



Southern Health NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

Headquarters
Tatchbury Mount
Calmore
Southampton
Hampshire
SO40 2RZ

Tel: (023) 8087 4000

Website: www.southernhealth.nhs.uk

Date of inspection visit: 7 -10 October 2014

Date of publication: 25/02/2015

Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Trust Headquarters	RW1	Southampton CMHT	SO15 5PQ
Trust Headquarters	RW1	Winchester and Andover CMHT	SO22 5DE
Trust Headquarters	RW1	Eastleigh and Romsey CMHT	SO50 5NY
Trust Headquarters	RW1	New Forest CMHT	BH25 6LP

This report describes our judgement of the quality of care provided within this core service by Southern Health NHS Foundation 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.

Summary of findings

Where applicable, we have reported on each core service provided by Southern Health NHS Foundation Trust and these are brought together to inform our overall judgement of Southern Health NHS Foundation 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 Community-based mental health services for adults of working age

Good 

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

Good 

Are Community-based mental health services for adults of working age effective?

Good 

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

Good 

Are Community-based mental health services for adults of working age responsive?

Good 

Are Community-based mental health services for adults of working age 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

Contents

Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Background to the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
What people who use the provider's services say	9
Good practice	9
Areas for improvement	10

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	12

Summary of findings

Overall summary

We gave an overall rating for community-based mental health services for adults of working age of **good** because:

Southern Health NHS Foundation Trust provided good community-based mental health care, treatment and support for people, their families and carers. It offered people a range of community based treatments, psychological support, medication, and advice.

Throughout the services we visited, we found good working arrangements with primary care and third sector providers.

However, the work of the community mental health teams was affected by the lack of available local acute admission beds. This meant some people were being accommodated in hospital beds a long distance from their home. It also meant that there were, on occasion, delays in accessing a bed on an acute admission ward.

We saw good examples of local leadership in all of the services we visited. Staff were aware of the trust's vision, values and strategies, and of its local management structure.

Summary of findings

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

Are services safe?

We found staff understood the local safeguarding procedures, what their responsibilities were and how they could raise concerns. There were comprehensive meeting agendas and structures in place for weekly multi-disciplinary team meetings, ensuring that safeguarding and other issues around patient or staff safety were discussed.

Staff were able to learn from incidents and were given time to discuss issues in either supervision or team meetings. They were also made aware of serious incidents in other parts of the trust and learning from these was shared across teams. In addition, we saw systems were in place across the teams to identify and manage risks.

Good



Are services effective?

National guidance, standards and best practice were used by services to provide care and to make sure that they were continually assessed and improved. A multidisciplinary approach was also used to support and treat people effectively.

Staff were supported by their line managers, received regular supervision and their performance was appraised. Staff also received mandatory training and a range of specific training to meet people's needs.

We were shown by team managers how each CMHT screened the referrals on a daily basis to assess the level of risk faced by the person and decide on an appropriate course of action. All decisions were recorded on the local "shared care" system which contained details of all decisions taken.

Good



Are services caring?

Staff within the teams understood people's needs. They were able to provide an empathic and non-judgemental approach to look at issues from the person's perspective. People using these services told us that staff treated them with dignity and respect.

We saw people and their relatives or carers were involved in planning their care. People also had access to physical health assessments and received specialist input or treatment when required.

We saw how each CMHT undertook carer's assessments of their needs and support.

Good



Summary of findings

Are services responsive to people's needs?

All the teams we inspected were able to respond adequately to people's needs and had developed their services in line with the trusts care pathway.

We saw the teams knew what additional services were available locally, and care plans reflected how best to support people with accessing these.

The trust had introduced a "recovery college", which offered courses to staff and people using the service designed to increase their knowledge of recovery and self-management.

Good



Are services well-led?

Staff told us that their line managers listened to them, were supportive and approachable.

We saw evidence that governance issues were discussed in local team meetings and the area wide service monthly quality and governance meetings.

Staff we spoke with felt overall the trust was providing a better vision and strategy than had been the case two years ago. Each team manager we spoke with told us they now felt part of the wider management group

Good



Summary of findings

Background to the service

Southern Health NHS Foundation Trust adult community-based services provide assessments and community treatment for adults predominately in the Hampshire area. People can access the services from the age of 18 but there is no upper age limit.

The adult community-based services we inspected were based in a variety of urban and rural settings with a wide geographical spread. The population served was diverse and included significant areas of deprivation. In addition to the services we inspected, the trust also

provides a wide range of community based services. These include hospital at home, crisis services and services to older people, some of which are included in other core service reports.

People requiring acute in-patient care were referred through the acute mental health teams.

Our inspection team

Our inspection team was led by:

Chair: Shaun Clee, Chief Executive, 2gether NHS Foundation Trust, Gloucestershire

Team Leader: Karen Wilson, Head of Inspection for Mental Health, Learning Disabilities and Substance Misuse, Care Quality Commission

The team included CQC inspection managers, inspectors, Mental Health Act reviewers, pharmacy inspectors, CQCs national professional advisor for learning disabilities, analysts and inspection planners.

There were also over 100 specialist advisors, which included consultant psychiatrists, psychologists, senior nurses, student nurses, social workers GPs, district nurses, health visitors, school nurses and an occupational therapist. In addition, the team included Experts by Experience who had personal experience of using or caring for someone using the types of services that we inspected. Five Experts by Experience were involved in the inspection of mental health and learning disability services and two were involved in inspecting community health services.

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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 visiting, we reviewed a range of information we hold about Southern Health NHS Trust and asked other

organisations to share what they knew. We carried out an announced visit. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service.

Summary of findings

What people who use the provider's services say

The majority of people we spoke with were positive about the service provided by the community mental health teams. Ten people we spoke with told us the staff who looked after them had been

kind, supportive and treated them with dignity and respect. However, four other people were concerned about access to services in the rural areas.

We noted access to inpatient care close to people's home was not always possible, with some people receiving care from out of the immediate area. People told us they found it difficult when they were out of the area, as they had limited access to family and friends.

People were aware of the care and treatment they were receiving, and told us staff were good at explaining information to them. People told us they had received a copy of their care plan and a list of emergency contact numbers if required.

We saw staff interacting well with people and their carers.

Good practice

Several of the community teams shared examples of how the trust supports them to undertake local initiatives to review and improve service delivery. For example, the Romsey CMHT had piloted a scheme which looked at positive risk taking, and had been facilitated by an external trainer. The team manager told us this was being considered by the directorate senior managers for all CMHTs within the Trust.

We saw how the trust had introduced a "recovery college". This offered courses to staff and people using the service designed to increase their knowledge of recovery and self-management. We spoke to some people who had attended these courses and they told us that they had found them helpful and informative.

The teams operated a daily review of all people on their caseloads within a 'shared care' risk rating system. This identified any changes to the person's risk levels and staff could call upon extra support to enable the increased risks to be safely dealt with.

We met the designated leads for safeguarding systems within each team. These were social workers employed

by the local authority, who worked within each CMHT. They had been trained to a higher level than their colleagues employed by the Trust, which enabled them to carry out investigations.

In the Eastleigh and Romsey CMHT, they had employed a dedicated carer's support worker, whose role was to provide practical support and information to carers.

The Winchester CMHT worked in close collaboration with the Winchester Undergraduate Teaching Team. They were based in the same building, facilitating learning experiences for doctors on GP rotations and medical students, as well as participating in audits and research to contribute to wider service developments.

The New Forest Community Treatment Team and Winchester and Andover Community Treatment Teams had undertaken comprehensive audits of their patient case load. This was to ensure people with specific additional physical health monitoring requirements were identified and effective plans put in place, for example, people on high doses of anti-psychotic medication. This was overseen by specific members of staff within the teams and had clear, supporting documentation.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

Action the provider SHOULD take to improve

At Winchester CMHT the Trust should consider following infection control best practice to have a sink in the clinic room.

Work with local commissioners of services to improve access to local acute psychiatric admission beds.

Monitor the caseload of Southampton CMHT to assess the impact of the proposed new staffing structure.

The New Milton and Winchester community team bases were in poor repair in some places and staff were unclear about whether there were plans to move to improved facilities; the trust should make clear plans or invest and improve maintenance in the existing buildings.

Southern Health NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Southampton CMHT	Trust Headquarters
Winchester and Andover CMHT	Trust Headquarters
Eastleigh and Romsey CMHT	Trust Headquarters
New Forest CMHT	Trust Headquarters

Mental Health Act responsibilities

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

Mental Capacity Act and Deprivation of Liberty Safeguards

During our inspection we visited four Community Mental Health Teams (CMHTs) at seven bases in Southampton and Hampshire.

We were unable to speak to any patients subject to Community Treatment Orders (CTOs) but attempts to facilitate this were made by care coordinators.

We found that CTO patients had CTO care plans. Records showed that detentions were lawful. Section 132 rights were being regularly discussed - on a 3 monthly basis. We saw evidence of patients making use of their rights under the Act in terms of tribunals and hearings.

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

Summary of findings

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

We found staff understood the local safeguarding procedures, what their responsibilities were and how they could raise concerns. There were comprehensive meeting agendas and structures in place for weekly multi-disciplinary team meetings, ensuring that safeguarding and other issues around patient or staff safety were discussed.

Staff were able to learn from incidents and were given time to discuss issues in either supervision or team meetings. They were also made aware of serious incidents in other parts of the trust and learning from these was shared across teams. In addition, we saw systems were in place across the teams to identify and manage risks.

We observed the cleaning staff at Winchester CMHT did not adhere to the Health and Safety Executive, Guidance on the Control of Substances Hazardous to Health Regulations 2002.

Track record on safety

The CMHT managers showed us how they used the Trusts management information system and risk registers to identify and monitor risks. This included systems to report and record safety incidents, concerns and near misses. Staff were aware of how to report incidents. All this information was collated centrally and feedback to staff via established governance processes.

The trust-wide evidence provided showed us that overall the trust was reporting concerns through the National Reporting and Learning System (NRLS).

The CMHTs each had a local risk register based on the daily information from their “shared care” information system, and staff were able to identify the current risks to the services provided.

Learning from incidents

We saw the monthly clinical incident reports which were reviewed and discussed by the area management team. The report outlined the impact to the service, any underlying causes as well as the risk and governance team’s comments. We saw how learning and actions from this meeting was passed onto the CMHTs at a monthly business meeting. This was further supported by weekly emails to all staff from the Trusts risk team entitled “hotspots” which listed learning from incidents across the organisation.

Staff described their role in the reporting process and confirmed they received training regarding incident reporting. They told us they felt supported by their line managers following any incidents or near misses. We saw the Trust provided clear guidance on incident reporting.

Safeguarding

We saw training records which showed staff received appropriate training on safeguarding adults and children. Staff confirmed that they had attended training. We also met the designated leads for safeguarding systems within each team. These were social workers employed by the local authority, who worked within each CMHT. They had been trained to a higher level than their colleagues employed by the Trust, which enabled them to carry out investigations.

All staff we spoke with demonstrated a good knowledge on how and where to report safeguarding issues. We saw safeguarding concerns were discussed during the multidisciplinary team meetings. There was a variety of current safeguarding issues at the time of inspection within all the teams we inspected. These were being managed appropriately.

The clinic room at the Winchester CMHT base did not have hand washing facilities. We observed the cleaning staff did not adhere to the Health and Safety Executive, Guidance on the Control of Substances Hazardous to Health Regulations 2002.

Are services safe?

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

Assessing and monitoring safety and risk

The teams operated a daily review of all people on their caseloads within a `shared care` risk rating system. This identified any changes to the person's risk levels and staff could call upon extra support to enable any identified increased risks to be safely dealt with. We observed team meetings and saw that people's risks were discussed and how the decision was taken by the team to reduce the level of extra care.

Staff told us about the regular caseload management supervision where they could discuss in more detail any strategies to managing risk.

We reviewed a sample of people's records in each team, and saw needs and risks were assessed and clearly documented. Risk assessments we were up to date and reflected current individual risks and relevant historical risk information.

The Romsey CMHT had piloted a scheme which had been facilitated by an external trainer and looked at positive risk taking. The team manager told us this was being considered by the directorate senior managers for all CMHTs within the Trust.

Staff were aware of the trust's lone worker policy. They confirmed they followed this and had reported any concerns promptly. The services had a record of staff whereabouts and a coded message system had recently been introduced to identify any concerns when visiting people in the community.

We saw joint visits and other precautions were undertaken by staff when required, and these were supported by clear risk assessments.

Potential risks

Across the teams the staff described each team's procedures for following up where people did not attend for appointments. These ranged from telephone contact, to home visits and sending of letters. They showed us how they recorded this, and the information sent to the person's GP to keep them informed.

Clear contingency plans were in place, and staff were aware, of the trust's emergency contingency policy and linked protocols. This meant that the trust had effectively anticipated and managed any potential or foreseeable risk to the service.

Our findings

Southampton CMHT

The caseload of Southampton CMHT was much higher than those in the other CMHTs we visited. The manager showed us the quality improvement plan which the Trust had drawn up previously in response to this. She also showed us the detailed recruitment plans which were now in place to provide an additional 20 staff for the team.

Winchester CMHT base

When we inspected the Winchester CMHT base, we found no hand washing facilities in the clinic room. The nearest hand basin was in a toilet which required staff to go through two doors and one room to access. However, there was alco-gel hand sanitiser available for staff to use in the room. Department of Health (2009) The Health and Social Care Act 2008: code of practice for health and adult social care on the prevention and control of infections and related guidance states that adequate hand washing facilities must be available and easily accessible in all patient areas. The manager was unable to find evidence of a recent infection control or hand washing audit, although advised us and showed an e-mail confirming that an infection control lead had been identified in the team in August 2014.

We saw cleaning staff present on the day of inspection at the premises of Winchester CMHT, were not wearing personal protective equipment. We observed that bleach was placed behind the bin in the staff kitchen and other cleaning products were not kept in an appropriate locked cupboard. This area was only accessible by staff. We also observed that mops used for cleaning separate areas, for example, the kitchen and the bathroom, were kept together in the same bucket. We were advised that the cleaning contractors were used in other trust properties.

Are services effective?

Good 

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.

Summary of findings

National guidance, standards and best practice were used by services to provide care and to make sure that they were continually assessed and improved. A multidisciplinary approach was also used to support and treat people effectively.

Staff were supported by their line managers, received regular supervision and their performance was appraised. Staff also received mandatory training and a range of specific training to meet people's needs.

We were shown by team managers how each CMHT screened the referrals on a daily basis to assess the level of risk faced by the person and decide on an appropriate course of action. All decisions were recorded on the local "shared care" system which contained details of all decisions taken.

found staff had assessed and planned care in line with the needs of the individual. However, there was variable use of the core assessment on the electronic records we inspected. Staff told us they used the daily progress notes on this system to record relevant information when they undertook initial assessments.

We were shown by team managers how each CMHT screened the referrals on a daily basis to assess the level of risk faced by the person and decide on an appropriate course of action. All decisions were recorded on the local "shared care" system which contained details of all decisions taken. Each team allocated staff to work with people in need of extra care each day on a rota basis. We also saw clear guidance and protocols for accessing and working with other teams who could provide support out of normal working hours, for example, the Hospital at Home team. Staff in the CMHTs provide planned extended hours visits until 8pm on Monday-Friday and at weekends from 9-5pm.

Our findings

National guidance, standards and best practice were used by services to provide care and to make sure that they were continually assessed and improved. A multidisciplinary approach was also used to support and treat people effectively.

Staff were supported by their line managers, received regular supervision and their performance was appraised. Staff also received mandatory training and a range of specific training to meet people's needs.

Assessment and delivery of care and treatment

The access and assessment team was the single point of access to each CMHT. The teams carried out the initial assessments of all people who had been referred to the service. This was undertaken by two of the practitioners from the team. The teams included mental health nurses, social workers, psychologists and doctors including consultant psychiatrists. All new referrals were triaged and assessed on the day they were received, and allocated to one of the team, according to the needs of the person and the specialism and caseload of the staff member. Urgent referrals were assessed by the Hospital at Home Team.

We saw good evidence of this joint working with the other health teams and services to meet the needs of people. We

We reviewed a sample of care records in each team we inspected, which contained comprehensive information, and included up to date risk assessments and care plans. The records showed us that people's physical healthcare needs were assessed and addressed in partnership with the person's GP. People were offered a copy of their care plan. This was confirmed by the people we spoke with. People who used the service confirmed that they had access to emergency numbers to enable them to access advice and support when required.

When we reviewed records at the New Forest Community team, we found one person who had current safeguarding issues, had not had their care plans or risk assessment updated since they had been discharged from hospital three months earlier. The care plans in place were generic in-patient ones and the risk assessment did not reflect the current safeguarding concerns. However, the progress notes were comprehensive and detailed actions that had been taken. We raised this concern at the time of inspection, and were assured that the manager would take immediate action to ensure the care plans and risk assessment was updated to reflect current risks.

Outcomes for people using services

There were systems in place to monitor quality and performance. The trust had a range of audit systems in place monitoring team performance, which team managers had access to. They showed us evidence of how they

Are services effective?

Good 

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.

disseminated this information at their monthly team meetings. The team managers told us they also monitored quality and performance through regular individual supervision.

In each CMHT we saw evidence which demonstrated that the trust was involved in the monitoring and measurements of quality and outcomes for people who use the service. For example, the service used Patient Reported Outcome Measures (PROMS), the recovery star model and the 'wellness recovery action plan' (WRAP) model to assess individual outcomes for people. This information was discussed within the teams' business meetings and with senior directorate managers.

Staff skill

In all the teams we visited the staff said they felt well supported and felt there was a good level of team work which took place.

The records and evidence seen showed us how the trust had monitored and managed adequate staffing levels were available for the CMHTs. As a result of this monitoring, we saw plans were in place to increase the numbers of nurses and support workers within the Southampton CMHT. Where teams had two bases, the managers had the capacity to move some members of their staff teams across to different bases to ensure both teams had effective staffing levels.

Staff told us that there was a comprehensive induction programme in place. The supervision records and systems we saw showed us staff received monthly supervision and these meetings were used to discuss caseload management and complex care delivery.

Staff confirmed that they received annual appraisals and these were used to identify individual training needs and professional development opportunities. Managers told us non-attendance at mandatory and other training opportunities was monitored through the trust's training department and they would be informed by email and an updated training matrix.

The facilities for people using the service varied in each team base, but generally were adequate with the provision of meeting rooms, waiting areas and accessible facilities. We were told by managers any urgent maintenance requests they made to the trusts estates department were usually responded to quickly. However, they told us that planned maintenance such as redecoration or carpet replacements often took longer than they would like.

Multi-disciplinary working

We saw how each CMHT worked effectively with other teams and partners in the provision of the service. Social work staff were employed by Hampshire County Council but were line managed through the trust. All the staff we spoke with from both providers told us they felt integrated and part of a team.

We observed detailed multidisciplinary discussions during handover, to ensure people's care and treatment was coordinated in line with the expected outcome. Staff discussed their caseloads and the complexities of people's needs. We saw medical and nursing staff worked well with other specialities and therapy services to provide good multi-disciplinary care. The records we saw identified people were able to access voluntary organisations to support their needs in the community. This included day care provision which was provided by MIND. We saw good evidence of patient pathways through their involvement with this service.

We observed arrangements in place to work with other health and care providers to coordinate the care that met people's needs. The records reviewed showed us people, and where applicable their relatives, had been involved in their care. We saw good examples of individual involvement in the drawing up of community treatment plans.

In each team we saw evidence of how psychologists provided specific interventions for people using the service, such as cognitive and dialectical behavioural therapy.

Information and Records Systems

All the CMHTs we inspected were using the Trusts electronic records system. However, staff told us that due to the heavy demand the local IT systems would often cease to function. This had caused them considerable operational difficulties, and they had to rely on paper records to keep essential details of people's care and treatment. Each of the CMHT managers told us how the trust was keeping them informed about planned changes to the IT infrastructure, to remedy the problem by March 2015.

When a person was accepted by the CMHT, the consent to share information form stating their preferences was uploaded onto the electronic record system.

Are services effective?

Good 

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.

Assessment and treatment in line with Mental Health Act

We were unable to speak to any patients subject to Community Treatment Orders (CTOs) but attempts to facilitate this were made by care coordinators. We spoke to three care coordinators, two of whom were Approved Mental Health Practitioners. We reviewed 10 sets of patient records, including 8 sets of records for patients under supervised community treatment.

We found that CTO patients had CTO care plans. Records showed that detentions were lawful. Section 132 rights were being regularly discussed - on a 3 monthly basis. We saw evidence of patients making use of their rights under the Act in terms of tribunals and hearings.

We were shown evidence that the senior practitioner in one of the teams carries out her own audit of CTO records. This was in addition to the CTO audit undertaken by the Trust's Mental Health Act administration team. This demonstrated effective local practices to maintain safe care.

The sole matters of concern were the lack of records of the handover of patients between responsible clinicians for two patients.

Care plans were generally comprehensive and up to date. Risk assessments were of varying quality but evidently regularly reviewed. Core assessments were not recorded consistently, with some patients having no evidence of a core assessment on the electronic patient record. We discussed this with staff and were told that core assessments were recorded in various places. Progress notes reflected regular contact and reflected the patients' care plans. Patient views were recorded in care plans, but care plans did not reflect patient involvement in their being written.

Are services caring?

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

Summary of findings

Staff within the teams understood people's needs. They were able to provide an empathic and non-judgemental approach to look at issues from the person's perspective. People using these services told us that staff treated them with dignity and respect.

We saw people and their relatives or carers were involved in planning their care. People also had access to physical health assessments and received specialist input or treatment when required.

We saw how each CMHT undertook carer's assessments of their needs and support.

Our findings

Staff within the teams understood people's needs. They were able to provide an empathic and non-judgemental approach to look at issues from the person's perspective. People using these services told us that staff treated them with dignity and respect.

We saw people and their relatives or carers were involved in planning their care. People also had access to physical health assessments and received specialist input or treatment when required.

Dignity, respect and compassion

During our inspection we saw how staff communicated with people who used the service in a calm and

professional way. We observed telephone conversations where staff acknowledged people's issues and gave reassurance in a relaxed manner. We saw how staff treated people with empathy and compassion, and used a non-judgemental approach in their dealings with them.

Involvement of people using services

The care plans we reviewed showed clear evidence of people deciding what was important for them and how they wanted to be supported. We were invited to see two care planning meetings, both of which actively involved the person receiving care, with the practitioner ensuring the person understood and agreed with the decisions made.

We saw how each CMHT undertook carer's assessments of their needs and support. In the Eastleigh and Romsey CMHT they had employed a dedicated carer's worker whose role was to provide practical support and information to carers.

Each CMHT undertook feedback surveys to seek the views of people who use the service. A sample of recent surveys showed that the majority of people felt they received a good service.

Emotional support for people

People who used the service told us they received emotional support through the individual support and group work they were involved in. Where people needed support, we saw care plans were developed to help cope with the emotional distress.

Are services responsive to people's needs?

Good 

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

Summary of findings

All the teams we inspected were able to respond adequately to people's needs and had developed their services in line with the trusts care pathway.

We saw the teams knew what additional services were available locally, and care plans reflected how best to support people with accessing these.

The trust had introduced a "recovery college", which offered courses to staff and people using the service designed to increase their knowledge of recovery and self-management.

Our findings

All the teams we inspected were able to respond adequately to people's needs and had developed their services in line with the trusts care pathway.

We saw the teams knew what additional services were available locally, and care plans reflected how best to support people with accessing these.

Planning and delivery of services

Throughout the CMHTs we saw how the care pathway had been implemented to ensure that people received the right support for their needs in their community. All teams followed the same model of care. However, in Southampton CMHT they faced a higher level of demand, with the consequence that until the new staff are in post, people may have to wait longer for the delivery of a non-urgent service.

The trust had introduced a "recovery college". This offered courses to staff and people using the service designed to increase their knowledge of recovery and self-management. We spoke to some people who had attended these courses and they told us that they had found them helpful and informative.

Staff reported it was very difficult to find a local bed if a person required admission to hospital for acute psychiatric care. This meant that some people had been accommodated in hospital beds that were some distance from their home.

Diversity of needs

The Trust covers a wide geographical area with a diverse population range. In Southampton CMHT there are many ethnic groups of people, some areas of high deprivation and a high number of people with long term health conditions. The manager showed us how the Trust had used data from sources such as the 2011 census and colleagues in the public health department to identify the needs of the population. This data had been included in the quality improvement plan with identified resources to meet the needs of the population.

The other CMHT's covered a combination of rural areas and small towns with similar demographics. Staff we spoke with told us how they could access interpreting services and patient information in a variety of languages.

Right care at the right time

The CMHTs used a single point of access system, to ensure people were seen in a timely manner and could be placed on the most appropriate care pathway. There was a waiting list at the time of inspection within the Southampton CMHT due to the newly appointed posts not being fully recruited to the full establishment yet. All cases were prioritised and allocated by the multi-disciplinary team in the daily team allocation meetings.

Learning from concerns and complaints

We saw information detailing how to make a complaint displayed in the waiting areas. Most of the people we spoke with told us that they felt able to raise concerns or complaints about their care and these were listened to. The staff we spoke with told us they were aware of the complaints process and would re-direct people to the local PALS service, if they felt they were unable to deal with their query. People also had access to a local independent advocacy service and information about this service was given to people on initial assessment. Posters for this service were evident in all the waiting areas we inspected.

We looked at the records of some complaints received and the correspondence relating to these. We found that complaints were taken seriously and responded to promptly in line with the trusts complaint policy. The complainant was provided with an individualised response to their complaint and given contact details of other bodies if they were unhappy with the outcome.

The team meeting minutes showed that complaint issues were discussed in team meetings, and actions taken to

Are services responsive to people's needs?

Good 

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

ensure that lessons were learnt. Examples of this included a team acknowledging the need to ensure the “did not attend” process was correctly followed and ensuring that information provided to people contained up to date contact information.

Are services well-led?

Good 

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.

Summary of findings

Staff told us that their line managers listened to them, were supportive and approachable.

We saw evidence that governance issues were discussed in local team meetings and the area wide service monthly quality and governance meetings.

Staff we spoke with felt overall the trust was providing a better vision and strategy than had been the case two years ago. Each team manager we spoke with told us they now felt part of the wider management group.

Our findings

Staff told us that their line managers listened to them, were supportive and approachable.

We saw evidence that governance issues were discussed in local team meetings and the area wide service monthly quality and governance meetings.

Vision and strategy

Staff we spoke with felt overall the trust was providing a better vision and strategy than had been the case two years ago. Each team manager we spoke with told us they now felt part of the wider management group, and were clear about the overall direction services were taking. However the view of staff in other groups was more mixed, with some feeling more aware of the trust's vision than others.

Staff working within the Southampton CMHT were aware of the quality improvement plan to improve the service which had recently been formulated. The New Milton and Winchester community team bases were in poor repair in some places and staff were unclear about whether there were plans to move to improved facilities.

Governance

There were performance and divisional meetings for all team managers, where issues such as performance, incidents, and plans for improvement were discussed. Team managers felt their line managers had a good awareness of what was happening within each service and of the challenges they faced. They told us this was through a combination of clear information sharing, monthly managerial supervision and getting out and about to the teams.

The trust has an on line electronic reporting system (data warehouse) which allowed managers to monitor quality and assurance at a local level. This included the monitoring of follow up appointments for people who had been discharged from an acute in-patient unit within the last 7 days.

We saw meeting minutes which showed that governance issues were discussed in team meetings and the service's monthly quality and governance meeting.

Leadership and culture

Staff we spoke with felt that at local level the service was well led and there was a clear medical and managerial leadership of each CMHT. They also told us they felt their managers were accessible and approachable.

Each team manager we spoke with told us they felt well supported by their immediate line manager and clinical director.

Engagement with people and staff

People using the service were given the opportunity to participate in an annual satisfaction survey in addition to formally feeding back their experiences at care planning meetings. We saw the monthly summary reports which the trust had produced and how they had highlighted emerging themes to be addressed at a team level. We saw how this had been communicated and the actions taken. An example was how people wanted to access services at different times and so CMHTs had responded by adjusting their working day.

Staff we spoke with felt the trust had tried to engage with them through information, staff surveys, and specific meetings to address issues such as caseload management.

Continuous Improvement

We were told by team managers how the trust had re-organised community mental health services over the last two years in response to financial and operational pressures. Some staff we spoke with felt the pace of change had been difficult to keep up with but overall staff felt they understood the need for change and improvement. Managers we spoke with appreciated their autonomy to make improvements within their local area to the overall care pathway. An example of this was where they could make alterations to the team skill mix to reflect the local need. Another example was where they could move staff between bases to cover short term absence and minimise the impact on people using the service.

Are services well-led?

Good 

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.

Within the CMHTs we saw the electronic “dashboards” completed by the team managers, which fed back, via direct reporting systems, to the trust board. They included monthly key performance feedback about areas such as: caseload sizes, number of referrals, discharges, staff absence, staff training and also rates for where people who

did not attend appointments. Managers told us this provided valuable information, when they discussed the allocation of resources to improve or maintain services with their line managers

The staff were aware of team and performance targets for their area of work, and told us these were discussed and monitored by their manager through team meetings and individual supervision sessions.