Care Quality Commission

Good

Devon Partnership NHS Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWV62	Wonford House Hospital Dryden Road EX2 5AF	Mid Devon OPMH Community service (Mid Devon Central)	EX17 3NH and EX16 6NT
RWV62	Wonford House Hospital Dryden Road EX2 5AF	East Devon Coastal OPMH Community Service	EX8 4DD
RWV62	Wonford House Hospital Dryden Road EX2 5AF	East Devon Rural OPMH Community Service	EX14 2DE
RWV62	Wonford House Hospital Dryden Road	South Hams and West Devon OPMH Community Service	TQ9 5GH

Summary of findings

	EX2 5AF		
RWV62	Wonford House Hospital Dryden Road EX2 5AF	Torbay OPMH Community Service	TQ3 2DW
RWV62	Wonford House Hospital Dryden Road EX2 5AF	Teignbridge OPMH Community Service	TQ12 4PH
RWV62	Wonford House Hospital Dryden Road EX2 5AF	North Devon and Tawside OPMH Community Service	EX31 4JB
RWV62	Wonford House Hospital Dryden Road EX2 5AF	Devon Memory Service (Torbay)	TQ2 7AA
RWV62	Wonford House Hospital Dryden Road EX2 5AF	Exeter OPMH Community Service	EX1 3RB
RWV62	Wonford House Hospital Dryden Road EX2 5AF	Devon Memory Service (Exeter, East and Mid Devon)	EX2 5DW

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

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

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

Summary of findings

Ratings

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

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated the community based mental health services for older people as **good** because:

- By the time of the most recent inspection, the trust had addressed the issues that caused us to rate safe and effective as requires improvement following the July 2015 inspection. We have rated each domain as good.
- By the time of the December 2016 inspection, the community based mental health services for older people were meeting Regulations 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- Staff routinely completed and updated patient risk assessments. They developed and recorded crisis plans with patients. This meant there were plans in place to mitigate risks if patients were in crisis. Staff had a good understanding of safeguarding policies and the procedures to keep people safe from abuse. Teams monitored safeguarding enquiries so they could analyse themes and track responses from other agencies. The service carried out regular environmental risk assessments to monitor and improve the safety of buildings.
- The service had clear policies to support staff when they worked alone. Staff were aware of the lone working policy and procedure. Staff knew how to report incidents and felt able to report concerns.
- Staff knew their patients well. They kept records of patient care and treatment up to date, including any changes in circumstances. Staff routinely carried out mental capacity assessments and supported patients to manage their physical health needs.
- The service worked well with other teams and agencies to enable patients to move between services as their needs changed. Staff communicated promptly and effectively with patients' GPs.
- Staff treated patients with kindness, dignity and respect. They routinely involved patients and carers in developing their assessments and care plans. The service was responsive to the needs of patients, carers and care homes. Patients told us they could get appointments when they needed them and doctors were accessible to both staff and patients. They said they could easily contact their allocated worker when they needed to speak with them. Patients we spoke to were very positive about the service they received. Individual teams within the service were developing ways to gather patient and carer feedback. The service had a programme to update patient areas such as waiting rooms, to reflect the needs of the patient group.
- Staff had access to regular supervision and there were opportunities for them to develop their skills and career. They were up to date with their mandatory training. Staff had a good understanding of the Mental Health Act and the Mental Capacity Act.
- Local leaders were visible and accessible to staff. They demonstrated that they led their teams well. Staff spoke positively about the support their managers provided to them. Senior managers showed a presence and visible leadership to the service. Staff morale was good in most teams.
- Managers carried out regular team audits, including audits of patient records. They carried out regular service wide audits, including the quality of mental capacity assessments. The service recorded referral and discharge data. They used dashboards to inform staff and managers if they were meeting their key performance indicator targets. This meant they could tell how long people waited to be seen by the teams and if staff carried out patient care and treatment reviews in a timely manner.

However:

- Patients with a diagnosis of dementia were not routinely offered support by the trust outside of normal office hours because they were not commissioned to provide this support. Patients' crisis plans contained guidance in case they needed support outside of these hours. Family members could also access further support if required from primary care services.

Summary of findings

- In some areas of the service, there were 18 week waiting lists for patients to access psychological therapies. Patients had access to a psychology service via the trust's older people directorate.
- Most carers and patients did not know how to make a complaint about the service. Despite this, they told us they were sure they could find out how make a complaint if they needed to.
- Almost all staff told us that, regardless of complexity of need, they did not support older people using the Care Programme Approach. This meant the trust supported people with similar needs in a different way, and this difference was based upon age. Following the inspection, the trust told us they would review this policy.
- Some staff felt senior managers did not listen to the feedback they provided about organisational change and developments within the service.

Summary of findings

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

Are services safe?

Good

We rated safe as good for the community based mental health services for older people because:

- Staff had a good understanding of safeguarding policies and the procedures to keep people safe from abuse.
- Premises used by patients were visibly clean, comfortable and clutter free.
- Staff knew how to report incidents and felt able to do so without fear of recrimination.
- Staff had a good understanding of infection control measures.
- Patients had risk assessments which staff made sure were regularly updated to reflect changes.
- Patients were provided with crisis plans so they knew how to get help when they needed it.

However:

- Patients with a diagnosis of dementia were not routinely offered support by the trust outside of normal office hours because they were not commissioned to provide this support. Patients' crisis plans contained guidance in case they needed support outside of these hours. Family members could also access further support if required from primary care services.

Are services effective?

Good

We rated effective as good for the community based mental health services for older people because:

- Staff demonstrated a good understanding of the Mental Capacity Act and routinely carried out mental capacity assessments.
- Records of patient care and treatment were accurate and up-to-date.
- The service stored confidential personal information securely on a patient database so staff could easily access patient notes to record information.
- We reviewed 54 patient records and all patients had an up-to-date care plan detailing their needs.
- Staff directed patients to sources of support to address their physical health care needs.
- There was good multi-disciplinary working within the teams and between services.
- Staff had a good understanding of the Mental Health Act.

Summary of findings

- Patients subject to aftercare under section 117 of the Mental Health Act were clearly identified in their care plans. Staff actively engaged with the local authority to review section 117 aftercare arrangements.
- The service provided staff with specialist training opportunities to develop their skills.

However:

- In some areas of the service, there were waiting lists of 18 weeks for patients to access psychological therapies. Patients had access to a psychology service via the trust's older people directorate.

Are services caring?

Good

We rated caring as good for the community based mental health services for older people because:

- Patients and their carers told us that staff treated them with dignity, kindness and respect.
- During the inspection we saw and heard positive interactions between staff and patients.
- We saw evidence that showed that patients and their families had been involved in developing care plans.
- Staff considered the emotional needs of patients and carers. They provided direct support and signposted them to additional sources of support.
- Staff supported and encouraged patients to move forward with their treatment plans.
- Staff gave patients information about their condition and treatment plans. They routinely addressed patient questions and concerns.
- There were independent advocacy services available to support patients and carers if they needed it. These were well advertised in all but two of the sites we inspected.
- Staff routinely supported carers and signposted them to the local carers' service to receive an assessment of their needs.

Are services responsive to people's needs?

Good

We rated responsive as good for the community based mental health services for older people because:

- Patients were prioritised based upon their need and risk. Staff saw urgent referrals within the target time of five days. Most routine referrals were seen within the target time of 10 days.

Summary of findings

- Patients referred to the Memory Service were provided with an appointment more quickly than the target time of 18 weeks. Most were seen within 10-12 weeks and some in as little as four weeks.
- The Memory Service provided patients with an appointment which included a brain scan and full multidisciplinary assessment. This meant they could be given a diagnosis on the same day.
- Patients were able to move through the service as their needs changed. Those seen in the Memory Service were referred to the community mental health team if they needed further support.
- Staff were flexible wherever possible and appointments could be made to suit the patient and carer. Staff carried out home visits for patients who could not attend clinic appointments.
- Patients and staff told us that appointments were rarely cancelled.
- Staff actively monitored and supported patients who were difficult to engage.
- The service was actively engaging with patients and carers to gather feedback about the service they provided.

However:

- Most carers and patients did not know how to make a complaint about the service. Despite this, they told us they were sure they could find out how make a complaint if they needed to.

Are services well-led?

Good

We rated well-led as good for the community based mental health services for older people because:

- Staff were aware of the trust's vision and values.
- Local leaders were visible and accessible to staff. Staff said their local leaders were supportive.
- Senior leaders visited the teams from time to time.
- Managers made sure that staff had regular supervision and annual appraisals. They addressed performance issues when they needed to.
- The service provided suitable mandatory training for staff. Managers monitored compliance rates and staff were sent electronic reminders when mandatory training modules were due for renewal.
- Most staff said lessons learned from incidents were widely shared throughout the teams and the trust.

Summary of findings

- Patients were encouraged to provide feedback about the service via questionnaires and at focus groups.
- Staff were confident they could report concerns and use the whistleblowing process without the risk of recrimination.
- Staff morale was good in most teams, despite recent and ongoing organisational change.

However:

- Some staff felt senior managers did not listen to the feedback they provided about organisational change and developments within the service.
- Almost all staff told us that, regardless of complexity of need, they did not support older people using the Care Programme Approach (CPA). Younger people with similar needs were supported using CPA. The trust told us they were reviewing the CPA policy to include older people’s services.

Summary of findings

Information about the service

Devon Partnership NHS Trust provides specialist community mental health services to meet the needs of adults over 65 years of age and anyone suspected as requiring diagnosis and support for dementia. Services provided include routine and urgent assessment, memory assessment, and ongoing treatment and review. Services are provided depending upon clinical commissioning group (CCG) and geographical boundaries. The service works with three different CCGs: New Devon CCG, Torbay & South Devon CCG and Bristol CCG. The service works with three local authorities: Devon County Council, Torbay Council and Bristol City Council. For the purposes of this inspection, we did not inspect the service provided in Bristol.

There are eight teams providing a community mental health service for older people across Devon. Older adults requiring specialist mental health services can self-refer or be referred from their GP. Referrals are made to a central referral point and allocated to teams based on geographic location. Access to the service is determined by the needs of the individual as well as their age. People of all ages can access the community teams and the Memory Service if they require a dementia diagnosis or dementia related support.

The Devon Memory Service provides an early assessment and diagnosis service to people suspected of having dementia and ensures that people have access to support following diagnosis. The services are provided through partnership arrangements between Devon Partnership NHS Trust, Royal Devon and Exeter NHS Foundation Trust, Northern Devon Healthcare NHS Trust, South Devon Healthcare NHS Foundation Trust, the Alzheimer's Society and Devon County Council.

The early assessment clinics provided by the memory service, operate from three centres, at Royal Devon and Exeter Hospital, Northern Devon District Hospital and Torbay Hospital.

The older people's community mental health service was in the process of establishing new ways of working at the time of our inspection. The trust had made changes to the way they deliver the service. They called the new model of delivery the SMART Recovery programme. An aim of the SMART Recovery programme was to reduce the number of people seen for assessment at home and increase the number of people receiving their assessment at a clinic or hub site. The trust felt this would mean staff could assess more people because the amount of time community staff spent travelling would be reduced. Figures available at the time of the inspection suggested less people were being seen at hubs than the trust anticipated.

When the CQC inspected the trust in July 2015, we found that the trust had breached two regulations. We issued the trust with two requirement notices for community based mental health services for older people. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 17 HSCA (RA) Regulations 2014 Good governance.
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

During this inspection, we found the service had made improvements and were now meeting the regulations.

Our inspection team

Head of Inspection: Pauline Carpenter, Care Quality Commission

Team Leader: Peter Johnson, Inspection manager, Care Quality Commission

The team that inspected this core service consisted of two inspectors, three mental health nurses, two social workers, a psychologist and an expert by experience. An expert by experience has experience of using services or caring for someone using services.

Summary of findings

Why we carried out this inspection

We undertook this inspection to find out whether Devon Partnership NHS Trust had made improvements to their community based mental health services for older people since our last comprehensive inspection of the trust in July 2015.

When we last inspected the trust in July 2015, we rated community based mental health services for older people as **requires improvement** overall.

We rated the core service as requires improvement for safe and effective and good for caring, responsive and well-led.

Following the July 2015 inspection, we told the trust it must make the following actions to improve community based mental health services for older people:

- The trust must ensure that people's records are complete, accessible and up to date including changes in living circumstances, personal circumstances and changes in presentation. This includes people's care plans, risk assessments and physical health assessments and ongoing monitoring.
- The trust must ensure that carers and patients know how to contact someone in the event of a crisis, and provide a detailed crisis plan agreed with the patient and/or carers

We issues the trust with two requirement notices which relate to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 17 HSCA (RA) Regulations 2014 Good governance.
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

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 most recent inspection, we reviewed information that we held about community based mental health services for older people. In order to undertake a ratings review we inspected the service across all five domains. We carried out a comprehensive inspection of the service. This included an assessment of those issues which had caused us to rate the service as requires improvement for safe and effective. We also made a few recommendations at the last inspection which we followed up during the December 2016 inspection.

During the inspection visit, the inspection team:

- visited two memory clinics and nine community teams to look at the quality of the environment and observe how staff were caring for patients,
- spoke with 16 patients who were using the service,
- spoke with 18 carers of patients using the service,
- interviewed the divisional manager with responsibility for older people mental health services,
- spoke with the clinical team leaders or acting clinical team leaders for each of the teams,
- spoke with 37 other staff members; including administrators, support workers, occupational therapists, doctors, nurses, a social worker and a psychologist,
- attended and observed four multi-disciplinary meetings,
- attended and observed five patient home visits and three clinic appointments,
- gathered feedback from two care homes and a GP practice,

Summary of findings

- looked at 54 patient records and looked in depth at the treatment journeys of six patients,
- looked at a range of policies, procedures and other documents relating to the running of the service and
- asked a range of other organisations for information.

What people who use the provider's services say

We spoke with 16 patients who were using the service and 18 carers of patients using the service.

Overall, patients and carers were very positive about the care and support they received from staff. We received many positive comments about individual staff members who patients and carers felt supported them extremely well.

Patients and carers told us staff treated them with kindness, were polite and were respectful. They said they believed staff were genuinely interested in their wellbeing. All but two told us they could contact their worker when they needed to and got a timely response if their worker was not available when they contacted the office.

Patients and carers felt listened to and included in their care. They felt they were offered choices in relation to their care and treatment. Some patients had copies of their care plans. Those who did not have a copy still knew what support they were getting and who was delivering it.

Patients said their relatives were involved in their care, if they wanted them to be. Carers said communication with staff was very good and they always felt informed and kept up–to-date.

The majority of patients that we spoke with were unaware of the complaints process. However, most patients and carers thought they would be able to find out how to complain if they needed to. Only one carer had found it necessary to make a complaint in the past and they told us the issue had been dealt with appropriately. Everyone else we spoke with said they had not had any reason to complain but felt confident that they would be listened to and taken seriously if they did.

Patients were routinely encouraged to complete feedback questionnaires about the service and some recalled doing this.

Four carers of people with dementia told us it was difficult for them to get help and support outside of normal office hours. One said they had experienced a crisis at a weekend and had not known where to get help. They said they had since talked to staff so felt more prepared if something like that happened again.

Overall, patients and carers said they were very happy with the support provided to them and staff were responsive to their needs.

Good practice

The Devon Memory Service arranged single access appointments for patients. The appointment included cognitive assessment, interview and a brain scan. The assessment was holistic, looking at both medical and social aspects of the patient experience and took place on the same day. Patients and their carer or relative were seen by a multidisciplinary team and received clinical feedback at the end of the appointment. This meant that patients only had to make one visit to the memory service to receive their diagnosis in most cases. Staff could interpret the scan and use it alongside the other tests they carried out to determine if the patient had a dementia or some other condition. Patients referred to the Devon Memory Service were provided with an appointment which exceeded the target time of 18 weeks. Most were seen within 12 weeks and some in as little as four weeks. The Prime Minister's challenge on dementia 2020 (Department of Health 2015) set out an expectation that, by 2020, the national average for an initial assessment should be six weeks following a GP referral. The Devon Memory Service were exceeding this expectation by providing patients with a diagnosis at a single appointment.

Summary of findings

The memory service worked closely with the Alzheimer's Society who were commissioned to provide ongoing follow-up support and information along with information about local sources of support.

The service was developing a support service specifically for care homes. They aimed to support care home staff to positively manage patient need before reaching a crisis point, which might lead to the breakdown of placements.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should address waiting times where there are waiting lists for patients to access psychological therapies.
- The trust should review their Care Programme Approach policy to ensure parity for patients with complex needs, regardless of their age.
- The trust should consider how they demonstrate to staff that they listen to staff feedback.

Care Quality Commission

Devon Partnership NHS Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Mid Devon OPMH Community Service	Wonford House Hospital
South Hams and West Devon OPMH Community Service	Wonford House Hospital
Torbay OPMH Community Service	Wonford House Hospital
Teignbridge OPMH Community Service	Wonford House Hospital
North Devon and Tawside OPMH Community Service	Wonford House Hospital
Exeter OPMH Community Service	Wonford House Hospital
East Devon Coastal OPMH Community Service	Wonford House Hospital
East Devon Rural OPMH Community Service	Wonford House Hospital
Devon Memory Service (Torbay)	Wonford House Hospital
Devon Memory Service (Exeter, East and Mid Devon)	Wonford House Hospital

Mental Health Act responsibilities

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

Detailed findings

- All staff had undertaken training on the MHA as part of their mandatory training. Staff demonstrated a good understanding of the MHA in relation to their patients. Staff knew where to get further information and help if they needed it.
- Very few patients were subject to MHA Community Treatment Orders and for those who were, paperwork was stored effectively and staff were aware of their professional responsibilities.
- A number of patients were subject to section 117 aftercare under the MHA. Staff were clear about their roles and responsibilities under section 117. We saw good evidence of staff liaising with the relevant local authority to ensure patients' needs were reviewed.
- Staff knew how to access an independent advocate for patients who might need one. All but two sites (Crediton and Bideford) displayed information for patients about advocacy services.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had undertaken training in the Mental Capacity Act (MCA) as part of their mandatory training schedule. They received regular training updates.
- All the staff we spoke with had an excellent knowledge and understanding of the MCA. Staff knew the five statutory principles and the capacity test. They understood the presumption of capacity and could give good examples of supporting patients to make decisions.
- Staff routinely undertook mental capacity assessments and recorded them in the electronic patient record system.
- We saw examples of staff being involved in best interest meetings for patients when these were required.
- Assessing mental capacity in line with the principles of the Act was embedded within the service.
- Staff did not routinely record advanced decisions regarding patient care and treatment but were aware they could support patients with this.
- Staff gave patients using the Memory Service clear information about the legal options for supporting them to make decision in the future, such as Lasting Power of Attorney. Lasting Power of Attorney allows people to identify someone they want to make important decisions for them in the future, when they might lack the mental capacity to make the decision themselves.

Good

Are services safe?

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

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

Our findings

Safe and clean environment

- Patient areas were visibly clean, well-ordered and clutter free. Cleaning was carried out by contractors and cleaning records were available for staff to monitor.
- Infection prevention and control procedures were visible and there were hand washing opportunities at all sites. Sanitising hand gel dispensers were available at all sites and staff had access to mobile hand sanitising supplies when working in the community. The trust carried out an infection control audit of the Chadwell Health and Wellbeing clinic shortly before our inspection. The unit achieved a score of 87.5% for infection control measures. Exeter older people mental health team achieved a score of 90%, Mid Devon 95%, Mid Devon Central 95% and Devon Memory Service located at Torbay hospital 100% in the most recent trust infection control audits.
- Most teams did not have clinic rooms. Those that did were visibly clean and well ordered. The clinic rooms contained an audit checklist for cleaning, temperature (room and fridge where applicable), infection control and equipment maintenance. Staff completed these routinely and effectively. The clinic room at Torbay older people mental health team offices at the Chadwell Health and Wellbeing Clinic was shared with three other community teams.
- There were ligature risks in patient areas at all sites we inspected. A ligature risk is an anchor point, which a person can use to harm themselves. The trust told us they did not carry out ligature risk assessments for sites used only by community patients because these patients were accompanied at all times whilst on the premises. There were no recorded incidents of community patients having attempted to harm themselves using ligatures.

Safe staffing

- Staff told us their caseloads were manageable. These ranged between 20 and 30 cases. Most staff told us they were often very busy but they were able to manage their workloads.
- The trust told us the average vacancy rate was 10.7% and the average sickness rate was 4.7% overall. We found some teams had higher than the trust average for vacancies and sickness.
- The Memory Service had 7.8 whole time equivalent (WTE) staff and no vacancies. Sickness rates in the team stood at 12.5% in September 2016.
- East Devon older people mental health team had 14.2 WTE staff. They had 4.8% vacancies and a sickness rate of 3%. The team had vacancies for 1.4 band five and 0.4 band six mental health practitioners. There were no vacancies for support workers in the team.
- Exeter older people mental health team had 13.4 WTE staff. They had a 22% vacancy rate. The sickness rate was 4%. The team had vacancies for 3.2 band six and 1 band five mental health practitioners. There was one vacancy for a support worker in the team. The team had appointed three WTE band six mental health practitioners who were due to start before the end of January 2017.
- Mid Devon older people mental health team had 19.2 WTE staff. They had a vacancy rate of 10% and a sickness rate of 7%. The team had vacancies for 0.2 band six and 1.6 band five mental health practitioners. The team was over staffed by 0.8 support workers.
- North Devon older people mental health team had 15.2 WTE staff. They had a vacancy rate of 21%. Sickness rates stood at 3%. The team had vacancies for 1.2 band six and 0.4 band five mental health practitioners. There were 1.5 vacancies for support workers in the team.
- South Hams and West Devon older people mental health team had 16.5 WTE staff. They had a vacancy rate of 15%. The sickness rate was 9%. The team had vacancies for 0.2 band six and 2.2 band five mental health practitioners. There were no vacancies for support workers in the team.

Good

Are services safe?

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

- Teignbridge older people mental health team had 18.9 WTE staff. They had a vacancy rate of 14%. Sickness rates stood at 4%. The team had vacancies for 1.2 band six and 3.4 band five mental health practitioners. There were vacancies for 0.33 support workers in the team.
- Torbay older people mental health team had 34.4 WTE staff. They had a vacancy rate of 6.5% and a sickness rate of 8%. The team had vacancies for 0.4 band six and 2.3 band five mental health practitioners. There were no vacancies for support workers in the team.
- Staff told us there was only one agency nurse working within the service and this nurse was planning to become a permanent member of staff. There were two locum doctors and 3.5 medical vacancies across the service. The trust had told us about their difficulty in recruiting doctors to the older people mental health service.
- There were a number of staff vacancies within the service. Staff told us they had trust agreement to recruit to some posts, but not others.
- Staff turnover rates were 13%. The team with the highest turnover rate was the Memory Service at 33%. This was a small team with less than eight staff. The team with the lowest staff turnover was Teignbridge at 4%.
- Records showed that staff had completed and were up-to-date with their mandatory training. The trust set a compliance target of 96%. Across the service, the teams achieved this target. The Memory Service achieved 100% and the lowest team achievement was Bristol South with 88.5%, but we did not visit this site as part of our inspection. All of the community older people mental health teams reached between 91% and 99%. Mandatory training included conflict resolution, equality and diversity, safeguarding, the Mental Health Act, fire safety, health and safety, the Mental Capacity Act and information governance. Staff and managers were sent email alerts advising them when specific training was due to be renewed. Managers monitored staff compliance with mandatory training.

Assessing and managing risk to patients and staff

- Staff routinely carried out risk assessments for all patients. In all but two of the 54 records we looked at, staff had regularly updated these assessments. The risk assessments which were not fully up-to-date were completed as soon as we identified it to staff. Clinical risk was a mandatory training item and 97% of staff were up-to-date with this.
- Staff triaged and allocated patients based upon their risk and need. This meant that patients with the greatest needs were seen more quickly.
- The Memory Service was a diagnostic and signposting service and did not carry out risk assessments. However, when they identified risks or safeguarding concerns, we saw that staff acted upon these appropriately.
- Staff supported patients to develop crisis and contingency plans. However, only patients with a functional diagnosis, such as depression or schizophrenia, could access trust support out of normal office hours. They could contact the crisis and home treatment team for crisis Patients with a diagnosis of dementia were not routinely offered support by the trust outside of normal office hours because they were not commissioned to provide this support. Family members could also access further support if required from primary care services. We received feedback from one GP who told us it was very difficult for them to get crisis support for patients out of hours and difficult for them to get a professional opinion from a consultant out of hours.
- Regardless of individual complexity, the service did not support patients under the Care Programme Approach (CPA). This meant that older people with complex mental health needs were not subject to the same provision as adults of working age.
- Staff received safeguarding training and they knew how to make an alert. They knew how to report concerns and knew where to get specialist advice if they needed it. Safeguarding contact details were easily available in the teams. Records showed that staff recognised and effectively dealt with safeguarding concerns. Staff were aware the trust had recently employed a new lead officer for safeguarding. Each team held a record of safeguarding issues so they could identify trends and themes. The trust was working to better map safeguarding outcomes because having made an alert, staff were not always kept informed of outcomes. We looked at a random sample of team meeting minutes

and saw that staff discussed safeguarding in their team meetings. We also saw evidence that managers audited case files and recorded if staff were identifying and recording safeguarding concerns.

- Staff supported patients who needed regular blood tests (to monitor the effects of their medication) to access their GP for this.
- The service had systems in place to safely manage medication collection, storage and delivery. None of the teams we visited routinely stored medication. Those who did had the capability to do so, had suitable facilities and processes in place to manage it safely. The Exeter team worked with the lead pharmacist to identify patients with complex medication regimes. The pharmacist provided support to ensure these patients received regular reviews and monitoring to reduce side effects and drug interactions. Most teams had nurse prescribers who were also able to monitor medication and provide advice.
- The trust had a lone working policy in place to support staff working alone in the community and to promote their safety. The community teams each had a local policy. Staff were clear about the policy and all but one member of staff were reported to follow the lone working policy. Teams used a safe word to communicate they were in danger when working alone. The trust provided staff with mobile telephones to support them when they were lone working.

Track record on safety

- The service reported three serious incidents between 1 October 2015 and 26 September 2016 which accounted for 5% of the trust total. One incident was reported by each team at Teignbridge, North Devon and the Bristol Dementia Service, which was not inspected as part of this inspection.

Duty of Candour

- Staff understood their duties and responsibilities under the duty of candour. They knew they needed to be open and transparent with patients when something went wrong.

Reporting incidents and learning from when things go wrong

- Staff knew what type of incidents they should report and how to report them. They used an online incident reporting system, which they were confident to use. Managers reviewed incidents and the trust provided analysis of these to senior leaders.
- Managers told us the trust shared information with staff about lessons learned when things had gone wrong. There was a learning from experience group, which managers said they attended regularly. Managers said they shared information from the group with staff at team meetings. We looked at a random sample of minutes from 14 different team meetings across the service. We saw no evidence that learning from incidents was discussed in these meetings. However, all but four members of staff told us they were aware of learning from incidents and complaints.

Are services effective?

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

Our findings

Assessment of needs and planning of care

- Staff carried out comprehensive assessments of patients' needs. The assessments were holistic in 89% of the records we looked at. This meant staff looked at patients' mental health needs and also their social and physical health care needs. The assessments were person centred and meaningful to patients in 93% of the records we reviewed. Staff also considered the needs of carers. Assessments included information about advance decisions but most patients had not provided any advance decision information.
- Where needs had been identified, there were care plans in place to address these in 53 out of the 54 records we looked at. The memory service was a diagnostic and signposting service so did not develop care plans for patients. In 93% of the records we looked at, staff had recorded when they offered patients a copy of their care plan and when the patient had accepted or declined to receive a copy. Care plans were up-to-date and linked to risk assessments in 98% of the records we inspected.
- Patients' physical health needs were addressed in every assessment record we reviewed. Staff routinely considered patients' physical health during their ongoing involvement and they discussed complex issues in multi-disciplinary meetings. Staff liaised with GPs and other health professionals in order to support patients to manage their physical health as well as their mental health. The trust was developing training and clear guidelines for staff with respect to how they supported patients to manage their physical health. They were waiting for the publication of guidelines by the Royal College of Psychiatrists before implementing the training. They expected these within a few months of the inspection. Supporting patients to manage their physical health was recorded as a priority for the trust.
- Staff supported patients to receive depot injections at their GP practice. However, we saw personalised support for a patient who was only willing to receive a depot from the community team at Torbay. Staff managed this depot in a person centred way for the patient.
- Staff stored patient information on a secure electronic database. Staff could access the database easily.
- Staff told us that managers carried out weekly audits of case files. Managers felt these audits had supported improvements in case recording since the last CQC inspection.

Best practice in treatment and care

- We saw evidence that staff considered National Institute for Health and Care Excellence (NICE) guidelines when making treatment decisions. These included specific dementia examinations such as the Addenbrookes Cognitive Examination – Revised tool. Staff followed NICE guidelines for cognitive enhancers (drugs or therapies that may enhance memory). Staff were able to access NICE and British National Formulary prescribing guidelines. Doctors and nurse prescribers prescribed medicines in line with guidelines. Most teams included nurse prescribers.
- Staff ensured that patients were supported by their GP to have regular physical health checks and monitoring.
- Psychological therapies offered were in accordance with those recommended by NICE. Psychologists were able to offer advice to other disciplines within the teams. Therapeutic groups were provided in collaboration with other agencies to patients using the Memory Service but some of these were under review. The groups included elements of cognitive stimulation, peer support and living well with dementia.

Skilled staff to deliver care

- New staff and students underwent an induction before they took up their full role and responsibilities in the teams. Practice placements were offered within the service for occupational therapy and nursing students.
- Staff were able to undertake further training to equip them in their role. Some were studying to become nurse prescribers and there were leadership and career development opportunities for staff from other professional backgrounds. A number of staff were studying specialist dementia modules at a local university. Staff and managers considered training and development needs in the supervision and appraisal process.
- Staff had received an annual appraisal within the last 12 months and received regular individual supervision. The

trust set a target of 90% for staff supervision. Torbay older people mental health team had recorded supervision for 82% of staff. All other teams reached the trust target of 90%.

- Not all teams included a psychologist. In some teams there were waiting lists of 18 weeks for patients to be seen by a psychologist accessed via the trust's older people directorate. Some psychological therapies were provided by other staff in the teams who had received training to deliver them.

Multi-disciplinary and inter-agency team work

- The community teams included managers, mental health practitioners, health care support workers, administrators and doctors. The mental health practitioner role was carried out by occupational therapists, mental health nurses or social workers. Most were occupational therapists or nurses. The service employed psychologists and psychology assistants and these worked part time across the teams and the Memory Service providing psychological assessment and support to patients.
- Staff shared information and worked effectively together. We attended a range of multidisciplinary meetings and saw that staff from different disciplines worked well together. Staff showed each other mutual professional respect. Their working relationships were effective and positive.
- Staff routinely advised GPs of the outcomes from patient assessments. They sent GPs a thorough update, including any diagnosis and required follow up action to be carried out by the GP and the team. Staff said they had good relationships with GPs. The service was planning to develop further contact with GP surgeries by attending practice meetings. We received feedback from one GP who saw this as a positive move.
- Staff reported good relationships with social care colleagues. However, most staff said that there could be delays obtaining social care support for their patients. They said they often had to make follow up calls to pursue referrals they had made. They also struggled to arrange Mental Health Act section 117 aftercare reviews for patients due to pressures in social care. We spoke with senior managers in the trust and they were aware of the difficulties their colleagues in social care were experiencing and had arranged senior level meetings to discuss a way forward.
- The Memory Service worked closely with voluntary sector agencies to develop post diagnostic support for patients and carers. The service had contracts with the local Alzheimer's Disease Society to provide individual ongoing follow up for patients.

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

- All staff had undertaken training on the MHA as part of their mandatory training. Staff demonstrated a good understanding of the MHA in relation to their patients. Staff knew where to get further information and help if they needed it.
- Very few patients were subject to MHA Community Treatment Orders and for those who were, paperwork was stored effectively and staff were aware of their professional responsibilities.
- A number of patients were subject to section 117 aftercare under the MHA. Staff were clear about their roles and responsibilities under section 117. We saw good evidence of staff liaising with the relevant local authority to ensure patient need was reviewed.
- Staff knew how to access an independent advocate for patients who might need one. All but two sites (Crediton and Bideford) displayed information for patients about advocacy services.

Good practice in applying the Mental Capacity Act

- Staff had undertaken training in the Mental Capacity Act (MCA) as part of their mandatory training schedule. They received regular training updates.
- All the staff we spoke with had an excellent knowledge and understanding of the MCA. Staff knew the five statutory principles and the capacity test. They understood the presumption of capacity and could give good examples of supporting patients to make decisions.
- Staff routinely undertook mental capacity assessments and recorded them in the electronic patient record system.

Are services effective?

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

- We saw examples of staff being involved in best interest meetings for patients when these were required.
- Assessing mental capacity in line with the principles of the Act was embedded within the service.
- Staff did not routinely record advanced decisions regarding patient care and treatment but were aware they could support patients with this.
- Patients using the Memory Service were given clear information about the legal options for supporting them to make decision in the future, when they might lack capacity, such as Lasting Powers of Attorney.

Are services caring?

Good

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

Our findings

Kindness, dignity, respect and support

- Staff spoke respectfully about patients and showed understanding and compassion during home visits and clinic appointments. Staff treated patients with kindness and respect. Most staff used a person centred approach when communicating with their patients. Staff discussed treatment options and encouraged patients to engage in assessments and appointments.
- Staff demonstrated skills in active listening, positive encouragement, validating patients' feelings and sensitively but openly discussing risk. They actively listened to their opinions, questions and wishes.
- All the patients were positive about the care and treatment they had received from the community teams. Patients described staff as friendly, kind, helpful, respectful and polite.
- Most patients said that their relatives were involved in their care if they wanted them to be. Carers said communication with the team was very good and they were really happy with the support provided to them.
- Staff were committed to providing good patient care. Staff showed a good understanding of the needs of individual patients.
- Both clinical and reception staff were responsive to patients' needs. We observed kind interactions between them. Staff answered telephones swiftly and effectively. Patients were greeted warmly and efficiently in the memory clinics.

The involvement of people in the care that they receive

- Patients and carers felt listened to and included in their care. They felt they were offered choices in relation to their care and treatment. Some patients had copies of their care plans but most did not. We saw that staff recorded when they had offered people a copy of their care plan but the person had declined to have one.
- Staff did not routinely support patients to make an advanced decisions, which would have included their wishes should they become more unwell or need to be admitted to hospital. However, the Memory Service routinely offered patients information about Lasting Power of Attorney and how to live well with dementia.
- The trust set a standard for patients to receive a review of their care every six months or sooner if required. At the time of the inspection, trust data showed 92% of reviews took place as scheduled. Patients and carers were not routinely involved in regular multidisciplinary meetings but were involved in their six monthly reviews. The service did not routinely support patients under the Care Programme Approach (CPA) but the trust planned to review their CPA policy in early 2017.
- Carers' needs were considered and carers were referred elsewhere for assessment and individual support if they needed it. Carers told us that they found staff very supportive. All but one carer felt they received the right level of support.
- Patients had access to a variety of advocacy and support services, which were well displayed in all but two patient areas. The Memory Service provided patients with a lot of useful information. Community staff also provided patients with information packs containing useful local information.
- The pharmacy team provided information on medication for patients who wanted it. Staff routinely discussed medication and possible side effects with patients. We saw changes were made to treatment plans when patients needed this.
- Patients were able to give prompt feedback about the service they had received using satisfaction surveys and questionnaires. The return rate of completed surveys was poor and the trust was looking at ways to improve it. Community teams had developed patient and carer focus groups earlier in the year. Staff had invited hundreds of patients and carers but the response rate was low. Local leaders were looking at ways of encouraging a greater attendance at the focus groups because they wanted to use patient and carer feedback to develop the service.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- The service triaged all referrals to determine who was at most risk and should be seen most quickly. Staff saw less urgent referrals after urgent ones. The older people mental health teams provided a duty service in order to triage referrals and support patients most in need. Doctors and clinical team leaders were available to provide consultation to staff when they needed it.
- Across the older people mental health teams, patients waited an average of 14 days from referral to first contact with the team. East Devon older people mental health saw people the soonest, on average of 11 days. People waited longest, 17 days, at the Torbay and Exeter teams. Commissioners set a target time of 10 days for people to be seen by the community teams and 28 days for initial assessment by the Memory Service. On average, people waited 47 days for their appointment with the Memory Service but this included full assessment along with receipt of clinical feedback and diagnosis. People using the Torbay site of the Devon Memory Service received a full assessment in an average of 32 days and at the Exeter site, in 62 days.
- Between April and September 2016, the Memory Service saw 1002 patients. Of these, they saw 416 at Torbay, 404 at Exeter and 182 in north Devon. The community teams saw 2467 patients during the same period. The highest number of referrals (500) were at Torbay and the lowest (256) were at Mid Devon. There were 1613 patients using the older people mental health teams at the time of the inspection.
- On average, patients used the older people mental health community teams for 88 days. Patients used the Mid Devon team for the longest average of 106 days and the shortest average of 80 days at the Torbay team.
- All community teams could arrange short notice urgent appointments for patients. This meant that patients were able to see staff when they most needed to.

The facilities promote recovery, comfort, dignity and confidentiality

- Community teams had access to rooms to see patients when they needed to. Rooms were private and appeared to be comfortable. However, consulting rooms used by the Memory Service at one local acute trust outpatient department had poor soundproofing. The service had plans to relocate to a more appropriate building soon after the inspection.
- Information about local support services and mental health conditions were on display in waiting areas. All sites displayed local information for patients regarding advocacy services, social activities and support groups.

Meeting the needs of all people who use the service

- People with mobility issues and those who used wheelchairs could access community team premises. Consultation rooms were provided on the ground floor.
- Information leaflets and leaflets about different mental health issues were available in a range of different languages, but most on display were in English. Staff could easily access interpreters and leaflets in other languages when they needed them.

Listening to and learning from concerns and complaints

- Information on how to complain was displayed in waiting rooms where patients could see it. Staff were confident that they could support patients to make a complaint and knew that the Patient Advice and Liaison Service (PALS) would support patients. Details of PALS were displayed in patient areas. Patients told us that they were unaware of the complaints process and had not been specifically advised how to make a complaint. However, patients and carers told us that they would be able to find out how to make a complaint and they all felt confident that if they had cause to complain, they would be listened to and taken seriously by staff. The service received very low levels of complaints.
- When we visited the teams, we saw numerous compliment and thank you cards from patients and carers.

Are services well-led?

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

Our findings

Vision and values

- Staff understood the visions and values of the organisation. They were committed to providing good quality care for patients and supporting carers. A number of staff linked their values to national agendas, such as the Prime Minister's Challenge on Dementia (2012).

Good governance

- Local managers met regularly to discuss service wide issues and to support each other. They also discussed learning from experience which looked at incidents, trends and how to prevent similar things happening again. They fed these back to staff in monthly business team meetings. However, four staff told us they did not get feedback about incidents. We looked at business team minutes and saw that learning from incidents were part of the agenda.
- The service carried out regular audits. We looked at the audit of Mental Capacity and Best Interest decision making. It was a thorough audit, showing what staff did well but noting where improvements in recording were required.
- There were high compliance rates of mandatory training, supervision and appraisals across the service. Staff had access to learning and development opportunities within the trust and at local academic institutions.
- There were a range of administrators across the service and they supported staff and managers to deliver effective care and support to patients by booking clinics, appointments and greeting patients.
- Managers recognised and effectively dealt with any staff performance issues. They were supported by clear policies and procedures as well as a human resource function within the trust.
- Almost all staff told us that, regardless of complexity of need, they did not support older people using the Care Programme Approach. However, the trust did use the Care Programme Approach (CPA) to support younger people with complex mental health needs. This meant the trust supported people with similar needs in a different way, and this difference was based upon age. Following the inspection, the trust told us they would review their policy to include older people.

Leadership, morale and staff engagement

- Staff morale was good within the teams and staff were able to provide feedback about service development. Four staff said senior managers did not listen to them when they raised issues or made suggestions for improvements. These staff were mainly referring to the implementation of the SMART recovery working programme of organisational changes. However, we saw evidence of the trust engaging with staff about what was working well and what changes to the SMART programme would need to take place.
- Staff were aware of how to raise concerns and said they could do this without fear of recrimination. Only one member of staff said they were unsure if they knew how to use the whistleblowing policy and how to raise concerns. All except for one member of staff said there had been no cases of bullying or harassment in the teams. Five members of staff felt there were excessive levels of stress associated with their roles but others said their roles were busy and could be stressful at times, but workloads were manageable overall. All staff reported being well supported by their local managers and a number gave praise to their managers for leading the teams well.
- The trust held regular events so staff could attend to learn about developments and progress with the re-organisation. A number of staff said they attended these but some said they were held too far away for them to easily attend.
- The trust carried out staff satisfaction surveys with respect to information technology systems and equipment. These gave staff the opportunity to provide feedback.
- Local managers could develop their skills by attending leadership courses funded by the trust.
- Senior managers were visible and available to staff but the distances involved between locations meant they were not regularly on site with the community teams. However, they did make occasional visits to staff sites. Senior managers led the service well and promoted an

open culture, which aimed to provide the best quality care for patients. We found staffs, at all levels within the service, were proud of what they were doing and were committed to providing good quality care.

- The service carried out regular audits. We looked at the audit of Mental Capacity and Best Interest decision making. It was a thorough audit, showing what staff did well but noting where improvements in recording were required. Local managers carried out regular case file audits within their teams and used the information to encourage staff to improve recording when necessary.

Commitment to quality improvement and innovation

- The trust was developing new ways of working. They called this their SMART programme of service delivery. The trust issued staff with tablets and laptops as part of the programme. Tablets allowed some access to electronically stored patient information and laptops allowed full access. Staff were able to use this technology to work more flexibly. Some staff worked from other bases or from home if this suited their working day best.
- The Memory Service was an associate member of the Royal College of Psychiatrists' Memory Service National Accreditation Programme. They were in the process of applying for accreditation.
- The service was involved in a number of research programmes both locally and nationally. These included both clinical and lifestyle research in the field of dementia. The Memory Service and community teams were involved in recruiting volunteers for research. Medical staff were involved in the research alongside academic institutions.
- The service was developing a programme of support specifically for care homes. They recognised the high number of care homes in the county accounted for approximately 30% of referrals into the teams. Staff had researched services in other parts of the country and had taken this learning forward, with a view to developing a specific support service to engage with care homes before residents reached a crisis point that required formal referral. The project was aiming to start in early 2017. Staff were positive about this development and the impact the new service could have for residents and staff in care homes.