Avon and Wiltshire Mental Health Partnership NHS Trust

Adult community-based services

Quality Report

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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	RVN1H	South Gloucestershire Recovery Team	BS16 2EW
Trust Headquarters	RVN1H	Swindon Recovery Team; Early Intervention Team and Psychiatric Liaison Team	SN1 4BP
Trust Headquarters	RVN1H	Chippenham Recovery Team	SN15 1JW
Trust Headquarters	RVN1H	North Somerset Early Intervention Team Team	BS24 7FY
Trust Headquarters	RVN1H	Bristol Early Intervention Team	BS6 5UB
Trust Headquarters	RVN1H	Bristol Recovery Team	BS2 9RU

Summary of findings

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

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

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

Summary of findings

Ratings

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

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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Overall summary

Avon and Wiltshire Mental Health Partnership NHS Trust provides community-based mental health care, treatment and support to people, their friend's families and carers. It offers people a range of treatments (psychological and medication, support and advice.

Although, we found that services generally managed risks well, we found that two of the teams did not monitor or store medicines, or dispose of unwanted medicines, in a safe manner.

We concluded that people received effective care and treatment by hard working, caring and competent staff who received regular clinical supervision. Most patients that we talked to told us that staff treated them with dignity and respect and whenever possible, staff supported people who used services to manage their own health and care needs to maintain their independence.

The care plans that we reviewed suggested that care was planned and delivered in a way that took into account the wishes of the person. However, some of the care plans reviewed lacked detail and there was no evidence that people's rights were explained to them under their 'community treatment order' (CTO). There was also limited evidence that, where needed, people's care plans were linked to their community treatment orders. We brought this to the attention of senior staff during the inspection.

The work of the community mental health teams was affected by the unavailability of admission beds. This meant that some people were being accommodated in hospital beds that were a long distance away from their home. It also meant that there were, on occasion, delays in accessing a bed. Throughout the services we visited, however, we did find good working arrangements with primary care and third sector providers.

We saw good examples of local leadership in all of the services we visited. Most staff were aware of the trust's vision, values and strategies, and of its local management structure. However, other staff felt undervalued by the trust. There was an 'Information Quality' (IQ) system in place, which enabled senior managers to regularly review the service's quality and records management, with findings disseminated to the teams. We saw that this was being effectively used by senior managers.

Summary of findings

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

Are services safe?

All the services had a proven track record on safety and had developed service-based learning from incidents. We saw evidence that the trust had effectively anticipated and managed potential risks to the service.

Monthly caseload reviews and the risk management systems in place showed us that staff were able to meet the people's needs. While there were not enough staff in one service, the trust told us what steps they were taking to address these concerns.

Incidents and 'near misses' were recorded and reported appropriately through the trust's online reporting system. Two of the teams, south Gloucestershire and Swindon, did not monitor or store medicines, or dispose of unwanted medicines, in a safe manner. We drew this to the attention of the trust's chief pharmacist.

Staff received mandatory safeguarding training and were aware of their responsibilities for identifying and reporting safeguarding concerns.

Staff also knew about the trust's lone worker policy. We saw that they took precautions, such as joint visits, as required, and these were supported by clear risk assessments.

There were clear contingency plans in place, for example for communication breakdowns and disruptions to other trust services, and staff were aware of these.

Are services effective?

People received effective care and treatment by competent staff. Care provided was based on a comprehensive assessment of individual's needs and monitored through use of the Health of the Nation Outcome Scales (HoNOS). Staff also used a 'clustering tool' to assess individual risk, which determined the level of support they received.

Some of the care plans that we reviewed were not detailed enough and did not show evidence of people's rights being explained under their 'community treatment order' (CTO). There was also limited evidence that, where needed, people's care plans were linked to their community treatment orders.

Overall, staff received mandatory training. However, mandatory training in health and safety, conflict management, adult safeguarding and infection control had not been undertaken by many of the staff in one team. We saw that the trust had drawn up a

Summary of findings

staff learning needs action plan where issues were identified. Some staff expressed concern that opportunities for training and professional development had been reduced and that there was little on offer in addition to the core mandatory training provided.

The trust benchmarked people's outcomes using, for example, Patient Reported Experience Measures (PREMS) and Patient Reported Outcome Measures (PROMS). We found that the trust worked together with multi-agency partners, such as police and the local authority safeguarding teams.

Most staff received monthly clinical supervision. These sessions were used to review caseloads and provide additional clinical support, as required. However, staff in one team had not received their annual appraisal.

Are services caring?

Services were delivered by caring and compassionate staff. We found that staff demonstrated confidentiality when discussing people's care and treatment needs.

People were treated with dignity and respect. We observed, and saw in our detailed review of 25 care and treatment records, that people's and their carers' wishes were taken into account in the planning and delivery of their care.

Most people told us that staff were supportive and had involved them directly in their care. They were also satisfied with the care and support they received from staff.

Staff told us that they provided emotional support to people to help them cope with their care and treatment. They said that this support was available when people needed it. Wherever possible, people were also supported to manage their own health and care needs to maintain their independence.

Are services responsive to people's needs?

We found that people's needs and wishes were met when assessing, planning and delivering care and treatment. There was also an emphasis on avoiding admission to hospital wherever possible.

Referrals were managed well and there were effective assessment protocols in place. However, staff told us that there was a shortage of mental health inpatient beds across the trust. This meant that some people were being accommodated in hospital beds that were a long distance away from their home. Improvements need to be made to make sure that the trust works with commissioners to review the number of inpatient beds available throughout the trust.

Summary of findings

However, other people were concerned about access to services and the lack of continuity between the different care co-ordinators who were supporting them. We brought these concerns to the attention of senior trust staff during our inspection.

Where possible, appointments were made to fit in with people's lives, for example, school and family commitments. We saw that the service had good working arrangements in place with primary care and third sector providers, and there was evidence that the trust was reaching out to 'hard to reach' groups. For example some staff had a special interest in Black and minority ethnic (BME) work and there were clear links with a BME support group.

People knew how to raise concerns and complaints, and were supported by staff to raise any concerns about their care. We also saw that the trust had a good system in place for managing any formal complaints.

Are services well-led?

We saw good examples of local leadership in the services we visited. Staff told us that they felt well supported by their immediate line manager and knew who the trust's senior leaders were.

There were monthly management meetings and managers told us that they used these as learning and development opportunities. The services managed people's clinical risk and we saw that feedback from people was recorded effectively.

Most staff were aware of the trust's vision, values and strategies and of the trust's local management structure. However, other staff felt undervalued by the trust. For example, staff reported that there had not been a medical advisory group for Bristol for 18 months.

The trust had an 'Information Quality' (IQ) system in place. This enabled senior managers to regularly review the service's quality and records management, with the findings disseminated to the team. We saw that senior managers were using this system effectively.

Summary of findings

Background to the service

Avon and Wiltshire Mental Health Partnership NHS Trust provides community-based mental health services to adults who live in Bristol, North Somerset, South Gloucestershire, Swindon, Wiltshire and North East Somerset. Care is mainly provided in people's homes, but the service also has outpatient facilities at GP surgeries, and community bases. The teams provide people, their friends, families and carers with support, advice, medicines and a range of therapeutic interventions.

Avon and Wiltshire Mental Health Partnership NHS Trust has a number of local adult community care services.

These services provide ongoing, and specific, periods of community-based mental health care, treatment and support. The teams provide people, their friends' families and carers with support, advice, medicines and a range of therapeutic interventions.

Following our last inspection of these services, we issued two compliance actions in regards to regulations 9 and 22 of the Health and Social Care Act 2008. During this inspection we found that, overall, the trust had made improvements to make sure that there were enough staff and that people's care and welfare needs were being met.

Our inspection team

Our inspection team was led by:

Chair: Professor Chris Thompson, Consultant Psychiatrist

Team Leaders: Julie Meikle, Head of Inspection

Lyn Critchley, Inspection Manager

The team included CQC managers, inspection managers and inspectors and a variety of specialists including: consultant psychiatrists, specialist registrars, psychologists, registered nurses, occupational therapists, social workers, Mental Health Act reviewers, advocates, governance specialists and experts by experience.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot 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 these services, we reviewed information that was sent to us by the provider and considered feedback from relevant local stakeholders including advocacy services and focus groups.

We carried out unannounced visits to these services between 10 and 12 June 2014. We spoke with people and carers who were using these services, and reviewed 25 care and treatment records in detail.

We attended staff handovers, observed initial assessment appointments, and accompanied trust staff on community visits with the prior permission of those involved. We spoke with managers, front line staff, support staff and doctors.

We also reviewed the trust's systems for obtaining feedback from other people who had contact with the service.

Summary of findings

What people who use the provider's services say

Most people were positive about the service provided. One person said that staff who had visited them had been very kind and supportive. Someone else told us that staff were very good and treated them with respect.

However, other people were concerned about access to services and the lack of continuity between the different care co-ordinators who were supporting them. We also noted that access to inpatient care close to home was not always possible, with people receiving care from out of area services. 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 that staff were good at explaining things to them. People had received a copy of their care plan and a list of emergency contact numbers if required.

We observed good practice and staff interacting well with people and their carers. Carers told us that they usually felt well supported by this service, and that they found that staff were generally responsive and kind.

Good practice

We found that the Swindon psychiatric liaison service was working well with the local acute NHS hospital trust to manage individuals' distress. It was also working together with the local suicide prevention project.

We found evidence that demonstrated that the trust was reaching out effectively to 'hard to reach' groups, for example Black and minority and ethnic (BME) and homeless groups.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust must work with the commissioners of their service to make sure that there are enough inpatient beds for people available locally.
- The trust should make sure that concerns identified in two services around the administration, monitoring, storage and disposal of unwanted medicines have been fully addressed.
- The trust should make sure that care and treatment plans for people receiving care and treatment under community treatment orders (CTOs) are reviewed.
- The trust must make sure that all staff receive training and supervision.
- The trust must make sure that people's physical health needs and monitored and any concerns are managed appropriately.
- The trust must make sure that caseloads are set within national guidance and trust policy.

Avon and Wiltshire Mental Health Partnership NHS Trust

Adult community-based services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Chippenham Recovery Team,Bewley House, Chippenham	Trust Headquarters
Swindon Recovery Team and Early Intervention Team, Chatsworth House, Swindon	Trust Headquarters
Psychiatric Liaison Team, Victoria Centre, Swindon	Trust Headquarters
Bristol Early Intervention Team, Colston Fort, Bristol	Trust Headquarters
North Somerset Early Intervention Team, Coast Resource Centre	Trust Headquarters
Bristol Recovery Team, Brookland Hall	Trust Headquarters
South Gloucestershire Recovery Team, Blackberry Hill Hospital	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.

We reviewed 25 care and treatment records within those services inspected. These showed us that where required legal documentation was being completed appropriately by staff. Those training records reviewed showed us that staff were receiving training on the Act.

Detailed findings

However we noted within the Bristol recovery team that there was no evidence of people's rights being explained under their 'community treatment order' (CTO). There was limited evidence of specific care plans linked to individual community treatment orders for people who required this.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff said they were aware of the Mental Capacity Act and the implications this had for their clinical and professional practice. Staff had received training on this Act. There was evidence seen that showed us capacity assessments were being completed appropriately and reviewed as required.

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

All the services had a proven track record on safety and had developed service-based learning from incidents. We saw evidence that the trust had effectively anticipated and managed potential risks to the service.

Monthly caseload reviews and the risk management systems in place showed us that staff were able to meet the people's needs. While there were not enough staff in one service, the trust told us what steps they were taking to address these concerns.

Incidents and 'near misses' were recorded and reported appropriately through the trust's online reporting system. However, the trust's chief pharmacist had raised concerns about the monitoring, storage and disposal of unwanted medicines in community services. We found that two of the teams, south Gloucestershire and Swindon, did not monitor or store medicines, or dispose of unwanted medicines, in a safe manner. We drew this to the attention of the trust's chief pharmacist.

Most staff had received mandatory safeguarding training and were aware of their responsibilities for identifying and reporting safeguarding concerns.

Staff also knew about the trust's lone worker policy. We saw that they took precautions, such as joint visits, as required, and these were supported by clear risk assessments.

There were clear contingency plans in place, for example for communication breakdowns and disruptions to other trust services, and staff were aware of these.

Our findings

South Gloucestershire recovery team

Track record on safety

The manager told us that they used the trust `IQ dashboard` and risk register to identify and monitor risks.

There were mechanisms in place to report and record safety incidents, concerns and near misses. Staff confirmed that the trust had an online reporting system to report and record incidents and near misses.

Senior staff confirmed that clinical and other incidents were reviewed and monitored monthly, discussed by the management team and shared with front line staff. The report outlined the impact to the service, the underlying cause as well as the risk and governance team's comments.

The service had a local risk register and senior staff were able to identify the current risks to the service provided. The evidence seen demonstrated to us that the service had a proven track record on safety and had learnt from incidents that had happened.

Learning from incidents and improving safety standard

We noted there were low levels of reporting according to trust incident data. This may indicate that not all incidents were being reported appropriately. This was brought to the attention of senior staff during our inspection. We saw team meeting minutes which highlighted low rates of incident reporting to the team. However staff told us they were encouraged to report their concerns and were able to tell us how they did this.

We saw that learning from incidents was shared within the team meetings and in individual clinical supervision. For example, we saw action had been taken following a root-cause analysis of a serious incident, to offer staff additional training from the psychological therapies team, in risk formulation and documentation. We saw that staff worked jointly with other agencies and across services to promote safety.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff demonstrated knowledge on how and where to report safeguarding issues and received training on safeguarding adults and children. The manager told us that safeguarding concerns were also discussed during multidisciplinary team meetings and at handover. There appeared to be a low level of reporting across the team and no local overarching system of monitoring safeguarding referrals made. There were no current safeguarding issues at the time of inspection.

Are services safe?

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

Staff were aware of the lone working protocol and we observed that they recorded their whereabouts in line with this.

We looked in the clinic room and found that staff could not show us if there was equipment available to undertake physical checks, such as blood glucose monitoring, weight or blood pressure. Staff could not identify if there was a lead within the team overseeing medication and infection control.

We were advised by staff that medications delivered by pharmacy were signed in by administrative staff and individual staff members signed out medication as required. We found that the fridge was not working and there had been a delay in reporting this. We found that there were no appropriate facilities in place to monitor, store and dispose of unwanted medication. Pharmacy boxes which contained medications were left unsecured. Concerns around monitoring, storage and disposal of unwanted medication were raised with the trust's chief pharmacist.

Assessing and monitoring safety and risk

The team operated a `traffic light` risk rating and caseload weighting system to clearly identify risk levels on their caseload. We observed a team meeting and saw that people`s risks were discussed. Staff also had regular caseload management supervision. We saw records of this which showed that staff were supported to identify appropriate actions to be taken where there may be concerns. Staff reported that their caseloads were manageable at about 25 people.

We were told that service users were not normally seen at the recovery team's premises. However, we met with one person who had been to meet their care coordinator and saw three other people waiting to be seen. We found the consultation rooms were bare and unwelcoming. There were no information leaflets or pictures and they were sparsely furnished.

The rooms were set away from offices and sound-proofed, so there was no way that staff could summon assistance if needed.

Understanding and management of foreseeable risks

We saw the South Gloucestershire community action plan, which set out current and potential issues which may affect the service and how the trust planned to address these. These included areas such as staffing and increase in demand for services.

Staff could not tell us if there was an emergency procedure or defibrillator on site.

Swindon recovery team; Swindon early intervention team; Swindon psychiatric liaison team

Track record on safety

The managers told us that they used the `IQ dashboard` and risk registers to identify and monitor risks. There were mechanisms in place to report and record safety incidents, concerns and near misses. Staff confirmed that the trust had an online reporting system to report and record incidents and near misses.

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

Senior staff confirmed that clinical and other incidents were reviewed and monitored monthly and discussed by the management team and shared with front line staff. The report outlined the impact to the service, the underlying cause as well as the risk and governance team's comments.

The service had a local risk register and senior staff were able to identify the current risks to the service provided. The evidence seen demonstrated to us that the service had a proven track record on safety and had learnt from incidents that had happened.

Learning from incidents and improving standards

We saw that there was shared learning from incidents at both trust and local level. Staff were encouraged to report their concerns and were able to tell us how they did this on the electronic system. Learning from incidents was shared within the team meetings and in individual clinical supervision.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff received training on safeguarding adults and children and there was a designated lead on safeguarding identified

Are services safe?

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within each team. Staff demonstrated knowledge on how and where to report safeguarding issues, and safeguarding concerns were discussed during the multidisciplinary team meetings. There were no current safeguarding issues at the time of inspection.

There was some variation in how staff outlined their whereabouts in line with the lone working policy, however, staff told us that they felt safe.

There were no appropriate facilities in place to monitor, store and dispose of medication. Concerns around storage and disposal of unwanted medication were raised with the trust's chief pharmacist.

Assessing and monitoring safety and risk

The teams operated a `traffic light` risk rating and caseload weighting system to clearly identify risk levels on their caseload. We observed the recovery and psychiatric liaison team meetings and saw that people`s risks were discussed. Staff also had regular caseload management supervision. We saw that staff identified appropriate actions to be taken where there may be elevated risk.

We reviewed people`s records and saw that people`s 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.

We were told that as part of ongoing assessment of risk, staff would discuss a person`s capacity to consent to treatment and information sharing. When we looked at care records, most people had consent recorded.

Understanding and management of foreseeable risk

The recovery team operated a duty system and psychiatric liaison had daily protected assessment slots, which ensured urgent contacts to the teams were managed effectively. Issues affecting staffing levels, such as annual leave or sickness, were managed within the teams. Staff were aware of the trust's contingency plans to maintain service continuity.

Chippenham recovery team

Track record on safety

Senior staff confirmed that clinical and other incidents were reviewed and monitored monthly and that the unit's risk register was updated and regularly reviewed by the managers. Staff told us that they had not received feedback from these incidents and we saw no evidence within the staff team meeting minutes.

We saw that people's records identified their previous risks and behaviours as well as current assessed concerns and risks. We observed the evaluation of the risk register during the daily multidisciplinary handover meeting.

The evidence seen demonstrated to us that the service had a proven track record on safety but should ensure that staff learnt from incidents that had occurred.

Learning from incidents and improving safety standards

We found that the trust had an online reporting system to report and record incidents and near misses. We saw staff had access to the system via "password" protected computer systems.

We reviewed the monthly clinical incident report which was reviewed and discussed by the management team. The report outlined the impact to the service; the underlying cause as well as the risk and governance team's comments

Staff confirmed they were encouraged to report incidents and "near misses". People told us that they were able to voice their concerns to staff although they had not had to do so.

Staff confirmed that they had received training regarding incident reporting and that they felt supported by their line managers following any incidents or near misses.

The trust provided clear guidance on incident reporting. Staff could describe their role in the reporting process. The evidence seen showed us that the trust had effective systems in place to learn from untoward incidents and had improved safety standards as a result.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff were aware of the trust's safeguarding policies. The records seen showed us that staff had received their mandatory safeguarding children's training at level 3. However, we found confusion regarding the "prevent" adult training which was not identified as having been undertaken.

Those care and treatment records seen identified any potential safeguarding concerns. Staff confirmed they were

Are services safe?

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

aware of their responsibilities to report any concerns to the relevant authorities. They were aware of the trust's whistleblowing policy and confirmed they felt able to raise concerns with their line manager.

The service we visited was clean and well maintained with up to date environmental risk assessments in place which included for example, ligature risk assessments.

Medicines were usually managed via the person's general practitioner but the trust had a dedicated pharmacy storage facility. We were informed that the pharmacy department managed all medicines.

Staff told us they had concerns with the transportation of medicines and whether their insurance would cover them. The outcome of the concern was to have pharmacy speak with the team about how to manage this problem. We saw no evidence that this had taken place.

Medicine care plans were in place to manage medicines and identified whether people self-medicated and the procedures for staff to follow when supporting people. We were informed that some qualified nurses conducted secondary dispensing. We found no evidence within the training records of secondary dispensing training to support staff.

Assessing and monitoring safety and risk

Staff attended daily handovers with the multidisciplinary team. Areas addressed included risk management and the "step-down" of people who use the services from secondary care to primary care. We observed a team meeting on the day of our visit during which any concerns were highlighted and shared by the team.

The evidence seen meant that the trust was effectively assessing potential risks to people who use the service.

Understanding and management of foreseeable risks

Staff told us they were aware of the lone working policy. The unit had a record of staff whereabouts and a coded message system to identify support needs when visiting people in the community. Senior staff were aware of the trust's contingency plans to maintain service continuity.

This meant that the trust had effectively anticipated and managed any potential or foreseeable risk to the service.

Bristol recovery team

Track record on safety

There were mechanisms in place to report and record safety incidents, concerns and near misses. Senior managers confirmed that clinical and other incidents were reviewed and monitored monthly. For example we saw evidence that quality and safety were standard agenda items on the monthly team managers meeting.

Staff reported that the local risk register was updated and regularly reviewed. Staff also received feedback on local and trust-wide incidents at their weekly team meeting.

We saw that individual care and treatment records identified previous risks and behaviours as well as current assessed concerns and risks. We observed this being recorded as part of an initial assessment being carried out.

Learning from incidents and improving safety standards

Staff confirmed that the trust had an online reporting system to report and record incidents and near misses. We saw staff had access to the system via "password" protected computer systems.

We saw the monthly clinical incident reports which were reviewed and discussed by the management teams. The report outlined the impact to the service, any underlying causes as well as the risk and governance team's comments.

Staff had received mandatory health and safety training and confirmed they were encouraged to report incidents and "near misses". Some staff raised concerns about the individual risk carried on their caseloads. However, we saw records that showed us that caseloads were reviewed at monthly supervision meetings with line managers and at weekly team meetings. Senior staff confirmed that any specific risks would be highlighted and documented within the person's care and treatment plans.

The trust provided clear guidance on incident reporting. Staff described their role in the reporting process. The evidence seen showed us that the trust had effective systems in place to learn from untoward incidents and 'near misses'.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

We found that individual care and treatment records identified any potential safeguarding concerns. Staff

confirmed that they had received their mandatory safeguarding training. They were aware of their responsibilities to report any concerns to the relevant statutory agencies.

Staff were aware of the trust's whistleblowing policy and confirmed they felt able to raise concerns with their manager.

Assessing and monitoring safety and risk

We observed a number of meetings that were taking place during our inspection of this service. We saw that the team was quick to provide support and guidance to each other. This showed us that the team was working effectively together to meet the individual needs of the people who use the service.

Staff were aware of the trust's lone worker policy. They confirmed that they followed this and reported any concerns promptly.

Understanding and management of foreseeable risks

We saw that joint visits and other precautions were taken by staff and these were supported by clear risk assessments.

The services had a record of staffs whereabouts and a coded message system to identify any concerns when visiting people in the community.

Clear contingency plans were in place and staff were aware of these. For example, contingency plans were in place for the breakdown of communication systems and for the emergency evacuation of the building.

A local risk register was in place and this identified the current risks to the service. This meant that the trust had effectively anticipated and managed any potential or foreseeable risk to the service.

Bristol early intervention team

Track record on safety

There were mechanisms in place to report and record safety incidents, concerns and near misses. Senior managers confirmed that clinical and other incidents were reviewed and monitored at weekly allocation meetings and discussed at daily 'mini risk management' meetings. We saw evidence that quality and safety were standard agenda items on the monthly team managers meeting.

Staff reported that the local risk register was updated and regularly reviewed. Staff also received feedback on local and trust wide incidents at their weekly team meeting.

We saw that individual care and treatment records identified previous risks and behaviours as well as current assessed concerns and risks. The evidence seen demonstrated to us that the service had a proven track record on safety and had learnt from incidents that had happened.

Learning from incidents and improving safety standards

Staff confirmed that the trust had an online reporting system to report and record incidents and near misses. We saw staff had access to the system via "password" protected computer systems.

We saw the monthly clinical incident reports which were reviewed and discussed by the management teams. The report outlined the impact to the service, any underlying causes as well as the risk and governance team's comments. The trust issued monthly safety bulletins to all staff. Staff spoken to were aware of these.

The trust provided clear guidance on incident reporting. Staff confirmed they were encouraged to report incidents and "near misses". The evidence seen showed us that the trust had effective systems in place to learn from untoward incidents and 'near misses'.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

We reviewed five individual care and treatment record and all identified any potential safeguarding concerns. Staff confirmed that they had received their mandatory safeguarding training and that they had also received their trust 'Prevent' training. They were aware of their responsibilities to report any concerns to the relevant statutory agencies.

Staff were aware of the trust's whistleblowing policy and confirmed they felt able to raise concerns with their manager.

Assessing and monitoring safety and risk

Staff told us that their colleagues were supportive and they could approach senior colleagues or their line manager for additional support if required.

Are services safe?

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

Staff were aware of the trust's lone worker policy. They confirmed that they followed this and reported any concerns promptly.

Understanding and management of foreseeable risks

We saw that joint visits and other precautions were taken by staff and these were supported by clear risk assessments.

The services had a record of staff whereabouts and a coded message system to identify any concerns when visiting people in the community.

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.

North Somerset early intervention team

Track record on safety

There were mechanisms in place to report and record safety incidents, concerns and near misses. Senior managers confirmed that clinical and other incidents were reviewed and monitored at weekly team meetings. We noted that clinical risks rated as 'red' by the team were assessed at daily morning meetings. We were told that quality and safety were standard agenda items at the monthly team managers meeting.

Staff reported feedback on local and trust wide incidents at their weekly team meeting.

We saw that individual care and treatment records identified previous risks and behaviours as well as current assessed concerns and risks. The evidence seen demonstrated to us that the service had a proven track record on safety and had learnt from incidents that had happened.

Learning from incidents and improving safety standards

Staff confirmed that the trust had an online reporting system to report and record incidents and near misses. We saw staff had access to the system via "password" protected computer systems.

We saw the monthly clinical incident reports which were reviewed and discussed by the management teams. The report outlined the impact to the service, any underlying causes as well as the risk and governance team's comments. Staff spoken to were aware of the trust's monthly safety bulletins

The trust provided clear guidance on incident reporting. Staff confirmed they were encouraged to report incidents and "near misses". The evidence seen showed us that the trust had effective systems in place to learn from untoward incidents and 'near misses'.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

We reviewed five individual care and treatment records. These identified any potential safeguarding concerns. Staff confirmed that they had received their mandatory safeguarding training. They were aware of their responsibilities to report any concerns to the relevant statutory agencies.

Staff were aware of the trust's whistleblowing policy and confirmed they felt able to raise concerns with their manager.

Assessing and monitoring safety and risk

Staff were aware of the trust's lone worker policy. They confirmed that they followed this and reported any concerns promptly.

Understanding and management of foreseeable risks

We saw that joint visits and other precautions were taken by staff and these were supported by clear risk assessments.

The services had a record of staff whereabouts and a duty officer system for the monitoring of individual concerns.

Clear contingency plans were in place for this service 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.

Are services effective?

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

Summary of findings

People received effective care and treatment by competent staff. Care provided was based on a comprehensive assessment of individual's needs, using the Health of the Nation Outcome Scale (HoNOS) assessment. Staff also used a 'clustering tool' to assess individual risk, which determined the level of support they received.

However, some of the care plans that we reviewed were not detailed enough and did not show evidence of people's rights being explained under their 'community treatment order' (CTO). There was also limited evidence that, where needed, people's care plans were linked to their community treatment orders.

Overall, staff received mandatory training. However, mandatory training in health and safety, conflict management, adult safeguarding and infection control had not been undertaken by many of the staff in one team. We saw that the trust had drawn up a staff learning needs action plan where issues were identified. Some staff expressed concern that opportunities for training and professional development had been reduced and that there was little on offer in addition to the core mandatory training provided.

The trust benchmarked people's outcomes using, for example, Patient Reported Experience Measures (PREMS) and Patient Reported Outcome Measures (PROMS). We found that the trust worked together with multi-agency partners, such as police and the local authority safeguarding teams.

Most staff received monthly clinical supervision. These sessions were used to review caseloads and provide additional clinical support, as required. However, staff in one team had not received their annual appraisal.

Our findings

South Gloucestershire recovery team

Assessment and delivery of care and treatment

There was evidence of joint working with other teams and services to meet the needs of people. We found that staff assessed and planned care in line with the needs of the individual. People were offered a copy of their care plan, and this was confirmed by those people spoken with. We reviewed care records which contained comprehensive information, and included risk assessments and care plans.

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. The team manager also told us that they were monitoring quality and performance through regular individual supervision and care records audit. When a service user was first allocated, the consent to share form stating their preferences was uploaded onto the electronic record system (RiO) and this was monitored.

The team worked closely with the psychological therapy services department to provide psychological interventions. Skills mapping of staff showed us that there were a number in the team with specialist skills, such as family work, cognitive and dialectical behavioural therapy.

Staff, equipment and facilities

The team did not operate a duty system and we were told that any disruption to staffing levels, due to annual leave or staff sickness, was dealt with through cross cover amongst the team. Staff confirmed that systems were in place to monitor staff sickness and that they had access to occupational health support if required.

There was a training matrix which was clearly laid out for each role. This was reviewed at team level to monitor outstanding training. Opportunities for training and professional development, other than core mandatory training, had been reduced following a freeze on training by the trust. Staff had been advised to identify training needs in supervision or appraisal.

Staff confirmed that they received regular management supervision and we saw some supervision records. The team were offered emotional support if a major incident occurred, and there was also informal peer support available. Most staff had laptops and mobile telephones to support their work in the community. The team had a weekly clinical meeting for case discussion and there was also the opportunity for further team related discussions, which included governance information sharing.

Multidisciplinary working

Staff told us that they worked collaboratively with other professionals, for example the wards and community

Are services effective?

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mental health teams using the care programme approach process. A good relationship was reported between the recovery team, inpatient and other local community teams. The recovery team also demonstrated that they worked collaboratively with multi-agency partners, such as police and the local authority safeguarding teams.

Mental Health Act (MHA) 1983

Staff told us that they had access to social workers and approved mental health professionals (AMHP) within the team to provide guidance on the MHA. We found that staff had received mandatory training on the MHA.

Swindon recovery team; Swindon early intervention team; Swindon psychiatric liaison team

Assessment and delivery of care and treatment

Records we sampled included a care plan that showed staff how to support the person to meet their needs. We were told that their GPs managed physical aspects of people`s care.

However, it was not always clear how trust staff assessed and monitored people's physical health needs, particularly in relation to side effects from some of their mental health medication. For example, a young person working with the early intervention team had a high body mass index (BMI), continued weight gain and was taking antipsychotic medication. It was documented that they refused a physical health check but it was not clear how this would be monitored or followed up.

The recovery team had had a number of locum consultants in post. People and carers told us that this had led to stress and inconsistency in this part of their care. The trust told us that a permanent consultant had now been appointed. The early intervention team did not have dedicated consultant time, which meant that people could see several different doctors.

Outcomes for people using services

There were systems in place to monitor quality and performance. The trust had a range of audit systems and performance indicators in place which monitored team performance. We saw that quality and performance was monitored through regular individual supervision and care records audit. The psychiatric liaison team were working on a pilot study as part of a wider suicide prevention project.

Staff, equipment and facilities

The recovery and psychiatric liaison teams were staffed with numbers and a skill mix which enabled effective working. However, the early intervention team reported vacancies, which was having an impact on the team.

Some staff expressed concern that opportunities for training and professional development had been reduced and that there was little on offer in addition to the core mandatory training provided. Staff confirmed that they received regular management and caseload supervision and we saw some supervision records. Staff had laptops and mobile telephones to support their work in the community.

We found that the clinic room was clean and well maintained, with appropriate key access systems in place.

Multidisciplinary working

There was evidence that staff worked collaboratively with other professionals, using the care programme approach process. The psychiatric liaison team reported good relationships with colleagues at the Great Western Hospital.

Mental Health Act (MHA) 1983

Staff told us that they had access to social workers and approved mental health professionals within the team to provide guidance on the MHA. Staff confirmed that they had received mandatory training on the MHA.

Chippenham recovery team

Assessment and delivery of care and treatment

The team demonstrated their understanding of the MHA code of practice and the Mental Capacity Act (MCA). Staff ensured that people who used service's had the capacity to consent to treatment. We observed three people's records which had the relevant assessments and signed consent forms in place.

We saw that individual care and treatment records reflected the assessed needs of people who use the service and how they were being met. We reviewed four care plan records and found that the information contained was vague and not person centred. For example, we found the content of the care plans did not provide guidance to staff on how to support people who used the service. We also noted that of four care plans reviewed only one had been signed by the person who used the service.

Are services effective?

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

The records showed us that people's physical healthcare needs were addressed by the service and that assessments of their physical health status were recorded.

The managers confirmed that trust wide monthly audits were carried out via the internal IQ system and submitted to the head of operations and head of professional practice. These findings were cascaded down and discussed at the monthly Wiltshire performance meeting.

The caseload for the team was 370 at the time of our inspection. The manager told us they were in the process of reviewing the case loads and were allocating the cases to a certain "patch" area based on postcodes. This meant that staff caseloads were being reduced to a manageable level. All caseloads were monitored on the trust's computerised system and we observed that two staff had a caseload of over 30. We were told that the trust's guidance is 24 cases per staff member, although the trust told us that this is not correct and is weighted to reflect complexity.

We were informed that the team received between eight and thirty referrals a day, predominantly from primary care services. All new referrals were discussed as a team once a week. We found that this was a slow process with the average referral taking about two weeks.

Outcomes for people using services

The records, and other evidence seen, showed us that the trust was involved in the monitoring and measurements of quality and outcomes for people who use the service. However, it was noted that outcome measures were not routinely used to benchmark the outcomes for people using the service.

The managers told us that they were aware of caseloads which required reviewing with regard to a step-down into primary care services.

Staff, equipment and facilities

The records and evidence seen showed us that the trust ensured that adequate staffing, equipment and facilities were available to promote the effective care and treatment for the people who use the service. One of the two consultants was leaving but they had recruited a locum to replace whilst they were recruiting to ensure continuity in the service. Some staff raised concern about their individual work load although agreed this was being reviewed with a view of reducing them.

We observed that staff had not received dementia training. We observed that some staff with specialist skills were continuously asked to address specific areas, for example safeguarding. We found that other staff did not have the same skills. We found no evidence of wider learning to ensure that the relevant skills were available and passed on to all staff.

We reviewed the training matrix and noted the current percentage of identified staff trained was at 54%. Examples of outstanding training included manual handling, health and safety, managing conflict, adult safeguarding and infection control. We saw that staff had received emails outlining the training due which could be completed via the e-learning system. We were informed that funding for specific training had been suspended and had only just been reintroduced. The manager told us that training attendance was not currently monitored and they did not have information available to address non attendees at training opportunities.

There was a comprehensive induction programme in place with staff being mentored for six weeks. We found that this service did not have a competency framework in place to assess individual staff competency.

We saw a staff learning needs action plan. This showed us that the trust was taking steps to address the learning needs of the staff who worked in this service.

The two interim mangers had only been in post since March and May 2014 respectively and were in the process of addressing supervision. We reviewed the clinical supervision audit on the trust's IQ system which identified that 75% of the staff had received their supervision. None of the staff had received their annual appraisals but the managers informed they were aware of the shortfall but wished to ensure continuity with regular supervision prior to reviewing the appraisal process.

Staff told us that they had issues with the laptops provided as they were unable to access the trust's electronic system. We spoke with the manager who confirmed that there were issues with access to the lap-tops and the internal computer system. Staff also said that the system was very slow and often "freezes" which meant they had to revert to paper based record keeping.

Staff told us there were issues with staffing which was confirmed by the managers. We reviewed the staffing rotas for May 2014 and these showed us that although staffing

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levels were sufficient they were using a high number of bank and agency staff to cover absences within the core unit staffing. To provide consistency agency staff were contracted for three months to ensure familiarity with people who use the services.

Administration staff told us they were working long hours to ensure the information provided on people who use the service was accurately recorded. We were informed that the unit was actively recruiting for two administrative staff.

Multidisciplinary working

We saw the trust worked effectively with other providers and partners in the provision of the service. Staff 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 that medical and nursing teams worked well with other specialities and therapy services to provide good multidisciplinary care. The records identified that people were able to access voluntary organisations to support their needs in the community.

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 that 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.

We saw good evidence of patient pathways through their involvement with this service.

Mental Health Act (MHA) 1983

Staff told us they had good knowledge of the MHA and code of practice. The interim managers told us that they had conducted a review to ensure that staff were able to deliver assessments and care and treatment which was compliant with the MHA.

Bristol recovery team

Assessment and delivery of care and treatment

The trust was able to demonstrate that people who use this service received effective care and treatment by competent staff. We saw that people received care based on a comprehensive assessment of individual need using the Health of the Nation Outcome Score (HoNOS) assessment. The extent of support that people received was determined by the 'clustering' tool used by the trust to assess individual risk.

We reviewed eight individual care and treatment records which had the relevant assessments and care plans in place. We found that some care plans lacked clear information for staff that may be unfamiliar with the person. This was brought to the attention of senior staff during our inspection.

The records showed us that people's physical healthcare needs were assessed and addressed in partnership with the person's general practitioner. People who used the service confirmed that they had access to emergency numbers to enable them to access advice and support when required.

Senior staff confirmed that trust wide monthly audits were carried out via the internal IQ system. We observed these findings were cascaded down and discussed at the weekly team meeting.

Outcomes for people using services

The records and other evidence seen showed us 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.

The trust had a range of audit systems and performance indicators in place which monitored outcomes for people who used the service.

Staff, equipment and facilities

The records and evidence seen showed us that the trust ensured that adequate staffing, equipment and facilities were available to promote the effective delivery of community recovery care and treatment for people who used the service. Out of hours cover was provided by the Bristol crisis team.

Senior staff informed us that non-attendance at mandatory and other training opportunities was monitored through the trust's training department.

Staff told us that there was a comprehensive induction programme in place. The supervision and appraisal records seen showed us that staff were receiving 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.

Staff had laptops and mobile telephones to support their work in the community.

Senior staff told us that there were adequate staff to meet the needs of the service. We noted that each staff member had an average caseload of 25 to 35 depending on complexity and assessed need.

Some staff told us that they felt their caseloads were too high. This was brought to the attention of senior trust staff who informed us that caseloads and referrals were discussed at the weekly caseload allocations meeting. We were informed that agency staff had been recruited to cover staffing shortfalls in the triage team - primary care liaison service (PCLS). Staff told us that their colleagues were supportive and they could approach senior practitioners or their manager for additional support if required.

The service we visited was clean. However we noted that parts of the building were in need of some refurbishment and redecoration. This was brought to the attention of senior trust staff. Staff reported some delays in getting maintenance requests actioned.

Multidisciplinary working

We found that that staff worked collaboratively with other professionals, using the care programme approach process. Records seen showed us that joint assessments were carried out on between 10 – 20% of admissions to the service. However medical staff told us that there was a lack of continuity with psychiatric medical cover due to the number of part time doctors working in this service. This was brought to the attention of senior trust staff during our inspection.

Mental Health Act (MHA) 1983

Staff told us that they had access to social workers and approved mental health professionals within the team to provide guidance on the MHA. However we found that there was no evidence of people's rights being explained under their 'community treatment order' (CTO). There was limited evidence of specific care plans linked to individual community treatment orders for people who required this. This was brought to the attention of senior trust staff during the inspection.

Bristol early intervention team

Assessment and delivery of care and treatment

The trust was able to demonstrate that people who use this service received effective care and treatment by competent staff. We saw that people received care based on a comprehensive assessment of individual need using the Health of the Nation Outcome Score (HoNOS) assessment. The extent of support that people received was determined by the 'clustering' tool used by the trust to assess individual risk.

We reviewed five individual care and treatment records which had the relevant assessments and care plans in place.

The records showed us that people's physical healthcare needs were assessed and addressed in partnership with the person's GP. People who used the service confirmed that they had access to emergency numbers to enable them to access advice and support when required.

Senior staff confirmed that trust wide monthly audits were carried out via the internal IQ system. We observed these findings were cascaded down and discussed at the fortnightly team meetings

Outcomes for people using services

Records and other evidence seen showed us 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) and Patient Reported Experience Measures (PREMS) to assess individual outcomes for people.

The trust had a range of audit systems and performance indicators in place which monitored outcomes for people who used the service.

We saw evidence of good liaison with local third sector specialist housing providers. This assisted people who used services with any accommodation problems that they might have.

Are services effective?

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

Staff, equipment and facilities

Records and evidence seen showed us that the trust ensured that adequate staffing, equipment and facilities were in place to promote the effective delivery of this service.

Staff told us that there was a comprehensive induction programme in place with new staff being mentored for six weeks. The supervision and appraisal records seen showed us that staff were receiving supervision monthly and these meetings were used to discuss caseload management and complex care delivery. Staff confirmed that they received annual appraisals.

Senior staff informed us that non-attendance at mandatory training was monitored through the trust's training department.

We observed a number of informal meetings taking place during our inspection of this service. We saw that the team was quick to provide support and guidance to each other. This showed us that the team was working effectively together to meet the individual needs of the people who use the service.

Senior staff told us that there were adequate staff to meet the needs of the service. We noted that each staff member had an average caseload of 20 as opposed to the national guidance of 15 for this specialist service. Staff reported that the trust was taking action to address these concerns, through planned recruitment and through monthly supervision and team formulation supervision led by the psychology service. Short term absences were being covered from within the team.

We noted that there were call bells in the consultation rooms for staff to summon assistance if required. Staff had laptops and mobile telephones to support their work in the community.

Multidisciplinary working

We saw the trust worked effectively with other providers and partners in the provision of the service. Staff told us they felt a part of a team with good leadership.

We found that the team worked well with other specialities and therapy services to provide multidisciplinary care.

We observed arrangements in place to work with the person's general practitioner to coordinate some of the care that people required. Close links were in place with the Bristol recovery team although concerns were expressed regarding some delays with care transfers to this team.

Records reviewed showed us that people, and where applicable their relatives, had been involved in their multidisciplinary care.

Mental Health Act (MHA) 1983

Staff told us that they had access to social workers and Approved Mental Health Practitioners within the team to provide guidance on the MHA. Staff confirmed that they had received mandatory training on the MHA.

North Somerset early intervention team

Assessment and delivery of care and treatment

The trust was able to demonstrate that people who use this service received effective care and treatment by competent staff. We saw that people received care based on a comprehensive assessment of individual need using the Health of the Nation Outcome Score (HoNOS) assessment. The extent of support that people received was determined by the 'clustering' tool used by the trust to assess individual risk.

We saw that individual care and treatment records reflected the assessed needs of people who use the service and how they were being met. We reviewed three care and treatment records and found that the information contained was person centred. For example, we found the content of the care plans provided guidance to staff on how to support people.

The records showed us that people's physical healthcare needs were assessed and addressed in partnership with the person's GP. People who used the service confirmed that they had access to emergency numbers to enable them to access advice and support when required.

Senior staff confirmed that trust wide monthly audits were carried out via the internal IQ system. We observed these findings were cascaded down and discussed at the fortnightly team meetings.

Outcomes for people using services

The trust had systems in place to monitor outcomes for people. For example, by the use of Patient Reported Experience Measures (PREMS) and Patient Reported Outcome Measures (PROMS).

Are services effective?

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

There were systems in place to monitor quality and performance. The trust had a range of audit systems in place which monitored team performance, which team managers had access to. The team manager also told us that they were monitoring quality and performance through regular individual supervision and care records audit.

Staff, equipment and facilities

The records and evidence seen showed us that the trust ensured that adequate staffing, equipment and facilities were available to promote the effective delivery of care and treatment for people who used the service

Senior staff told us that there were adequate staff to meet the needs of the service. Staff received monthly case load supervisions. Short term absences were being covered from within the team.

Senior staff informed us that non-attendance at mandatory or other training was monitored through the trust's training department.

Staff told us that there was a comprehensive induction programme in place with new staff being mentored for six weeks. The supervision and appraisal records seen showed us that staff were receiving supervision monthly and these meetings were used to discuss caseload management and complex care delivery. Staff confirmed that they received annual appraisals.

Some staff told us that there were limited opportunities for nurses to develop extended roles, for example nurse prescribing.

Multidisciplinary working

We saw the trust worked effectively with other providers and partners in the provision of the service. Staff told us they felt a part of a team with good leadership.

We observed detailed multidisciplinary discussions during handover to ensure people's care and treatment was effectively coordinated. Areas covered included referrals and complex care requirements. Staff discussed their caseloads. We found that the team worked well with other specialities and therapy services to provide good multidisciplinary care.

We observed arrangements in place to work with the person's general practitioner to co-ordinate some of the care that people needed. The records reviewed showed us that people, and where applicable, their relatives had been involved in their multidisciplinary care.

Mental Health Act (MHA) 1983

Staff told us that they had access to social workers and Approved Mental Health Practitioners within the team to provide guidance on the MHA. Staff confirmed that they had received mandatory training on the MHA.

Are services caring?

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

Summary of findings

Services were delivered by caring and compassionate staff. We found that staff demonstrated confidentiality when discussing people's care and treatment needs.

People were treated with dignity and respect. We observed, and saw in our detailed review of 25 care and treatment records, that people's and their carers' wishes were taken into account in the planning and delivery of their care.

Most people told us that staff were supportive and had involved them directly in their care. They were also satisfied with the care and support they received from staff.

Staff told us that they provided emotional support to people to help them cope with their care and treatment. They said that this support was available when people needed it. Wherever possible, people were also supported to manage their own health and care needs to maintain their independence.

Our findings

South Gloucestershire recovery team

Kindness, dignity and respect

People who used this service told us they were treated with dignity and respect and did not raise concerns about how staff treated them. We observed staff interacting with people in a caring and respectful manner. People who use the service and their representatives were asked for their views about their care and treatment by the trust. For example, we were told that surveys were sent out to all people who use the service. We found that whilst there was not a good level of response from these surveys, the feedback received was largely positive.

People using services involvement

Service user feedback forms were generally positive and people said that they received the support they needed. However, some people had raised concerns about the recovery team relating to access time, poor discharge planning and being able to access timely help outside of office hours. Staff we met with told us that people's carers were involved in their assessment and care planning. The service user involvement coordinator worked with the team and attended team meetings.

Emotional support for care and treatment

The team had information packs which were given to service users and carers. They also contained contact details for advocacy services and the patient advice and liaison service (PALS). Staff told us that people's carers were involved in their assessment and care planning. Carers we spoke with confirmed that this had happened.

Swindon recovery team; Swindon early intervention team; Swindon psychiatric liaison team

Kindness, dignity and respect

Most people we spoke with had good experiences of care and did not raise concerns about how staff treated them. We observed staff interacting with people in a caring and respectful manner.

People using services involvement

Service user feedback was largely positive for all the teams and reflected that people who use the service felt they were involved in planning their care. Some people we spoke with raised concerns about the recovery team relating to frequent change of consultants, poor discharge planning with primary care services and not always being able to access timely help outside of office hours.

Care records we looked at reflected that assessment and initial planning involved the individual. Staff told us that where possible they also supported people to access their local community facilities which may help their recovery. A service user involvement coordinator worked within the locality and was working with service users and carers in a number of projects.

Emotional support for care and treatment

People who use the service and their carers generally felt well supported by the community teams. Some people who use the service reported finding it difficult seeing a number of different staff, having a change in their care coordinator and poor support around discharge transition back to primary care services. The psychiatric liaison team had incorporated a number of supportive strategies into their assessment, such as follow up contact from the Samaritans.

Are services caring?

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

Chippenham recovery team

Kindness, dignity and respect:

We observed clear evidence of respect and dignity when staff were speaking about the service users in their caseloads.

We spoke with five people via the telephone and found the feedback to be variable. One person said they received an effective service and another said staff had gone out of their way to support them with their disabled relative. However three people were less complimentary about the service. One said that they were not impressed with the service and felt that the team were "more bothered about targets"; another said that they did not feel people were listening to them and felt they were not treated with respect regarding the administration of medicines. The change of care coordinators without prior knowledge was a cause of concern to people who use the service. These individual concerns were brought to the attention of senior staff during our inspection.

People using services involvement

The evidence reviewed during the inspection showed us that people who used the service were involved as far as possible in their own care and treatments.

We saw examples of individual involvement in the records reviewed and of active participation by people in their treatment plans. People were given information regarding the advocacy service available. However, it was noted that all literature provided was in English and there was no provision for written information in accessible formats, although the unit had access to an interpreting service which they informed us was utilised effectively.

People who use the service said that they understood their care plans and were able to ask questions. We reviewed four care plans and found that the information contained was vague and did not provide staff with sufficient information to support the care needs of people. Examples included staff knowledge of diabetes care. The trust might find it useful to note that of the four records reviewed only one had person had an acknowledged and signed care plan.

The trust used the recovery star model and we saw that 54% of staff had received training. We were informed they were considering using other assessment tools to gauge recovery but these had not yet been introduced.

Emotional support for care and treatment

Staff told us they supported people to cope emotionally with their care and treatment and the support was available when they needed it. People were supported to manage their own health and care needs to maintain their independence.

We also noted that access to inpatient care close to home was not always possible with people being nursed in out of area services. People told us they found it difficult when they were out of the area as they had limited access to family and friends.

Bristol recovery team

Kindness, dignity and respect

We found that the people who used the service were being treated with kindness and respect. Staff demonstrated confidentiality when discussing the care and treatment needs of individual people who used the service.

We spoke with four people on the telephone and received positive feedback about the service being provided. People told us that they received a good service. One person said that staff who had visited them had treated them with kindness and been helpful. Someone else that the staff always had time for them.

Carers told us that staff had involved them in the care and treatment of their relative.

People using services involvement

The evidence reviewed during the inspection showed us that people were involved as far as possible in their own care and treatments.

We saw examples of individual involvement in the records reviewed and of active participation by some people in their treatment plans. People were given information regarding the advocacy service available. Trust staff had access to an interpreting service.

People told us that they understood their care plans and were able to ask questions. We reviewed eight care and treatment plans and found sufficient information contained to enable staff to provide the support and care that met people's needs.

Emotional support for care and treatment

The team had information packs which were given to service users and carers. They also contained contact

Are services caring?

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

details for advocacy services and the patient advice and liaison service (PALS). Staff told us that people's carers were involved in their assessment and care planning and this was supported by those people spoken with.

Bristol early intervention team

Kindness, dignity and respect

We found that the people who used the service were being treated with kindness and respect. Staff demonstrated confidentiality when discussing the care and treatment needs of individual people who used the service.

We spoke with four people on the telephone and received positive feedback about the service being provided. People told us that they received a good service. One person said that staff who had visited them had treated them with kindness and been helpful. Someone else that the staff always had time for them.

Carers told us that staff had involved them in the care and treatment of their relative.

People using services involvement

The evidence reviewed during the inspection showed us that people were involved as far as possible in their own care and treatment.

We saw examples of individual involvement in the records reviewed and of active participation by some people in their treatment plans. People were given information regarding the advocacy service available. Trust staff had access to an interpreting service.

People told us that they understood their care plans and were able to ask questions. We reviewed four care and treatment plans and found sufficient information contained to enable staff to provide the support and care that met people's needs.

Emotional support for care and treatment

Staff told us they supported people to cope emotionally with their care and treatment and the support was available when they needed it. This was supported by those people that we spoke with. The records seen showed us that people were supported to manage their own health and care needs wherever possible.

We also noted that access to inpatient care close to home was not always possible with people being treated out of the area. People told us they found it difficult when this happened as they had limited access to family and friends.

North Somerset early intervention team

Kindness, dignity and respect

We found that the people who use the service were being treated with respect and empathy. Staff demonstrated confidentiality when discussing the care and treatment needs of individual people who used the service.

We spoke with three people on the telephone attended three initial consultations and visited one person and their carer with their prior permission and accompanied by trust staff.

People told us that they received a good service. One person said that staff who had visited them had treated them with respect. Another person said that nothing was too much trouble for staff.

Staff told us that people's carers were involved in their assessment and care planning. This was supported by those carers spoken with.

People using services involvement

The evidence provided by the trust showed us that people were involved as far as possible in their own care and treatments.

We saw examples of individual involvement in most of records reviewed and of active participation by some people in their treatment plans. People were given information regarding the availability of an independent advocacy service.

People said they understood their care plans and were able to ask questions. We reviewed three care plans and found that the information contained enabled staff to provide the support and care that met people's needs. All the care plans reviewed had been regularly reviewed and signed by people. Evidence was seen of appropriate outcome measures being used by the service.

Emotional support for care and treatment

Staff told us they supported people to cope emotionally with their care and treatment and that support was available when they needed it. This was supported by those people that we spoke with and by our direct observations of initial consultation episodes and care delivery. The records seen showed us that people were supported to manage their own health and care needs wherever possible.

Are services responsive to people's needs?

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

Summary of findings

We found that people's needs and wishes were met when assessing, planning and delivering care and treatment. There was also an emphasis on avoiding admission to hospital wherever possible.

Referrals were managed well and there were effective assessment protocols in place. However, staff told us that there was a shortage of mental health inpatient beds across the trust. This meant that some people were being accommodated in hospital beds that were a long distance away from their home.

Where possible, appointments were made to fit in with people's lives, for example, school and family commitments. We saw that the service had good working arrangements in place with primary care and third sector providers, and there was evidence that the trust was reaching out to 'hard to reach' groups. For example some staff had a special interest in black and minority ethnic (BME) work and there were clear links with a BME support group.

People knew how to raise concerns and complaints, and were supported by staff to raise any concerns about their care. We also saw that the trust had a good system in place for managing any formal complaints.

Our findings

South Gloucestershire recovery team

Planning and delivering services

The team did not operate a duty system, although the manager stated that there was always capacity for someone to oversee urgent contact to the team. We observed a team meeting and saw capacity and allocations being discussed.

Referrals were taken from the other teams within the mental health service, such as primary care liaison or the intensive team. This meant that appropriate systems to share information with other services were established.

Staff reported it was very difficult to find a local bed if a person required admission to hospital, particularly a psychiatric intensive care unit (PICU) bed. There were no crisis or respite bed facilities available in South Gloucestershire. This meant that people sometimes had to be admitted to a hospital which was not close to their home or family.

Right care at the right time

The community service used a single point of access system, ensuring that people were seen in a timely manner and the most appropriate care pathway was agreed. There was no waiting list at the time of inspection. Cases were prioritised and allocated by the multidisciplinary team in twice weekly meetings. We found no evidence of assessment or treatment being cancelled or delayed due to capacity issues.

The team had some flexibility in the times they saw people, potentially working from 8am to 8pm. Some people who use the service have told us that it could be difficult to get support outside of working hours.

Care pathway

Transfer of care between teams, and shared care within team, was generally effectively managed. Although, some service users told us that their experience of transfer between services was not always well planned. We saw that there were weekly care pathway meetings, which the managers of all community teams and inpatient teams attended. This was an opportunity to discuss a person's access to the correct care pathway.

Staff told us that there was a significant challenge in finding appropriate beds for people and they were sometimes admitted out of area, making it difficult for care coordinators to visit them in hospital and be as involved as they would like.

Learning from concerns and complaints

People who use the service were given information about how to make a complaint in the information pack they received. Complaints were received directly and passed to the team manager or from the patient advice and liaison service (PALS). Investigations of complaints were undertaken by the service manager in the first instance and escalated where necessary.

Swindon recovery team; Swindon early intervention team; Swindon psychiatric liaison team

Planning and delivering services

Information was accessible on the trust's website about the purpose of the different community services and how to

Are services responsive to people's needs?

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

access them. Staff told us that they prioritised work according to risk and identified need. We saw that appropriate systems to share information with other services were established.

No examples were shared of assessment or treatment being cancelled or delayed due to capacity issues by people we spoke with, staff or other teams that they work with. Staff reported it was very difficult to find a local bed if a person needed to be admitted to hospital.

Right care at the right time

There were clear care pathways and referral processes for the community teams. The psychiatric liaison team had worked with the general hospital in developing a mental health assessment matrix, to assist hospital colleagues when and where to make referrals for a mental health assessment.

The teams had systems and capacity to respond effectively to routine and urgent referrals. For example, the recovery team operated a duty system and the psychiatric liaison team had a daily urgent assessment appointment slot. The teams were aware of systems in place regarding people who may present out of hours or at weekends due to deterioration in their mental health. Some people we spoke with told us that they had raised concerns about not being able to access timely help outside of office hours.

Care pathway

There were weekly care pathway meetings, which the managers of all community teams and inpatient teams attended. This was an opportunity to discuss a person's access to the correct care pathway. The recovery team was part of a `wellbeing` pilot to improve transition from mental health services to primary care.

Staff were able to describe the other services involved in people's care pathways and how their teams fitted into these. Transfer of care between teams and shared care within teams was overall effectively managed. However, the trust may find it useful to note that some people told us that their experience of transfer between services was not always well planned.

Learning from concerns and complaints

Staff were generally aware of the process for managing complaints and learning took place in team meetings or individual supervision. We saw that the trust had recently introduced a `learning from complaint's' bulletin. Some people had made complaints directly with the service and others had contacted the patient advice and liaison service (PALS).

Chippenham recovery team

Planning and delivering services

Evidence was seen that showed us that the trust understood the different needs of the people who use the service and acted on plans to design and deliver the service. The trust actively engaged with local authorities and GPs to provide a coordinated and integrated pathway to meet people's needs.

Bed management was a major concern within the unit with staff spending a large percentage of their time "chasing" beds within the trust. The manager informed us that staff could spend all day looking for a bed to accommodate a person. We also noted that access to care close to home was not always possible with people being situated out of the area. People told us they found it difficult when they were out of the area and had limited access to family and friends.

The psychologists said they had opened a Dialectical Behaviour Therapy (DBT) sessions for anyone who had people that were interested or wished to be referred to the scheme. Avon and Wiltshire partnership had a psychology service in place. People who use the service were able to access the service for 20 sessions as a step down discharge to primary care.

We found good communication between the unit and the specialised deaf service psychologist which they had utilised for one of the people who use the services.

Right care at the right time

People knew what to do, how to seek advice and access the services in an emergency. They told us they were able to phone up the service at any time and during out of hours there was a 24 hour service provided by the intensive support team. People said they had utilised the service and had no issues or concerns.

We noted there was an effective approach to managing referrals and assessments and there were plans in place to tackle any identified problems.

We saw that appointments made were flexible to fit in with people's lives where possible for example, school and family commitments.

Are services responsive to people's needs?

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

Care pathway

The care and treatment records reviewed showed us that the unit took into account people's needs and wishes whenever possible and when care and treatment was being planned and delivered.

Care records showed us that people and their families were involved in multidisciplinary reviews. Two people told us that with the constant change in care coordinators it had an effect on their care plan approach (CPA) reviews which were not timely. One person told us they had not had a CPA review for six months.

We noted good care pathways in place which were designed to be flexible whilst ensuring that different services worked together to meet the person's changing needs. Staff worked alongside the people who use the service for up to three months prior to discharge to ensure that people's needs were addressed and that they had the correct care or treatment programme. People referred to primary care receive a Situation, Background, Assessment and Recommendation (SBAR) letter, a copy of their care plans and risk assessments.

This meant that the trust had processes in place to ensure that discharge or transition arrangements met the needs of vulnerable patients.

Learning from concerns and complaints

Complaints were handled in line with trust policy. Staff would direct people who use the service and/or their relatives to the patient advice and liaison services (PALS) if they were unable to deal with concerns raised. People and/or their relatives would be advised to make a formal complaint if their concerns remained.

There was information on display within the unit visited. People told us that, if necessary, they would not hesitate to raise a concern. Staff told us they were aware of the complaints policy on the intranet service and knew the process for making a complaint. We reviewed the complaints log and identified one complaint submitted for this year 2014. Staff told us they had not received feedback from those formal complaints received.

Bristol recovery team

Planning and delivering services

Evidence was seen that showed us that the trust understood the different needs of the people who used the service. The trust actively engaged with the local authority and general practitioners to provide a co-ordinated and integrated pathway to meet people's needs.

We found evidence that demonstrated that this service was reaching out to 'hard to reach' groups. For example some staff had a special interest in black minority ethnic (BME) work. Clear links were seen with a BME support group.

Staff reported a shortage of local inpatient acute admission beds throughout the trust. This meant that some people were being accommodated in hospital beds that were some distance from their home.

Right care at the right time

People knew what to do, how to seek advice and access the services in an emergency. They told us they were able to phone up the service at any time and during out of hours there was a 24 hour service provided by the trust's Bristol crisis team. People said they had utilised the service and had no issues or concerns.

We noted that referrals were received from the primary care liaison service (PCLS). This service triage all the referrals received and then referred them to the most appropriate service. Some staff spoken to felt that this system led to some inappropriate referrals to this service. Senior staff told us that all referrals to the service were assessed for appropriateness. Any concerns were discussed at the monthly management meeting.

We found that people were seen in a timely manner and the most appropriate care pathway was agreed. There was no waiting list at the time of inspection. Six breaches were reported throughout the whole of Bristol with the 28 days from referral to assessment target. We noted that for this service 161 out of 162 people had been assessed within four weeks of referral since 1 April 2014.

96.7% of people in Bristol were treated within 13 weeks of assessment. Cases were prioritised and allocated by the multidisciplinary team in allocation meetings. We found no evidence of assessment or treatment being cancelled or delayed due to capacity issues.

We noted that people received appointment letters or other reminders about their appointment from the service.

Are services responsive to people's needs?

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

Staff informed us that there was flexibility in arranging appointments and venues for people to fit in with people's lives where possible for example, with work and family commitments. We noted that appointments were made with people between 8am and 8pm.

Care pathway

Those care and treatment records reviewed showed us that the service took into account people's needs and wishes when care and treatment was being planned and delivered. This was supported by those people spoken with.

We noted multidisciplinary care pathways in place which ensured that different services worked together to meet the person's changing needs. Senior staff informed us clinical supervision was used to review caseloads to ensure that people were supported through the discharge to primary care services in a supportive approach.

People referred to primary care received a Situation, Background, Assessment and Recommendation (SBAR) letter, a copy of their care plans and risk assessments.

This meant that the trust had processes in place to ensure that discharge or transition arrangements met the needs of people.

Learning from concerns and complaints

People who used the service were given a copy of the patient advice and liaison service (PALS) leaflet which outlined the trust's complaints procedure together with information about the service. People told us they knew of the service's complaints procedure

Staff told us they were aware of the complaints process and would re-direct people to the 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.

We found evidence that seven complaints had been received about the service between January and March 2014. Five of these were informal complaints and these had been resolved at local level. Two formal complaints had been received and were being investigated through the PALS service. We noted that responses had been sent to the complainants in a timely manner.

We found that a complaints audit was available and this showed us that the trust were assessing and monitoring the quality of their complaints process. Senior staff confirmed that complaints were reviewed at each monthly management meeting and any lessons as a result would be shared with staff.

Bristol early intervention team

Planning and delivering services

Evidence was seen that showed us that the trust understood the different needs of the people who used the service. The trust actively engaged with the local authority, third sector providers and primary care services to provide a coordinated and integrated pathway to meet people's needs.

We found evidence that that demonstrated that this service trust was reaching out to 'hard to reach' groups. For example some staff had a special interest in the homeless population. Whilst another person had a specific interest in people with a dual diagnosis. Clear links were seen with local homeless charities and other third sector providers.

Staff reported a shortage of local inpatient acute admission beds throughout the trust. This meant that some people were being accommodated in hospital beds that were some distance from their home.

Right care at the right time

People knew what to do, how to seek advice and access the services in an emergency. They told us they were able to phone up the service at any time and during out of hours there was a 24 hour service provided by the trust's Bristol crisis team.

We found that people were seen in a timely manner and the most appropriate care pathway was agreed. There was no waiting list at the time of inspection. We found no evidence of assessment or treatment being cancelled or delayed due to capacity issues. This was supported by the trust information reviewed.

We noted that people received appointment letters or other reminders about their appointment from the service. Staff informed us that there was flexibility in arranging appointments and venues for people to fit in with people's lives where possible for example, with work and family commitments.

Are services responsive to people's needs?

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

Care pathway

Those care and treatment records reviewed showed us that the service took into account people's needs and wishes when care and treatment was being planned and delivered.

The records seen showed us that people and their families were involved in multidisciplinary reviews. This was supported by those people spoken with.

We noted multidisciplinary care pathways in place which ensured that different services worked together to meet the person's changing needs. Staff identified some concerns with discharging people to the Bristol recovery team.

Staff told us that there was a significant challenge in finding appropriate beds for people and they were sometimes admitted out of area, making it difficult for care coordinators to visit them in hospital and be as involved as they would like.

Learning from concerns and complaints

People who used the service were given a copy of the patient advice and liaison service (PALS) leaflet which outlined the trust's complaints procedure together with information about the service. People told us they knew of the service's complaints procedure

Staff told us they were aware of the complaints process and would re-direct people to the 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.

We found evidence that no formal complaints had been received about the service since January 2014. Six formal complaints had been received between January 2012 and December 2013. We noted that responses had been sent to the complainants in a timely manner.

Senior staff confirmed that complaints were reviewed at each monthly management meeting and any lessons as a result would be shared with staff.

North Somerset early intervention team

Planning and delivering services

Evidence was seen that showed us that the trust understood the different needs of the people who used the service. The trust actively engaged with the local authority and general practitioners to provide a co-ordinated and integrated pathway to meet people's needs.

Information was accessible on the trust's website about the purpose of the different community services and how to access them. Staff told us that they prioritised work according to risk and identified need. We saw that appropriate systems to share information with other services were established. No examples were identified of assessments or treatments being cancelled or delayed due to capacity issues by people and staff spoken with. This was supported by the trust information reviewed.

Staff reported a shortage of local inpatient acute admission beds throughout the trust. This meant that some people were being accommodated in hospital beds that were some distance from their home.

Right care at the right time

People knew what to do, how to seek advice and access the services in an emergency. We found that people were seen in a timely manner and the most appropriate care pathway was agreed. There was no waiting list at the time of inspection.

We noted that people received appointment letters or other reminders about their appointment from the service. Staff informed us that there was flexibility in arranging appointments and venues for people to fit in with people's lives where possible for example, with work and family commitments.

Care pathway

Those care and treatment records reviewed showed us that the service took into account people's needs and wishes when care and treatment was being planned and delivered.

The records seen showed us that people and their families were involved in multidisciplinary reviews. This was supported by those people spoken with. For example, we noted that the trust used the Care Programme Approach (CPA) to ensure the active involvement of all those involved.

We noted multidisciplinary care pathways in place which ensured that different services worked together to meet the person's changing needs. We saw good examples of innovative practice to ensure that discharge or transition arrangements met the needs of people. For example with the trust's recovery college and individual placement support provided for individuals. The latter enabled and supported people into paid employment.

Are services responsive to people's needs?

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

Learning from concerns and complaints

We found that complaints were handled in line with trust policy. Staff directed people who used the service to the patient advice and liaison services (PALS) if they were unable to deal with concerns raised.

We saw that every person who was referred to the service received an information pack. This included information about raising concerns or complaints.

Staff told us they were aware of the complaints policy on the intranet service and knew the process for making a complaint. We noted that no formal complaints had been received by this service since January 2014.

Are services well-led?

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

Summary of findings

We saw good examples of local leadership in the services we visited. Staff told us that they felt well supported by their immediate line manager and knew who the trust's senior leaders were.

There were monthly management meetings and managers told us that they used these as learning and development opportunities. The services managed people's clinical risk and we saw that feedback from people was recorded effectively.

Most staff were aware of the trust's vision, values and strategies and of the trust's local management structure. However, other staff felt undervalued by the trust. For example, staff reported that there had not been a medical advisory group for Bristol for 18 months.

The trust had an 'Information Quality' (IQ) system in place. This enabled senior managers to regularly review the service's quality and records management, with the findings disseminated to the team. We saw that senior managers were using this system effectively.

Our findings

South Gloucestershire recovery team

Vision and strategy

Most staff told us that they we were aware of the trust's vision and values and strategic objectives. We found evidence of the trust's vision and values on display within the service. Some staff were unsure of how the trust's local management structure worked in practice.

Responsible governance

The manager reported that the trust IQ governance system allowed them to monitor quality and assurance at a local level. Governance issues were discussed in team meetings and the locality quality and standards meeting.

Leadership and culture

We found overall that this team was well-led. There was a relatively new manager in post and they were supported by two senior practitioners. Staff told us that they felt supported and were encouraged to share concerns and ideas. They were listened to and told us that any expressed concerns were acted on.

We were told by most staff that the South Gloucestershire senior management team were accessible and approachable.

Engagement

The trust was in the process of establishing a number of staff, service user and carer engagement forums and a service user involvement coordinator was in post to support local projects. Senior staff told us that they had already been very successful engaging people to sit on recruitment panels and various trust wide meetings where carers and service users could make a difference. There were regular interface meetings between the community teams and the inpatient ward.

Performance improvement

We saw that there were regular team audits undertaken to monitor quality. Team meeting minutes reflected that team audits and performance were discussed. Staff told us that they had good support and had opportunities to reflect on any performance or learning outcomes in management supervision.

Swindon recovery team; Swindon early intervention team; Swindon psychiatric liaison team

Vision and strategy

Most staff told us that they were aware of the trust's vision and values and strategic objectives. We found some evidence of the trust's vision and values on display within the service.

Responsible governance

The trust had a comprehensive governance system, which the managers used at team level to monitor and support the services they provided. Staff told us they felt able to report incidents and raise concerns and that they would be listened to.

Leadership and culture

We found overall the community teams were well-led and there was evidence of clear leadership. Staff generally felt able to raise concerns. There was positive feedback about the service manager and the Swindon senior management team being accessible and approachable. Staff felt listened to and supported.

Engagement

The trust was in the process of improving its engagement with service users and carers and we saw there were a

Are services well-led?

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

number of recently established forums to facilitate this. The community teams were represented on a number of forums to improve engagement with both staff and service users and carers.

There was also strong local servicer user network groups and voluntary sector input from Mind. Some of the local service user network groups did not feel that the trust effectively engaged with them. The Swindon senior management team had recently set up `open forums` to be held in the community, to hear feedback from people and incorporate this into making improvements to service delivery.

We saw meeting minutes which showed that the trust senior management team had met with people who use the service to discuss some of their concerns about local services and how they could work together to resolve these.

Performance improvement

We saw that service developments were being monitored for risks, effectiveness and with consideration of local needs. This was done locally within team meetings and at locality level through quality and safety meetings. Specialist teams also participated in monthly good practice network meetings to share ideas and concerns.

Chippenham recovery team

Vision and strategy

Some staff we spoke with said they were unaware of the trust's vision and values and strategic objectives. They reported they did not feel listened to by senior trust management. This was brought to the attention of senior staff during our inspection.

Senior managers said that they were aware of the strategic objectives and we saw the action plan in place to achieve this.

Responsible governance

We saw clear clinical governance arrangements in place at a local level. We saw the trust's record management review and quality review of the service dated May 2014. Staff told us they knew their responsibilities and the limits of their authority. Staff were aware of their particular lead roles and duties.

There was a risk register which identified specific risks. We found no benchmarking of national audits to assess the performance of the service.

The training records reviewed showed us that training was required in certain areas for example, manual handling, infection control and health and safety. We found that arrangements were in place for staff to attend all outstanding training.

Leadership and culture

Some staff told us that morale within the staff team was low due to not having a manager for the past two years. They currently had two interim managers with one leaving at the end of June 2014. They felt that they were back to square one again with no manager. Some staff did not feel valued or well-led although they stated that it was better than before with the two new managers currently in situ. One person told us that they felt that the trust was too big and impersonal and they felt isolated at times.

We observed there were swift and effective intervention procedures in place to deal with behaviour and performance inconsistencies. Staff said that the managers had an open door policy and were able to address any issues or concerns they may have with them.

One staff member said they would like to see consistency from a higher level and clarification of their expectations of front line staff. They also said that they found that some trust wide information was not cascaded to front line staff.

Engagement

People had access to the advocacy service and were supported to make complaints through the PALS service.

We reviewed the friends and family test for the service. This showed us that most people were happy with the service provided and would recommend the service to their friends and family.

We found that trust level feedback was not shared across the teams with regard to concern, complaints or incidents received and investigated.

Performance improvement

Staff told us they were aware of their professional objectives and these were reviewed regularly at supervision. Due to the interim managers having been in post for a short time staff had not received any appraisals. The manager informed us they were aware of the shortfall but wished to concentrate on regular supervision with staff prior to reviewing the appraisal process.

Are services well-led?

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

The trust had an IQ system in place to monitor and audit the care management records and the quality records in line with the outcomes set out by the Care Quality Commission.

Bristol recovery team

Vision and strategy

Most staff told us that they we were aware of the trust's vision and values and strategic objectives. We found evidence of the trust's vision and values on display within the service and there was evidence of this on the trust's intranet system. Some staff were unsure of how the trust's local management structure worked in practice.

Responsible governance

Senior staff reported that the trust IQ governance system allowed them to monitor quality and assurance at a local level. Governance issues were discussed in team meetings and the service's monthly quality and standards meeting.

Staff told us they knew their responsibilities and the limits of their authority. Staff were aware of their particular lead roles and duties.

We noted there was a local risk register in place which identified specific risks. The training records reviewed showed us that mandatory training was up to date and that specific training needs had been addressed.

Leadership and culture

Some staff told us that morale within the staff team was low due to the increased demands on the service. Other staff told us that the appointment of a new manager had led to recent improvements in staff morale.

Some staff told us that they hadn't been informed of the trust tendering process and that staff consultation had been 'lip service'. Another staff member told us that they didn't receive some trust wide information. Other staff said that senior staff had an open door policy and were able to address any issues or concerns they may have with them.

Engagement

People had access to the advocacy service and were supported to make complaints through the PALS service. We found that any concerns and complaints received by the service were discussed at team meetings and during individual clinical supervision. Staff told us that they were aware of the trust's whistleblowing policy and informed us they knew the processes to follow should they have any concerns.

The records seen and people spoken with were positive about the care and treatment given by front line staff. The trust was in the process of improving its engagement with service users and carers and we saw there were a number of recently established forums to facilitate this. The community teams were represented on some of these to improve engagement with people and their carers.

Performance improvement

Staff told us they were aware of their professional objectives and these were reviewed regularly at monthly supervision and annual appraisals.

The trust had an IQ system in place which reviewed the quality and record management of the service regularly with the findings being disseminated to the team. We saw that this was being effectively used by senior managers.

Bristol early intervention team

Vision and strategy

Most staff told us that they we were aware of the trust's vision and values and strategic objectives. We found evidence of the trust's vision and values on display within the service and there was evidence of this on the trust's intranet system. Staff were aware of how the trust's local management structure worked in practice.

Responsible governance

Senior staff reported that the trust IQ governance system allowed them to monitor quality and assurance at a local level. Governance issues were discussed in team meetings and the service's monthly quality and standards meeting.

We noted there was a local risk register in place which identified specific risks. The records reviewed showed us that the trust was taking steps to ensure that mandatory training for staff was up to date.

Leadership and culture

Staff told us that morale within the team was good and the team was supportive. We saw that staff worked effectively together with good communication systems within the service.

We found effective clinical and managerial supervision in place to manage any concerns about individual practice. Staff confirmed that the manager had an 'open door' policy and they felt able to approach them with any concerns.

Some staff told us that they hadn't been informed of the trust tendering process and felt that medical staff were

Are services well-led?

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

undervalued by the trust. Staff reported that there had been no medical advisory group for Bristol for 18 months. This was brought to the attention of senior staff during our inspection.

Engagement

We found that any concerns and complaints were discussed at team meetings and during individual clinical supervision. Staff told us that they were aware of the trust's whistleblowing policy and informed us they knew the processes to follow should they have any concerns.

People who used the service were generally positive about the care and treatment given by front line staff. We observed some good examples of individual engagement during our inspection. For example during meetings and telephone calls made to people.

Performance improvement

Staff told us they were aware of their professional objectives and these were reviewed regularly at monthly supervision and annual appraisals.

The trust had an IQ system in place which reviewed the quality and record management of the service regularly with the findings being disseminated to the team. We saw that this was being effectively used by senior managers.

North Somerset early intervention team

Vision and strategy

Staff we spoke with said they were aware of the trust's vision, values and strategic objectives. We found evidence of this strategy and vision on display within the service. Staff knew of the trust's senior management structure and confirmed that they received regular trust updates via the trust's intranet and other bulletins.

Responsible governance

Senior staff reported that the trust IQ governance system allowed them to monitor quality and assurance at a local level. Governance issues were discussed in the team meeting and the service's monthly quality and standards meeting. We noted there was a local risk register in place which identified specific risks.

Leadership and culture

Staff told us that morale within the team was good and we saw staff worked effectively together. There were good communication systems within the service.

We found effective clinical and managerial supervision in place to manage any concerns about individual practice. Staff told us that the manager had an 'open door' policy and they felt able to approach them with any concerns.

Some staff told us that they hadn't been kept informed of the trust tendering process. They felt that they hadn't been an effective consultation with front line staff. This was brought to the attention of senior staff during our inspection.

Engagement

We found that any concerns and complaints were discussed at team meetings and during individual clinical supervision. Staff told us that they were aware of the trust's whistleblowing policy and informed us they knew the processes to follow should they have any concerns.

The feedback seen showed us that most people were positive about the support and treatment provided by this service.

Performance Improvement

We found clear systems in place to monitor and improve the performance of this service. For example we saw regular multidisciplinary team meetings and clear audit results with actions identified where applicable.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	The registered person had not taken proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe. • Not all CTO patients had clear care plans or been given their rights under the Mental Health Act 1983 • Care plans did not always reflect all needs and physical health concerns were not always assessed and met • Some caseloads were higher than the national guidance and trust policy Regulation 9 (1) (b) (i) (ii)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	The registered person had not protected service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines: How the Regulation was not being met: • In two teams we found that there was no appropriate procedures in place for the administration, management, storage, disposal and audit of medications • In one team we found that the fridge was broken and so the integrity of medications could not be assured Regulation 13

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	The trust had not ensured that suitable arrangements were in place in order to ensure that persons employed

Compliance actions

for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities by receiving appropriate training, professional development, supervision and appraisal;

- Staff at the Chippenham recovery team had not undertaken mandatory training in health and safety, conflict management, infection control and recovery star assessment
- Some staff had not had supervision meetings or appraisals

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