Good

Oxford Health NHS Foundation Trust

Community-based mental health services for adults of working age

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)
RNU10	Oxford Health NHS Foundation Trust-HQ	City and North East AMHT	OX3 7JX
RNU10	Oxford Health NHS Foundation Trust-HQ	Aylesbury AMHT	HP20 1EG
RNU10	Oxford Health NHS Foundation Trust-HQ	South AMHT	OX10 9DU

This report describes our judgement of the quality of care provided within this core service by Oxford 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 Oxford Health NHS Foundation Trust and these are brought together to inform our overall judgement of Oxford 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 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 community-based mental health services for adults of working age as good because:

- There were well equipped clinic rooms at each team base with a range of well-maintained equipment to carry out physical health assessments and treatments. The teams had interview rooms that were fitted with alarm systems. Staff had access to a personal alarm and this helped ensure the safety of staff and patients.
- The clinical records of patients were well organised and reflected care of a good quality. Risk assessments were comprehensive and contained contingency and crisis plans to assist patients during a deterioration of health. Care plans contained a broad range of goals relating to the assessed needs of patients. Staff used planning tools, such as the recovery star, to support assessments. Staff monitored and recorded the physical health needs of people using the service, including the health checks necessary for monitoring the effects of prescribed medicines.
- The teams were safely staffed with a range of qualified professionals who had completed mandatory training, were receiving regular supervision and an annual appraisal.
- We observed good interactions between staff and patients using the service which gave space for people to ask questions and discuss options about their care and treatment.
- Patients and carers were positive about the attitude of staff and the service they were receiving. They reported that staff including psychiatrists were helpful and reassuring and treated them with respect.
- All the teams had effective multi-disciplinary clinical and business meetings and a daily handover between day and evening staff. The meetings were attended by doctors, nurses, social workers, occupational therapists, and support workers.
- All the teams had effective processes to receive and triage referrals. Patients using the services were given options about their appointment times and the venue to suit their circumstances.
- The service could respond flexibly to peoples' changing needs by offering more intensive support. This was available between 7am to 9pm seven days a week. Team doctors maintained a daily emergency appointment slot so that patients could be seen quickly without a scheduled appointment.
- Patients were aware of how to make a complaint. Team managers kept a log of local complaints and could review the information for themes and trends.
- The staff at the City and North East team told us that morale in the team had improved. Senior managers had agreed to increase the team's staffing by four care coordinators.
- There was a detailed plan being followed to integrate psychological therapy staff in to the AMHTs. Staff at the teams were involved in developing the plan and in the short term additional psychology staff were being recruited in to each team. The waiting list for psychological therapies was overseen by a senior clinician who reviewed the waiting list every week.
- Learning from incidents was shared with the team by email and discussed at the team meeting.

However:

- The City and North East and Aylesbury staff were not following procedure to record fridge temperatures in the clinic room. Therefore it was not possible to state that medicines were safely stored.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- The three team bases had interview rooms that were fitted with alarm systems. Staff had access to a personal alarm when using the interview rooms and this helped ensure the safety of staff and patients.
- There were well equipped clinic rooms at each team base with a range of well-maintained equipment to carry out physical health assessments.
- The clinical records of patients were well organised. The assessments and risk assessments were comprehensive and contained contingency and crisis plans to assist patients during a deterioration of health.
- The teams were safely staffed with recruitment progressing to fill vacancies.
- Staff demonstrated a good understanding of safeguarding policies and procedures to keep people safe from abuse.
- The teams were well supported by psychiatrists. Patients could get an appointment with a doctor when they needed one.
- Training records showed that staff had completed their mandatory training and annual appraisals.
- There was a good system to record and give feedback to the team about the outcome of investigations in to serious incidents.

However;

- The City and North East and Aylesbury AMHT staff were not following procedure to record fridge temperatures in the clinic room.

Are services effective?

Good

We rated effective as good because:

- The care plans we reviewed demonstrated a broad range of goals relating to the assessed needs of patients. Staff supported people with other planning tools such as

the recovery star.

Summary of findings

- Staff were confident using the electronic record system. Staff updated clinical records quickly to reflect actions and changes of circumstances.
- The physical health needs of patients was monitored and recorded in partnership with their GP.
- Staff received annual appraisal and regular supervision which included reviewing current issues on their caseload.
- Staff had received training on the Mental Health Act and were knowledgeable about the application of it.
- All teams had regular clinical and business meetings and a daily handover between day and evening staff.

Are services caring?

Good

We rated caring as good because:

- The patients using the services told us that they were treated with respect and that staff were caring and supportive.
- We observed good interactions between staff and patients which gave space for people to ask questions and discuss options about their care and treatment.
- The carers who attended the AMHT carer groups were very positive about the impact of this support.
- Patients had participated in the City and North East team review day to help improve the quality of the team's care planning.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Effective processes were in place at each team to manage referrals and plan assessments. Referrals were triaged into three response times dependent upon urgency. The triage decisions allowed for patients to have options about appointment times and venues which suited their circumstances.
- The service could respond flexibly to peoples changing needs by offering more intensive support. This was available between 7am to 9pm seven days a week.
- Team doctors protected appointment times Mon-Fri for patients needing to see a doctor urgently.

Summary of findings

- Patients were provided with information about conditions and treatments, advocacy, local services and employment advice. Information was displayed about how they could complain.
- Team managers logged local complaints with Patient Advice and Liaison service (PALS), including informal complaints and were able to analyse this information for themes and trends.

However;

- Several carers and patients said they were unhappy with the reduction of provision of the day services, from five days to three.

Are services well-led?

Good

We rated well-led as good because:

- All the staff we spoke to said that they were well supported by local managers and that there was a good team structure with regular and effective meetings.
- The staff at City and North East told us that morale in the team had improved. Senior managers had agreed to increase the team staffing by four care coordinators.
- Staff in all the teams were engaged in the process of integrating psychology colleagues back in to the AMHTs. There was a clear plan in place with deadlines. The psychological therapy waiting list was monitored weekly by a senior clinician.
- Protected time was in place for staff to keep up to date with training and professional development.
- Team managers monitored team performance against a scorecard which included training, sickness absence, referral response times, in date care plans and care programme approach reviews.
- Staff were aware of the trust whistleblowing policy and were confident in raising concerns to team managers.
- Learning about serious incidents was shared with team members by emails and discussed at team meetings.

Summary of findings

Information about the service

The Adult Mental Health Teams (AMHT) formed part of the trust's mental health services in the community. They were an integration of the former Community Mental Health Teams, Crisis Resolution and Home Treatment Teams and Assertive Outreach Teams. The AMHTs provided assessment and treatment 7 days a week between 7am and 9pm.

The five teams mirrored the five Clinical Commissioning Groups across the area. Each team provided a single point of access for each locality.

The teams provided a service to adults of working age 18-65.

The teams worked using a multi-disciplinary approach, including supporting people in their own homes to reduce inpatient admissions. Each team had an assessment function which received and triaged referrals and could work with a patient for up to four weeks. The treatment team provided care and treatment for longer periods.

The teams were made up of health and social care professionals including psychiatrists, social workers, psychiatric nurses, occupational therapists and support time recovery workers. Psychology services were not located within the teams but there was a plan to have psychological therapies embedded in each of the teams by January 2017.

We inspected the following services:

City and North East Adult Mental Health Team

Aylesbury Adult Mental Health Team

South Adult Mental Health Team

This core service had previously been inspected as part of a comprehensive inspection in September 2015. At that time the trust was found to be non-compliant with regulations 9 (person centred care) and 18 (staffing). Following the last comprehensive inspection, the trust developed a comprehensive action plan to improve and address the breaches in regulation. We found during this inspection visit that the core service had met the requirements and was no longer in breach of Regulation 9 and Regulation 18.

Our inspection team

Team Leader: Serena Allen, Inspection Manager, Care Quality Commission

The inspection team that inspected this core service comprised two Care Quality Commission inspectors, an assistant Inspector and two specialist advisors.

Why we carried out this inspection

This inspection was planned to assess whether the trust had addressed the areas where breaches of regulation were identified following a comprehensive inspection of this core service 28 September – 2 October 2015.

How we carried out this inspection

To fully understand the experience of patients, 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?

Summary of findings

- Is it well-led?

During the inspection visit, the inspection team:

- visited three team bases, looked at the quality of the team environments and observed how staff were caring for patients
- spoke with six patients using the service and collected feedback from twelve patients using comment cards.
- looked at 29 care records of patients
- attended one patient assessment meeting
- attended a care handover meeting at a patient's home
- spoke with three carers
- spoke with three managers and three community leads who were managing the teams
- spoke with a service manager responsible for the services in Buckinghamshire
- spoke with 17 other staff members of the Adult Mental Health Teams including nurses, support time recovery workers, psychiatrists, social workers and occupational therapists
- spoke with the clinical lead for psychological therapies in Buckinghamshire
- observed three multi-disciplinary team meetings
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

All but one of the patients that we spoke with told us that they thought that the service they received was good. They told us that staff were polite and reliable and in particular that they felt listened to by doctors and team workers. They said that they had been involved in making decisions about their care and treatment. They said that they had been given information about treatments, including medicines and other services.

Several people we spoke with told us that they felt there had been recent improvements in their experience of using the services of the AMHTs.

Patients told us that attending the recovery college and the carers groups had been a positive experience.

However, two people felt that the reduction to three days a week for the day hospitals at City and North East and Aylesbury AMHTs had a negative impact on them.

Good practice

The teams were part of the Oxfordshire Recovery College. The college ran courses delivered in collaboration with professionals and people with lived experience of mental health problems. Courses were open to patients, carers, staff and volunteers from partner organisations. We spoke with people using the AMHT services who were training to deliver courses for the college.

Areas for improvement

Action the provider SHOULD take to improve

The provider should implement the plan to improve the provision of psychological therapies in the AMHTs to ensure that patients have timely access to treatments.

The provider should ensure that the fridge temperatures at the City and North East AMHT, and the Aylesbury AMHT, are correctly checked and recorded to ensure that medicines are stored safely.

Oxford 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
City and North East AMHT	Oxford Health NHS Foundation Trust HQ
Aylesbury AMHT	Oxford Health NHS Foundation Trust HQ
South AMHT	Oxford Health NHS Foundation Trust HQ

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.

- We did not speak directly to any people with a community treatment order (CTO) during our inspection visit.
- Mental Health Act training was a mandatory course for staff working in the AMHTs. Over 80% of staff had completed their mandatory training.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The Mental Capacity Act was a mandatory training course for staff working in the AMHTs, and 80% of staff had completed this.
- Staff we spoke to had good knowledge about the application of the Mental Capacity Act within their team.
- We reviewed an MCA assessment at the Aylesbury AMHT. Staff had adhered to the principles of the Act and the records demonstrated that staff had considered the patients' understanding, retaining and weighing up the decision recorded.

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

- All the team bases were clean and tidy. There were regular cleaning schedules in place at each site. Equipment and furnishings were appropriate and well maintained.
- Each team had a well-equipped clinic room with couch and equipment to carry out physical health checks.
- The clinic room at City and North East team base had recently been refitted to improve the experience of people needing clinic services.
- All interview rooms were fitted with alarm systems. Staff carried a portable alarm when using the interview rooms should they need to call for assistance. This helped to ensure the safety of staff and patients of the service.

Safe staffing

- All teams were led by two band eight managers, one with an operational function and the other with a clinical lead. The teams comprised nurses, occupational therapists, social workers, psychiatrists and support time recovery workers (STR).
- The City and North East team had 42 qualified staff and seven STR workers. Following a recent review of staffing by senior managers the team had been allocated an additional four care coordinators. These roles had been assigned to the assessment function within the team. The managers told us that the increase in staff numbers had had a positive effect on the team morale and reflected the additional complexity within the mental health needs of people living in the Oxford city area. At the time of our visit the team had ten staff vacancies of which eight were being covered by longstanding agency workers.
- The Aylesbury team had 33 care coordinators and seven STR workers. There was one band seven social worker vacancy which was being recruited to and also one occupational therapist maternity vacancy which the manager reported was to be filled.
- The South team had 29 care coordinators and five STR workers. It currently had a senior social worker vacancy and the manager reported that recruitment for this position had been started.
- The most recent sickness figures for the teams showed that City and North East AMHT had rates of 1% in the assessment team and 3% in the treatment team, South AMHT had rates of 5% in the assessment team and 1% in the treatment team, and Aylesbury AMHT had rates of 6% in the assessment team and 13% in the treatment team.
- There was a broad range of reasons for the sickness absence from the Aylesbury team. The managers had scheduled interviews with agency workers on the week of our visit to fill three care coordinator absences with temporary staff.
- The team managers showed us the staffing escalation protocol which they can use to address shortages of staff. Managers reported that they were well supported by their senior managers when they made requests to have additional staffing.
- Staff at the City and North East team told us that staffing issues had made their work stressful in the past, but that this situation had eased recently. They reported that although the team still had vacancies these were filled with competent agency staff who knew the team processes and were incorporated in to all the team's activities.
- The case load numbers across all the teams were similar in the range 22-27. Managers told us that occasionally numbers exceeded 30 but they would always act to reduce this as soon as possible.
- We looked at the most recent records for the completion of mandatory training at each of the teams. The averages between the assessment and the treatment teams in each AMHT were: City and North East 94%, Aylesbury 82% and South 84%.
- Staff reported that access to psychiatrists in the teams was good. Each team doctor kept at least one appointment free each day, except Wednesdays, for emergency appointments.

Good

Are services safe?

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

Assessing and managing risk to patients and staff

- All people referred to the service received a comprehensive assessment which covered previous medical history, physical health, risk, social and health factors. Managers showed us a comprehensive checklist they had recently developed to review the quality of assessment and care plan information. They were using this across the year to audit the completeness of the assessments and fedback to care coordinators where improvements were needed.
- All records that we reviewed showed a completed contingency and crisis plan to ensure that patients knew what to do in the event of a crisis.
- Each AMHT was working to a flexible assertive community team model which meant that patients needing increased support and contact would be identified by team workers and receive more intensive contact from the community team. When patients needed this support after 5pm they would be placed in to the 'step up' category which meant that they received additional support between 5pm-9pm. We observed the 'step up' boards at each team base which listed the contacts needed by people using services from the 'step-up' staff.
- Training records showed that staff had received safeguarding training and the staff we spoke to were confident with safeguarding processes and who was the safeguarding lead in the team. Team managers kept a log of safeguarding concerns which detailed those responsible for investigating and the progress of each.
- We observed a safeguarding concern appropriately raised and discussed during a multi-disciplinary team meeting at the Aylesbury assessment team. The alert was effectively compiled and processed during the course of the meeting, including a referral to the Police.
- We reviewed the medicine administration records in three clinics and saw that records were complete and correctly recorded as prescribed. The medicines were safely stored. However, at both City and North East and Aylesbury there were missing dates in the fridge temperature check record chart. Therefore it was not possible to verify that all medicines were stored safely.

Reporting incidents and learning from when things go wrong

- Staff recorded incidents on the trusts electronic reporting system which logged the severity of the incident and recorded the follow up actions taken to limit a re-occurrence. Managers produced a team action plan based on logged incidents. The system also allowed the managers to identify themes occurring within lower level incidents and help them take actions to limit risk.
- There was a regular time at each team business meeting to discuss learning from incidents. The team managers also circulated email bulletins to staff containing learning points from incidents.
- The manager at City North East AMHT had worked with the city's homeless team to improve joint working and safeguarding of vulnerable patients following the recent death of a person using their services.

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.

Our findings

Assessment of needs and planning of care

- Information including care plans and progress notes was securely stored on the trust's electronic records system. All staff had access via desktop computers and some staff told us they had access to mobile devices which allowed them to log on to the system when away from base.
- We found that the information was well organised and updated regularly. Information had been stored in the appropriate sections of the records. Staff told us that there had been problems when the trust migrated information from the previous care records system to the Carenotes system. Staff told us that these issues were resolved and we found staff were confident in using the current electronic records system.
- We reviewed the care records of 29 patients. The majority of records contained a comprehensive assessment and a broad range of issues addressed in care plans. Goals included leisure and vocational activities, managing physical health and medicines, developing coping mechanisms, diet and exercise, education and work, communicating with friends and family and managing the use of alcohol and substances. All care plans that we saw were less than 12 months old and were reviewed at six monthly intervals, or when required.
- Many care plans reflected patient involvement in developing goals. And their involvement was reflected in a comment on the electronic record. Some care plans were accompanied by a recovery star which had been completed by the patient using the service. Some care plans contained advance statements.
- Four care records at the South AMHT did not have fully completed care plans and risk assessments. These involved people who were recently referred to the assessment part of the team. This finding was highlighted to the team managers during our visit and they stated these issues would be immediately followed up with the care coordinators.
- The managers at all three teams showed us recent team development activities to improve the quality of care plans which included a care programme approach 'back to basics' training, a team training day which included patients describing what made an effective care plan for them, and additional training on using the recovery star. This learning was supported by managers and senior clinical staff offering guidance and extra support, including care plan audits at regular intervals.
- The City and North East AMHT had a care planning notice board in their team area with examples of good quality care plans developed by care coordinators in the team.
- We attended a care coordinator hand over at the home of a patient using services at the Aylesbury team. Both the departing and the new care coordinator attended to explain the reasons for the transfer of care and to review the person's goals, set expectations and agree future appointments and communication with the new care coordinator. The meeting demonstrated good therapeutic engagement and produced a clear plan. This was negotiated with the service user and lessened the risks of the patient withdrawing from the team support because of a change of worker.

Best practice in treatment and care

- During our visit we were informed that the trust was reviewing the interventions offered by the AMHTs against National Institute for Health and Care Excellence (NICE) guidance. This process will establish what elements of NICE recommended treatments and interventions are currently being offered to patients, establish what the service aspires to offer and what barriers and gaps there may be in achieving this.
- There was evidence in the care records we looked at that physical health checks were carried out and blood samples were regularly taken for tests. Where more frequent health checks were required, staff had indicated this in the care plan of the patient.
- Maintaining good physical health was a frequent goal addressed in the care plans of patients and this included monitoring and managing the effects of prescribed medicines. This was delivered in partnership with the persons GP.
- Timely access to psychological therapies was an issue that the teams were working to address. In the South team the waiting list had been reduced but in all areas there were considerable waiting times to have access to

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.

treatments such as individual cognitive behavioural therapy. The trust strategy to resolve this was to relocate adult mental health psychological therapy staff in to the teams by January 2017. To improve the situation in the short term, each team had been allocated temporary psychology staff to assist with new referrals and support care coordinators with formulation. The waiting list for psychological therapies was reviewed on a weekly basis by a senior clinician.

- The teams had staff embedded from other agencies who offered advice and support on housing, employment, benefits and other community resources that patients could benefit from.
- The three AMHTs used the Health of the Nation Outcome Scales (HoNOS) as a standard measure to monitor changes in the wellbeing of patients. The recovery star was also used as self-assessed outcome measure in all teams.
- Staff carried out regular audits to improve the outcomes of patients. These included auditing the quality of care plans, care programme approach, letters to GPs, and the quality of assessments carried out by the team.

Skilled staff to deliver care

- Staff in all teams were appropriately qualified and consisted of a range of professional backgrounds including nursing, medical, occupational therapy, psychology, social work and support worker.
- Staff records showed that staff were up to date with appraisals which happened annually. South AMHT 98% completed, City and North East AMHT100% completed, Aylesbury AMHT 100%.
- The records showed that staff were receiving regular supervision, every four to six weeks, and each team had a network of senior clinical roles who provided support and supervision to junior colleagues.
- The teams had in place regular reflective practice meetings for clinical staff to share clinical expertise and learn from and support their colleagues.
- Staff reported that they had protected time to attend training and each team allocated two days per year for the whole team to take out together for team development.
- As part of a strategy to improve access to psychological therapies, each of the AMHTs had been allocated two clinical psychologists as part of the core team. This was a staged plan which would see adult mental health psychological therapies sited within the AMHTs by January 2017. Staff reported that this was positive for the team, and they now had quick access to psychology colleagues to help with formulation and planning the care and treatment of people using services. However recruitment to all these posts had been difficult and not all positions were filled at the time of our visit.

Multi-disciplinary and inter-agency team work

- The assessment team held a daily handover and clinical discussion meeting to pass current issues to the staff working in the later part of the day. This included discussing those patients who may need contact or extra support from the team after 5pm. The treatment team held a weekly multi-disciplinary meeting. Both teams met for monthly business meeting.
- We attended a handover at the Aylesbury AMHT assessment team. The assessments of new referrals were shared with the team. The discussions included diagnosis, treatment, risk and social situation of the person. Plans were agreed in the meeting and any follow on actions were assigned. The discussion was used to inform the safety board which carried significant information about patients including risks, action plans, and any open alerts regarding the person.
- Each AMHT held a monthly leaders meeting attended by managers, senior clinical staff and the consultant psychiatrists.
- All teams had good links with inpatient services and received daily updates regarding the progress of people's admissions. We observed the team making plans based on inpatient services updates at the Aylesbury treatment team multi-disciplinary meeting. This ensured that issues that might affect someone's smooth discharge from hospital could be addressed by the team ahead of time.
- There were also close connections with psychiatric liaison team and street triage team. Information was shared effectively about people who may cross over and use the services of more than one team.

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.

- Team managers reported that they had good links with local GPs. They were trialling a new telephone service with GPs to make contact with the teams quicker. A GP calling the team was given a choice to speak to either a doctor or a care coordinator then the phone system would keep searching until the appropriate person picked up the call. We were told that the feedback from GPs had been positive.

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

- The staff we spoke with had a good understanding of the MHA code of practice and its guiding principles. There were approved mental health professionals (AMHPs) in each team who carried out their AMHP duties as part of a rota within the separate AMPH team.
- Staff told us that medicine leaflets were given to patients along with explanations about rights, how to appeal, legal advice, and recall details so they had this information if they needed it.

Good practice in applying the Mental Capacity Act

- Notice boards in the team bases contained information about the Mental Capacity Act (MCA); with contact telephone numbers for further advice.
- The MCA formed part of the mandatory training completed by the community team staff. There was variation in knowledge about the MCA among the staff we spoke with. However we did see evidence of the assessment of capacity and best interest decisions in the care records we viewed.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff we spoke with demonstrated a caring and respectful attitude to each other and also to the patients of the service. We observed staff working thoughtfully and carefully with a service user at a difficult point in their care, and allowing the person to ask questions and reach decisions about their care and treatment.
- Nearly all the patients and their carers told us that they were treated kindly and with respect by the staff at the AMHTs. Some people felt that their experience of using the community team service had improved recently.
- Some patients and carers told us that the day service was less good than it had been in the past because the service was available for less time than it had been. The day service was provided by two of the AMHTs, City and North East and Aylesbury. The day service offered a structured programme for patients referred by community and inpatient services. The trust had reduced the availability of day services from five days a week to three days.
- The carers of patients using services all spoke very highly of the support they received by attending the carers groups which were organised by each AMHT.

The involvement of people in the care that they receive

- The majority of the 29 care plans that we viewed were person centred, recovery focussed and reflected the personal goals of the person using the service. Goals included leisure and vocational activities, managing physical health and medicines, developing coping mechanisms, diet and exercise, education and work, communicating with friends and family and managing the use of alcohol and substances.
- It was evident that staff were supporting patients to complete self-assessments such as the recovery star and this had been incorporated in to the overall care plan goals.
- Patients had attended the City and North East team away day to share their views about care plans and help the team make improvements. The result of this work was displayed on notice boards in the team areas, and included examples of good quality care plans.
- Some of the patients that we spoke to told us that they had felt very involved in making decisions about their care and treatment. This included advice and support with treatment changes, such as medicines, when they were planning to start a family. They said that they found the staff explained their treatment options very well and when things changed staff were always willing to listen and be flexible to find the right solution for them.

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 AMHTs received all referrals via the assessment function in each team. Referrals came from GPs, families, self-referrals and other health workers. Referrals were triaged in to three categories: emergency to be seen within four hours, urgent to be seen within seven days and routine to be seen within 28 days.
- Referrals were logged in each team on a triage checklist. This helped the team worker capture the response time required for the referral, the health information and contact details of the person being referred, and whether sign posting to other health pathways such as early intervention in psychosis or assessment for autistic spectrum disorder was needed.
- A referred patient was contacted by telephone by the AMHT to discuss and agree the time and venue for their assessment appointment. The team took steps to identify the best place for the person being referred to be seen to remove any barriers the person may have in engaging with the service. Where a risk of the person not attending the appointment had been identified by triage staff a phone prompt or text reminder for their appointment was offered to reduce the chances of a person not remembering their appointment details.
- Each team manager had access to a team scorecard which detailed team performance in achieving assessments within the three category time frames. The Aylesbury team met the targets for assessments in each of the emergency, urgent and routine categories for 95% of referrals.
- The AMHT service was available from 7am to 9pm seven days a week. An out of hours service ran from 9pm to 7am and this was able to take calls and see people at their homes or at the team bases.
- Each of the AMHT team doctors retained a daily emergency appointment slot to allow flexibility to see people using services who needed access to a doctor outside of scheduled appointments. Patients commented that they thought access to the team doctors was generally good.

The facilities promote recovery, comfort, dignity and confidentiality

- There were leaflets and notices available at all team bases which provided patients with information on treatments, local services, patient rights including how to make a complaint, advocacy and carers resources.
- The interview rooms were appropriate and well located with comfortable furnishings.
- Patients and carers told us that they thought the rooms at the AMHTs were clean and well maintained.

Meeting the needs of all people who use the service

- Each team had an interview room with full disabled access for patients who could not access rooms on the other floors of the buildings.
- Teams had information leaflets in different languages that were spoken by people using services. This meant that non-English speaking patients received information about their care and treatment in their spoken language.
- Staff were able to tell us how they accessed interpreting support for people using services who needed communication assistance during appointments or to have written communications translated.
- Parking was available at all the team sites and there were disabled parking bays located near to the building entrances. Staff informed us that it will be trust policy to impose parking charges on sites in the near future.

Listening to and learning from concerns and complaints

- Patients told us that they were aware of how to raise concerns and make a complaint. They told us that they were confident that staff would respond to any issue that they raised.
- Staff were aware of the formal complaint process and felt that the teams acted to resolve complaints quickly.
- Each team maintained a log for informal complaints. These showed that complaints were logged with the local Patient Advice and Liaison (PALS) team and managers could analyse complaints received by theme and establish any trends. Learning about complaints was fedback to staff at each of the AMHT team meetings.

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.

Our findings

Vision and values

- The managers we spoke to were aware of the trust's vision and values and generally they said senior managers were helpful and supportive.
- The staff we spoke with were well informed about team developments, the service model that they were working to and their team's objectives.

Good governance

- The managers we spoke with felt that they had sufficient independence to adapt the community team model to best suit the locality of their team. The staff at the South team were engaged in a team decision as to how better to allocate their resources across a large geographical area. Team members had proposed to sub divide the team to reduce distances that staff were travelling and to have a more consistent grouping of staff meeting the needs of patients in one geographical area. They were supported in this by their service manager.
- All teams had well organised team processes in place to monitor care plans and care programme approach requirements. These were reported on the team scorecard. Team managers had developed a care plan audit which was a quality checklist to improve the standards of care planning in the team. Findings were discussed with care coordinators in supervision.
- We attended well-structured clinical and business meetings at two of the AMHTs. Discussions about patients were comprehensive and respectful. Decisions requiring follow up actions were properly recorded during the meeting and identified who would be carrying out the next steps. Clinical records were updated in a timely way to ensure that all information stored about patients was accurate.
- Completed appraisals in the teams were 98%-100%. Figures for staff receiving mandatory training were 82-90%. Staff told us that they had protected time in their diaries to attend training courses.

Leadership, morale and staff engagement

- Staff we spoke with at the City and North East team told us that a review of their staffing needs by the trust had resulted in an increase of four care coordinators in their team. Staff remarked how this had a positive impact on their morale and had improved their ability to deliver care and treatment to patients.
- Staff in the AMHTs were working with colleagues in the trust's psychology service to reduce the numbers of patients waiting for psychological therapies. The Aylesbury team had expected a waiting list of 400 patients by June 2016. This situation had improved with a reduced number of 275 patients waiting at the time of our visit.
- Staff in the AMHTs were involved in developing the strategy for access to psychological therapies. Staff we spoke with in all the teams were knowledgeable about the long term plan to locate psychology staff in the AMHTs, and could tell us how the new organisation of resources would be used to deliver better outcomes and access for patients to psychological therapies.
- Staff we spoke to in all three teams told us that they felt their teams were cohesive and supportive. All staff spoke positively about how the teams were led by the team leaders including providing regular meetings and supervisions. Staff told us that they felt their teams were a good place to work.
- Staff told us that they were kept informed about learning from complaints and the outcome of investigations of serious incidents via team meetings and also in regular email bulletins.
- Staff told us that they were aware of the trust's whistleblowing policy and that they were confident about how to raise concerns.

Commitment to quality improvement and innovation

- The teams employed a research assistant who worked with clinical staff to develop studies involving questionnaires and interviews to improve understanding of mental health conditions.