	47	-
Telford & Wrekin Local Authority (Provider)	45	31	69	-
MAC UK Neuroscience Ltd.	54	16	30	-
Burton Hospitals NHS Foundation Trust	41	28	68	-
Shrewsbury &Telford Hospital NHS Trust	58	26	45	-
Robert Jones & Agnes Hunt NHS Foundation Trust	41	19	46	-
Mid Staffordshire NHS Foundation Trust	41	28	68	-
Shropshire County PCT & Shropshire County Council	82	40	49	-
NHS Telford & Wrekin and Telford & Wrekin Joint Commissioning Unit	80	45	56	-
NHS South Staffordshire and Staffordshire Joint Commissioning Unit	82	48	59	-
Health Economy	1795	1144	64	-

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

Return to [Index](#)