Requires improvement

South West London and St George's Mental Health NHS Trust

Community-based mental health services for adults of working age

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)
RQYXX	Trust Headquarters	Central Wandsworth and West Battersea community mental health team	SW17 7DJ
RQYXx	Trust Headquarters	East Wandsworth community mental health team	SW17 7DJ
RQYXX	Trust Headquarters	Kingston recovery and support teams	KT6 7QU

Summary of findings

RQYXX	Trust Headquarters	Mitcham recovery and support teams	CR4 4TP
RQYXX	Trust Headquarters	Richmond recovery and support teams	TW9 2TE
RQYXX	Trust Headquarters	Wandsworth rehabilitation and recovery team	SW17 7DJ
RQYXX	Trust Headquarters	Wimbledon community mental health team	CR4 4TP

This report describes our judgement of the quality of care provided within this core service by South West London and St George's Mental Health NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by South West London and St George's Mental Health NHS Trust and these are brought together to inform our overall judgement of South West London and St George's Mental Health NHS Trust.

Summary of findings

Ratings

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

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

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

Contents

Summary of findings

Overall summary

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

Work was needed to ensure patients were safe and had their needs met. In some adult community teams there was more work to be done to ensure individual patient risk assessments were up to date and reflected their current risks. The trust needed to monitor waiting times for patients to access psychological therapies when they were ready for this treatment, to ensure this was provided in a timely manner. A small number of patients needed to be allocated to a care co-ordinator.

In a couple of teams more work was needed to encourage patients to attend their appointments or follow them up if they did not attend. The trust must also ensure patients in Kingston receive their appointment details and records of reviews in a timely manner, although work was taking place in order for this to improve. The Wandsworth rehabilitation and recovery team had to ensure that the patients they supported were achieving positive outcomes. A few outpatient interview rooms needed to improve their sound-proofing. Some patients needed a copy of their care plan.

In terms of management, some teams felt they would like to see senior staff more frequently. The performance information used by managers needs to be amended where teams have reconfigured so managers have access to the correct data to inform improvements that need to be made.

However, staff were responsive and respectful to patients and had a good understanding of their individual needs. Staff had established positive relationships with patients and communicated well with relatives and carers. Patients themselves spoke positively about the support they received from staff and felt they were treated with dignity and respect. Patients could give real time feedback to staff.

Patients had access to individual crisis plans and staff were confident about how they would address any safeguarding concerns to keep people safe. There was effective multi-disciplinary team working to support patients with complex needs.

The reconfigured teams were making services more accessible and promoting good work with other teams in the trust and external professionals and organisations. Staff had access to opportunities for learning and development.

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- In some teams staff did not update risk assessments to reflect current risks.
- Staff were not transporting medication safely.
- There were a high number of vacancies in most of the teams we visited. Vacant posts had been filled by agency staff or absorbed into team workloads but staff were concerned about meeting the needs of individual patients.
- At Central Wandsworth and West Battersea community team had a small number of patients being held by the team waiting to be allocated to a care co-ordinator.

However:

- Interview rooms were fitted with alarms and teams maintained equipment in clinic rooms appropriately.
- Appropriate duty systems were in place at each of the teams we visited to cover staff sickness and leave.
- At each of the teams we visited there was rapid access to a consultant psychiatrist.
- Staff knew how to make safeguarding alerts and did this appropriately.
- Staff were debriefed after serious incidents.

Are services effective?

Requires improvement

We rated effective as requires improvement:

- Some staff, especially from the Kingston and Richmond recovery support teams were not being supported with regular individual supervision.
- Electronic patient care records were not always regularly reviewed and updated and easy to locate.
- At Central Wandsworth and West Battersea community team and East Battersea community teams, some recently appointed staff were not having sufficient opportunities for individual support such as shadowing to help them manage complex caseloads.
- Whilst psychological therapies were available within each of the teams we visited, some patients who were ready for this therapy were having to wait for this.

Summary of findings

- Staff were not confident in conducting Mental Capacity Act assessments and referred concerns regarding capacity to the medics in the team.

However:

- Staff followed NICE guidelines when prescribing medicines.
- Support with employment and benefits was available.
- Whilst the teams we visited were not meeting their physical health key performance indicators, the care records we viewed showed that patients were having their physical health monitored.
- Within each of the teams we visited local arrangements were in place for staff to access specialist training through arrangements such as team learning sets.
- There were regular and effective handovers within teams and between services. At some services, for example Wimbledon recovery support team, Mitcham recovery support team and East Battersea community team there were good links with GP practices.
- Staff demonstrated a good understanding of the Mental Health Act.

Are services caring?

Good

We rated caring as good:

- We observed staff being responsive and respectful.
- Most patients spoke positively about staff
- Staff established positive relationships with patients and demonstrated a good understanding of their needs.
- Patients felt there was good communication with their families and carers
- Patients were able to give real time feedback

However:

- Not all patients had received a copy of their care plan.

Are services responsive to people's needs?

Requires improvement

We rated responsive as requires improvement:

- The Kingston recovery teams were struggling to reliably send out letters about appointments and reviews following changes in the administrative support to the team.

Summary of findings

- At the Central Wandsworth and West Battersea community team more than 15% of patients were not attending their appointments. The team could not demonstrate that active steps were being taken to engage with patients who did not attend.
- For most teams, space was limited and staff had difficulties accessing interview rooms.
- Interview rooms were not soundproofed and discussions could be heard outside doors.

However:

- Teams were able to see urgent referrals quickly
- Teams were able to respond promptly using their duty system when patients phoned in and their care co-ordinator was not available.
- Appointments ran on time and when staff cancelled, they offered an explanation to patients.
- Disability access arrangements were in place in each of the teams we visited. Interpreters and signers were also available when required
- Staff knew how to handle complaints.

Are services well-led?

Requires improvement

We rated well-led as requires improvement:

- Key performance indicators were difficult to monitor as the system had not been updated to reflect current team configurations. The majority of managers queried the accuracy of key performance indicator (KPI) data, which meant that the information had limited application for managers in improving team performance and was difficult to access.
- Some managers were less confident in accessing, understanding and using the KPI data on the trusts performance dashboard which could impact on them not addressing issues in a timely manner.
- Some staff felt that senior managers were not visiting the teams as frequently as possible and were not aware of the challenges facing the teams.
- Managers were expected to attend a large number of meetings that took them away from their day to day duties.
- Within the Wandsworth rehabilitation and recovery team, managers were carrying out spot checks. However they were not recording them and where shortfalls were identified there were no action plans as to how these would be addressed.

Summary of findings

However:

- Some staff knew the trust's vision and values.
- Staff told us that they found their peers and teams supportive.

Summary of findings

Information about the service

South West London and St George's Mental Health Trust provides a range of community based mental health services for people of working age with mental health problems.

The trust had three assessment teams. These teams were Kingston and Richmond assessment team, Merton assessment team and Sutton assessment team. Assessment teams provide an initial specialist mental health assessment for people referred to community mental health services.

The trust had ten community mental health teams (CMHT) and recovery support teams (RST). There were three teams each in the boroughs of Merton and Wandsworth, two in the borough of Sutton and one team each in the boroughs of Kingston and Richmond. Community mental health teams and recovery support teams supported patients who had complex mental health and social care needs.

The trust had two rehabilitation and recovery teams in the boroughs of Richmond and Wandsworth. The Wandsworth rehabilitation and recovery team provided specialist rehabilitation support for people who live more independently in supported housing.

The trust had two complex care teams. There was a team in Wandsworth and a team that covered Merton and Sutton. These teams provided treatment and support to people with complex mental health problems on the care programme approach who did not have a diagnosis of psychosis

The trust had four early intervention services (EIS) teams. There was a team in Kingston, Richmond and Wandsworth and a team across Merton and Sutton. EIS worked with people who experienced a first episode of psychosis.

The trust had six clozapine clinics, two each in Wandsworth and Richmond, one in Kingston and one in Sutton. Patients prescribed clozapine could attend the clinic, have the required tests and receive their results and prescription all within a few minutes.

We inspected the following services.

Central Wandsworth and West Battersea community mental health team

East Wandsworth community mental health team

Kingston recovery support team

Mitcham recovery support team

Richmond recovery support team

Wandsworth rehabilitation and recovery team

Wimbledon recovery support team

CQC had not previously inspected these services.

Our inspection team

The team that inspected community based mental health services for working age adults consisted of an inspection manager, three inspectors, assistant inspector, three specialist advisors who were nurses, three specialist advisors who were social workers, two specialist advisors who were consultant psychiatrists, Mental Health Act reviewer and an expert by experience who had personal experience of community services.

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

To fully understand 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 community-based mental health services for adults of working age and asked a range of other organisations for information.We attended 9 user and carer groups to ask for feedback.

During the inspection visit, the inspection team:

- visited six community mental health and recovery support teams and one recovery and rehabilitation team
- looked at the quality of the team environments and observed how staff were caring for patients
- spoke with 11 patients and one carer who were using the service
- collected feedback from 21 patients using comment cards.
- spoke with seven team managers or acting managers for the teams, a deputy manager and an operational service manager
- spoke with 54 other staff members; including doctors, nurses, social workers, psychologists, occupational therapists, recovery support workers and administrators
- accompanied staff on three home visits
- attended and observed nine handover meetings and multi-disciplinary meetings.
- spoke with the modern matron
- looked at 39 patient records, including care plans and risk assessments
- looked at 8 community treatment order 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 to 11 patients and one carer during the inspection. We also received feedback from 23 comment cards.

The majority of the feedback we received was positive. Most patients we spoke with felt staff were caring, willing to help and were happy with the treatment they received. Patients felt that staff were supportive and communicated well. Some patients told us they had not received a copy of their care plan. However a small minority of patients felt that people were afraid to complain and that more staff were needed. They complemented the service and felt the environment was pleasant and clean.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that individual patient risk assessments are updated to reflect current risks.
- The trust must ensure that staff ensure there are safe systems for administration, storage and transportation of medication.
- The trust must ensure that staff especially from the Kingston and Richmond recovery teams are supported with access to regular individual supervision.
- The trust must ensure that effective administrative processes are in place so patients receive appointment details and information about their reviews in a timely manner.

Summary of findings

- The trust must ensure managers have the correct performance information that relates to their team and that this information is used to make improvements where needed.

Action the provider SHOULD take to improve

- The trust should continue to progress the recruitment of staff to fill vacancies.
- The trust should continue to ensure staff in the community mental health teams have completed their mandatory training.
- The trust should review the lone working procedure in Kingston to reflect the changed administrative arrangements.
- The trust should ensure that care plans are updated, reviewed and can be located by staff when needed.
- The trust should ensure that patients referred to the recovery teams are allocated to a care co-ordinator.
- The trust should ensure recently appointed staff are adequately supported to know how to work with patients who have complex needs.
- The trust should monitor waiting times for patients to access psychological therapies and work with commissioners where needed to address shortfalls.
- The trust should support staff to develop their confidence in using the MCA where needed.
- The trust should ensure patients have a copy of their care plan.
- The trust should ensure there are sufficient interview rooms available at team bases and that these are appropriately sound proofed.
- The trust should ensure patients especially from the Central Wandsworth and West Battersea community mental health team are supported to attend their appointments so the numbers of patients who do not attend are reduced.
- The trust should ensure that patients being cared for by the Wandsworth rehabilitation and recovery team are supported using a recovery orientated approach and are achieving outcomes that reflect the aims of the team.
- The trust should ensure that staff feel sufficiently supported by senior staff and that team managers have enough time to carry out their roles.

South West London and St George's Mental Health NHS Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Central Wandsworth and West Battersea community mental health team	Trust Headquarters
East Wandsworth community mental health team	Trust Headquarters
Kingston recovery and support teams	Trust Headquarters
Mitcham recovery and support teams	Trust Headquarters
Richmond recovery and support teams	Trust Headquarters
Wandsworth rehabiliation and recovery team	Trust Headquarters
Wimbledon community mental health team	Trust Headquarters

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Awareness of the Mental Health Act (MHA) and the Mental Health Act code of practice was good in each of the teams we visited. Staff had access to training on the MHA.

Detailed findings

- We reviewed eight community treatment orders (CTO's) in four different teams. Staff had completed CTO documentation and associated care plans appropriately. They were in date and the reason for the decision to use a CTO was clearly recorded. Patients had their rights explained to them and staff recorded their consent.
- MHA administrators sent reminders for when the CTO needed to be reviewed and when arrangements had been made for the patient to see a Second Opinion Appointed Doctor (SOAD) and this system worked well.
- Teams had good links with centralised approved mental health professional services and were able to ask for support from social work colleagues in social services.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act and demonstrated an understanding of its principles. Some staff were aware of when they might use the MCA and gave examples of how they had assessed capacity. At Richmond recovery support team some staff were qualified best interest assessors. At Wimbledon recovery support team, staff had identified patients with decision specific capacity issues. Staff appropriately assessed the patients and made best interests decisions where necessary.
- Staff could refer to copies of the Mental Capacity Act policy which were available on site.
- At Central Wandsworth and West Battersea community team, care records we reviewed found that staff had made blanket statements, stating that patients lacked capacity. Staff had not carried out a decision specific capacity assessment.
- Most staff told us they could speak to social work or medical staff for advice on the MCA. However, some staff did not feel confident in using the MCA. For example in the East Wandsworth community team some staff told us they had not completed sections of the initial assessment that addressed capacity due to their lack of confidence in the MCA. Doctors added that staff referred MCA to them even though in terms of relationships with patients they may not be the most appropriate person to carry out the assessment.

Requires improvement

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

- All teams had interview rooms fitted with alarms that staff could use where needed. Staff tested these alarms on a regular basis. The alarm system at Kingston recovery support team had recently stopped working for eight weeks. To maintain safety, the manager had provided staff with personal alarms.
- The clinic rooms we observed were clean, organised and well maintained. All clinic rooms had appropriate sharps disposal and clinical waste arrangements. There were handwashing facilities, treatment beds and the records we reviewed of room and fridge temperatures were within acceptable limits.
- At Central Wandsworth and West Battersea community team some equipment within the clinic room was out of date. The vacutainer had expired in August 2015 and urine dipsticks had expired in June 2014. The clinic room had an electrocardiogram machine (ECG) but the trust had not trained staff how to use it and had not regularly serviced the machine. At Mitcham recovery support team and Wimbledon recovery support team a range of syringes and cotton wool products were out of date and staff had not replaced them. We highlighted this to staff who removed the items.
- Teams had visible posters that illustrated proper handwashing methods. Infection control leads monitored handwashing checks, ensured signage was visible and checked facilities were suitable for use. At Kingston recovery support team we observed a member of staff administering a Clozaril blood test without the use of gloves or an apron. Staff told us that they were aware of patients who had a known blood infection. We advised staff that without using gloves there was a risk of infection. At this team only 50% of the necessary staff had completed the mandatory infection control training.
- At Wandsworth rehabilitation and recovery team patients had been supported to keep their homes clean.

Safe staffing

- At the time of the inspection the trust was undergoing a restructuring process within the community recovery teams. Changes were being made to streamline the referral and assessment process in Kingston, Richmond and Wandsworth. In Kingston and Richmond an assessment team had started in November 2015. In Wandsworth the triage assessment team was just starting to operate at the time of the inspection.
- Staffing was a challenge and there were high levels of vacancies mostly as a result of staff moving into new roles in the restructured teams. The Richmond recovery support team had the most vacancies at 28%. This was due to new posts being created as part of the service transformation. All the other teams we inspected had vacancy rates over 16%. Staff we spoke with highlighted recruitment as an ongoing issue that had contributed to higher caseloads and changes in care co-ordinators for patients. Staff also said that the removal of the section 75 agreement in some teams had contributed to higher workloads.
- The other challenge was staff sickness levels across the teams. The exceptions to this were the East Wandsworth community health team where sickness as a percentage for permanent staff was 1%. Also Kingston recovery support team was a newly formed team and so the figures were not yet in place. The Richmond recovery support team had sickness levels of 5.7%, Mitcham recovery support team was 9.3%, Central Wandsworth and East Battersea community mental health team was 10.3% and Wimbledon recovery support team was 11.1%.
- Staff turnover across the teams were low.
- All the teams used agency staff. The numbers of shifts covered by agency staff varied from 20 shifts in February used by the Central Wandsworth and West Battersea team up to 91 shifts for the same period used by the Wimbledon recovery support team.
- The majority of staff had caseloads of under 40 people. The Mitcham recovery support team had higher caseloads averaging between 35 to 40 for both nurses and social workers. Despite this, Mitcham recovery support team staff felt caseloads were manageable. A triage worker in the Central Wandsworth and West Battersea community team had the highest caseload of 42. Staff in this team felt they had high caseloads and that local managers had not addressed the concerns

they raised. In addition to managing caseloads, staff were rostered onto a number of rotas including a team duty rota for one day per week. Nurses covered depot clinics once a week.

- The local authority had removed social workers in Sutton, Wandsworth and Richmond. In other teams social workers were focusing on issues such as safeguarding and personal budget issues rather than NHS care program approach (CPA) responsibilities. Healthcare staff said this had impacted on their work.
- Central Wandsworth and West Battersea community team had a waiting list of 15 patients who required the allocation of a care co-ordinator. Richmond recovery support team briefly had a waiting list of 50 patients requiring allocation due to the resignation of two locum staff. All the cases were reviewed and reallocated in a week.

- Teams managed and reassessed caseloads regularly in zoning meetings. Staff collaboratively reviewed patients on a case by case basis and rated the complexity and needs of patients. Staff who received regular supervision also assessed caseloads individually with managers. In the Central Wandsworth and West Battersea community team some care co-ordinators had been allocated groups of patients to their caseloads. The manager acknowledged that this had proved problematic as accurate case load weighting was not possible when allocating patients in a group rather than on an individual basis.
- Cover arrangements for sickness and annual leave varied amongst teams. Teams had duty systems that covered annual leave and sickness as well as unplanned contacts when the care co-ordinator was not available. Most teams also operated an informal buddy system where team members covered each others case loads. In other teams such as the Mitcham recovery support team if a member of staff was off work the caseloads were divided up at team meetings and delegated to staff depending on their current workloads. At Kingston recovery support team which was a newly formed team, the cover arrangements depended on the member of staff we spoke to. Some staff told us they used informal buddy system whereas other members of staff told us the manager allocated a colleague for support.
- Teams had rapid access to psychiatrists. Staff we spoke with commented on the flexibility and ease of getting a patient seen quickly by a doctor.
- The training records showed that at the time of the inspection 77% of mandatory training had been completed against a trust target of 95%. The IT system for mandatory training had not been collating the data accurately which made it hard to know if targets were being met. Some teams appeared to be not meeting targets for mandatory training and training rates were generally low. Areas of training such as conflict resolution, medicines management and information governance were significantly lower than trust targets. The staff at the Wandsworth recovery and rehabilitation team had mostly completed their mandatory training.

Assessing and managing risk to patients and staff

- The trust used an electronic patient system to document risk. Risk assessments covered the patients history of risk and a summary of current risks with management plans. Staff had completed risk assessments for all patients and they were detailed and specific. At the Central Wandsworth and West Battersea community team, East Wandsworth community team, Mitcham recovery support team and Richmond recovery support team we did not see evidence that staff updated risk assessments regularly. Some staff told us they reviewed risk every six months whilst others said they updated risk at a minimum of once a year at CPA meetings. At Central Wandsworth and West Battersea community team we viewed a risk assessment developed during a patients admission to an inpatient ward that staff had not updated since the patients discharge back to the community service. At East Wandsworth community team we viewed a risk assessment that staff had not updated after an incident where a patient sustained a life changing injury and was now in a long term inpatient rehabilitation ward for physical health issues. At the Richmond recovery support team we viewed a risk assessment that staff had not updated for 13 months. Staff were unclear about the consistency and frequency with which they should update risk.

- Each record had a crisis plan. Crisis plans included who the patient should contact if they became unwell. Staff gave patients a crisis line card with a telephone number to call and informed them who to contact out of hours. The trust had targets for patients to have a crisis plan in

Requires improvement

Are services safe?

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

place. The targets varied according to whether the patient was being supported by a care programme approach or not. Wimbledon recovery support team was the only team meeting both targets.

- Staff received mandatory training in children and adult safeguarding. Eighty-eight percent of staff had completed safeguarding adults level one training and 68% of staff had completed safeguarding children level one training. Staff were knowledgeable about safeguarding and made referrals appropriately. Staff described the process and actions they would take if they were concerned about a patient's safety. Team managers retained an overview of safeguarding concerns which managers reviewed regularly at team meetings. Teams also had leads for safeguarding and worked in conjunction with local authorities and would convene strategy meetings when necessary.
- Staff were aware of the trust's lone working policy and did not schedule visits out of working hours. There were mostly robust systems in place within teams to follow up on staff conducting home visits. Part of the policy was for administrative staff to check a diary and follow up with staff who had not checked in with the manager or the police. Staff at Kingston recovery support team commented that it was difficult to contact the administrative team since the re-structure of administrative services and felt that administrative staff would not be able to answer their phone calls.
- Staff in recovery teams undertook home visits and administered depot injections to patients who were unable to attend clinics. At Kingston recovery support team, a pharmacist updated stock medication weekly. We reviewed a list of medication that the pharmacist had updated. Depot charts were stored in paper form and staff gave cards to patients with details of how to contact the medicines information line. At the Central Wandsworth and West Battersea community team, a small number of patients were administered depots with medication specifically ordered for them. The medication was stored separately and clearly labelled with patients names. Staff took the patients medicine administration record chart with them when visiting at home to administer a depot.
- At two of the houses in the Wandsworth rehabilitation and recovery team we found good medicines management. Patients were self-medicating and staff observed and supported patients. However at the third house there were two gaps in a patient's administration records. Staff were unable to explain these omissions. We also observed a patient not taking their medication at the correct time. Medication records did not have photographs or staff signature check lists.
- The majority of staff we spoke to did not use lockable bags to transport medication which meant medication was not secure. Staff used personal bags and carried separate boxes for sharps disposal. Staff told us they did not use the lockable bags as it was a risk to their safety as patients could identify the equipment.

Track record on safety

- There were 14 serious untoward incidents reported in the last 12 months in the recovery teams. Five of these incidents occurred in the Kingston recovery support team.
- Staff were aware of their duties in relation to the duty of candour. For example at the Kingston recovery support team, two patients of a similar name received another's personal information. Both patients recognised that the information did not relate to them and contacted the team. The manager contacted the patients and gave an explanation and an apology.

Reporting incidents and learning from when things go wrong

- Staff knew what type of incidents they should report and how to report them.
- Managers we spoke with felt that staff were reporting all incidents. However, some staff we spoke with felt that they did not report all incidents and that they were generally low reporters. They felt that care co-ordinators were reluctant to raise incidents such as verbal abuse as it would add to their workload. Managers told us they highlighted the importance of incident reporting with staff on a regular basis.
- Staff were open and transparent with patients when something went wrong.
- Staff received feedback from investigation of incidents. Managers identified serious incidents that had occurred and had retained copies of investigation reports and shared these with teams. Managers attended the trusts risk forum and shared learning from incidents in team meetings.

Requires improvement

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- Staff had access to learning from incidents through team meetings and trust events. Most staff had an awareness of incidents that had occurred and the lessons learnt from them. Staff we spoke with were able to identify learning and changes in practice as a result of incidents which included the provision of portable blood pressure machines and scales to staff.

Are services effective?

Requires improvement

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

- Most staff had carried out a comprehensive assessment of patients' needs and completed this in a timely manner. However within the Central Wandsworth and West Battersea community and East Wandsworth community team, more staff had not completed comprehensive assessments within the trusts target time of 28 days for routine referrals.
- Three of the 39 records we reviewed did not have a care plan in place. However, one of the patients records had a recent letter that updated the GP with the support provided by the team. When we discussed the missing care plans with staff, they told us that the trust policy was that non CPA patents did not need a formal care plan on the electronic record system.
- The majority of care plans were up to date, personalised and recovery orientated. We also saw evidence of staff supporting patients with physical health needs and requesting physical health checks from GPs for patients. However, for some care plans there was no evidence that care co-ordinators had followed up the patients physical health needs or involved patients in developing their care plans. For one patient, staff had developed a care plan during an inpatient admission and had not reviewed or updated this since the patients discharge back to the community.
- Staff had access to all patient information and felt it was appropriately available on the trusts electronic records system. However, some staff in the Kingston recovery support team and East Wandsworth community team were not familiar with the system and struggled to find the information we requested and where it would be stored within individual patient records.

Best practice in treatment and care

- We saw evidence that staff considered national institute for health and care excellence (NICE) guidelines when planning and delivering treatment. At the Mitcham recovery support team, the NICE guidance lead for the team ran physical health clinics and gave advice for staff who prescribed over the British national formulary limit. Staff had discussed medication at team meetings and the lead advised on combinations of medication and what to look for in clients physical health. In the Wimbledon recovery support team staff undertook regular audits regarding the NICE guidelines on schizophrenia and had implemented changes from this.
- Teams were able to offer psychological therapies to patients. Psychological therapies included family interventions, cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT), and mentalisation based therapies when there personality disorder services were unavailable. Some team members in the Wimbledon recovery support team received training in CBT and DBT so care co-ordinators could provide this approach rather than referring patients to a psychologist. The trust acknowledged that their waiting list data for access to psychological therapies did not clearly identify patients who were ready and waiting for input. This meant that patients might be waiting for a number of months for psychology assessments and treatment.
- Some of the community teams had permanent employment specialists that supported people in accessing employment and voluntary work. Benefit advisors from the Springfield law centre visited teams and held drop in centres which patients were pleased about.
- The trust had a target of 75% for all patients receiving an annual physical health check. All teams with the exception of the Mitcham recovery support team (76.7%) were not meeting this target. All the teams with the exception of the Wimbledon recovery support team (68.7%) had results which had declined since the previous month. The other teams had figures below 45% of patients receiving an annual physical health check.
- The Wimbledon recovery support team had a physical health lead who had introduced initiatives to promote physical health. This included a physical health day, introduction of equipment so nurses could monitor blood pressure and weight checks as well as training two staff in phlebotomy. The team also held regular liaison meetings with local GPs. More recently the team had aligned individual practitioners with GP practices and expected them to contact the practice each month and chase up patients who required physical health checks with the GP. Despite this, staff were not clear for

Are services effective?

Requires improvement

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.

some patients who attended the clozapine clinic if they had received a physical health check. The team were due to train nurses so that they could carry out ECGs on site, rather than referring patients to the GP.

- In the Kingston and Richmond recovery support team, managers had started or planned to work closer with GPs for updates on physical health checks. We observed a review of physical health carried out at a clozapine clinic at the Kingston recovery support team. Staff demonstrated a compassionate caring approach for both patients. Staff had monitored side effects and had management strategies to deal with this. Both clients were weighed, had blood pressure, pulse and temperature recorded. Staff discussed smoking as a potential health hazard and advised the patient to see their GP for a physical health issue. We also observed on a home visit that the care co-ordinator liaised with the GP during the visit to set up the required physical health checks.
- Staff in the Wandsworth rehabilitation and recovery team closely monitored patients prescribed antipsychotic medication. GPs monitored patients prescribed lithium due to the risks to patient's health associated with these medicines. Staff reviewed anti-psychotic medication in CPA reviews.
- Staff used health of the nation outcome scales (HoNOS) to measure outcomes for patients.
- Clinical staff participated in audits. Teams completed an audit of care records that reviewed risk assessments, crisis plans, care plans, progress notes and multi-disciplinary input. Teams had leads who conducted the audit and sent the results to the modern matron for review.

Skilled staff to deliver care

- Teams had access to a range of disciplines including nurses, occupational therapists, doctors, social workers, psychologists, psychology assistants and recovery support workers. Some teams had employment specialists that supported patients with job and volunteering opportunities.
- Whilst all staff were appropriately qualified, we observed at the Central Wandsworth and West Battersea community team and East Wandsworth community team that some recently appointed staff would have benefitted from more individual support such as shadowing while they were learning how to work with some patients with complex needs. However they were able to take their queries or concerns back to the their manager or the MDT for further discussion.
- All new staff underwent an induction before they took up their full responsibilities. The trust provided temporary staff with a detailed induction to make sure they understood trust policies and procedures. However, some new staff at Central Wandsworth and West Battersea community team and East Wandsworth community team had not completed their induction or commenced their mandatory training despite being in post for several months
- Some staff across teams received regular management supervision and had access to clinical supervision. The manager at Mitcham recovery support team had added stress management to supervision records and staff we spoke with felt this was helpful. Staff at Kingston recovery support team and Richmond recovery support team had not received regular management supervision. The managers could not consistently provide any records of supervision and multiple members of staff told us they had not received supervision since June 2015. Staff said they could access managers on an ad-hoc basis but felt this did not provide ongoing support.
- The majority of staff received appraisals on an annual basis. A small number of staff at Richmond recovery support team, Central Wandsworth and West Battersea community team and Wandsworth rehabilitation and recovery teams had not received an appraisal within the last 12 months.
- Staff had good access to specialist training. For example, the Mitcham recovery support team supported a member of staff to complete a post graduate course in sexual health and recovery support workers had received training in goals intervention, CBT and motivational interviewing training. In the Wimbledon recovery support team, care co-ordinators had training in DBT and CBT and there was a rolling programme of team learning sets covering topics such as best interest assessments, conflict resolution and NICE guidelines for

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schizophrenia and post-traumatic stress disorder. Some members of staff at the Kingston recovery support team felt that while there were good opportunities, they did not have the time to access specialist training.

- Some staff at Wandsworth rehabilitation and recovery team recognised the service was not recovery orientated and staff needed more specialist training. Some staff completed activities, such as cooking for the patients, rather than working with them to support them to develop these skills. These staff needed training to develop the skills to be able to promote the independence of the people they were supporting.

Multi-disciplinary and inter-agency team work

- Recovery teams held regular multi-disciplinary meetings. Staff worked collaboratively and felt the environment was supportive. Staff attended zoning meetings, allocation meetings and best practice meetings on a weekly basis. Staff could also attend monthly learning forums and complex case discussion meetings. We attended a range of different multi-disciplinary meetings and observed that teams worked well together.
- Some managers felt there was too much to cover in meetings. Managers approached this by trying to be more creative in time management. An example of this was protected time for both clinical work and performance tasks so they could focus on one issue at a time.
- We observed good liaison working between most teams within the organisation. Recovery teams worked closely with inpatient teams, home treatment teams and assessment teams. Managers had the opportunity to attend delayed discharge meetings on a weekly basis with ward consultants and discharge co-ordinators. Staff from the home treatment teams regularly attended zoning meetings to share information and improve communication. However, some staff at East Wandsworth community team felt there was a lack of clarity between their role and the home treatment team. They told us responsibility for new referrals who were presenting in crisis were often left to the recovery teams. The manager in Kingston recovery support team said that home treatment teams and inpatient teams would sometimes transfer cases without making a direct referral. The manager had followed this up with managers to ensure proper recording procedures.
- There were good working links, including effective handovers, with primary care and other teams external to the organisation. Recovery teams had links with local carers voluntary groups, housing department services and benefits advisory services.
- The end of the section 75 agreement in some teams meant patients who needed access to social care services were now referred to the local authority access team. There were challenges in joint working between the recovery teams and social services.
- Managers and consultants in the Kingston recovery support team, Mitcham recovery support team and Wimbledon recovery support team had worked to develop links with GPs. At Wimbledon recovery support team, individual practitioners had been aligned with GP practices and were expected to visit the surgery each month to discuss patients who needed input for their physical health.
- The manager at the Wandsworth rehabilitation and recovery team liaised with the landlord housing associations, the councils supporting people commissioners and other external agencies. Staff we spoke with felt there were good relationships with primary care services. Staff in the team felt there were challenges in referring patients to social services. They felt social services had difficulty in understanding the needs of the patient group when undertaking employment and accommodation assessments. This had been escalated through commissioners.

Adherence to the MHA and the MHA Code of Practice

- Awareness of the Mental Health Act (MHA) and the Mental Health Act code of practice was good in each of the teams we visited. Staff had access to training on the MHA.
- We reviewed eight community treatment orders (CTO's) in four different teams. Staff had completed CTO documentation and associated care plans

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appropriately. They were in date and the reason for the decision to use a CTO was clearly recorded. Patients had their rights explained to them and staff recorded their consent.

- MHA administrators sent reminders for when the CTO needed to be reviewed and when arrangements had been made for the patient to see a Second Opinion Appointed Doctor (SOAD) and this system worked well.
- Teams had good links with centralised approved mental health professional services and were able to ask for support from social work colleagues in social services.

Good practice in applying the MCA

- Staff had received training in the Mental Capacity Act and demonstrated an understanding of its principles. Some staff were aware of when they might use the MCA and gave examples of how they had assessed capacity. At Richmond recovery support team some staff were qualified best interest assessors. At Wimbledon recovery support team, staff had identified patients with decision specific capacity issues. Staff appropriately assessed the patients and made best interests decisions where necessary.
- Staff could refer to copies of the Mental Capacity Act policy which were available on site.
- At Central Wandsworth and West Battersea community team, care records we reviewed found that staff had made blanket statements, stating that patients lacked capacity. Staff had not carried out a decision specific capacity assessment.
- Most staff told us they could speak to social work or medical staff for advice on the MCA. However, some staff did not feel confident in using the MCA. For example in the East Wandsworth community team some staff told us they had not completed sections of the initial assessment that addressed capacity due to their lack of confidence in the MCA. Doctors added that staff referred MCA to them even though in terms of relationships with patients they may not be the most appropriate person to carry out the assessment.

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

- We observed that staff were skilled, knowledgeable, polite, caring and helpful. We observed appropriate levels of support from staff with patients.
- Most patients we spoke with gave positive feedback about the care and treatment they received from their care co-ordinators. Patients described staff as understanding, patient and friendly. However, one patient in the Kingston recovery support team told us they had not met their named care co-ordinator yet and that the covering member of staff did not treat them with respect.
- Most staff showed a good understanding of the individual needs of patients. Staff were committed to patient care and care was patient centred. However some care records we reviewed had little evidence of an understanding of the individual needs of patients. A care plan we reviewed had not been updated since a life changing incident and it was unclear what support was given and how frequently the care co-ordinator was providing this.

The involvement of people in the care they receive

- Most patients we spoke with were aware of their care plan and were happy with the input they had. Some of the care plans we reviewed included clients views. However, some patients we spoke with told us they did not have a copy of their care plan.
- At the Wandsworth Rehabilitation and Recovery team, carer and service user feedback was a part of CPA reviews. Staff helped patients to identify issues they wished to have support with and entered this in the care plan.
- Patients we spoke with felt there was good communication with their families and carers.
- Patients had access to support from independent mental health advocacy services.
- Patients were able to give feedback on services at kiosks on site and feedback links on the trust website. Managers received the feedback in real time and responses fed into performance indicators monitored by managers.

Are services responsive to people's needs?

Requires improvement

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

Our findings

Access and discharge

- In the Kingston, Mitcham, Richmond and Wimbledon recovery support teams, assessment teams were in place to receive the new referrals and they completed the initial assessments. Where appropriate they referred the patients to the community recovery teams. Duty workers in the recovery teams reviewed referrals and prioritised them. Duty doctors could review urgent referrals. Patients had access to the recovery teams using the duty system during working hours and a crisis line out of hours.
- In the Central Wandsworth and West Battersea community team and East Wandsworth community team triage workers completed all initial assessments and referred any external patients requiring care co-ordination to managers for allocation.
- Teams discussed and allocated non urgent referrals at weekly allocation and team meetings. Staff looked at the complexity of cases and allocated based on staff capacity. The Richmond recovery support team had recently cancelled its allocation meeting due to time constraints. The manager now allocated cases to staff on an individual basis and only brought complex cases to team meetings for discussion.
- At the Wandsworth rehabilitation and recovery team, referrals mostly came from inpatient services. Patients were able to access the community rehabilitation team as part of their progression towards independent living, through step-down support from inpatient to community care. The length of time that patients received this input was based on their individual needs. For example, one patient had been supported by the team for twenty-five years and others had shorter periods of support. A senior clinician told us there were three cohorts of patients. Those who were younger and more motivated; patients who needed a lot of support and those with a chronic institutionalised high level of disability. Staff told us that the long term tenancy arrangements for some of the patients also affected their motivation to develop their skills and to move on as they had been told they had a 'home for life'.
- There were trust wide targets to respond to referrals to adult community teams, which were to assess 80% of non-urgent referrals in 28 days and 80% of urgent referrals in 7 days. At the time of the inspection, performance against the 28 day target was 93% in the Central Wandsworth and West Battersea community team and 87% in the East Wandsworth community team. Performance against the seven day target was 80% in the Central Wandsworth and West Battersea community team, which had dropped from 90% in January and 100% in the East Wandsworth community team. Staff attributed the drop in the Central Wandsworth and West Battersea community team to the absence of the triage worker. The manager and deputy manager were covering the post. The trust had agreed with Wandsworth the development of a single point of entry commencing in September 2016 to improve responsiveness. The trust had set a target for teams to offer at least 92% of patients four appointments within 18 weeks from referral to treatment. This was mostly being achieved.
- Appointments ran on time and when staff cancelled, they offered an explanation to patients. The trust monitored patients who did not attend (DNA) appointments. Recovery teams had a target that no more than15% of patients would not attend their appointment. In February 2016 all teams with the exception of the Central Wandsworth and West Battersea community team (16.5%) and part of the Richmond recovery support team (16.3%) were meeting this target. Recovery teams took proactive approaches to engage patients. Recovery support workers actively followed up patients and encouraged them to attend appointments. Staff were flexible with patients who were reluctant to attend, for example offering to meet patients at GP surgeries who were wary of attending mental health services. Teams also organised for patients to have home visits if they didn't attend after trying to communicate through other methods such as telephone and email.
- At the time of the inspection the Central Wandsworth and West Battersea community team had classified 143 patients as "waiters". These patients had completed an initial triage assessment and were waiting for further assessments, appointments, treatment, care co-ordinator allocation or discharge. The circumstances of these patients were overseen and understood by the managers and triage staff.

Are services responsive to people's needs?

Requires improvement

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

- The teams had discharge procedures in place, which are followed by the clinical leads through the multi-disciplinary team process.
- At the Kingston recovery support team, care co-ordinators said the administrative support was not working well. The trust had streamlined administrative services into a centralised hub. Staff gave examples of consultant clinic letters delayed for months in addition to backlogs of tapes that needed writing or had been lost in the process. Staff felt this led to problems in booking follow up appointments and reviews. The trust had recognised that this was an issue and had begun to implement measures to improve the arrangements but this was still a work in progress. A number of measures had been put into place including the use of a digital transcription software to speed up the production of letters. The trust have said that at the time of the inspection, the longest delay for a letter from the Kingston adult recovery support team was 10 days.

The facilities promote recovery, comfort, dignity and confidentiality

- Teams had access to a full range of rooms and equipment to support treatment and care. The recovery teams we visited shared facilities with a large number of teams and space was limited. Some staff we spoke with felt there were difficulties in accessing interview rooms. The Central Wandsworth and West Battersea community team, East Wandsworth community team, Mitcham recovery support team and Wimbledon recovery support team were relocating to another site in April 2016.
- The interview rooms were not soundproofed and we could hear discussions outside. Managers we spoke with said there was no plan to address this.
- Reception areas had a range of leaflets available for patients including complaints, information on the treatment of specific conditions and information on advocacy.

Meeting the needs of all people who use the service

- All recovery teams could accommodate patients with mobility issues. The Kingston recovery support team had a lift that patients could use to access interview rooms.
- At the Wandsworth rehabilitation and recovery team, the occupational therapist had access to aids and adaptations for people with disabilities. The occupational therapist was a disability champion in the team. One of the houses had a lift installed and a disabled access bathroom.
- Staff knew how to access interpreters and signers. The trusts information leaflets were available in different languages spoken by patients who used the service.
- We observed a discussion in a care pathway meeting between staff around the implementation of a new equality and diversity self-assessment form. Consultants will roll this form out across the trust and had piloted it in the early intervention services. Staff also showed concern that civil partnerships could not be recorded on the trusts records system and were actively pursuing a way to amend this.

Listening to and learning from concerns and complaints

- Recovery teams received 105 complaints over the past 12 months. 14 of these complaints were fully upheld with 29 partially upheld. No complaints were referred to the ombudsman. Teams that received the highest number of complaints were Richmond recovery support team with 37 and Kingston recovery support team with 31.
- Patients we spoke with knew how to complain and told us they received adequate feedback from teams. Teams displayed information on how to complain in reception areas.
- Staff knew how to handle complaints appropriately and there was a clear process for managing complaints. The complaints department allocated complaints to a manager to investigate. Managers reviewed the complaint and formulated a response. Managers involved in the complaint fed back outcomes of the investigation to staff either individually or at team meetings.

Are services well-led?

Requires improvement

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

Visions and values

- Staff were mostly aware of the values of the organisation. Staff in the Wimbledon recovery support team had taken the trust values and developed their own statement which outlined expected behaviour from staff who demonstrated these values.
- Staff knew who senior managers in the trust were. Staff gave mixed feedback on whether they felt senior managers were sufficiently visible, met the teams enough and were aware of the challenges they faced.
- Some staff at Wandsworth rehabilitation and recovery team reported feeling isolated and having a disconnect with senior managers. An example of this was an invite from staff to senior managers to attend their recovery promotion event and at the event no senior managers were present.

Good governance

- Teams had a clear governance process available to give managers an overview of services. The effectiveness of these processes varied amongst teams.
- Managers attended a range of governance meetings with senior managers that reviewed the performance across the teams. Managers also attended delayed discharge meetings with inpatient ward managers, quality improvement groups, recovery and support team development groups, safeguarding meetings and housing panel or joint funding meetings between commissioning groups and social services. Most managers we spoke with felt the meetings were useful to compare services and discuss issues such as sickness, vacancies and other pressure points. However, some managers felt overwhelmed with the number of meetings the trust expected them to attend and that it reduced the time they had to manage their team.
- Managers in the Mitcham recovery support team and Wimbledon recovery support team had a good oversight of teams key performance indicators (KPIs) and encouraged staff to take ownership. Managers had access to information on vacancies, mandatory training, incidents, complaints, feedback from service users and data extracted from the electronic patient record system. Managers monitored this through a dashboard that provided a current overview of areas for improvement such as physical health checks, CPA reviews and other key performance indicators. However in the Central Wandsworth and West Battersea community team, East Wandsworth community team, Kingston recovery support team and Richmond recovery support team, the trust had not updated the system to reflect current team configurations. The merger of teams meant that managers had difficulty in monitoring KPIs and had to review multiple dashboards that were categorised under pre-merger names. The managers we spoke with queried the accuracy of the data which indicated that the information had limited application in improving team performance. Managers also had varying levels of confidence in using the data to make improvements in their services.
- The team manager at Wandsworth rehabilitation and recovery team monitored team performance through key performance information, clinical supervision and spot checks on staff working in the supported living services. The spot checks did not record any areas for development so improvements could not be monitored.
- Teams did not have their own risk registers. Managers were able to submit items to the divisional and trust risk register if required.

Leadership, morale and staff engagement

- Most teams were well-led in particular the Mitcham recovery support team and Wimbledon recovery support team and staff generally felt well supported by managers. However at Central Wandsworth and West Battersea community team there was a locum manager in place which impacted on the leadership of the team and there was a lack of clarity about the responsibilities that the manager shared with the deputy manager.
- At Wandsworth rehabilitation and recovery team whilst the manager was motivated and highly committed, the team were not supporting patients to actively work towards greater independence. There was no available data to show how patients were progressing towards individual recovery orientated goals.
- Morale at recovery teams had recently started to improve. This had followed a period of low morale caused by the restructuring of some of the teams and the removal of some of the section 75 agreements. However, some staff still felt undervalued by senior management and felt they did not respect or understand the challenges they faced.

Are services well-led?

Requires improvement

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.

- There were no reported cases of bullying or harassment in any of the teams we visited. Staff said they knew how to raise concerns and felt they could do so without victimisation.
- The majority of staff we spoke with were aware of the trusts whistleblowing policy and procedures. However at Central Wandsworth and West Battersea community team some staff we spoke with were not aware of the policy.
- Most staff we spoke with felt that the trust prioritised data performance over staffing issues and patient safety. As there were now less managers due to merging of teams it was felt that there was a lack of awareness of the issues that affected teams on a daily basis.
- Staff said there was access to leadership training for team managers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for patients. The trust did not ensure that individual patient risk assessments were updated to reflect surrent risk. The trust did not ensure there are safe systems for the administration, storage and transportation of medication. This was a breach of regulation 12(2)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The trust had not ensured that staff had the appropriate supervision and support to enable them to carry out their duties they are employed to perform. The trust had not ensured that staff were receiving regular supervision to enable them to carry out their role. This was a breach of Regulation 18 (2)(a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance.

This section is primarily information for the provider

Requirement notices

In the Kingston team administration support was not working well and letters were not reaching patients and GPs in a timely manner which could also impact on patients receiving details of their next appointment.

Changes in the configuration of teams, meant that team mamagers were not always receiving performance informance that related correctly to their current team.

This was a breach of regulation 17(1)