

Good 

South West London and St George's Mental Health  
NHS Trust

# Community-based mental health services for older people

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RQYXX	Trust Headquarters	Richmond Older People's Community Mental Health Team	SW14 8SU
RQYXX	Trust Headquarters	Merton Older People's Community Mental Health Team	SW17 7DJ
RQYXX	Trust Headquarters	Kingston Older People's Community Mental Health Team	KT6 7QU

This report describes our judgement of the quality of care provided within this core service by South West London and St George's Mental Health NHS Trust. Where relevant we provide detail of each location or area of service visited.

# Summary of findings

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 South West London and St George's Mental Health NHS Trust and these are brought together to inform our overall judgement of South West London and St George's Mental Health NHS Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8

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### Detailed findings from this inspection

Findings by our five questions	11
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# Summary of findings

## Overall summary

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

- Following our inspection in March 2016, we rated the services as good for effective, caring and well led.
- During this most recent inspection, we found that the services had addressed the issues that had caused us to rate safe and responsive as requires improvement following the March 2016 inspection.
- The community based mental health services older people were now meeting Regulations 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

# Summary of findings

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

### Are services safe?

We re-rated safe as **good** because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the March 2016 inspection.
- In March 2016, we found that management of medicines was not safe. Staff did not transport medicines securely between the team bases and patients' home. Levels of stock medicines held by the teams were not being accurately recorded. When we visited in September 2016, we found that the trust had provided all teams with lockable rucksacks to transport medicines. These rucksacks were being used by all community staff when carrying medicines to patients' homes. Also, all teams had processes in place to monitor medicine stock levels. This meant that they were aware of what medicines were being stored at the team base. Staff kept records of all stock medicines.

However:

- At the last inspection we recommended that the trust should ensure the staff improve the consistency of the written individual patient risk assessments and should ensure learning from incidents happens across all the teams and other parts of the trust. This will be followed up at a future inspection.

Good



### Are services effective?

At the last inspection in March 2016 we rated effective as **good**.

Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

However:

At the last inspection we recommended that the trust should ensure in Merton, Kingston and Wandsworth teams, that all patients are receiving regular physical health checks. This will be followed up at a future inspection.

Good



### Are services caring?

At the last inspection in March 2016 we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



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

We re-rated responsive as good because:

Good



# Summary of findings

- The service had addressed the issues that had caused us to rate responsive as requires improvement following the March 2016 inspection.
- In March 2016, the trust was in the process of changing their administration processes. There were significant delays in sending out appointment letters to patients and correspondence to GPs. When we visited in September 2016, we found that all older people's community mental health teams had processes in place that ensured that correspondence was sent out to patients and GPs on time and could be easily located on the system. The teams had consistently achieved their targets to send out correspondence on time.

## Are services well-led?

At the last inspection in March 2016 we rated well-led as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

However:

In the last inspection we recommended that the trust should continue to review staff engagement processes across the teams to ensure staff feel involved in decisions and valued. This will be followed up at a future inspection.

Good



# Summary of findings

## Information about the service

The service provides care and treatment for older people experiencing a severe mental health difficulty in their own home. The teams cover the London boroughs of Sutton, Merton, Wandsworth, Kingston and Richmond. We visited the Richmond, Merton and Kingston older people's community mental health teams during this inspection.

The service is offered to adults aged 65 and over with progressive memory problems, such as dementia and 75 and over with functional mental health problems, such as depression, anxiety and schizophrenia. The majority of patients seen by the teams have dementia.

## Our inspection team

Our inspection team was led by:

**Team Leader:** Jane Ray, Head of Hospital Inspection (mental health) Care Quality Commission

The team that inspected these services comprised a CQC Head of Hospitals inspection, a CQC inspector and a specialist advisor who was a senior nurse with experience of working in mental health services.

## Why we carried out this inspection

We undertook this inspection to find out whether South West London Mental Health NHS Trust had made improvements to their community based mental health services for older people since our last comprehensive inspection of the trust in March 2016.

When we last inspected the trust in March 2016, we rated community based mental health services for older people as **requires improvement** overall.

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

Following the March 2016 inspection, we told the trust it must take the following actions to improve community based mental health services for older people:

- The trust must ensure good medicines management practice, ensuring the safe transportation of medication between the team bases and patients' homes and keeping a record of medicine stock levels.
- The trust must ensure the Kingston team has effective administration support. This is to ensure that all letters are sent to patients and GPs in a timely manner, and information needed to deliver care is stored securely and available to staff when they need it.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014: regulation 12 safe care and treatment and regulation 17 good governance.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

Before the inspection, we reviewed information that we held about community-based mental health services for older people and requested information from the trust. This information suggested that the ratings of good for effective, caring and well led, that we made following our



# Summary of findings

March 2016 inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for safe and responsive. We also made a few recommendations at the last inspection which will be followed up at a future inspection.

During the inspection visit, the inspection team:

- visited three older people's community mental health teams and a memory clinic
- spoke with the managers for each of the teams
- spoke with 24 other staff members; including doctors, nurses and recovery workers
- attended a focus group with ten managers and clinicians from the older people's community mental health teams to discuss administration support
- attended a focus group with five administration staff from the Kingston hub to discuss administration systems
- reviewed the arrangements for supervision.
- carried out a specific check of the medicines management in these teams.
- looked at a range of policies, procedures and other documents relating to the running of the service.

South West London and St George's Mental Health  
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# Community-based mental health services for older people

## Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Richmond Older People's Community Mental Health Team	Trust Headquarters
Merton Older People's Community Mental Health Team	Trust Headquarters
Kingston Older People's Community Mental Health Team	Trust Headquarters

# Are services safe?

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

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

## Our findings

### Assessing and managing risk to patients and staff

- Merton and Richmond older peoples' community mental health team had robust procedures in place to manage medicines. Staff kept all medicines in a locked cabinet at the team bases. Only nominated staff had keys to the medicines cabinet. Staff recorded what medicines were in the cabinet in a stock book. The stock book had clear records and the staff kept a log of each individual patient's medicines. Staff ensured that it was clear what medicines had been taken out of the cabinet for each patient. Records of medicine stocks were accurate.
- During the last inspection, we found that not all staff in the older people's community mental health teams transported medicines securely between the team bases and patients' homes. At the current inspection we found that the trust had issued staff with lockable rucksacks. This meant that staff could transport medicines securely. To minimise the likelihood of staff being targeted and becoming the victims of theft, the trust had provided rucksacks, which were discreet and could not be identified easily as a bag that contained medicines. Staff used the bags to transport medicines.
- Some teams had opted to provide each member of the team who undertook home visits with their own individual rucksacks to transport medicines. However, all the bags were identical which meant that they could be mixed up. In other teams, they had decided that it was easier to have a number of rucksacks available, which staff could take out whilst visiting and return them to the office once the visit was completed. To minimise the likelihood of staff losing keys to the rucksacks, the trust had provided the teams with combination locks. In some teams, staff used the same code, which meant nominated staff were able to access the contents of the rucksack when they needed to.

# Are services effective?

Good 

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

## Our findings

At the last inspection in March 2016 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating

# Are services caring?

Good 

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

## Our findings

At the last inspection in March 2016 we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- When the trust was last inspected in March 2016, the Kingston team administration support was not working well. The administration team had recently been re-organised into a centralised hub. This had resulted in delays in information being sent to GPs and patients. Some patients were not receiving letters about their appointments and missing their appointments. This was creating significant anxiety for staff working in the team and the administrative staff. The trust were in a period of transition at the time and had started to monitor how long it was taking for tasks to be completed by the administrative hub. The trust was in the process of introducing a digital transcription software to support staff in the dictation and typing of letters.
- Since the last inspection, the trust had taken a number of steps to improve their administration systems. In Kingston and Richmond the trust had prepared an administration handbook, which showed staff how the processes worked step by step. Whilst most administrative staff were located in a central office, the trust had aligned individual administrators to specific teams and had a buddying system to manage sickness and annual leave cover. This meant that staff in the older peoples' community mental health teams had an identified administrator who they could liaise with if there were specific administrative issues. In September 2016, the trust had organised an "away day" for administrative staff in Kingston and Richmond to review what was working well and what still required improvement. This learning will help to support changes in administrative systems for the other teams across the trust. The administrative staff felt that the system was now facilitating good team working to ensure all the administrative tasks were completed in a timely manner.
- Feedback from the non-administrative staff who attended a focus group was that the administration systems had improved since the last inspection. They were now able to locate information on the system more easily and correspondence was being sent out on time. Administrative staff we met with also felt that the system had improved and staff morale was now much better.
- The Kingston and Richmond older people's community mental health teams were using a digital transcription system and were in the process of piloting an enhanced version of the software. The digital transcription allowed staff to dictate their correspondence into the computer or phone. This meant that dictation tapes could no longer be lost. It also made it easy to identify and prioritise urgent work. The enhanced system when it is fully operational will also provide voice recognition software.
- The Kingston team had also introduced sending letters to GPs via email to a secure email box. This had also improved the efficiency and security of patient information reaching the GPs.
- Across the community based mental health services in other boroughs changes to the administrative systems including the use of digital transcription systems were at different stages but each team had processes in place to ensure information was prioritised and sent out on time.
- The trust had targets and systems to monitor the timeliness of administrative tasks being completed. These classified each of the tasks into completion timescales of 24 hours, 7 working days and 14 working days. They monitored the time taken to complete each task and in Kingston and Richmond were achieving 100% for the work needed in 24 hours and 7 working days and 95% for tasks to be completed in 14 days. Across the other teams, staff confirmed they were also meeting these targets, although until the new systems are introduced this is monitored manually rather than electronically.
- Feedback from the non-administrative staff who attended a focus group was that the administration

# Are services well-led?

Good 

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

## Our findings

At the last inspection in March 2016 we rated well-led as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.