Good

Cambridgeshire and Peterborough NHS Foundation Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RT13	Trust Headquarters	Cambridge CMHT	CB21 5EF
RT13	Trust Headquarters	South CRHT	CB21 5EF
RT13	Trust Headquarters	Peterborough CMHT	PE2 7JU
RT13	Trust Headquarters	North CRHT	PE3 9GZ
RT13	Trust Headquarters	Fenland CMHT	PE15 0UG
RT13	Trust Headquarters	Fenland Day Therapy Services	PE15 0UG
RT13	Trust Headquarters	South Rural CMHT	CB22 3HZ

Summary of findings

RT13	Trust Headquarters	Memory Clinic	PE1 2PE

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

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

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

Summary of findings

Ratings

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

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for community-based mental health services for older people of good because:

- The support provided by older persons CMHTs, CRHTs, day therapy service and memory clinic was thoughtful, respectful and considered patients individual needs. The teams worked closely with carers and relatives and with other agencies. Teams were appropriately staffed, and where there were vacancies appropriate arrangements were in place to manage these.
- Risk assessments were undertaken on every patient during the initial assessment. This information was reviewed regularly. However, in one instance we found that the risk assessment had not been updated. All incidents were reported and staff had opportunities to discuss and learn from these. However, managers at some sites did not have access to detailed information relating to incident reporting within their team and two staff reported that when reporting incidents they were not always clear how to rate the incident.
- Comprehensive assessments were completed in a timely manner, and care records were up to date. However, a small number of care records did not evidence that patients had been given a copy of their care plan. Some care plans were not recovery orientated, did not consider holistic needs or contain the patients' views. One patient we spoke with told us that they were not aware of the out of hours arrangements for contacting services.
- Staff were using NICE and other best practice guidance. Each team was made up of the full range of disciplines, who were regularly supervised and supported to undertake appropriate training. Staff demonstrated a good understanding of the MHA and MCA. Urgent referrals were seen quickly and non-urgent referrals within acceptable timescales.
- The trust had effective governance procedures in place. Key performance indicators were used to gauge the performance of individual teams, and staff had the ability to submit items to the directorate and trust risk registers. Staff spoke highly of their managers and their supportive teams. Staff were open and transparent with patients when things went wrong. Some teams were involved in innovative research programmes. Whilst a wide range of information leaflets were available at each site we visited, these were not available in a range of formats or languages.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- The provider had estimated the number and grade of staff required using a recognised tool and adjusted staffing levels accordingly. Cover arrangements for sickness, leave and vacant posts ensured patient safety.
- Risk assessments were undertaken on every patient during the initial assessment. This information was regularly reviewed, although in one instance we found that the risk assessment had not been updated.
- All incidents were reported and staff had opportunities to discuss and learn from these. However, managers at some sites did not have access to detailed information relating to incident reporting within their team and may therefore not have sufficient information to be able to identify themes or issues arising from incidents. Two staff reported that when reporting incidents they were not always clear how to rate the incident, which could lead to inaccuracies in incident reporting.

Are services effective?

Good

We rated effective as good because:

- Comprehensive assessments were completed in a timely manner, and care records were up to date. However, a small number of the 18 care records that we looked at were not recovery orientated, did not consider the holistic needs of the patient or did not contain their views. One patient we spoke with told us that they were not aware of the out of hours arrangements for contacting services.
- Staff were using NICE and other best practice guidance. Each team was made up of the full range of disciplines, who were regularly supervised and supported to undertake appropriate training. There were regular MDT meetings and effective handover between team members and services. There were good working links with external agencies.
- Staff were trained in and had a good understanding of the MHA and MCA. Staff were making appropriate use of the MCA to support people with complex decisions.

Are services caring?

Good

We rated caring as good because:

Summary of findings

- Staff were caring, supportive and respectful to patients and their carers.
- Patients were supported to be involved in decisions about their care and staff had a good understanding of individual needs.
- Patients who used the service were encouraged to give feedback about their care as a way of improving the work of the teams.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- A central point received all referrals and prioritised these. Each team reviewed referrals and triaged them appropriately. With exception of psychology referrals at two CMHTs, target times from initial referral to assessment were met. Urgent referrals were seen quickly and non-urgent referrals within acceptable timescales.
- The majority of appointments took place within patients' homes. However, each service was able to access interview rooms with appropriate facilities. Appointments were flexible to accommodate patients' individual circumstances.
- Patients knew how to make a complaint if necessary. Whilst a wide range of information leaflets were available at each site we visited, these were not available in a range of formats or languages.

Are services well-led?

Good

We rated well-led as good because:

- Staff knew and agreed with the organisation's values. Senior managers within the organisation were known to staff and had visited some of the teams we inspected.
- The trust had effective governance procedures in place. Key performance indicators were used to gauge the performance of individual teams. Staff had the ability to submit items to the directorate and trust risk registers. Team managers had sufficient authority and resources.
- Staff spoke highly of their managers and their supportive teams. Staff were open and transparent to patients when things went wrong. Some teams were involved in innovative research programmes.

Summary of findings

Information about the service

We visited four community mental health teams (CMHTs); the Peterborough and Cambridge CMHTs and two rural CMHTs: one based in Sawston and the other at Doddington Hospital. We also visited both crisis resolution and home treatment teams (CRHTs) operated by the trust. In addition we visited day therapy services provided at Doddington Hospital and the memory clinic based in Peterborough.

The CMHTs supported older people in the community who had been diagnosed with functional or organic mental health issues. The CRHTs provided care to older people with mental health issues in their homes when experiencing a mental health crisis as an alternative to hospital admission.

Day therapy services provided a range of group activities to support patients and carers who had been diagnosed with mental health issues. The memory clinic provided assessment and diagnosis of dementia and provided ongoing support to patients experiencing memory problems and their carers.

Our inspection team

Our inspection team was led by:

Chair: Professor Steve Trenchard, Chief Executive, Derbyshire Healthcare NHS Foundation Trust

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC

Inspection manager: Lyn Critchley

The team included CQC managers, inspection managers, inspectors, Mental Health Act reviewers and support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected community-based mental health services for older people consisted of seven people: two inspectors, one doctor, one nurse, one social worker, one occupational therapist and an expert by experience. A minimum of two members of the team visited each service for one day, with the exception of the memory clinic, where one person visited the service for one day.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

Summary of findings

During the inspection visit, the inspection team:

- Visited four community mental health teams (CMHT) for older people, visited two crisis resolution and home treatment (CRHT) teams, visited one day therapy service and one memory clinic
- Met with two service managers
- Met with six team managers
- Met with a range of staff across disciplines at all sites including four consultant psychiatrists, one speciality trainee doctor, three psychologists, 15 nurses, five social workers, two occupational therapists, two student nurses, two support workers and four administrative staff
- Shadowed five home visits within CMHTs and CRHTs
- Observed two handover meetings with CRHTs
- Observed two multi disciplinary team (MDT) meetings within CMHTs
- Observed one community psychiatric nurse (CPN) meeting within a CMHT
- Observed two group work sessions at day therapy services
- Spoke with 31 patients and carers on the telephone or face to face
- Examined 18 care records
- Looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

We spoke with patients and their relatives, who were very positive about the service they had received. They told us that staff were caring, compassionate, knowledgeable and respectful.

Good practice

Patients across the service were able to access a wide range of research projects

Areas for improvement

Action the provider SHOULD take to improve
Action the provider SHOULD take to improve community-based mental health services for older people

- The provider should ensure that when changes in potential risk relating to patients are identified, the risk assessments, and not just the progress notes, are updated to reflect this.
- The provider should ensure that each team manager has access to information on the number and type of incidents that occur within their team in order that they can identify any themes or issues arising from incidents and institute appropriate learning.
- The provider should ensure that all staff understand their policy with regards to rating incidents so that all incidents are correctly rated and incident reporting is accurate.
- The provider should ensure that all care plans are recovery orientated consider the holistic needs of the patient and reflect their views.
- The provider should ensure that staff record offering a copy of the care plan to the patient.
- The provider should ensure that all patients are aware of the out of hours arrangements for contacting services.

Summary of findings

- The provider should ensure that information leaflets are readily available in a range of formats and languages.

Cambridgeshire and Peterborough NHS Foundation Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Cambridge CMHT - Fulbourn Hospital	Trust headquarters
South CRHT - Fulbourn Hospital	Trust headquarters
Peterborough CMHT - Gloucester Centre	Trust headquarters
North CRHT - Cavell Centre	Trust headquarters
Fenland CMHT - Doddington Hospital	Trust headquarters
Fenland Day Therapy Services - Doddington Hospital	Trust headquarters
South Rural CMHT - Mill Lane, Cambridge	Trust headquarters
Memory Clinic - Dementia Resource Centre	Trust headquarters

Mental Health Act responsibilities

We do not give a rating for Mental Health Act 1983. However we do use our findings to determine the overall rating for the service.

- Staff received mandatory training relating to the Mental Health Act 1983 (MHA) and demonstrated an awareness and understanding of statutory aftercare and the

guiding principles of the MHA and associated code of practice. Effective arrangements were in place for staff to be able to refer patients for a MHA assessment if required.

- Staff had access to a MHA administrator to discuss any queries or issues relating to the act and knew how to contact the Independent Mental Health Advocate to make referrals.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act 2005 (MCA) and demonstrated a good understanding of the MCA and the five statutory principles. The trust had produced an MCA policy and procedure and staff were familiar with this and knew where to get MCA advice within the trust.
- Mental capacity assessments were completed on a decision specific basis for significant decisions. People who used the service were given support to make decisions for themselves before they were assumed to lack mental capacity to do so.
- MCA issues were discussed at MDT meetings. Care records included capacity assessments related to specific decisions. Where a patient was found to lack capacity best interests meetings took place that included family members.

Good

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The majority of visits were conducted in the community, at patients' homes. Interview rooms were available at the CMHT, day therapy and memory clinic services that we visited. Staff told us that local protocols were in place to address potential safety issues when using interview rooms as these were not fitted with alarms.
- The memory clinic and Peterborough CMHT have fully equipped/functioning clinic rooms with examination bed/couch where a physical assessment and examination could take place. However other CMHT bases do not have access to such rooms. Staff told us that where a physical examination was required, this was conducted in the privacy of the patient's home with their agreement.
- The locations that we visited were clean and well maintained.

Safe staffing

- The provider had used a tool to establish the numbers and disciplines of staff required within each team. The trust had recently reviewed the staffing establishment within the Fenlands CMHT and as a result, the staffing complement had been increased.
- There was no average number for caseloads across the CMHTs that we visited. Staff were allocated a caseload weighted in accordance with their experience, skills, availability and the complexity of need. The maximum caseload that we were aware of during our inspection was 30, which occurred at the South Rural CMHT. Staff we spoke with told us that their caseloads were manageable. There were no waiting lists for allocation of care co-ordinators at the sites we visited.
- At the time of our inspection, we found that there were a small number of vacancies identified at some locations. Staff we spoke with told us that overall services were appropriately staffed, and that where there were vacancies these were being managed appropriately and did not impact upon the quality of service. Staff at some locations (for example the Fenlands CMHT) commented that staffing levels were much improved after difficulties in the preceding 18 months, when there had been high vacancy rates.
- Current vacancies at the services we visited included two nurse vacancies at the South CRHT as a result of staff taking maternity leave and acting up into a management position. These vacancies were being covered by a locum. At North CRHT, there were two nurse vacancies. These had been recruited to and were being covered by the team. At Peterborough CMHT, there was a vacancy for a part time consultant psychiatrist. This had been recruited to and was being covered by a locum. At the South Rural CMHT, there were two psychologist vacancies. These had again been recruited to and were being covered by locums at the time of our inspection. At the Fenland CMHT, there was a vacancy for one support worker, which had been recruited to. Additionally there was a part time nurse on long term sick. These vacancies were being absorbed by the team. In services where vacant posts were not covered by locum staff and were being covered by the team, staff we spoke to commented that the situation was manageable and did not impact upon the quality of care provided to patients.
- Our discussions with team and service managers indicated that at the time of our inspection there were low levels of long-term sickness amongst staff.
- Patients, carers and staff we spoke with told us that they had access to a consultant psychiatrist when required.
- The trust had identified mandatory training for staff. We saw the training records for staff at each of the CMHTs and CRHTs that we visited. We found that the vast majority of staff were up to date with their mandatory training. Where staff mandatory training had expired or was due to expire there was evidence that refresher training had been booked. The training records we saw evidenced that the trust was exceeding its target of 95% of staff having completed mandatory training.

Good

Are services safe?

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

Assessing and managing risk to patients and staff

- Referrals for all CMHT, CRHT and day services were allocated through a central referral point. The teams we visited told us that on receipt referrals were reviewed and triaged at team level, with the referrer contacted if necessary, to gather any additional information.
- We found that all patients were risk screened, and where appropriate risk assessed at the initial point of contact with the service. We also found that generally, where potential risks were found to change the risk assessment was reviewed and updated to reflect this. However, at the Fenlands CMHT we noted that for one patient whilst a change regarding potential risks had been noted in the progress notes, the risk assessment had not been updated. From our discussions with staff and scrutiny of care records, we concluded that this was a recording issue and that the quality of patient care had not been affected.
- We saw that at both CRHTs crisis plans were agreed and left with the patient and their family at the point of initial assessment. At the South CRHT, we saw excellent examples of crisis plans that were detailed, patient centred and recovery oriented.
- Across all the services we visited, we found evidence of staff responding promptly to changes or deteriorations in patients' physical health. We also saw evidence of close working with GPs across all services to carry out and monitor physical health checks.
- We found that where waiting lists were in operation (the Fenlands CMHT for psychology input) there was regular monitoring of risk for patients on the waiting list.
- Our discussion with staff showed that they had a sound understanding of how to recognise potential safeguarding issues and how to act on concerns. Staff we spoke with were able to give us examples of recent safeguarding concerns either they, or the team had been involved with. Each team had identified a safeguarding lead and within the CMHTs, embedded social workers, employed by the local authority, took the lead in co-ordinating and investigating safeguarding concerns. We looked at a sample of records relating to safeguarding available within CMHTs and CRHTs and found that the procedures for identifying, reporting, investigating and acting upon safeguarding concerns were robust. Within CMHTs, team managers had good oversight of the safeguarding issues currently being investigated and their progress.
- The trust had personal safety protocols in place, including a policy for lone working practice. Our discussions with managers and staff showed that staff were able to "buddy" where risks were identified, and that risk screens and assessments included information relating to other people living in the home and the general environment where appropriate.
- Staff working within the two CRHTs we visited told us that they had good access to on call managers and doctors out of hours.

Track record on safety

- There had been no serious incidents within this core service in the last 12 months.

Reporting incidents and learning from when things go wrong

- The trust had produced guidance for staff relating to incident reporting. All the staff that we spoke with knew how to report incidents. However, two staff told us that when reporting incidents they were not always clear how to rate the incident and were concerned that this could mean that incident reporting could be distorted if not correctly rated.
- Information about incidents was reported through a trust wide online system. We asked managers at the North and South CRHTs and Peterborough and Cambridge CMHTs whether information relating to incidents was made available to them. All managers reported this was provided to them at monthly managers meetings. We asked whether managers had records to share with us that indicated the number and category of incidents recently reported within their team. This was available at the South CRHT. At the North CRHT, we were shown information on the number of incidents but there was no breakdown of the category of incidents. At the Peterborough and Cambridge CMHTs, there was no incident data available for us to look at. We were concerned that this could mean that some managers do not have access to detailed information relating to incident reporting within their team and may not therefore have sufficient information to be able to identify themes or issues arising from incidents.

Good

Are services safe?

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

- Staff told us that they receive information about incidents in their service, across the directorate and trust. At local level, incidents were discussed within the team meeting. Across the trust a “lessons learnt” email was regularly distributed which shared cross directorate learning from incidents. Staff we spoke with were able to give us examples of recent learning from incidents that had occurred either within their service or across the directorate. Staff and managers told us that where incidents occurred there were opportunities to debrief afterwards.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We found that comprehensive assessments were completed in a timely manner. Within both CRHTs core assessments and crisis plans were completed within 24 hours of the referral being received. Within CMHTs, with the exception of referrals for psychology at the Fenlands and South Rural CMHT, assessments and care plans were commenced with patients and their carers within the two, four and eight week targets set by the trust.
- We examined the care plans of 18 people using the services we visited. We found that care plans were up to date and were generally holistic and recovery orientated. However, four of the care plans we looked at were not recovery orientated and one did not consider the holistic needs of the person using the service.
- A trust wide database was used by all services to store and maintain records relating to patients care and treatment. Teams could access records from other services, which meant that up to date accurate information was available to all staff. A separate database maintained by the local authority was used to store safeguarding records, and within each CMHT embedded local authority staff were able to access this and share relevant information with colleagues as required.

Best practice in treatment and care

- Staff we spoke with were able to give evidence that NICE guidance was followed when prescribing medication. Staff were able to identify a range of other best practice guidance that was being followed including shared care arrangements with GPs, early diagnosis of dementia using neuroimaging, support and follow up in memory clinic settings. Short term focused interventions using cognitive behavioural therapy and cognitive analytic therapy were available to patients. All the CMHTs we visited were able to provide psychological therapies. Memory clinic services were using tools such as the Addenbrookes cognitive examination III to assess and measure outcomes for patients.
- There was evidence that across the services we visited support with social capital such as housing and benefits was available to patients and carers.
- The physical healthcare needs of patients were considered during core assessments and regularly reviewed. Where follow up was required this was relayed to the patients GP.
- Clinical audit was being carried out. For example at the Cambridge CMHT staff we spoke with told us about recent audits that had been completed addressing GP prescribing.

Skilled staff to deliver care

- Each team we visited included the full range of mental health disciplines required to care for the patient group. This included consultant psychiatrists, nurses, psychologists, social workers and support workers. Staff groups were all appropriately qualified with a mix of skills and experience.
- Staff were regularly supervised and appraised. All staff received managerial supervision from their line manager and in some cases clinical supervision from an appropriate discipline. Supervisors told us that they aimed to supervise staff each month. We looked at a sample of supervision records across the services that we visited and saw that staff were receiving regular managerial and clinical supervision. Where supervision had not occurred on a monthly basis the reason for this had been recorded, for example staff sickness or annual leave.
- Staff received an appropriate induction to the trust upon joining, and were able to undertake continuous professional development and specialist training appropriate to their role. At the South CMHT staff identified that they had not received training relating to The Care Act 2014 that came into effect in April 2015, and that as a result there had been some delays in processing carers assessments. Discussions with the service manager evidenced that negotiations were underway with the local authority to provide this training.

Multi-disciplinary and inter-agency team work

- We observed two multi disciplinary team (MDT) meetings, at the Peterborough and Fenlands CMHTs, which occurred regularly. During these meetings staff spoke respectfully about patients and were knowledgeable about their needs. The whole team engaged in discussions relating to individual patient

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

needs and risks and appropriately addressed concerns regarding physical health, capacity and statutory rights to aftercare after detention under the MHA. Clear decisions and actions to be taken as a result of the discussion were recorded and accessible to the MDT.

- We observed effective handover within both CRHTs at the daily planning meeting. Our discussions with staff, patients and carers and sampling of care records evidenced effective handover between teams within the trust, for example when care transferred from the CMHT to CRHT or from CRHT to inpatient services.
- Working arrangements were in place with local social services authorities and with nursing and care home providers. Patients commented that there was good communication between the service and their GP and that their care was well co-ordinated. The provider was working in partnership with other organisations such as the Alzheimer's Society to deliver care and treatment at the Peterborough memory clinic.

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

- Staff received mandatory training relating to the Mental Health Act 1983 (MHA). At the time of our inspection no patients were subject to Community Treatment Orders under the Act at the sites we visited. Staff demonstrated an awareness and understanding of statutory aftercare and the guiding principles of the MHA and associated code of practice. Effective arrangements were in place for staff to be able to refer patients for a MHA assessment if required.
- Staff we spoke with confirmed they had access to a MHA administrator to discuss any queries or issues relating to the act. Staff were able to tell us how to contact the Independent Mental Health Advocate to make referrals.

Good practice in applying the Mental Capacity Act

- Staff had received training in the Mental Capacity Act 2005 (MCA) and demonstrated a good understanding of the MCA and the five statutory principles. The trust had produced an MCA policy and procedure and staff were familiar with this. Staff we spoke with knew where to get MCA advice within the trust.
- Mental capacity assessments were completed on a decision specific basis for significant decisions. People who used the service were given support to make decisions for themselves before they were assumed to lack mental capacity to do so.
- We observed mental capacity issues being discussed at MDT meetings. Care records we looked at included capacity assessments related to specific decisions. Where a patient was found to lack capacity best interests meetings took place that included family members.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Patients and carers we spoke with face to face and on the telephone gave very positive feedback. We observed staff interacting with patients and carers during community visits and group therapy sessions. Staff attitudes and behaviours when interacting with patients were responsive, respectful, compassionate and provided appropriate practical support. We observed caring and empathic interactions between staff and patients who were distressed.
- During MDT and planning meetings, staff demonstrated a good understanding of patients, family and carers needs.
- We spoke with 31 patients and carers during our inspection. They told us that they had frequent face-to-face contacts with the professionals supporting them and were able to ask questions. Two carers commented that they would have like to have been offered a carers assessment upon their first contact with the service, but that this had not occurred until later in the process. One patient commented that the information they had been given by the service could have been clearer.
- Services were found to adhere to the trusts policy regarding confidentiality. At the Peterborough CMHT we were told a breach of confidentiality had occurred when sending out a letter to a patient. An investigation had been undertaken and changes made to the way letters were formatted to prevent this happening again.

The involvement of people in the care that they receive

- We spoke with 31 patients and carers and looked at 18 care records. We found that patients were involved in their care planning and participated in care programme approach (CPA) reviews. Patients told us they felt listened to and were involved in decisions relating to their care. At the Cambridge CMHT whilst patients and carers told us that they were aware of their care plans and were involved in decisions relating to their care there was no evidence in the five care records that we looked at that patients or carers had been given a copy of their care plan. Two of the care plans we looked at did not contain the patients' views.
- Patients and carers we spoke with told us that they knew who to contact if they had any queries about the care being provided. One patient we spoke with told us that they were not aware of the out of hour's arrangements for contacting services.
- Families and carers received appropriate support from services. Patients, families and carers commented on good cross agency working, particularly with GPs. Some patients received care and treatment whilst living in care or nursing homes and families and carers again spoke positively about the communication between the agencies.
- Care plans for patients who received a service but were not on CPA consisted of a letter, written to the patient, their GP and other agencies that were involved. The letter stated the support currently provided and information relating to medicines.
- Patients, families and carers were given information about advocacy services and how to contact them.
- Each of the services we visited regularly asked patients, their families and carers to complete a feedback survey on the service provided. This was used locally to develop service provision and there were systems in place to relay this information to senior managers.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- Each of the services we visited had target times for assessing patients once an initial referral had been received. Within CRHTs these targets were within 24 hours or five days. In other services referrals were triaged and target times of two, four and eight weeks set. All of the services we visited were meeting these targets, with the exception of the Fenlands CMHT, where a waiting list was in operation to access psychology services. Overall, services were able to see urgent referrals quickly, and non-urgent referrals within acceptable timescales.
- We observed that the teams we visited responded promptly and appropriately when telephone contact was made by patients, their families or carers.
- There were clear eligibility criteria in place at each service we visited.
- Patients who did not attend for appointments were followed up appropriately. Patients' individual circumstances were taken into account when arranging appointments and offered flexibility where possible to accommodate these. Patients, family members and carers told us that visits were not often cancelled. They also commented that appointments happened on time. Staff told us that cancelled appointments would only happen in an emergency, for example staff sickness.

The facilities promote recovery, comfort, dignity and confidentiality

- The reception areas in the services we visited were staffed at all times. There was a good selection of leaflets available in each reception area. Rooms used for consultations were clean and comfortable. They were private and maintained dignity and confidentiality. Each of the sites we visited had appropriate facilities for the service provided.

Meeting the needs of all people who use the service

- With the exception of South CRHT all the services we visited were wheelchair accessible. At South CRHT there were arrangements in place to meet with patients at other venues or in their homes.
- We observed staff identifying the need to access interpreting services and booking this resource. Our discussions with staff and examination of care records evidenced that there was ready access to interpreting services and that these were used appropriately by staff.
- Whilst a range of information leaflets was available at each of the sites we visited, these were not available in other languages or formats. Staff we spoke with told us that leaflets could be translated on request by interpreting services.

Are services well-led?

Good

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

Our findings

Vision and values

- Managers and staff spoke of the organisations values, and felt that these reflected the work they did and the values of the services they worked for.
- Staff knew the senior managers within the trust and their role within the organisation. Some services had been visited by senior managers.

Good governance

- Staff received mandatory training. Managers had oversight of training within their team and could monitor this. Staff were appraised and supervised and managers again had oversight and could monitor this. Staff participated in clinical audit and were able to maximise the time they spend on direct care and treatment activities. The Fenland CMHT had had its staffing complement reviewed and increased using the trust tool when staff reported concerns about staffing vacancies.
- Incidents were reported. However, only the South CRHT team manager was able to show us a breakdown of incidents by type over the previous 12 months. Some services, for example the North CRHT had information to show the number of incidents, but not the type and some services for example Fenland CMHT were not able to show us any information on the number or type of incidents that had occurred over the previous 12 months.
- Staff had the ability to submit items to the directorate and trust risk registers.
- Safeguarding, MCA and MHA procedures were followed, and team managers had sufficient authority for their role and appropriate administrative support. Performance targets were set and with the exception of the psychology waiting list at the Fenland CMHT, these were met. In addition, team managers had access to a quality dashboard, which measured performance in key areas identified for each service. The majority of services we visited were showing 100% on the quality dashboard, and where this was not the case the manager was able to account for the reasons why, and were taking appropriate action to address these.

Leadership, morale and staff engagement

- At the time of this inspection there were no concerns about high sickness rates in the services that we visited. There were individual instances of long-term sick leave that were being appropriately managed.
- No bullying or harassment issues were identified during the course of our inspection. Staff felt able to raise concerns without fear of victimisation. For example at the North CRHT concerns had been raised by staff in December 2014 about the difficulties in accessing inpatient beds. The same team had raised concerns in February 2015 when there had been delays in discharging patients to the care of the CMHT. In both instances when the concerns were raised appropriate action was taken to address the issues, and at the time of our inspection these matters had been resolved.
- Staff where able to describe the whistleblowing process, and told us that they also felt able to speak to their managers if they had concerns. Staff spoke highly of their managers and described their teams as cohesive and supportive. Staff reported good morale within the services we inspected, although there was some anxiety about a planned restructuring due to take place later in the year. Staff consultation was underway with regard to the reorganisation of services, and some staff we spoke with where involved in the development and implementation of the new model.
- There were opportunities for leadership development, some of the team and service managers that we spoke with were “acting up” in their role from their substantive grade.
- Staff were open and transparent when things went wrong. For example there had been a recent incident in the Peterborough CMHT where a patient’s confidential letter had been sent in error to another patient. When this was bought to the services attention, they immediately contacted the person whose confidentiality had been breached and explained the breach to them, along with the action that would be taken to ensure that this did not happen again. An apology was also given and an investigation to establish how the breach had occurred was launched, with lessons learnt implemented within the team’s administrative processes.

Are services well-led?

Good

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

Commitment to quality improvement and innovation

- We found that teams were receiving information around current best practice and using this in their work. There were opportunities for patients to be involved in research programmes, particularly at the Fenland CMHT where 14 research projects were available to patients, including two for disease modifying medicines. Others including an evaluation of what patients find most helpful in memory assessment services; quality of life research and brain training research were also available.
- The Peterborough CMHT had recently completed a pilot project relating to long-term care and we were told that this would now be rolled out to other CMHTs.