

**Good** 

# Nottinghamshire Healthcare NHS Trust

## Community-based crisis services

### Quality Report

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Date of inspection visit: 29 April - 1 May 2014

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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)
Millbrook Mental Health Unit	RHABW	Millbrook Crisis home treatment	NG17 4JL
Highbury Hospital	RHANM	Highbury Hospital crisis home treatment	NG6 9DR

This report describes our judgement of the quality of care provided within this core service by Nottinghamshire Healthcare 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 Nottinghamshire Healthcare NHS Trust and these are brought together to inform our overall judgement of Nottinghamshire Healthcare NHS Trust.

# Summary of findings

## Ratings

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

### Overall rating for Crisis resolution and community-based crisis services

Good 

Are Crisis resolution and community-based crisis services safe?

Good 

Are Crisis resolution and community-based crisis services caring?

Good 

Are Crisis resolution and community-based crisis services effective?

Good 

Are Crisis resolution and community-based crisis services responsive?

Good 

Are Crisis resolution and community-based crisis services well-led?

Good 

### Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Background to the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the provider's services say	8
Good practice	8
Areas for improvement	8

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### Detailed findings from this inspection

Locations inspected	9
Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Findings by our five questions	10

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# Summary of findings

## Overall summary

The Crisis Resolution Resolution/Home Treatment teams (CRHTTs) aim to provide care and treatment for people who are experiencing a severe mental health difficulty in their own home.

The CRHT services are based on two hospital sites at Millbrook Mental Health Unit and Highbury Hospital. They are purpose built facilities and provide mental health services for adults aged 18 to 65 years.

We found that the CRHT services provided by Nottinghamshire Healthcare Trust were delivered safely. Safety bulletins and good policies and procedures were available on the trust's intranet, and staff knew how to access them. Staff also shared learning from incidents and accidents through team meetings and handovers.

People experiencing severe mental illness were treated quickly and in a professional manner. Clinicians assessed patients well and were able to offer a range of options to people being assessed.

There were good systems in place for keeping people safe and protecting them from abuse. Staff were trained in protecting vulnerable adults and children.

The service worked well with the homeless charity Framework to help people sort out their financial issues and to get accommodation.

People being treated at home could attend a range of group therapies provided by the crisis team. If they could not get to the group on their own, a member of the crisis team would help them to get there.

Crisis services were available seven days a week, 24 hours per day, however no home visits were made between 9pm and 9am. Telephone advice and support was available to people on home treatment or experiencing a crisis.

As the service did not provide home visits after 9pm, people told us they did not always get the response they wanted. Access to mental health practitioners out of hours was through the accident and emergency department (A&E) at Queen's Medical Centre, Nottingham University Hospital. We met with staff from the emergency department of Nottingham University Hospital and carried out a second unannounced visit on 19 May 2014. We found that people at night in the Emergency Department with a mental health crisis experienced delays with people assessed as requiring an inpatient mental health bed waiting a number of hours. There was no data collection or detailed incident reporting on these delays.

New referrals were seen within 24 hours. The service was specifically for adults aged 18 to 65 years, but it did help older adults who were already known to them, as well as children aged 17 to 18 years old.

Staff told us they felt well-supported in their roles, and felt able to raise concerns and report incidents.

# Summary of findings

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

### Are services safe?

Information about incidents and service concerns was shared through team meetings and daily handovers. Everyone referred to the crisis teams was assessed by skilled and experienced clinicians. In addition, good safeguarding procedures and training for staff meant that people were protected from abuse.

The service was available to people in crisis or on home treatment 24 hours a day, seven days a week.

Good



### Are services effective?

People were cared for by the staff they knew, and in the way they had agreed with the team. The crisis teams stayed in contact with them when they had gone into hospital and supported their early discharge.

Although the crisis home treatment teams were not multidisciplinary teams, they were able to refer people to psychological services. A representative from the homeless charity Framework worked closely with the crisis teams to provide expert advice on benefits and accommodation.

Good



### Are services caring?

The crisis teams supported people they cared for with daily visits, regular telephone calls or another agreed form of contact.

People told us that some staff were very caring and had been crucial in their recovery. However, others said that staff were uncaring and did not support people well in their crisis.

People in crisis could attend therapy groups. Where they had difficulties attending the groups, crisis staff would offer help and support to get there.

Good



### Are services responsive to people's needs?

There was an effective system for responding to people's complaints, as well as a system for gathering feedback about the service.

Some people said they had received good advice and support that had helped them to manage difficult situations at night. However, others had not received good support and told us they did not always get the response they wanted. Access to mental health practitioners out of hours was through the accident and emergency

Good



## Summary of findings

department (A&E) at Nottingham University Hospital. We found that people in the Emergency Department with a mental health crisis experienced delays and there was no data collection or detailed incident reporting on these.

The crisis teams and medical staff regularly reviewed people's care.

### **Are services well-led?**

There was good medical and local leadership in the crisis teams. Staff were well supported and were provided with supervision and training.

**Good**



# Summary of findings

## Background to the service

The Crisis Resolution/Home Treatment team (CRHTs) helps adults in Nottingham. The service aims to provide care and treatment for people who are experiencing a severe mental health difficulty in their own home. We inspected three of these teams.

The CRHT services are based at Millbrook Mental Health Unit and Highbury Hospital. They are purpose built facilities and provide mental health services for adults aged 18 to 65 years.

### Services

- Community crisis service

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Paul Lelliott, Deputy Chief Inspector for Hospitals

**Team Leader:** Jenny Wilkes, Care Quality Commission

The team included CQC inspectors and a variety of specialists: two specialist nurses with NHS management experience, a Mental Health Act commissioner, an expert occupational therapist, and one Expert by Experience who had experience of care.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health and community 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?

We visited the crisis resolution and community-based crisis services of Nottinghamshire Healthcare NHS Trust on 29th and 30th April 2014 as well as the A & E department at Nottingham University Hospital where people received a service after 9pm.

Before visiting, we reviewed a range of information we hold about the core service and asked other

organisations to share what they knew. During the visit, we held focus groups with a range of staff, including nurses, doctors and therapists, and talked with people who use services, their carers and/or family members. We also reviewed their care or treatment records.

We spent two days visiting the hospitals and three of crisis home treatment teams. We spoke with patients and their relatives, carers and friends and hospital staff. We observed care and inspected the hospital environment. We reviewed care or treatment records of people who use services.

We worked with Integratas Advocacy and attended a meeting in Nottingham and listened to people's experiences of using the mental health services in their area.

# Summary of findings

## What people who use the provider's services say

Before the inspection, we used focus groups to speak with people who used the services. During the inspection we spoke with people using the services and family members and carers.

People said they had mixed experiences using the trust's services. Some people said key members of staff had

made a positive impact on their mental health and were kind, caring and treated them with respect. However, people did not always receive a caring and respectful service. Some found that the out of hours telephone support was not always supportive when they called during a distressing episode.

## Good practice

There was a dedicated discharge coordinator who worked with the acute wards and the crisis team to enable an early discharge for people in hospital.

The crisis team working closely with members of the homeless charity framework to support people with benefit and accommodation issues. Their input helped people with financial and housing difficulties, which may have had an impact on their mental health recovery.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve

### Action the provider **SHOULD** take to improve

- The trust should consider the potential risks and impact on those people needing a service when home visits are not available and the delays experienced by people waiting out of hours in the Emergency Department.



# Nottinghamshire Healthcare NHS Trust

## Community-based crisis services

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Millbrook Crisis & Home treatment	Millbrook Mental Health Unit
County and City Crisis	Highbury Hospital
Mansfield and Ashfield Crisis team	Highbury Hospital

#### Mental Health Act responsibilities

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

We did not monitor responsibilities under the Mental Health Act 1983 at this location; however, we examined the trust's responsibilities under the Mental Health Act at other locations and we have reported this within the overall trust report.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

We found that services were compliant with the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

# 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

Information about incidents and service concerns was shared through team meetings and daily handovers. Everyone referred to the crisis teams was assessed by skilled and experienced clinicians. In addition, good safeguarding procedures and training for staff meant that people were protected from abuse.

The service was available to people in crisis or on home treatment 24 hours a day, seven days a week.

## Our findings

### Millbrook Crisis home treatment

Staff had access to safety bulletins, policies, procedures, and resources on the trust's intranet. We saw examples of how the team shared information about incidents, service concerns through their daily team meetings and handover. Psychological support to the team was provided by a non-team psychologist to aid discussion and action on incidents and issues that had arisen.

The crisis team provided a professional rapid response to people experiencing acute mental illness, until their mental health improved, and/or other support systems were put in place to support them to full recovery. People received a full assessment of their needs that led to a number of possible outcomes. These were: referral to a community mental health team (CMHT), referral back to their GP, admission to an acute ward, or managed through home treatment. Staff told us that access to beds for people who needed urgent admission had been difficult. For example, staff told us that three times in the month before our inspection, beds had had to be found with other NHS mental health providers as no beds were available within the trust.

There were good systems for keeping people safe and safeguarded from abuse. All the staff we spoke with told us that they received safeguarding vulnerable adults and children training each year. They were able to tell us about their responsibility to refer any potential abusive situations

they came across. Staff told us that they received risk management training annually. Any risk issues identified by the staff were discussed with the multidisciplinary team and acted upon.

The crisis service was available 24 hours a day. The team operated a reduced service between 9pm to 9am. Support was provided through telephone support for people on home treatment and experiencing a mental health crisis. This meant that they did not undertake any crisis assessment but offered people who contacted them a telephone support and advice service.

### Highbury Hospital Crisis Home treatment

Staff had access to safety bulletins, policies, procedures, and resources on the trust's intranet. The team regularly reviewed the service through patient feedback forms. The information was used to improve their delivery care to people who used the service. Incidents and service concerns were discussed at daily team meetings and handovers.

The crisis team responded to people experiencing acute mental illness within 24 hours of referral. A needs and mental health assessment was completed and people could be offered a number of options. These were admission to hospital, home treatment, referral to a community mental health team (CMHT) or referred back to their GP. All urgent referrals that needed same day assessment were sent to A&E where they would be seen by the Rapid Assessment, Intervention And Diversion (RAID) team.

All admissions to hospital were managed through the crisis team. The management of beds was a team function there by ensuring all admissions came through the crisis teams. The crisis service was available 24 hours a day, seven days a week. The team operated a reduced service between 9pm to 9am. This meant that they did not undertake any crisis assessment but offered people who contacted them a telephone support and advice service.

There were good systems for keeping people safe and safeguarded from abuse. All the staff we spoke with told us that they received safeguarding vulnerable adults and children training each year. They were able to tell us about their responsibility to refer any potential abusive situations

## Are services safe?

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

they came across. Staff told us that they received risk management training annually. Any risk issues identified by the staff was discussed with the multidisciplinary team and acted on.

# Are services effective?

Good 

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

## Summary of findings

People were cared for by the staff they knew, and in the way they had agreed with the team. The crisis teams stayed in contact with them when they had gone into hospital and supported their early discharge.

Although the crisis home treatment teams were not multidisciplinary teams, they were able to refer people to psychological services. A representative from the homeless charity Framework worked closely with the crisis teams to provide expert advice on benefits and accommodation.

## Our findings

### Millbrook Mental Health Unit crisis home treatment

Staff told us that there were times when they had been extremely busy and the workload was high. They had training in crisis management, were skilled in managing risk, and were able to prioritise the work. The medical team supported crisis assessors through joint assessment and home visits.

Continuity of care was ensured through initial assessors managing people taken onto home treatment. People received home visits from staff they knew and who knew them. There was good contact between the acute wards and the crisis team. The team had a discharge coordinator that attended wards daily and made contact with people who were close to discharge. The coordinator organised and ensured that people who were discharged had a home visit within seven days by the crisis team.

The crisis home treatment team was not a multidisciplinary team. There was no social worker, occupational therapist, or psychologist in the team. Staff told us of the difficulties they had accessing psychological therapies for the people they were supporting. There was a Framework worker embedded with the team. Framework is a specialist charity that exists to stop homelessness in all its forms. They provided support to people who needed extra support to access accommodation and benefits.

During a focus group held prior to the inspection for people who used the service. People told us that when they contacted the crisis team out of hours, they had got variable telephone response. They said responses varied from being very supportive to being dismissive, one person was told, "Just tell them to take their tablets." People were concerned that when they needed help urgently after 9pm they were advised to go to A&E at Nottingham University Hospital to be seen by the mental health team based there.

### Highbury Hospital crisis home treatment

Staff had the knowledge and training to skilfully assess people in crisis and provided the right intervention to address their needs. They had good systems in place that allowed them to work collaboratively with other services such as the admission wards to deliver the best outcomes for people.

We attended a focus group for people who used the service before this inspection. People told us when they had contacted the crisis team out of hours they had a variable telephone response. Responses varied from being supportive, offering practical advice and reassurance to dismissive. One person was told, "just tell them (relative) to take their tablets." There were concerns that when they needed help urgently outside the service's visiting hours they were advised to go to A&E where they would be seen by the liaison team.

The team was composed of nurses and doctors. We were told that social worker, who had previously worked as integral team members had been withdrawn by the local authority. We were told us of the difficulties they had accessing psychological therapies for the people as part of their care packages. This team also had a Framework worker working as part of the team.

Continuity of care was ensured through initial assessors managing people taken onto home treatment. People received home visits from people they knew and who knew them. There was good contact between the acute wards and the crisis team. The team had a discharge coordinator that attended wards daily and made contact with people who were close to discharge. The coordinator organised and ensured that people who were discharged had a home visit within seven days by the crisis team.

# Are services caring?

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

## Summary of findings

The crisis teams supported people they cared for with daily visits, regular telephone calls or another agreed form of contact.

People told us that some staff were very caring and had been crucial in their recovery. However, others said that staff were uncaring and did not support people well in their crisis.

People in crisis could attend therapy groups. Where they had difficulties attending the groups, crisis staff would offer help and support to get there.

## Our findings

### Millbrook Mental Health Unit crisis home treatment

We did not attend any home visits with crisis home treatment staff and therefore did not see the interactions between people and the team members. We did speak with people who had either used the service or had a family member who had. They told us the support they received was variable, that they felt the main form of treatment was dependent on medication. Some people told us they had had very good staff who they felt had helped them to make good progress and to recover.

Their experience of out of hours was mixed, in that they spoke to staff that were supportive and helpful. They also spoke to staff who did not treat them respectfully or with understanding, and advised them to go to A&E if they needed urgent care and support.

People were supported by daily visits, regular telephone calls or an agreed level of contact. The frequency of contact with the teams depended on people's care needs and the level of risk. Each contact with people was recorded to

ensure that concurrent record of people's care was available for other workers to ensure consistency of care and treatment. We saw records that indicated where concerns had been identified, when nurses were out on visits, and a review with the doctors was carried out.

We heard that staff would take people to therapy groups if they were particularly anxious and supports them through difficult situations. We were told that people were taken on for a maximum of six weeks, but the service was flexible and dependent on people's needs.

### Highbury Hospital crisis home treatment

People's care was reviewed weekly by the crisis team including the medical staff. Doctors and nurses would make joint home visits to people where there had been risk issues or concerns about their progress.

Visits were negotiated with people and their families. People could have daily visits from the team, regular telephone calls or less frequent contact. The frequency of contact with the teams depended on people's care needs and the level of risk. Every contact with the person was recorded to ensure that concurrent record of people's was created. We saw records that indicated where concerns had been identified, when nurses were out on visits and a review with the doctors was immediately requested.

We heard from people in the focus group that some staff were very caring and had been crucial in their recovery. Other people said, some staff were uncaring and did not support people well in their crisis.

Therapy groups were provided for people on home treatment. Examples of groups are mindfulness, anxiety management, and relaxation. Crisis staff supported people to attend groups when they found it difficult to attend.

People were supported by crisis staff to attend prescribed therapy in the forms of groups such as mindfulness, relaxation, and anxiety management.

# Are services responsive to people's needs?

Good 

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

## Summary of findings

There was an effective system for responding to people's complaints, as well as a system for gathering feedback about the service.

Some people said they had received good advice and support that had helped them to manage difficult situations at night. However, others had not received good support, only impersonal advice to take their relative or themselves to A&E. We found that people at night in A&E with a mental health crisis experienced delays, with people assessed as requiring an inpatient mental health bed waiting a number of hours.

The crisis teams and medical staff regularly reviewed people's care.

## Our findings

### Millbrook Mental Health Unit crisis home treatment

People, who had used the service and their carers, told us how hard it had been to get the support they needed at night. People said they received good advice that helped them manage difficult situations, such as restlessness and agitation. Some people said they had not had good support just advice to take their relative or themselves to A&E. One person said: "I can't get a distressed person to hospital on my own in the middle of the night, what I wanted was someone to come and help me."

The service operated seven days a week, 24 hours a day. Home visits were made to carry out assessment of people in crisis however home visits were not undertaken after 9pm. The service responded to referrals within 24 hours on receipt of the referral. While the service was specifically for adults aged 18 to 65 years, it did respond to older adults that were known to them and younger people aged 17 to 18 years.

The provider had an effective system in place to respond to complaints. A system for feedback to the service for learning or to bring about changes in practice, were shared at the conclusion of any investigation. Staff we spoke with said they would always encourage people to complain and supported them in this process where appropriate.

Access to admission beds has been difficult. Bed managers told us sometimes they have had to organise admission for people outside of the county. This happened three times in the previous month. People told us they did not know where they would be admitted if they needed to go into hospital and sometimes presented travelling difficulties for families.

We heard that staff would take people to therapy groups if they were particularly anxious and supports them through difficult situations. We were told that people were taken on for a maximum of six weeks but the service was flexible and dependent on people's needs.

### Highbury Hospital crisis home treatment

People said they found it difficult to get the service they wanted from the crisis team at night. When they needed help and advice at night the service did not respond with a visit but advised them to attend the A&E for help or one person said, "Just take your tablet and go to sleep."

We were told that the nature of people's crisis was changing and the staff group were working to develop their skills to respond to people's needs and provide them with the appropriate care.

The service operated seven days a week, 24 hours a day. Home visits were made to carry out assessment of people in crisis however home visits were not undertaken after 9pm. The service responded to referrals within 24 hours on receipt of the referral. While the service was specifically for adults aged 18 to 65 years, it did respond to older adults that were known to them and younger people aged 17 to 18 years.

We saw that there was a review of the crisis and home treatment service for the trust that will organise crisis and home treatment services in Nottingham to meet people's care needs.

Therapy groups were provided for people on home treatment. Examples of groups are mindfulness, anxiety management, and relaxation. Crisis staff supported people to attend groups when they found it difficult to attend.

Access to admission beds has been difficult. Bed managers told us they sometimes had to organise admissions for people who needed urgent hospital care outside of the

# Are services responsive to people's needs?

Good 

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

county. This happened three times in the previous month. People told us they did not know where they would be admitted if they needed to go into hospital and sometimes presented travelling difficulties for families.

# Are services well-led?

Good 

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

## Summary of findings

There was good medical and local leadership in the crisis teams. Staff were well supported and were provided with supervision and training.

## Our findings

### Millbrook Mental Health Unit crisis home treatment

The crisis team was well-led at local level. Staff told us they felt well-supported in their roles, and felt able to raise concerns and report incidents. They told us they would be listened to, and the information acted on appropriately. One staff member told us: "Of all the places I have worked, I wake up in the morning and want to come here to work. I have several of my best memories in this team."

Medical staff were supportive and responsive to the crisis staff, jointly going out at their request to do joint assessments when concerns had been raised.

Staff told us that the local managers were always available and very approachable. They were familiar with the chief executive and other senior managers of the trust.

### Highbury Hospital crisis home treatment

We found that the crisis team manager had an active role in the day-to-day operations of the team and was visible and accessible to their staff. They were knowledgeable about their patients and the challenges they face on a day-to-day basis.

Staff told us they were well-led and had confidence in the local leadership that supported the team manager and the team. They said they felt listened to, were able to raise concerns and report incidents.

We saw that the consultant psychiatrist had an active presence in the team with regular review meetings held with the crisis team in attendance.

We spoke with three staff who all said they had very good support and found their managers accessible and easy to talk to. The team had been brought together as a crisis home treatment team in December 2013. There was new leadership and it has taken the team time to create their identity, but it has remained focused on the care and treatment of people taken on by the team.

The team had good access to the medical team. The consultant psychiatrist formally attended for four sessions each week to review people on caseload with the crisis team.