South West Yorkshire Partnership NHS Foundation Trust

Mental health crisis services and health-based places of safety

Inspection report

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Date of inspection visit: 6 April 2022
Date of publication: 17/08/2022

Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services effective?	**Inspected but not rated**
Are services responsive to people's needs?	**Inspected but not rated**

Our findings

Mental health crisis services and health-based places of safety

Inspected but not rated

We carried out this short announced focused inspection at the same time as CQC inspected a range of urgent and emergency care services in West Yorkshire. To understand the experience of mental health Providers and people who use mental health crisis services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

As part of this focused inspection we looked at the Wakefield team and accessed how they were supporting the wider urgent and emergency care pathway.

We did not inspect the intensive home-based treatment teams in Barnsley or Calderdale as this was not part of the scope of this inspection. We are monitoring the progress of improvements to services and will re-inspect them as appropriate.

We did not rate this service at this inspection. The previous rating of good remains.

We found:

- The service was providing safe care and had enough skilled staff to meet the needs of the service. The number of patients on the caseload of the mental health crisis teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists well to ensure that patients who required urgent care were seen promptly. Staff assessed and managed risk well.
- Staff working for the mental health crisis teams developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. The mental health crisis teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.

How we carried out the inspection

During the inspection visit, the inspection team:

- visited the office base of the Wakefield intensive home based treatment team;
- interviewed the manager,
- interviewed other members of staff including nurses, support workers, advanced practitioner and the consultant psychiatrist
- reviewed four care and treatment people records
- spoke to the manager of the psychiatric liaison service.

Our findings

You can find further 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.

Is the service safe?

Inspected but not rated

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 mental health crisis teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.

Nursing staff

The service had enough nursing and support staff to keep patients safe. The service had increased the number of nurses to ensure that they could meet the demands of the service. Each shift was covered by five qualified staff and two health care support workers.

The service had low vacancy rates. The team had one vacant admin post. During the previous four-week period there had been 16-day time shifts which had not been filled out of a possible 144. All the evening shifts had been covered. For health care assistants there had been five shifts not filled.

Managers had introduced a twilight shift to cover for busier periods between 12pm and one am.

The service used regular bank staff to cover shifts when needed. Staff were well supported when they needed to take time off or work flexibly.

Medical staff

The service had enough medical staff. A full-time psychiatrist worked with the team and junior doctors were available three days per week.

The service could get support from a psychiatrist quickly when they needed to. Medical reviews were completed within 24/48 hours.

Mandatory training

Staff had completed and kept up to date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff working in the mental health crisis teams worked with patients and their families and carers to develop crisis plans. Staff followed good personal safety protocols.

Our findings

Assessment of patient risk

Staff completed risk assessments for each patient using a recognised tool, and reviewed this regularly, including after any incident. We reviewed four records and found that risk assessments were up to date and management plans were in place. Staff responded to referrals from the psychiatric liaison team and visited people in the emergency department who had been assessed as requiring a crisis assessment.

Staff used a recognised risk assessment tool.

Staff could recognise when to develop and use crisis plans and advanced decisions according to patient need.

Management of patient risk

Staff responded promptly to any sudden deterioration in a patient's health. Staff assessed people within four hours who required an assessment.

Staff followed clear personal safety protocols, including for lone working. Staff attended assessments in pairs out of hours.

Staff access to essential information

Staff working for the mental health crisis teams kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

Is the service effective?

Inspected but not rated

Our rating of effective CHOOSE A PHRASE. We rated it as CHOOSE A RATING.

Assessment of needs and planning of care

Staff assessed the mental health needs of all patients. Staff working for the mental health crisis teams worked with patients and families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient. We reviewed four records and found that all patients assessments were comprehensive. A duty worker covered each shift and was responsible for doing the triage. Assessors would then complete assessments if required.

Staff made sure that patients had a full physical health assessment and knew about any physical health problems. Staff were trained in ECG and doctors were available.

Our findings

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.

Staff regularly reviewed and updated care plans when patients' needs changed.

Care plans were personalised, holistic and recovery orientated.

Skilled staff to deliver care

The mental health crisis teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had (access to) a full range of specialists to meet the needs of the patients. The team included nurses, health care assistants, psychiatrist, psychologist and admin support staff. Skilled staff were available to assess patients immediately 24 hours a day seven days a week. Staff also took calls for the children's and learning disabilities services out of hours once the single point of contact telephone line had closed.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care. Managers had increased the number of band six nurses in the team to meet demand. Funding to employ a psychologist and trauma informed specialist had been secured and both were now in post.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. All the staff we spoke to had an appraisial.

Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work.

Managers supported staff through regular, constructive clinical supervision of their work. The staff we spoke to said they felt supported and part of a good team.

Managers made sure staff attended regular team meetings or gave information from those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. The psychologist and trauma informed care workers had been working closely with staff to develop knowledge in these areas.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Our findings

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Daily meetings were held to review patients open to the team. Regular meetings took place with the single point of access teams, and community mental health teams.

Staff had effective working relationships with other teams in the organisation and with external teams and organisations. A protocol was in place with the ambulance service. Ambulance staff could ring the crisis number to discuss a patient before they brought them into an emergency department. Staff also worked closely with local policing teams.

The psychiatric liaison team said that referrals were always taken and that patients on the emergency department were seen within one hour for an initial contact.

Is the service responsive?

Inspected but not rated

Access and discharge

The mental health crisis service was available 24-hours a day and was easy to access – including through a dedicated crisis telephone line. The referral criteria for the mental health crisis teams did not exclude patients who would have benefitted from care. Staff assessed and treated people promptly. Staff followed up people who missed appointments.

The service had clear criteria to describe which patients they would offer services to. Patients meeting the criteria for a crisis assessment were seen within four hours. People not meeting the threshold were passed phone numbers or advice for other services.

Patients requiring home based treatment were accepted onto the caseload. Those patients discharged form an inpatient unit were seen within 72hours.

The trust set and the service met the target times seeing patients from referral to assessment and assessment to treatment. Between November 2021 and April 2022 four assessment times had not been met out of a possible 241. This was due to staffing on two occasions and one the person was in a place of safety.

Staff saw urgent referrals quickly and non-urgent referrals within the trust target time.

Staff followed up comprehensive face to face assessment from psychiatric liaison teams, mental health teams, police liaison, single point of contact and the approved mental health professions. These referrals were seen within 24 hours where it was identified that ongoing support was needed as part of an agreed plan of care.

All cases were discussed and agreed with the assessor and the practitioner on duty and included an assessment of risk and need and the ongoing care plan required to support the service user.

The team responded quickly when patients called, and an external provider provided support during the evening to ensure calls were dealt with in busier times. Calls were diverted to this service between 6pm - 2am. Staff offered emotional low-level support.

Our findings

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor.

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

This section is primarily information for the provider

Enforcement actions

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