

Combat Stress/Audley Court

Quality Report

Audley Avenue

Newport

Shropshire

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Website:<https://www.combatstress.org.uk/get-help/how-we-help/treatment-centres> Date of inspection visit: 9th July 2019

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

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

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

Summary of findings

Overall summary

We rated Combat Stress/Audley Court, Specialist community-based mental health services for adults of working age as good because:

- The provider had a high standard of managerial, medical and clinical leadership and made effective use of multi-disciplinary team working.
 - Clinical governance at Combat Stress/Audley Court was well established and linked to local and national quality improvement initiatives, research and audit.
 - Risk assessment and care planning were of a high standard and helped clinicians and therapists provide safe care.
 - The services provided were responsive to the needs of patients and based on the existing and emerging evidence for effective treatment.
- Combat Stress/Audley Court had been through a successful period of organisational change and redesign and developed a model of service that patients told them they found helpful and of high quality.

However;

- Patient feedback indicated that patients needed more help managing their physical health and accessing community activities
- Some staff thought that the provider had not effectively communicated the implications of organisational change for themselves and the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Good 	

Summary of findings

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Good 

Combat Stress/Audley Court

Services we looked at

Specialist community-based mental health services for adults of working age

Summary of this inspection

Background to Combat Stress/Audley Court

Combat Stress is a national charity providing clinical treatment for veterans and reservists of the Royal Navy, Army, Royal Air Force, merchant navy and other allied services who suffer from mental health problems, including psychological trauma, attributable to or associated with their service. It delivers therapeutic services regionally in Scotland, Northern Ireland, Central England and Wales and the South of England. The hub at Audley Court, and its satellite venues and home visiting services serve Wales and the Central England catchment area.

Combat Stress/Audley Court is registered with the CQC to provide the regulated activity of the treatment of disease, disorder or injury. It provides a range of specialist treatment, for men and women, discharged from the armed forces who experience mental health problems associated with their time in and/or transition from military service. All patients accepted for treatment are assessed as low risk. Treatments and services include community mental health nursing, trauma focussed cognitive behavioural therapy, psychotherapeutic education and mindfulness programmes, occupational and art therapy, structured activities and peer support. Patients receive both individual and group-based treatments. Combat Stress/Audley Court's specialist

community mental health services are distinct and time limited. Where mental health services beyond the scope of the service are required, patients are referred to NHS and independent sector mental health services.

At the time of inspection, a senior manager at Combat Stress/Audley Court was in the process of applying to become registered manager.

Prior to 2011 Combat Stress/Audley Court provided a residential respite service for patients. This consisted of two weeks of residential care, often several times a year. The service then moved to providing a mixture of residential and mental health welfare services before finally settling on its current community based model of care in 2017. These changes had provoked concerns from patients who had previously found the respite model to be of benefit. The provider had addressed those concerns through their complaints procedure but not to the satisfaction of all their previous patients.

There have been a total of four inspections carried out at Audley Court and it was last inspected in 2015 when it received a rating of good. Residential respite is still provided at Christmas at other Combat Stress treatment centres and the provider works with the Royal British Legion to provide recovery breaks twice a year at Royal British Legion Premises.

Our inspection team

The team that inspected the service comprised one CQC inspector and one Inspection manager.

Why we carried out this inspection

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

Summary of this inspection

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 the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the Audley Court premises

- spoke with the manager applying to become the registered manager, before the inspection, and with the interim director of operations and the newly appointed director of operations at the time of inspection.
- spoke with seven other staff members; including the lead doctor, nurse, occupational therapist, art therapist, cognitive behavioural therapist and handy person/gardener.
- received feedback about the service from Healthwatch;
- collected feedback from eight patients using comment cards;
- spoke to two patients over the telephone
- looked at eight care and treatment records of patients;
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

The provider conducted its own survey of patients from May 2018 to April 2019 and found patients to be satisfied with services overall. The inspection team also received comment cards from patients and spoke with two other patients. All patients who provided CQC with feedback were in treatment at the time of the inspection.

Patients were complimentary about all staff at Combat Stress/Audley Court and described them as professional, caring and pleasant. They said that the therapy and

education provided by clinicians had helped them cope better with their trauma and supported the improvement of their relationships in civilian life both at home and at work.

Patients described the services delivered by Combat Stress/Audley Court as an asset to the community and as clinically excellent. The majority of those in treatment said they had a better quality of life and that staff had helped give them hope for the future.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated Safe as good because:

- Combat Stress/Audley Court provided a safe and clean environment for its community patients. All clinical areas were clean and the building itself was very well maintained.
- Therapeutic services were provided to patients by a qualified staff team, experienced in the issues faced by combat veterans and allied service personnel experienced in civilian life. A consultant psychiatrist led the team of psychologists, community mental health nurses, occupational therapists and cognitive behavioural therapists.
- Clinical managers supported staff to manage their caseloads and ensured patient safety over a large geographical area. All staff participated in a mandatory training in safeguarding and basic life support to ensure the care and safety of patients.
- Staff completed detailed risk assessments for patients and these were up to date. Staff made safeguarding referrals and knew how to recognise forms of abuse their patients might be experiencing.
- Serious incidents were investigated thoroughly, and staff were transparent in their discussions with patients when something went wrong.

Good



Are services effective?

We rated Effective as good because:

- Staff made holistic assessments of patients that focussed on the specific mental health problems patients faced when dealing with trauma. Patients' were effectively triaged to ensure they had the capacity to participate in the provider's therapeutic program.
- Care records we reviewed on the organisations electronic patient record system identified the needs of patients. These records provided detailed information on the care being planned for patients and staff were working hard to improve these further by using redesigned forms.
- All therapeutic interventions provided by staff at Combat Stress/Audley Court was evidence based and complied with National Institute for Health and Care Excellence guidance. Staff also participated in a comprehensive audit program.

Good



Summary of this inspection

- Combat Stress/Audley Court staff had the necessary skills to do their job and were regularly supervised, appraised and supported in their continued professional development. This ensured staff maintained and updated their skills to care for patients safely.
- All staff worked well as a multidisciplinary team to ensure the delivery of care was tailored to the individual needs of patients.

Are services caring?

We rated caring as good because:

- Service user feedback from patient satisfaction surveys confirmed the inspection team's finding that staff were caring and compassionate towards their patients. Patients also fed back that they felt involved in their care
- The organisation made good use of local peer support and carer organisations and supported staff in their dealings with other health and social care providers.
- The individual needs of patients were paramount in delivering care and staff were always mindful of the specific issues and challenges facing patients.
- Care records demonstrated patient involvement in their care and encouragement to engage with wider civilian society.
- Patient satisfaction surveys confirmed that patients were satisfied with the service they received. The provider was committed to building on this feedback to ensure the continuing improvement of services for veterans.

However;

- Patients said that they needed more support in managing their physical health and for taking part in community activities.

Good



Are services responsive?

We rated Responsive as good because:

- After a period of consultation and redesign the service was clear about its treatment program aims and offered clear criteria for those patients wishing to access the service. Where patients required interventions to help them prepare for treatment at Combat Stress/Audley court, staff liaised with other mental health agencies to ensure patients received the help they needed.

Good



Summary of this inspection

- The facilities provided at Combat Stress/Audley Court promoted recovery, comfort, dignity and confidentiality and included spacious and pleasant clinical and non-clinical areas.
- Staff focused on linking patients and their loved ones with support groups as an important part of the therapeutic program and ensured that patients had access to a range of specialist information.
- The provider managed complaints about its service efficiently and made sure that lessons were learned after the complaints were investigated fully by senior staff. Staff also received feedback on the outcome of the investigation of complaints through regular staff bulletins.

Are services well-led?

We rated Well-led as good because:

- Leaders at Combat Stress/Audley Court had the skills, knowledge and experience to perform their roles and articulated a good understanding of the challenges their patients faced and those of the organisation.
- Following extensive organisational change, services provided by Combat Stress/Audley court were delivered with a clear vision and a strong emphasis on all staff working to a common set of shared values. Managers had also implemented effective contingency plans through a period of disruption over the winter of 2018/9 and staff reflected positively on the way protests against the service were managed.
- Senior leaders consulted staff and patients regularly and staff said they felt supported in their work. They also told us they felt confident to raise concerns with senior colleagues if they felt it was necessary and without fear of retribution.
- The provider was fully engaged in quality improvement and involved staff wherever possible with service developments through regular local clinical governance meetings and communications.
- A risk register was held centrally, and risks identified by staff were included on this. Managers had access to information to support them with their management role. The organisation had a full range of policies and procedures which all staff followed.

Good



Summary of this inspection

- Leadership encouraged and facilitated feedback from staff and patients and instigated improvements after analysing this feedback. Combat Stress/Audley Court was also committed to research into the problems of veterans coping in civilian life.

However;

- Staff said that organisational change had not always been communicated effectively.

Detailed findings from this inspection

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.

Combat Stress did not have responsibility for the Mental Health Act 1983

Mental Capacity Act and Deprivation of Liberty Safeguards






The provider required all staff to complete Mental Capacity Act training as part of mandatory training requirements.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five statutory principles.

Staff could apply this knowledge specifically to the patients they worked with. Staff knew where to get advice from within the provider regarding the Mental Capacity Act.

Combat Stress/Audley Court was a community service with no facility for making use of DoLS

Community-based mental health services for adults of working age

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are community-based mental health services for adults of working age safe?

Good 

Safe and clean environment

- Staff did regular assessments of the care environment and this included a ligature risk assessment completed in June 2019. A ligature anchor point in a care environment is any type of object or room furniture that could be used for tying or binding a noose for attempting to commit suicide. All ligatures at Combat Stress/Audley Court were deemed low or medium risk as most were in unused parts of the building, inaccessible to patients or in clinical areas where patients were never left unattended.
- Combat Stress/Audley Court had an alarm system in all patient therapy rooms. The alarm sounded at reception and all staff were trained to attend if staff used the alarm.
- The service kept an Automated External Defibrillator and first aid kit with ligature cutters in reception and these were checked weekly by staff. Combat Stress/Audley Court did not carry out physical health checks. It was therefore not required to check equipment necessary to carrying out physical examinations.
- The provider did not have clinic rooms as it did not undertake physical examinations of patients.

- All clinical and office areas were clean, had good furnishings and were well-maintained. Estates staff kept the building and the surrounding gardens exceptionally well maintained and safe.
- There were adequate handwashing facilities, with handwashing instructions displayed above the sinks and staff followed infection control practices.
- Equipment kept in the reception area was well maintained, cleaned and clean stickers were visible and in date.

Safe staffing

- The substantive clinical staff team at Combat Stress/Audley Court comprised of a lead consultant psychiatrist, a psychology team of five which included a lead, senior, two clinical and one assistant psychologist and a team of four cognitive behavioural therapists. In addition, the provider employed three community mental health nurses, led by a senior nurse and a lead hub nurse who supported a team of seven occupational therapists and one occupational therapy assistant practitioner, a substance misuse nurse and an art therapist. Most staff were whole time equivalents (WTE). However, two cognitive behavioural therapists and the senior psychologist were part time. The provider also employed support staff which included a medical secretary, administrators, property and maintenance, and quality and governance staff.
- Combat Stress/Audley Court had WTE vacancies for an occupational therapist, two community psychiatric nurses and a clinical psychologist. The provider did not employ bank or agency temporary staff.
- The providers staff sickness rate was 2.8% and there had been a 11% staff turnover in the last 12 months.

Community-based mental health services for adults of working age

- Clinical managers assessed caseloads of individual staff regularly and supported staff to manage their caseloads. This included making cover arrangements for sickness, leave, vacant post. This ensured patient safety. However, staff told us that the large geographical area covered by community nurses sometimes made covering for staff vacancies difficult.
- If Combat Stress/Audley Court patients required rapid access to any mental health care, the appropriate crisis and home treatment team were called.
- The provider had a wide-ranging mandatory training program for staff which included safeguarding, first aid and basic life support training. The provider told us that 80.3% of its eligible staff had undertaken this training.

Assessing and managing risk to patients and staff

- The provider completed risk assessments at initial assessment and then at least annually unless there were changes to the patient's clinical presentation. The inspection team reviewed eight risk assessments and found that all these records were up to date and updated after any identified incidents or changes to risk. The risk assessments were completed on a specifically designed form within an electronic patient record system. All risk assessments were completed comprehensively and contained detailed information on the risks themselves and on the measures that would be taken to mitigate against and prevent these risks. All patients assessed and receiving treatment at Audley Court were considered as presenting a low risk and records showed that staff responded promptly to deteriorations in a patient's mental health and increased risks.

Safeguarding

- Staff we spoke to knew when and how to make a safeguarding referral and understood and complied with the providers safeguarding policies. Staff also knew how to recognise different forms of abuse.

Staff access to essential information

- Staff used one electronic patient record system for all their patients which was undergoing some format improvements at the time of inspection. All the clinical information needed to deliver patient care was available to all staff, of all disciplines, whenever they needed it.

Medicines management

- Combat Stress/Audley Court did not administer medication to patients.

Track record on safety

- There were 13 incidents recorded by the provider in the twelve months preceding the inspection. These incidents included domestic homicide, self-harm, death from long term illness and suicide. Staff were aware of how to report incidents and reported them to their line manager for review. All deaths of patients were categorised according to the provider's incident management policy. All staff followed the unexpected death guidance which stated that all requests for information from the police or coroners be escalated to senior management for review and appropriate action.

Reporting incidents and learning from when things go wrong

- Staff told us that serious incidents were investigated within 72 hours and consideration given to any service delivery concerns or failures. Staff understood their duty of candour and were open and transparent in their discussions with patients when something went wrong. Serious incident reports were reviewed quarterly and in some cases a root cause analysis of incidents would be instigated. Lessons learned from these investigations and analysis would be shared through team meetings and periodical bulletins to all staff. Recent lessons learned from incidents included the recirculation of policy and training to staff on the need to provide a timely and effective response to the police and coroners when they requested information on patient deaths. In addition, a transfer of treatment information plan was developed to keep patient's GPs informed of treatment episodes. The consultant psychiatrist was also leading on the development of a new clinical risk management policy and training for staff. Staff told us they were fully supported at meetings and in supervision with clinical managers when incidents occurred.

Are community-based mental health services for adults of working age effective?
(for example, treatment is effective)

Community-based mental health services for adults of working age

Good 

Assessment of needs and planning of care

- Patient referrals came from a contracted private helpline, from the Combat Stress Contact Us email and from professionals within the NHS and independent social care and health providers who were directed to the telephone triage nurse. The telephone triage service was not part of Combat Stress but the staff there received some supervision from the qualified nurses in Combat Stress.
- Referrals meeting the criteria for treatment at Combat Stress/Audley Court were then forwarded to the multi-disciplinary team for further consideration at a triage outcome meeting. Patients accepted for treatment were then provided with a comprehensive mental health assessment. Combat Stress/Audley Court were aware that their patient group were often not registered with a GP and exposed to the combined risk of psychiatric problems and frequent ill-health. In response the provider told us that they supported patients to register and consult with a GP. Staff also assessed patient's physical well-being by taking their medical history, gathered information on medication, appetite, substance use and sleep hygiene. Patients were given a validated and standardised questionnaire for measuring the status of their general health and this helped inform liaison with GPs and other specialist health care providers
- We reviewed eight care plans and in all cases these plans were detailed and included the needs of patients identified at assessment. Care planning had been the subject of an internal review and a new more personalised format had been recently introduced. All patients had received a copy of their care plan and whilst the older care plans were detailed and informative the inspection team did not find them to be holistic, and recovery orientated. However, where staff had completed the newly developed care plan on the electronic patient record, we found that these care plans demonstrated greater detail on patients' recovery capital and progress through the various treatment interventions.

Best practice in treatment and care

- Clinical staff at Combat Stress/Audley Court provided a three stage treatment program which included a range of care and treatment interventions focussed on issues experienced by veterans of the armed services. These included trauma therapy for operational stress, injury, shame and guilt. Staff also provided education and treatment on anxiety and anger management, living skills, relapse prevention, guidance on sustaining recovery, and occupational and art therapy.
- Staff liaised closely with patients GPs and updated them on patients emerging health problems and provided advice on healthy lifestyle.
- The medical director and the heads of psychological therapies ensured that all therapeutic interventions provided to patients met with National Institute for Health and Care Excellence post-traumatic stress treatment guideline NG116. Combat Stress/Audley Court also participated in the Royal College of Psychiatrists Accreditation Programme for Psychological Therapies Services. Staff participated in clinical audit, benchmarking and quality improvement initiatives as part of Combat Stress/Audley Court's annual clinical audit schedule. This schedule included record keeping, discharge process, key working, infection control, incidents and safeguarding. Staff also received a quarterly quality and learning bulletin which promoted the quality improvements that their audits had supported.

Skilled staff to deliver care

- All interventions provided at Combat Stress/Audley Court were carried out by skilled and qualified staff. These staff included a doctor, psychologists, nurses, occupational therapists and cognitive behaviour therapy trained staff. Further specialist training for staff was available for staff when required.
- The provider did not meet its clinical supervision completion target of 91% for the period November 2018 to April 2019. However, figures showed an improvement of 77% to 90% over the same period and staff we spoke with at the time of inspection said they had access to regular clinical supervision. The provider had an average appraisal completion rate of 95%. Managers also ensured that staff had regular meetings to reflect on their clinical practice and continued professional development.

Community-based mental health services for adults of working age

- Managers told us that if poor staff performance occurred it was addressed promptly and effectively, and concerns escalated to human resources or occupational health.

Multi-disciplinary and inter-agency team work

- The provider held regular multidisciplinary team meetings and staff used these to discuss clinical care. There was good communication between staff members of all disciplines and an emphasis on high quality liaison with external health and social care providers including social care, primary care, substance misuse services, community mental health and local authority safeguarding teams.

Adherence to the MHA and the MHA Code of Practice

- Combat Stress/Audley Court did not routinely use the Mental Health Act (MHA) and it was not applicable to the services they provided except when liaising with mental health services when there was a deterioration in patients mental health.

Good practice in applying the MCA

- The provider required all staff to complete Mental Capacity Act awareness training as part of mandatory training requirements. The staff completion rate for this training was 68.6%. Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five principles and demonstrated that they could apply this knowledge specifically to the armed forces veteran patient group. Staff also knew who to consult regarding the Mental Capacity Act and recorded their observations of a service user's capacity on the providers electronic patient record.

Are community-based mental health services for adults of working age caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff discussed interactions with their patients with warmth and compassion. They demonstrated respect for the individuals they provided therapeutic interventions to, and spoke passionately about their work and the teams they worked in.

- Staff supported patients to understand, manage and become involved in their care through regular consultation and discussion.
- Staff described how they worked with patients to identify and access other services to support care and treatment provided in the community. Staff also provided examples of referrals they regularly made to peer support and carers organisations for veterans. However, some patients said they needed more help in taking part in community activities.
- Staff understood the individual needs of patients and demonstrated this by providing information in ways patients could understand and working with patients to identify and access social support. This was done through art projects and a wide range of information leaflets.
- Staff discussed confidentiality and information sharing with patients and staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.

Involvement in care

Involvement of patients

- We saw evidence in care records of the involvement of patients in their care. The provider had also recently developed a new online survey for patients to measure mental health outcomes, engagement in wider society and physical health outcomes.
- Patients had fed back that they felt that they could manage their mental health better; had a better understanding of their problems and were more able to recognise their risks and triggers to relapse. Some patients also said they needed more support in managing their physical health.
- The provider conducted a survey from May 2018 to April 2019. One hundred and fifty responses were received and 99% of patients thought that sessions were at the right level; 96% thought the sessions were useful or very useful. 94% intend to use the knowledge gained in the future and 91% found Combat Stress handouts useful.

Community-based mental health services for adults of working age

- The provider told us that they were aware of independent advocacy services and would refer patients to them in complex cases. However, there were no leaflets advertising independent advocacy.

Involvement of families and carers

- Where patients gave permission, staff informed and involved families and carers appropriately. For example; staff worked closely with family members or carers to help them understand veteran specific mental health issues.
- The provider referred to a local voluntary carer organisation who specialised in providing support to families or carers of combat veterans and allied services.
- The provider gave opportunities for families and carers of patients to give feedback on the service they received through their website portal.

Are community-based mental health services for adults of working age responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

- For the period 1st May 2018 to 30th April 2019 patients waited 32 days from referral to initial assessment and 47 days from initial assessment to onset of treatment. However, the provider told us that after introducing a new triage system, figures from 1 May to 9 July 2019, showed patients waited 29 days from referral to initial assessment and 31 days from initial assessment to onset of treatment. The provider did not have set a target for time from referral to triage/assessment and from assessment to treatment.
- The service had clear criteria for which patients would be offered its specialist services. The service did not exclude patients who needed this treatment unless they were assessed as high risk. In which case they would be referred to an appropriate service provider for treatment until stable enough to access the services of Combat Stress/Audley Court.

The facilities promote recovery, comfort, dignity and confidentiality

- The Audley Court premises had a range of rooms to support therapeutic treatment and care. This included a spacious and pleasant waiting area, therapy and interview rooms. All interview rooms had adequate soundproofing. We saw that information leaflets were available in all waiting areas. These included information about veterans' support groups, therapeutic art projects, activity groups and, help-line numbers.

Patients' engagement with the wider community

- Staff supported patients to maintain contact with veteran peer support groups and with their families and carers. This included sharing information, with a service user's agreement, and directing family members and carers to a dedicated support organisation. Patients were encouraged to develop and maintain relationships with people that mattered to them, both within the services and the wider community. Staff delivered interventions at the Audley Court building, in their homes and at other satellite venues.

Meeting the needs of all people who use the service

- The provider made adjustments for disabled people and all clinical services on the ground floor of Audley Court were easily accessible. The provider did not have leaflets in different languages as members of UK Armed Forces have to have basic English written literacy. In addition, they did not routinely use translation or interpreter services as members of UK Armed Forces are also required to have English verbal literacy. However, Audley Court/Combat Stress did occasionally use interpreters to support patients who did not have English as their first language to help them understand more complicated therapeutic concepts.
- The provider displayed leaflets from Shropshire Healthwatch and liaised with them at the local Military Covenant meetings. Covenant meetings encouraged local communities to support the armed forces, remember the sacrifices veterans made and to encourage and support veteran's integration into community life and activities.

Listening to and learning from concerns and complaints

Community-based mental health services for adults of working age

- During the period May 2018 to April 2019 the provider reported a total of forty-four complaints. Twenty-eight of these complaints, 63.6%, were connected to a protest outside of the Audley Court premises and from other ex-patients who were challenging the termination of residential services at Audley court and in some cases the way they had been discharged. These complaints related to patient concerns outside of this CQC inspection and some complaints referred to events that occurred up to, and over seven years ago. As a comparison in the period April 2017- March 2018, fifteen formal complaints were received. Of the recent complaints, 6 were upheld by the organisation.
- We saw the provider displayed information to advise patients on how to complain or raise a concern. Additionally, the provider made this information available on its website.
- Staff knew how to handle complaints from patients appropriately and, where possible, tried to resolve them locally. The provider had a clear procedure to manage formal complaints. This included standards for acknowledging and investigating a concern and procedure to guide staff's practice in investigation. This guidance included a complaints template. Staff received feedback on the outcome of the investigation of complaints through their quality and learning bulletin and local governance team meetings.
- The provider told us they had learned lessons from veteran's complaints regarding the discharge of patients and had reviewed its discharge policy and process considering these.

veterans faced in civilian life. Until the day of inspection, the provider had an interim director of operations. However, the provider now has a permanent director in post.

- Senior clinical managers we spoke to had a consistent and fluent understanding of the services they managed and were able to describe clearly how their staff worked to provide high quality care. This included listening to, and acting on feedback from patients and staff, and on learning from organisation's extensive audit and governance program.
- Staff knew who the providers senior leaders were and knew them by name. There had been extensive organisational change in recent years and some staff we spoke to commented that this change had not always been communicated effectively. However, leaders, including directors had delivered training workshops, provided video updates to all staff after directors' meetings, increased Chief Executive Officer email updates and attendance of directors at remote sites. The recently launched intranet was improving communications with staff.

Vision and strategy

- The provider had a clearly expressed vision for former servicemen and women, with mental health problems, to live full and meaningful lives. The organisational values of respect for individual talents and diversity, being united in purpose and focusing on the best outcomes for patients were formulated in meetings with staff, and through discussion with the employee representative group. Senior leadership had successfully communicated the organisations values to the frontline staff in the service and promoted them on their web site. Senior leaders we spoke with understood the importance of actively applying these values in the work of their therapeutic and educational clinical teams.
- Staff said they had the opportunity to contribute to vision and values discussions and we were told about a series of workshops to inform and embed the organisation's values and behaviours into their work. The workshops were led by directors and delivered to 70% of staff during twelve workshops. Further

Are community-based mental health services for adults of working age well-led?

Good 

Leadership

- Leaders at Combat Stress/Audley Court had the skills, knowledge and experience to perform their roles and had a detailed understanding of the issues combat

Community-based mental health services for adults of working age

workshops were planned to ensure full staff attendance and some staff had attended follow up sessions to discuss progress in their personal goals, related to the organisational values.

Culture

- Staff we spoke with felt respected, supported and valued. In October 2018 a charity-wide staff survey was carried out which found that over 70% of staff would recommend Combat Stress as an employer and over 80% of staff either agreed or partially agreed they were proud to work at Combat Stress. The same survey confirmed that staff were aware of how to report unsafe practices and staff told us they felt confident to whistle blow their concerns without fear of retribution. The organisation had identified improved communications, better pay and clarity on the strategic direction of the charity as being the top three staff concerns.
- Managers dealt with poor staff performance when needed and the registered manager reported no bullying or harassment cases. Staff told us this had been problem in the past. However senior managers and leaders had acted to make sure this stopped.
- The provider monitored sickness and absence rates and we found low sickness and high staff retention rates.

Governance

- Combat Stress's operations in England and Wales were registered with the Charity Commission, the body that regulates charities. The provider met its responsibilities as a registered charity and comprised a Board of Trustees who met Fit and Proper Persons requirement checks. The corporate structure also included committees for Finance, Audit and Risk Management, Clinical Governance, Income Generation and Remuneration & Nomination.
- The provider had robust governance systems in place and a quality assurance framework which included actions to establish a single point of contact for patients and the commissioning of further research into the efficacy of its treatment programme. In addition, there were plans to implement a real time performance dashboard to manage performance and improve the experience of patients using services.
- Combat Stress's quality and clinical governance manager had ensured, along with the Audley Court

clinical governance committee, that there were systems and procedures in place to ensure that the premises were safe and clean; that there were enough staff who were trained and supervised and that patients were assessed and treated well. This process was overseen by the national clinical governance committee, chaired by the medical director. Incidents were reported and investigated, and the organisation's clear governance framework ensured lessons were learned from these. An employee forum also ensured staff views on quality and safety were heard.

- The safeguarding lead for Combat Stress/Audley Court was the medical director who worked with staff locally to ensure that patients and their families/communities were safeguarded. Safeguarding referrals were treated as incidents and reported through the clinical governance structure.
- The provider had an established cycle of quality audits that required staff participation. The provider made the outcomes of audits available to staff through useful and well-presented quarterly bulletins.
- Staff understood arrangements for working with other partner agencies to meet the needs of the patients. Senior staff worked to improve access pathways with external organisations. This included providers of physical health, mental health and substance misuse services.

Management of risk, issues and performance

- Staff maintained and had access to the risk register at a directorate level and could escalate concerns when required from a team level. Staff told us the highest organisational risks were staffing and vacancies, the provision of care within available resources and financial sustainability. The inspection team found that that staff concerns matched those on the risk register. Where cost improvements were taking place, we did not find these compromised patient care. The risk register had also included the day to day management of the risks posed by veteran's protests.

Information management

- The provider had systems to collect data that were not over-burdensome for frontline staff. The provider

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collected data which included information on incident and safeguarding reports and on how many patients had used their services. The provider also employed administration staff to collect and input data.

- Staff had access to the equipment and information technology needed to do their work and spoke positively about the ongoing improvements to the risk assessment and care planning templates on the providers electronic patient record system.
- Managers had access to information to support them with their management role. This included access to policies and procedures, and key performance indicators. The provider presented this information in an accessible format and it was timely, accurate and identified areas for improvement.

Engagement

- Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. The provider used social media and a web site to promote its services and inform patients of developments in its services.
- Users and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Well displayed posters advised patients on how to give feedback and a website also provided a portal to submit various types of comments. In addition, all patients were given a 'Listening, Responding, Improving' leaflet. These were also located throughout Audley Court.
- Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements to the community services it offered. These improvements included a review of its discharge policy and the enhancement of its liaison with external statutory and independent providers agencies. The latter helped in the preparation of patients to receive Combat Stress/Audley Court therapeutic services.

- The provider used veteran surveys to support their involvement in decision-making about changes to the service. Patients and staff could meet with members of the provider's senior leadership team to give feedback. Senior staff also engaged with external stakeholders such as The Royal British Legion to provide enhanced services at Christmas.

Learning, continuous improvement and innovation

- Following feedback from staff that they did not always feel their voice was heard, leaders supported staff to consider opportunities for improvements through the employee forum. This provided opportunity for all staff to voice their opinions. Leaders also assisted the employee forum in publicising their successes, and this resulted in renewed interest, both in requests to the forum, and employees wanting to be members.
- Combat Stress conducted research and was committed to publishing in external peer-reviewed academic journals as part of its commitment to the advancement of patients' mental health. Staff had opportunities to participate in this research and there was a strong emphasis and focus on the needs of the families and friends of patients.
- Innovations were taking place in the service. This included tele-therapy to help meet the demand and challenges of a higher prevalence of mental health difficulties in military patients compared to the general population. The development was in response to recent research that suggested that only 30- 50% of veterans accessed services for support. Staff and leaders were investigating more accessible, flexible and cost-effective methods of delivering psychological therapies to patients using remote technology.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that they continue to develop ways of supporting patients to manage their physical health.
- The provider should ensure that they continue to develop ways of supporting patients to taking part in community activities.
- The provider should continue to focus on effectively communicating the implications of organisational change to staff.