

West London NHS Trust

Mental health crisis services and health-based places of safety

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services responsive to people's needs?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

Our findings

Mental health crisis services and health-based places of safety

Inspected but not rated ●

West London NHS Trust provides a range of community based mental health services for adults of working age throughout the London boroughs of Ealing, Hammersmith and Fulham and Hounslow. Some adults receiving services may be subject to conditions under the Mental Health Act 1983.

During this inspection, we visited the Mental Health Single Point of Access (SPA) and two crisis assessment and treatment teams (CATTs). This inspection was short notice announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

The SPA provides a single-entry point for referrals to secondary mental health services and support in a mental health crisis in the boroughs of Hounslow, Hammersmith and Fulham, and Ealing. The SPA is open 24 hours a day, 7 days a week, 365 days a year as a telephone triage service. The team screens all referrals and, if required, carry out assessments over the phone. This enables them to find out how they can help and then use that information to signpost patients to a service who can best meet their needs. At times of mental health crisis, the SPA works closely with partner organisations from across the public and private sectors and the CATTs, to direct people to the most appropriate services to aid their recovery.

The CATTs are mental health services based in the community. The West London NHS Trust CATTs support people in Ealing, Hammersmith and Fulham, and Hounslow. They support adults aged over 18 years old, in mental health crisis, or those needing intensive home-based support. CATT services aim to support people at home, so they don't have to go into hospital.

CQC previously inspected this core service in August 2018, and we rated it as good overall, but requires improvement for safe, and outstanding for caring. During this inspection, we did not re-rate this core service as it was not proportionate to do so. This was because this was a focused inspection of the SPA service and two of the CATT services (Hammersmith and Fulham CATT, and Hounslow CATT), that covered the safe and well-led key questions in full, and one part of the responsive key question. This was due to intelligence we had received prior to the inspection. We did not inspect, or report on the key questions of effective and caring. We also followed up the concerns found in the last inspection.

Our rating of this location remained as good because:

- Patients were very complimentary when talking about staff, reporting they were understanding, supportive, calm, caring and friendly. Patients told us they felt listened to and involved in their care.
- The SPA and CATTs met target response times for responding to very-urgent, urgent, and non-urgent referrals.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Our findings

- Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff. They recognised that the teams still had work to do, and there were good plans in place to achieve this work. Staff in the CATTs spoke highly of the new service managers.
- Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

However:

- Some patients in the Hounslow CATT did not have safety or crisis plans in place, and risk assessments varied in the consistency of how they were recorded. However, staff in the team had a good understanding of patient risk and knew what action to take if patients were high risk.
- Staff in the CATT services were not following lone working protocols. Lone working devices did not often work properly, there was a lack of chargers and their usage was low.
- Staff across the three services we inspected reported frequent problems with IT equipment and system outages.
- Medicines reconciliation and medicines storage was not always safe in the Hammersmith and Fulham CATT. Controlled drugs were not stored safely, in accordance with The Misuse of Drugs Act 1971.

What people who use the service say

We gathered feedback from 13 patients across the SPA, Hammersmith and Fulham CATT, and Hounslow CATT.

Patients told us the services were excellent and wouldn't suggest any improvements.

Patients were very complimentary when talking about staff, reporting they were understanding, supportive, calm, caring and friendly.

Patients told us they felt listened to, involved in their care and that they had copies of their care plans. They were aware of how to contact the service and had other specialist numbers to use too, if they felt very unwell.

Most patients told us the service had flexibility and choice in the appointment times available and appointments were rarely cancelled. Some patients said when appointments were cancelled, the service offered another appointment very soon after.

Is the service safe?

Inspected but not rated ●

Safe and clean environments

All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. However, neither CATT had an up-to-date environmental risk assessment for its clinical areas.

Our findings

The SPA service does not have any clinical areas, equipment, or panic alarms, as it is only accessed by staff. The service was large, with multiple meeting rooms and a comfortable working environment. However, staff told us that the location of the SPA service, within a predominantly IT building, can make the service feel disconnected from other mental health services in the trust.

Both CATT services were also predominantly accessed by staff only, but patients would occasionally visit the service for appointments in specific rooms located on the ground floors.

The Hammersmith and Fulham CATT used one ground floor room for patient appointments and the other nine rooms were used by the Hammersmith and Fulham mental health integrated network team (MINT). The MINT manages the building and holds the environmental risk assessment. We requested this after the inspection. A risk assessment had been completed for all areas in the building, however the risk assessment was out of date. It was created in June 2021, and stated it was due to be reviewed in June 2022. The assessment did not also consider ligature risks in clinical areas. However, staff told us that at the time of the inspection, the risk of ligatures was mitigated as patients are not left unattended in the building. The service manager from Hammersmith and Fulham CATT did attend a monthly building meeting, which was joined by all teams in the building. In the October 2023 meeting, various topics were discussed such as fire wardens, infection control and issues at the reception desk.

In the Hounslow CATT, they also used one ground floor room for patient facing appointments. All rooms in the building were fob access only. Staff told us that risks to patients in the building were mitigated by staff escort throughout the building. The reception area is also staffed until 9pm. After 9pm the unit co-ordinator or staff from the health-based place of safety (HBPOS), which is in the same building, supported patient visits.

All assessment rooms in the CATT services had alarms fitted for staff to use and staff available to respond within the building. The assessment rooms in the Hammersmith and Fulham CATT also had cameras installed for safety.

The Hammersmith and Fulham CATT clinic room is shared with MINT. It had the necessary equipment for patients to have thorough physical examinations. The Hounslow CATT did not have a clinic room, but the service told us they use the physical health room shared between other wards located in the building.

All areas were clean, well maintained, well-furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises was clean.

Staff followed infection control guidelines, including handwashing.

Staff made sure equipment was well maintained, clean and in working order. For example, portable appliance tests had been completed and daily cleaning stickers were visible.

Safe staffing

The service had enough staff, who received basic training to keep people safe from avoidable harm. The number of patients on the caseload of the CATT services was not too high to prevent staff from giving each patient the time they needed.

Our findings

Nursing staff

Overall vacancy rates varied across each service. The SPA service had a vacancy rate of 7%, the Hammersmith and Fulham CATT had a vacancy rate of 16%, and Hounslow CATT had a vacancy rate of 25%. However, most vacancies were covered by experienced bank staff. Staffing and recruitment remained on the trust risk register and the trust had active recruitment plans in place to fill any remaining vacancies. The senior leaders continued working hard on recruitment and retention of current staff. Staff told us they felt that they had enough staff to safely meet the needs of patients.

In the SPA service there was one admin staff vacancy. Staff told us that there had recently been a recruitment drive that resulted in the appointing of new staff to fill previous numerous vacancies.

In the Hammersmith and Fulham CATT there was one Band 5 community psychiatric nurse (CPN) vacancy and two Band 6 CPN vacancies.

In the Hounslow CATT, there were three Band 6 CPN vacancies and two Band 5 development role vacancies. The service had created Band 5 development roles, with the hope that they could recruit to these posts more readily and then upskill the staff to then become Band 6 CPNs.

Managers limited their use of agency staff and requested bank staff who were familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The average staff sickness rate for the last 12 months was between 7-9% across the three services. Some of the teams had staff members who were on long term sickness. Managers supported staff who needed time off for ill health.

The services inspected, had low and reducing turnover rates. Between November 2022 and October 2023, two staff members had left the SPA service, two staff members had left the Hammersmith and Fulham CATT, and one staff member had left the Hounslow CATT. However, the SPA recalled that the service attracts a lot of assistant psychologists, who often stay in post for one year and then wish to move on to other roles, making it difficult to create a stable staffing team. The service put in place a variety of mitigations to try and extend the time staff stay in the service, such as offering staff one day per week in a different mental health service and ensuring the staff are able to access varied training opportunities for their personal and professional development.

Managers used a recognised tool to calculate safe staffing levels. However, the two CATT services differed in their night staffing levels. The Hounslow CATT only had one night staff, whereas the Hammersmith and Fulham CATT had two-night staff. The Hounslow CATT recognised that this limited some of the interventions that night staff could carry out, particularly if there were any identified risks with staff lone working. The service manager told us that the night staff member mainly did gate keeping, by reviewing people to see whether they met the criteria for the trust services, and they would utilise staff from the health-based place of safety (HBPOS) or the wards if needed. However, the service was thinking of increasing the night staffing levels to two staff members.

The two CATT services also differed slightly in that the Hounslow CATT had two social workers employed, but the Hammersmith and Fulham CATT did not have any social workers employed or a job post for a social worker. The service manager had notified the trust that they would benefit from one, due to the feedback and requests from the staff team. Staff of varying roles in the services often felt that they carried out tasks that would be better suited to the role of a social worker such as benefits, housing, and child protection support. The service manager also felt that a social worker who was a qualified advanced mental health practitioner (AMHP) would be beneficial to support the service with completing Mental Health Act (MHA) assessments at greater pace, as the speed of MHA assessments was a concern for the CATT service.

Our findings

The SPA service did not hold a team or individual caseload. The caseloads across the CATT services were manageable and ensured staff could give patients the time they needed. At the time of our inspection, the Hounslow CATT caseload was 29 patients and the Hammersmith and Fulham CATT caseload was 35.

Medical staff

The two CATTs inspected had a full establishment of medical staff. The Hammersmith and Fulham CATT service had eight consultant psychiatrists, and the Hounslow CATT service had two consultant psychiatrists. Both CATT services also had other doctors of differing seniority and experience.

The service could get support from a psychiatrist quickly when they needed to.

Managers could use locums when they needed additional support or to cover staff sickness or absence and managers made sure all locum staff had a full induction and understood the service. The Hounslow CATT was using a locum doctor to cover one part time post for a specialty doctor.

Mandatory training

Managers made sure all staff, including bank and agency staff, had a full induction and understood the new service. The SPA had a four-week local induction programme for staff, which includes shadowing and situational exercises. They also had an induction working group that was working on an induction competency checklist and further internal training sessions, to expand the induction to an 8-week programme.

Staff had access to a training programme as part of their induction. The mandatory training programme was mostly comprehensive and met the needs of patients and staff. However, the trust had only recently provided staff with training on learning disability and autism spectrum disorders (ASD), through the Oliver McGowan training package, in October 2023. The trust did not provide any other training on learning disability or ASD. Staff training in learning disability and ASD became mandatory for all healthcare services in November 2022. The compliance rates for the Oliver McGowan training package were 100% in the SPA service, 58% in the Hammersmith and Fulham CATT service, and 64% in the Hounslow CATT service. We raised the low compliance rates with both CATT service managers on the day of our inspections. Since the inspection, more staff in the CATT services had completed their training. Compliance was now 100% in the Hammersmith and Fulham CATT service, and 74% in the Hounslow CATT service.

Staff had completed and kept up to date with most of their other mandatory training. The trust target compliance rate for all mandatory trainings was 90%. The compliance rates across the SPA and CATT services were between 88-100%. This included topics such as basic life support, diversity, equality and dignity at work, and breakaway techniques.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff did not always follow good personal safety protocols.

Assessment of patient risk

We reviewed 16 records across the SPA and two CATTs. We reviewed patients care records from their contact/ referral to the SPA service, through their pathway to either of the CATT services we were inspecting.

In the SPA service, staff completed risk assessments for each patient on contact or referral. All risk assessments were clear, comprehensive, up-to-date and all staff could access them easily. The risk assessments included any risks or

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potential risks such as substance misuse and overdose, risks associated with mental health and any safeguarding concerns. Where other needs were identified in the risk assessment, SPA made onwards referrals such as to the safeguarding team or adult social care. SPA would keep the patient open to their service, until the safeguarding was resolved or handed over to the assessing team.

When there was no response when speaking to or contacting the patient, there was clear evidence of staff making further attempts to contact them, contacting family or close friends where appropriate, and staff arranging welfare checks. We saw that risk assessments were reviewed and updated whilst the patient remained with the SPA service, and evidence of how the assessing team was updated with this additional information. Risk levels for the onward referral to team were appropriately allocated. Staff could recognise when to develop and use crisis or safety plans and advanced decisions according to patient need. We saw evidence of crisis plans in place for patients. Patients that we spoke with said that they were aware of their crisis plans.

In the Hammersmith and Fulham CATT, staff completed risk assessments for most patients on referral using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments were clear, comprehensive, up-to-date and all staff could access them easily. The risk assessments included any risks or potential risks. There was evidence of good discharge planning. For example, a patient's probation officer, GP and family member was informed of the discharge plan due to the patient's ongoing levels of high support required after discharge.

In the Hounslow CATT, staff completed risk assessments for most patients on referral and they were mostly clear and comprehensive. However, staff also did not always use the trust's new patient risk assessment forms, so there were some inconsistencies in how risk was recorded. We saw some good practice, where family were routinely involved, and physical health risks such as diabetes were identified and managed by staff. However, some patients were missing care plans and safety plans, where there was a clear need for them due to the high levels of presenting risk. For example, one patient who was at risk of overdose, did not have a safety plan in place. Senior staff in the Hounslow CATT had identified the need to improve the recording of risk on the system and had started daily audits to review records. However, they were aware that gaps remained and were taking action to improve this.

Management of patient risk

Staff responded promptly to any sudden deterioration in a patient's health. Staff did not always use lone working devices but understood how to manage risks to themselves.

Staff continually monitored patients for changes in their level of risk and responded when risk increased. Where appropriate, staff arranged for the patient to be assessed for admission to hospital under the MHA. Both CATTs told us there were often delays with MHA assessments. The Hammersmith and Fulham CATT told us they are in discussion about recruiting a social worker who is also an AMHP to support these assessments at pace.

In both CATTs, staff did not follow clear lone working protocols. Lone working devices were on the risk registers for both CATT services and service managers spoke about the challenges around the devices. The usage was poor across both services. In the Hammersmith and Fulham CATT, only 50% of staff had a working lone working device and had completed the lone working device training. Staff told us that they found the lone working devices difficult to use. However, patient risk assessments in both CATTs clearly highlighted personal safety protocols for staff e.g. if it was not suitable for a home visit or lone working. Staff and senior leaders told us that staff rarely worked alone, and safety protocols were always raised in the twice daily handover meetings. In the Hounslow CATT, the service's cars had tracker devices fitted, and the location of these cars were visible on a live map in the staff office. We also observed staff checking patient risk assessments before starting the visit, and staff texting the office before they met patients, and when the visit had finished. We raised our concerns around lone working with both service managers on our inspection days.

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The trust had introduced a new collaborative care planning system for both CATT services. Both teams told us that the implementation of this system was still in the early stage, and not all staff had been trained how to use it.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it, however compliance rates for safeguarding training were low in the Hounslow CATT service.

Staff received training on how to recognise and report abuse, appropriate for their role. The trust provided three mandatory safeguarding trainings: Safeguarding Children and Adults Level 2, Safeguarding Children Level 3, and Safeguarding Adults Level 3.

Most staff kept up to date with their safeguarding training. The SPA service had a 100% compliance rate for all three safeguarding trainings. In the Hammersmith and Fulham CATT, the compliance rate for the three safeguarding trainings ranged from 85-100%. However, compliance rates in the Hounslow CATT services were lower than the trust target compliance rate: Safeguarding Children and Adults Level 2 was 71% and Safeguarding Adults Level 3 was 76%. We raised this with the service manager on the day of the inspection.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The SPA and CATTs all had a safeguarding lead. Staff in the SPA spoke very highly of their safeguarding lead. The SPA service told us they make sure they receive the outcome of any safeguarding referrals before the service close the case.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff mostly kept detailed records of patients' care and treatment. Most records were clear, up-to-date, and easily available to all staff providing care.

Staff across the SPA and CATTs used a secure electronic record system. Staff used this system to record and access each client's progress notes, risk assessments, care plans, safety plans and other information relating to care and treatment. We reviewed 16 records across the SPA and CATTs.

All records at the SPA service were clear, comprehensive, up-to-date and all staff could access them easily. Records at the CATT services were mostly comprehensive and up to date, but some had gaps. We found four records that were missing care plans or where staff did not explore physical health with the patient during their initial assessments. This meant that some physical health problems could have been missed and unsupported by staff. However, we also saw some examples of staff supporting people with physical health problems well. For example, we saw clear care plans in place for a patient with diabetes.

Staff could not always complete referrals to MINT services or review background information easily, as they used a different electronic records system. The SPA and CATT services referred to the MINT team using one system, and staff in

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the MINT then transferred the referral to their other record system. This could lead to delays in staff accessing incoming referrals and inhibit staff's timely access to patients care and treatment records. The SPA and CATTs had appropriate mitigations in place to manage the two systems. Some staff had been trained and had access to the system used in MINT services. This meant they could review records if required.

Most staff in the SPA and CATT services reported regular problems with their telephone and computer equipment, planned system outages and internet connections, which prevented them from accessing client care records and maintaining their patient telephone lines. Staff across the three services told us IT maintenance varied and they were not always kept up to date with the issues' progress as they were being actioned.

Medicines management

The Hounslow CATT service used systems and processes to safely prescribe, administer, record and store medicines. However, the Hammersmith and Fulham CATT did not always safely manage medicines. Staff in both CATT services regularly reviewed the effects of medications on each patient's mental and physical health.

The SPA service was not involved in medicines management.

Staff in the Hounslow CATT service followed systems and processes to prescribe and administer medicines safely.

However, this was not always the case in the Hammersmith and Fulham CATT. At the last inspection in August 2018, staff in the CATTs inspected did not follow good practice in medicines management as medicines reconciliation was not carried out effectively and accurately. This meant that the prescription charts for some patients did not fully represent the medicines which they had in their homes. While this had not caused any patient harm, the processes were not in place to ensure there was good oversight of the medicines prescribed to each patient. At this inspection, this was still an issue in the Hammersmith and Fulham CATT. We found that staff were not always recording medicines received onto the electronic record system or patients' medicine administration record. Staff also continued to re-order PRN medication, despite the prescriber detailing a stop-date. This prevented the service from having oversight of how much medication each patient had in stock and preventing them from keeping track if anything was unaccounted for. We asked the service manager about this. They felt medicines reconciliation had improved since the last inspection but that it needed to be improved further.

Staff reviewed patient's medicines regularly and most patients and carers told us that staff provided advice to them about their medicines.

Staff mostly completed medicines records accurately and kept them up to date. We reviewed the medicine administration records for 6 patients in the Hammersmith and Fulham CATT service and 6 patients in the Hounslow CATT service. We found good practice, where staff highlighted on the medicines record when the person was due for a medical review.

Staff in the Hounslow CATT mostly stored and managed all medicines and prescribing documents safely in their clinic room. The service had no controlled drugs on the premises since 2021. There were some medicines in the medicines cupboard for discharged patients. However, there were clear records of staff discussing with the pharmacist, about disposing medicines for patients who have just been discharged. The service carried out a weekly and monthly medication audit, and a weekly audit for the clinic room.

Staff in the Hammersmith and Fulham CATT did not always store and manage all medicines and prescribing documents safely. As the clinic room was shared with the MINT service, the CATT team were storing their patients' medicines in their

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main office. The space was very small and untidy and patient medication was stored in various places within it, making it difficult to find. We found some medicines which also had no labels on and medicines for patients who had been discharged nearly four weeks beforehand. There were missing signatures from the fridge temperature records. However, the temperatures that were recorded, were within the normal range.

The Hammersmith and Fulham CATT service managed controlled drugs. They received a new controlled drugs cupboard earlier in 2023. However, we found multiple issues with the management of controlled drugs. The service had a controlled drugs book. However, the staff signature list was not up to date. We found some pages where the name, form and strength of the controlled drug was not listed correctly. We found some controlled drugs which were not checked as required, once or twice daily by either one or two staff members. These concerns were also raised in the recent pharmacy audit in July 2023, which categorised these risks as high and requiring actions. We spoke to the visiting pharmacist on the day who told us there were challenges for the service with managing controlled drugs. We raised our concerns with the service manager on the day, who agreed that they would put urgent mitigations in place.

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute of Health and Care Excellence (NICE) guidance. Some patients told us that the CATT services had recently arranged blood tests for them and electrocardiograms (ECGs) due to the type of medication they were prescribed.

Track record on safety

The service had a good track record on safety.

From the data we were sent after the inspection, in the last six months, there were no serious incidents reported for the SPA or Hounslow CATT and two serious incidents reported for the Hammersmith and Fulham CATT.

In the last six months, there were six patient deaths across the services we inspected.

The trust investigated serious incidents appropriately.

Reporting incidents and learning from when things go wrong

The services managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and other services. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy.

Staff reported serious incidents clearly and in line with trust policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. After every incident, the CATTs carried out an immediate informal debrief, led by the service manager, psychiatrist, or lead psychologist. The trust psychotherapist would then visit at least monthly to discuss incidents as part of the team's reflective practice. In the Hammersmith and Fulham CATT service, it was agreed that all staff members would be emailed about any incident, to ensure that any staff members who may be off at the time, would be notified in a timely manner on their return to work.

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Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigations of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

Managers shared learning about incidents with their staff and across the trust. The CATTs participated in a tri-borough clinical improvement meeting to share incidents and lessons learnt.

Is the service responsive?

Inspected but not rated



Access and waiting times

The SPA and CATT services were available 24-hours a day and were easy to access – including through dedicated crisis telephone lines. The referral criteria for the SPA and CATTs did not exclude patients who would have benefitted from care. Staff assessed and treated people promptly. Staff followed up people who missed appointments.

The SPA and both CATTs had clear criteria to describe which patients they would offer services to.

The SPA supports adults aged 18+ experiencing a mental health crisis and provides a 24/7 telephone support line for both service users as well as their friends and family. It includes a triage and signposting function and serves as a referral pathway for individuals in need of onward care. Additionally, the SPA offers clinical advice and support to healthcare professionals, enabling them to access expert guidance and information for the assessment and appropriate referral of individuals experiencing a mental health crisis.

The CATT services support adults aged 18+ experiencing a mental health crisis, who are being considered for admission to hospital, or who may already be receiving inpatient care, but who are clinically ready for discharge and may require intensive input in the period following discharge. The CATT services also support adults who require the introduction, monitoring and support around certain medicines and treatments.

West London NHS Trust operates a 'no wrong door' approach. This means that regardless of the referral source or entry point, the receiving service will ensure that any referral reaches the most appropriate service that the individual needs, in the timeliest manner possible. This aims to ensure that no patient is excluded from care, delays in accessing care are reduced, and any adverse effects from such possible delays on the service user's well-being is minimised.

The SPA and CATT services did not hold waiting lists.

The trust set service specific target response times for responding to very-urgent, urgent, and non-urgent referrals. The SPA service also had a target timeframe for answering calls.

The SPA had targets of one hour to complete the triage for a very-urgent referral, six hours to complete the triage for an urgent referral and three to seven days to complete the triage for a non-urgent referral. The SPA had a target of answering 75% of calls within two minutes.

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The SPA receives referrals via email and phone. From the data provided, in the three months prior to our inspection (August to October 2023), the SPA service received an average of 1,017 email referrals per month. A large proportion of these referrals were suitable to be transferred directly to a different service. On average, there were 12 very-urgent email referrals triaged by SPA per month. A total of 55% of these were triaged within the one-hour trust target. On average, there were 51 urgent email referrals triaged by SPA per month. A total of 73% of these were triaged within the six hours trust target. The SPA receives approximately 5400 calls per month. These calls are for people in crisis and also for those seeking advice and guidance. The average queue time for answering calls during this three-month period was 2 minutes 42 seconds. This was slower than the expected trust target of 2 minutes. The service manager was aware of the dip in performance over these three months and did originally raise this during their interview as one of their challenging times due to staff vacancies. However, reassuringly, the total average monthly queue time for the year was under 2 minutes, in keeping with the trust target. Since this time-period, the service has since recruited more staff to mitigate against any further delays.

The CATTs were expected to carry out face to face visits for very-urgent referrals within four hours and urgent referrals within 24 hours. Staff saw very-urgent and urgent referrals quickly and were very close to the trust target of 95%. In the three-month period prior to our inspection, the Hammersmith and Fulham CATT received an average of 115 referrals per month. All of the very- urgent referrals received during this time period, were seen within 4 hours. On average, 92% of the urgent referrals were seen within 24 hours. In the three-month period prior to our inspection, the Hounslow CATT received an average of 145 referrals per month. All of the very-urgent referrals received during this time period, were seen within 4 hours. On average, 95% of the urgent referrals were seen within 24 hours, in keeping with the trust target.

There were no trust targets for call response times in the CATT services. Both CATTs told us that in the day, calls come in directly to the main line. In the nighttime, calls go through to a pager system, and staff aim to respond back within the hour.

The CATTs had skilled staff available to assess patients immediately 24 hours a day, seven days a week. The SPA had a range of different roles at varied grades. Senior practitioners were always available to take a lead on more complex clinical matters.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. The SPA service would involve family members where appropriate if the person abandoned the call or disengaged throughout the call.

Staff in the CATT services had a good understanding of the different populations they served across the three boroughs, and spoke about different ways they supported engagement, such as arranging to meet patients in places in the community. CATTs were able to support purchasing drinks and snacks during these appointments through their petty cash or expenses.

The team tried to contact people who did not attend appointments and offer support. Staff in the CATTs would call and text patients as each patient preferred. Staff would visit patients in their homes if they did not attend appointments or if they found it difficult to engage.

Patients had some flexibility and choice in the appointment times available.

Staff worked hard to avoid cancelling appointments and when they had to, they gave patients clear explanations and offered new appointments as soon as possible, based on risk.

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Appointments ran on time and staff informed patients when they did not.

Staff supported patients when they were referred, transferred between services, or needed physical health care. Clinical practitioners at the SPA monitored patients while they were waiting to be seen by CATT services. We saw evidence in care records of patients being supported to address physical health concerns, such as falls, pressure ulcers and other lesions.

Is the service well-led?

Inspected but not rated ●

Leadership

Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Leaders in the CATT services were relatively new in their roles but had worked for the provider for many years in a variety of roles. Leaders across the SPA and CATT services had the skills, knowledge, and experience to perform their roles.

Leaders had a very good understanding of the services they managed. They could clearly explain how the teams were working to provide high quality care and the challenges the services experienced. Leaders told us that the SPA and CATT teams had made improvements since the last inspection, but recognised there was still work to be done and had plans in place to achieve this work.

Leaders were visible in the service and approachable for staff and patients. Staff knew who the most senior managers in the trust were and told us that members of the senior executive team regularly visited the services. Staff told us they found service managers to be supportive and felt able to approach them with any concerns. Staff in all three services were very complimentary about their leadership, support, and approachable nature. Staff in both CATTs services told us that the management of their team had greatly improved since the last inspection.

Leaders within the services met multiple times per month, to discuss updates and concerns within the services.

Leadership development opportunities were available, including opportunities for staff below team manager level. For example, in the Hounslow CATT, staff members had been supported to complete their nursing qualifications and progress into more senior roles in the service. Two staff members had also been supported to complete training to become non-medical prescribers (NMPs). Staff members also carried out training in topics such as emotional intelligence, communicating in difficult situations, and how to influence high-up positions. In the Hammersmith and Fulham CATT, a staff member had also been supported to complete a psychotherapy course part-time.

Vision and strategy

Staff knew and understood the trust's vision and values and how they applied to the work of their team.

West London NHS Trust's vision is to be an outstanding healthcare provider, committed to improving quality, and caring with compassion. The trust's values are togetherness, responsibility, excellence and caring.

Our findings

Staff knew and demonstrated the service's vision and values and how they applied to the work of their team. Staff told us and felt that the values of the trust were woven into the foundation of the teams and were overwhelmingly positive about the MDT working. Managers regularly discussed the trust's values in staff meetings and team away days.

The trust was focused on improving care in CATT services across the three boroughs of Hammersmith and Fulham, Hounslow, and Ealing. The CATT services we inspected had recently started the process for The Home Treatment Accreditation Scheme (HTAS) with the Royal College of Psychiatrists. The aim of HTAS is to ensure that people who experience mental health crises and their family and carers, receive high quality care from their home treatment team, with fair access to all. Accredited services might achieve this by following their core principles and standards set out in the accreditation scheme.

Culture

Staff felt respected, supported, and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff we spoke with felt respected, supported, and valued and felt the managers created a positive working environment and culture across the teams. Staff did reference that there had been some historic problems with bullying in both of the CATT teams, but since the new managers came into place, there had been no reported cases of bullying or harassment, and the culture of the teams had dramatically improved.

Staff across the SPA and CATTs worked well together as teams and reported good team working. Staff met daily to discuss patients, as well as at the weekly and monthly team meetings. It was evident from speaking with staff that they wanted the best outcome for patients and were trying to ensure that appropriate care and treatment records were in place for them as quickly and safely as possible.

Staff in the CATT services felt that the new service managers dealt with poor staff performance when needed. Team members worked well together and when there were difficulties, managers dealt with them appropriately. Teams held regular away days to build rapport between team members and improve staff well-being.

Staff could access some support for their own well-being through an occupational health service. As part of the trust's recruitment and retention action plan, the trust prioritised delivering wellbeing activities to help reduce staff absence. This included flexible working and implementing employee health passports to ensure reasonable adjustments were made for those with disabilities and long-term conditions. The trust also offered bi-weekly reflective practices in the CATT services, staff well-being days, protected time for staff supervision, a protected learning and development slot every Tuesday, and five days of carer's leave.

The provider recognised staff success within the service through their annual trust quality awards. For example, the SPA team had just won a trust award, for their collaborative working pilot project with the police. They created a dedicated telephone line for officers to get advice and support around the HBPOS. The Hammersmith and Fulham CATT had also just won a trust award for patient wellbeing, for their weekly coffee group focused around supporting patients in crisis together. The Hounslow CATT had also just recently been nominated for a team award.

Staff stated that they felt able to raise concerns when needed and were aware of the whistle blowing procedure. Staff knew how to use the Freedom to Speak Up process. We saw that posters detailing who to contact if staff needed to speak up were on display in staff areas, and staff told us it was also clearly signposted on their trust intranet page.

Our findings

Staff reported that the trust promoted equality and diversity in its day-to-day work. The trust had various staff networks, which staff across the SPA and CATT services were involved in, with varying degrees. Networks included a lesbian, gay, bisexual, transgender or queer (LGBTQ) Network, Disability and Long-Term Conditions (D<C) Network, Armed Forces, Race Equality Network (REN) and Staff Carer Network (SCN).

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were generally managed well.

In the SPA and CATTs, there was a clear framework of what must be discussed at each team or service meeting. This enabled staff to be kept updated about the service, incidents, safeguarding, recruitment, complaints, and essential information.

The three services held twice daily handover meetings to review all their current patients and to discuss next steps for patients of concern or high risk. We attended a morning meeting for the Hammersmith and Fulham CATT and observed comprehensive discussions about pertinent issues such as the current caseload, staffing issues, allocation of daily tasks such as reading new patient's notes, personal staff safety protocols, and highlighting other key meetings or tasks of the day.

The services also had monthly team meetings, clinical improvement groups, manager or team lead meetings, and meetings with other services that they receive referrals from or refer into. For example, the CATTs attended meetings with the MINTs to review screenings and referrals.

Each service had a dashboard providing oversight on key performance indicators, number of referrals received, discharge rates, and waiting times. Although, some managers were not able to access and utilise this information due to their viewing restrictions. However, managers had appropriate meetings within the service, and access to other dashboards, such as an incidents dashboard, which equipped them with information to identify priority risk areas and document these clearly on the service's risk registers. All three services we inspected had clear plans of how each risk would be mitigated and minimised over time, however senior leaders recognised that improvements still needed to be made at pace, for areas such as lone working. Service managers also had access to service reports to provide assurance on the performance of the service regarding referrals, contacts, service caseload and response times.

Staff participated in clinical audits. This included medicines management audits, safeguarding adults board multi agency audits and caseload audits. There were action plans in place for any gaps identified. However, we saw evidence that some audit results were not always acted on when needed. For example, the quarterly controlled drugs audit in the Hammersmith and Fulham CATT identified concerns with the management of controlled drugs, however the service had not made or maintained the required changes.

Staff knew to submit notifications to external bodies as required, for example to social services.

Staff also knew to make notifications to the Care Quality Commission in accordance with regulations.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Managers were aware of risks in the service and had taken action to make improvements, although some issues still required further improvements.

Our findings

Staff maintained and had easy access to the service's risk registers at team and service line level and could escalate concerns when required. The risks recorded reflected those we found during the inspection and those reported to us by staff for each service.

At the time of the inspection, the main risks on the risk register for SPA were system outages on the electronic records and phone systems impacting the service's ability to offer a crisis line for patients and their ability to access patient notes for people presenting in a mental health crisis. Both CATT services listed poor adherence to the lone working policy, mainly poorly maintained equipment, and low usage of the devices on lone worker visits. Senior leaders were taking steps to mitigate and minimise areas of risk and ensure good oversight of these areas. For example, the CATT services had resent the lone working policy to all staff to read, kept records on ownership of working devices and noted which staff needed new chargers, and provided shared chargers for staff until the new stock arrived. Furthermore, the service ensured that staff rarely worked in isolation and were often visiting patients in pairs. Staff who were without lone working devices were not sent out on lone visits. Staff also text the service when they arrived at an appointment, and when they left the appointment. The Hounslow CATT vehicles also had a tracker in, which was clearly visible from the main office for staff to monitor the staff member's location.

Information management

Staff had access to equipment and information technology to support clients most of the time. Staff were not always able to collect analysed data about outcomes and performance.

Staff had access to equipment and information technology to support clients most of the time. They were given the technology needed to work outside of the office at home or during community visits, such as mobile phones and laptops. However, most staff in the SPA and CATTs reported regular problems with their telephone and computer equipment, planned system outages and poor internet connections, which prevented them from accessing client care records. Staff in the SPA felt the IT maintenance team were always very prompt to fix their issues and prioritised their IT issues due to the importance of accessing client data in a timely manner. However, staff in the CATT services did not always feel their IT issues were prioritised or that they were updated with their progress as they were being resolved.

The SPA and CATT services were not always able to collect analysed data about outcomes and performance. Staff at the SPA service told us that they can see monthly performance data for how long it took to answer a call, but they do not have live dashboards for the management or oversight of live calls. However, they have been told that with the help of the NHS 111 build, the new system, will have dashboards for live call data.

The CATT services had dashboards with live performance information. However, the service manager from Hounslow CATT was not able to access data for the service yet, which meant he may not have been able to review and audit certain aspects of team performance and client care.

Engagement

There were effective, multi-agency arrangements to agree and monitor the governance of the CATTs. Managers of the services worked actively with partner agencies (including the police, ambulance service, primary care and local acute medical services) to ensure that people in the area received help when they experienced a mental health crisis, regardless of the setting.

Staff, patients, and carers had access to up-to-date information about the work of the provider and the services they used.

Our findings

At times of mental health crisis, the SPA service worked closely with partner organisations from across the public and private sectors and the CATTs, to direct people to the most appropriate services to aid their recovery.

Patients and carers had opportunities to give feedback on the services they received.

Learning, continuous improvement and innovation

Staff used quality improvement methods and knew how to apply them. The SPA had recently carried out a collaborative working pilot project with the police. They had identified that police often took unwell patients to accident and emergency departments. The SPA service wanted to support triage and created a dedicated telephone line for officers to get advice and support around HBPOS. This significantly reduced presentations at A and E. The service won a trust award for this.

The SPA service had been involved with a 4-year long transformation project of NHS 111. They had just started taking NHS 111 calls, offering emotional support and advice to people who require mental health support. West London NHS Trust was the first trust to launch this NHS 111 service on the 4 December 2023, and took the first NHS 111 option 2 call for London.

Both CATT services were focused on the continuous improvement of their services. They had both recently started the process for The Home Treatment Accreditation Scheme (HTAS) with the Royal College of Psychiatrists. The aim of HTAS is to ensure that people who experience mental health crises and their family and carers, receive high quality care from their home treatment team.

The Hammersmith and Fulham CATT had a long-standing patient focused group, a weekly coffee morning which started 9 years ago. Each session involved a speaker discussing various topics, such as a psychiatrist speaking about a certain medicine, or a member of the senior executive team talking about the trust. Patients in this group had set up a WhatsApp group and had arranged multiple social activities to attend together. The service won a trust award for this group, for patient wellbeing. At the time we inspected, the Hounslow CATT were planning to start a similar group, and had just sent out leaflets to all their patients.

Our findings

Outstanding practice

We found the following outstanding practice:

- The SPA service carried out a collaborative working pilot project with the police. They created a dedicated telephone line for officers to get advice and support around HBPOS. The service won an award for this.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The trust must ensure that controlled drugs, are managed safely in the Hammersmith and Fulham CATT (Regulation 12)
- The trust must ensure that staff in the CATT services have access to and use lone working devices appropriately (Regulation 12)

Action the trust SHOULD take to improve:

- The trust should ensure that the CATT services have up-to-date environmental risk assessments of clinical areas
- The trust should ensure that staff in the Hounslow CATT are trained in safeguarding, appropriate to their roles, so that staff know how to recognise and take necessary safeguarding actions to protect individuals
- The trust should ensure that staff in the Hounslow CATT document risk and crisis plans consistently for patients
- The trust should continue their work to embed the new collaborative care planning system into both CATT services and ensure staff are suitably trained to use it consistently
- The trust should continue their work to ensure phone systems outages are conducted and addressed in a timely manner, to ensure the SPA service can continue to offer a crisis line for service users at times of high incoming calls
- The trust should ensure that medicines reconciliation and medicines storage is strengthened in the Hammersmith and Fulham CATT to ensure that medicines management is safe
- The trust should continue their work to develop the dashboards of live information to support managers to undertake their roles and provide information for assurance where needed

Our inspection team

How we carried out the inspection

The inspection was short notice announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

The team that inspected this service consisted of two CQC inspectors, one CQC senior specialist, one specialist advisor who had experience working within crisis services, and one expert by experience.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust. During the inspection visit, the inspection team:

- Visited three services and observed the quality of the environment
- Spoke with 13 patients and two carers
- Spoke with three service managers
- Spoke with 33 members of staff including, doctors, clinical psychologists, nurses, senior practitioners, support workers, telephone coaches, safeguarding leads, administrators
- Observed two team meetings
- Observed a patient coffee group
- Observed two home visits
- Reviewed 16 care and treatment records
- Reviewed 12 patient prescription charts
- Reviewed how medication was managed and stored
- Reviewed a range of policies, procedures and other documents relating to the operation and management of the service

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

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