Youth Enquiry Service (Plymouth) Limited

The Zone

Inspection report

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Date of inspection visit: 28 October 2021
Date of publication: 23/12/2021

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

The Zone is a charity based in Plymouth city centre which provides a range of support services to young people. It provides two distinct services that are registered with CQC known as Icebreak and Insight. Icebreak is for younger people aged 16 to 22 who are experiencing severe emotional distress that are influencing their day-to-day lives and mental well-being. This service is for patients who may have an emerging personality disorder.

The Zone was last inspected in July 2019. The service was rated good overall with a rating of good for the safe, effective, caring, responsive and well led domains. There were no requirements made at that inspection.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists to ensure that patients who required urgent care were seen promptly. Staff followed good practice with respect to safeguarding.

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to a full range of specialists required to meet the needs of the patients. Managers ensured thatstaff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in decisions about care.
- The service was mostly easy to access. Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude patients who would have benefitted from care.
- The service was well led and the governance processes ensured that that procedures relating to the work of the service ran smoothly.

However:

- The service did not ensure that all patient files contained an up to date risk assessment.

- The service did not always ensure CQC was notified promptly after incidents occurred.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Good 	The Zone is a charity based in Plymouth city centre which provides a range of support services to young people. It provides two distinct services that are registered with CQC known as Icebreak and Insight. Icebreak is for younger people aged 16 to 22 who are experiencing severe emotional distress that are influencing their day-to-day lives and mental well-being. This service is for patients who may have an emerging personality disorder. The Zone was last inspected in July 2019. The service was rated good overall with a rating of good for the safe, effective, caring, responsive and well led domains. There were no requirements made at that inspection. We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. Our rating of this service stayed the same. We rated it as good because: • The service provided safe care. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists to ensure that patients who required urgent care were seen promptly. Staff followed good practice with respect to safeguarding. • Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided. • The teams included or had access to a full range of specialists required to meet the needs of the

Summary of findings

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- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in decisions about care.
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However:

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Summary of findings

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Summary of this inspection

Background to The Zone

The Zone is a charity based in Plymouth city centre which provides a range of support services to young people. It provides two distinct services that are registered with CQC known as Icebreak and Insight. Insight is an early intervention service for adults aged 18 to 65 who are experiencing their first episode of psychosis. Insight is a secondary mental health service working in partnership with Livewell Southwest CIC. Livewell Southwest is a Plymouth based provider who provides community and inpatient mental health services. In 2020 the service registered another service at 52 North Street.

As well as the two CQC registered services, the Zone provides services that are not within the scope of CQC: a sexual health service and a housing and accommodation service. The Zone and its commissioners aim to provide holistic care in one place to make them easily accessible.

The Zone is registered with CQC for treatment of disease, disorder or injury. The service had a registered manager and a clinical lead overseeing each of the CQC registered services; Insight and Icebreak.

What people who use the service say

We spoke with six patients and two carers. They were unanimously positive about the service. They found it very accessible and welcomed accommodation and housing services being in the same building. They said staff treated them with kindness and respect. They felt involved in their care and treatment and gave many examples of positive impact the service had had upon their lives.

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 visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

- Visited the Zone premises in Plymouth and looked at the quality of the environment

- Spoke with seven staff which included the Speciality Doctor, four care coordinators, the managers of the Insight and Icebreak service and the chief executive officer
- Conducted a review of three clinic rooms

- Spoke with six patients who were using the service

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Summary of this inspection

- Spoke with two relatives of patients using the service
- Reviewed 14 care and treatment records
- looked at incidents and safeguarding records
- looked at a range of policies, procedures and other documents relating to the running of the service

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that all patient files contain an up to date risk assessment.
- The service should ensure they continue to review the terms and conditions of the Insight staff to move towards parity across the service.
- The service should review the management of incidents to ensure CQC is notified promptly after they occur.
- The service should continue to work with commissioners to address the large waiting lists in the Icebreak team.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community-based mental health services for adults of working age

Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

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

Good

Safe and clean environment

All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. They had a full, comprehensive range of policies and risk assessments about the environment. These included, health and safety risk assessments and the waiting area management policy.

All interview rooms did not have alarms, but staff had access to personal alarms that they took into these rooms to mitigate risk. The service was secure, and CCTV was fitted in communal areas. There was appropriate signage to alert patients.

All clinic rooms had the necessary equipment for patients to have basic physical examinations.

In the Insight team the service had access to clinic rooms managed by Livewell. The service used these rooms to take basic physical health observations including bloods, height and weight and had access to equipment to do this. The clinic rooms were kept clean and had examination couches in place. They had adequate space to perform physical health monitoring. Some clinic rooms had recently been refurbished with new flooring that was easier to keep clean.

The Icebreak team rarely used the clinic in the Zone building as patient's accessed their local GP for medication management and physical health monitoring.

All areas were clean, well maintained, well-furnished and fit for purpose. The building was old and required some updates in terms of general wear and tear. There was a planned schedule of works to address this. For example, they were in the process of repairing remedial damp work.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control guidelines, including handwashing. The service had introduced new measures to prevent the spread of infectious diseases including COVID-19. The service operated an appointment only basis. This

helped reduced the number of people in communal areas at any one time and made social distancing possible. Staff also split their working time between the community office and home offices to minimise the spread of the disease. Hand sanitiser was freely available. Posters asking people to wear masks and wash hands were displayed throughout the service.

Staff made sure equipment was well maintained, clean and in working order.

Safe staffing

The service had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.

Staff

The service had enough staff to keep patients safe. There were no vacancies in either the Ice break or Insight staff teams.

Managers made arrangements to cover staff sickness and absence.

Managers ensured there was no use of bank and agency staff in either services.

The service had low turnover rates. The turnover rate in Icebreak was low. There had been no staff leavers from the service in the last year. In the Insight team the turnover rates were slightly higher as two people left last year to work for the NHS. The manager said this was largely due to career progression and the additional money staff were paid by the NHS once qualified.

Managers supported staff who needed time off for ill health.

Sickness levels were low in both teams. In Icebreak the sickness rate was around 2% and it was slightly higher in the Insight team at 4%.

Managers used a recognised tool to calculate safe staffing levels.

The number and grade of staff matched the provider's staffing plan. Both teams had sufficient staff to ensure patients received good care and treatment. The manager was currently liaising with the clinical commissioners to review staffing levels in light of the increased number of referrals during the pandemic.

Medical staff

The service had enough medical staff. For example, in the Insight team staff members included a clinical psychologist, a consultant psychiatrist, a specialist registrar doctor in psychiatry, a registered mental health nurse and a mental health nurse preceptor.

There were no locum members of staff in either service

Patients could get support from a psychiatrist quickly when they needed to.

Community-based mental health services for adults of working age

Good

Mandatory training

Staff in both teams had completed and kept up-to-date with their mandatory training. Staff members could attend the mandatory training given to Livewell staff members which includes data protection, recordkeeping, adult safeguarding. The current completion rate for staff members was around 90%.

The mandatory training programme was comprehensive and met the needs of all service users and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. In both teams managers were able to access information about staff training on their electronic recording systems.

Assessing and managing risk to patients and staff

Staff mostly assessed and managed risks to patients and themselves well. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.

Assessment of patient risk

Staff mostly completed risk assessments for each patient on admission using a recognised tool, and reviewed this regularly, including after any incident.

The quality of risk assessments was mixed across the service but the majority were managed well. In both teams patient triage was completed by care coordinators. Patients received an initial risk assessment at the triage assessment, and this was updated if there was an incident. For example, if there was a self-harm incident, hospitalisation or if the police had been involved. There was a weekly MDT for both services where patients risk was reviewed.

In the Icebreak service staff completed risk assessments for each patient on admission using a recognised tool, and reviewed this regularly, including after any incident. We saw this in the six patient files reviewed. The level of detail was sufficient to assist staff to manage a patient's treatment and care safely.

In the Insight service we reviewed eight files and found six had risk assessments and risk summaries. One file had a risk assessment but the risk summary was completed in 2019 and had not been updated. In one file a patient's history of assaults on staff whilst in the care of another provider had not been considered in the risk assessment and management of this patient. This meant that the team had not taken steps to address these risks which had exposed staff to avoidable harm. There was also no red alert on this file to indicate that staff should take special attention to their safety when meeting this patient. A staff member was assaulted by this patient. Following the incident and the subsequent investigation, there was a review of risk assessments and the lone working policy. The manager said this highlighted the need to ensure alerts were completed and that risk assessments always included details of previous concerns that might influence a staff decision to visit patients alone. In two other files reviewed we saw alerts were in place.

Staff used a recognised risk assessment tool within the electronic documentation system. Although staff said it was a cumbersome tool, it allowed them to update risk within a risk summary.

Staff in both teams could recognise when to develop and use crisis plans and advance decisions according to patient's needs. Crisis plans were available in all files we reviewed. They included emergency numbers and lists of individual triggers and staff responses for each patient.

Community-based mental health services for adults of working age

Good

Management of patient risk

Staff responded promptly to any sudden deterioration in a patient's health. For example, in the Insight team they had a variety of responses including ensuring patients had access to an immediate outpatient appointment with a psychiatrist. They then changed the management plan to include an increased frequency of contact with the care coordinator. In the Icebreak service the manager ensured that patients were directed to Livewells emergency response team.

Staff monitored patients on waiting lists for changes in their level of risk and responded when risk increased. The manager stated that information about changes in patients risk primarily came from other community services or their GP.

Staff mostly followed clear personal safety protocols, including for lone working. The team secretary monitored the list of staff on outreach appointments, so they knew when staff members were due to return. Staff members then contacted the service once the appointment was finished. The lone working policy was in the process of being reviewed following a violent incident involving a staff member.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. All staff members were trained to level III child protection for children training. Across both services the number of staff trained in adult safeguarding was around 80%. The service had focused on this training in the last year and had successfully increased the number of trained staff by around 20%. They were currently working towards a 100% completion rate.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily.

When patients transferred to a new team, there were no delays in staff accessing their records.

The service used electronic records. They used the same IT system as the one used by GPs which assisted them access patients records quickly. Staff made sure they were up-to-date and complete.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. In the Icebreak team responsibility for administering and prescribing lay predominantly with the patients GP. In the Insight team responsibility lay with the medical staff including the speciality doctor and psychiatrist. The team were supported by a medical secretary.

We spoke with the speciality doctor in the Insight team who said they were proud that patients had faced little disruption to medication administration during the pandemic.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. In the Insight team the medical staff reviewed the prescription for each patient weekly and at the MDT. If patients were at higher risk of potential overdose or substance misuse, then the service adjusted the management of medication. For example, some patients collected their medication three times a week from the service due to an assessed high risk of potential overdose. Patients who were assessed by the team as being more stable had their prescriptions handed back over to the GP.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. There was one medication cupboard/store located in the Insight team's office. This was locked and only the team leader, speciality doctor and consultant psychiatrist had access to the key. There was no medication that required cold storage. Medicines prescribed for individual patients were labelled with patient details. The team recorded the room temperature of the office.

Inside the medication cupboard there were thermometers, gloves, medication prescription pads, store record book and stock book. The service had very few medications and these were stored appropriately. For example, there was clozapine kept on-site for one patient who could not safely store it at their accommodation. There were no controlled drugs kept by the service.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. Any side effects were recorded on patients' files.

Track record on safety

The service had a good track record on safety.

Community-based mental health services for adults of working age

Good

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The manager for the Icebreak team was responsible for forwarding all incidents to CQC. These included incidents that occurred in the Insight team.

The Insight team also use the incident recording system for Livewell. Staff members said at times this could lead to some duplication. At the time of inspection there was a three-week delay in the service reporting one incident via the Icebreak manager to CQC. Although it had already gone through Livewells reporting system. The Icebreak manager said this was unusual but they were reviewing their systems to ensure a more timely response in the future.

The number of incidents was small. There had been 12 in the past year. These included incidents about patients overdose that required hospitalisation, firearms incidents and incidents involving significant police involvement.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Staff reported serious incidents clearly and in line with the policy. There had been one serious incident in the last year where a patient had assaulted a member of staff in the Insight team

The service had no never events.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The manager said they had not had cause to write a letter in relation to duty of candour in the last year but they had done so in the past.

Managers debriefed and supported staff after any serious incident. Staff members spoke positively of the debrief they had received following the recent assault on a staff member.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care. Recent improvements included better communication with patients.

There was evidence that changes had been made as a result of feedback. Following the recent assault of a staff member improvements had been made to the alerting system on files and the lone working policy to ensure the future safety of staff.

Community-based mental health services for adults of working age

Good

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

Good

Assessment of needs and planning of care

Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop individual care plans and updated them as needed. Care plans mostly reflected the assessed needs, were personalised, holistic and recovery-oriented.

Staff completed a mental health assessment of each patient. We reviewed 14 records and found detailed care plans in all but one of the records. The records identified goal-based outcomes which they had created with the young person and their families or carers. Goals and plans to achieve these were personalised and recovery oriented.

Staff made sure that patients in the Insight service had a full physical health assessment and knew about any physical health problems. As previously stated, in the Icebreak team the patient's GP retained responsibility for the young person's physical health.

Staff regularly reviewed and updated care plans when young peoples' needs changed.

Care plans were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. These included mindfulness groups, emotional awareness groups and family therapy

Staff delivered care in line with best practice and national guidance (from relevant bodies such as NICE). Patients with an emerging personality disorder using the ice break service were offered dialectical behaviour therapy and patients from Insight were offered CBT (cognitive behavioural therapy)

Staff made sure patients had support for their physical health needs, either from their GP or community services.

Staff supported patients to live healthier lives by supporting them to take part in programmes or giving advice. Patients from its Insight had access to the sexual health clinic which was on the same site.

Staff used recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes. They used routine outcome measures such as the health of the nation outcome scales.

Staff used technology to support patients.

Community-based mental health services for adults of working age

Good

Staff took part in clinical audits, benchmarking and quality improvement initiatives. These included caseload audits, prescription audits by medical staff and they took part in the national clinical audit of psychosis which monitors access times, offers of interventions, social inclusion and patients physical health.

Managers used results from audits to make improvements.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of each patient. For example, in the Icebreak team there was a clinical team leader, a deputy team leader, care coordinators, social workers with DBT (dialectical behavioural therapy) accreditation, counselling skills and family therapy backgrounds. In the Insight team which was co-delivered with Livewell there was a clinical team leader, a clinical psychologist, consultant psychiatrists, a specialist registrar doctor in psychiatry, registered mental health nurses and a mental health nurse preceptor. There was also care coordinators with a variety of backgrounds including social work, occupational therapy, family therapy and CBT (cognitive behavioural therapy).

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported permanent medical and non-medical staff to develop through yearly, constructive appraisals of their work. The appraisal rates were at 100% in both teams

Managers supported medical and non-medical staff through regular, constructive clinical supervision of their work. Across both teams the supervision rate was around 80%.

Managers made sure staff attended regular team meetings and gave information to those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff members in both teams had received Prevent training to ensure staff were aware about the radicalisation risk to vulnerable patients

Managers recognised poor performance, could identify the reasons and dealt with these.

Multidisciplinary and interagency teamwork,

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Community-based mental health services for adults of working age

Good

Staff in all teams held weekly regular multidisciplinary meetings to discuss patients and improve their care. Teams also held monthly business meetings for all staff.

Staff made sure they shared clear information about patients and any changes in their care, including during transfer of care.

Staff had effective working relationships with other teams in the organisation. In the Zone building there was the young person's housing and accommodation service, a drop-in service and a sexual health service. This meant that young people had easy access to a range of services all in the same building which facilitated good communication. Patients spoke highly of the services accessibility and valued its uniqueness.

Staff had effective working relationships with external teams and organisations.

Staff members in both teams spoke of good links with social services

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Training rates across both teams were in the region of 80%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

Staff followed clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Neither team currently worked with patient's subject to a Community Treatment Order but staff understood and were able to explain how to complete all statutory records correctly.

Care plans clearly identified patients subject to the Mental Health Act and identified the Section 117 aftercare services they needed.

Staff completed regular audits to make sure they applied the Mental Health Act correctly.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Community-based mental health services for adults of working age

Good

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act. Managers in both services had access to the expertise in the teams within Livewell.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

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

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients.

Staff gave patients help, emotional support and advice when they needed it. We spoke with six patients across both teams who were receiving a service, and all said they were given emotional support when requested.

Staff supported patients to understand and manage their own care treatment or condition. Patients told others that their treatment gave them better insight into how to recognise and manage their condition successively.

Staff directed patients to other services and supported them to access those services if they needed help. For example, patients were signposted towards specialist counselling services and bereavement services.

Patients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each patient.

Community-based mental health services for adults of working age

Good

Staff members said that they were confident they could raise concerns about any disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient's information confidential. Staff members ensured they carried confidential information in locked bags.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff involved patients and gave them access to their care plans. In all files reviewed there was evidence of care plans being shared or received by patients, families or carers. Patients said staff were easy to talk to and kept them informed at every stage of their treatment.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. For example, the Insight service worked closely with the Community learning disability services if they felt specialist support with communication was required.

Staff involved patients in decisions about the service, when appropriate. For example, in the Icebreak service patients were actively involved in the recruitment process. Most recently in the recruitment of a care coordinator.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients completed an evaluation during and after engagement with the provider about the service they received. The Zone had recently changed their seating in the reception area following feedback from patients. Staff members in the Icebreak team changed the content of the emotional awareness course following feedback from patients. Patients said they found it was too PowerPoint focused and they wanted more staff interactions and participation

Staff made sure patients could access advocacy services. Patients were given leaflets about advocacy services. They could also get advocacy support from an independent voluntary charity that the Zone worked closely with. Icebreak staff also worked closely with Barnardos an independent charity for young people.

Involvement of families and carers

Staff supported, informed and involved families or carers. For example, the Insight team delivered a monthly carers group which was well attended. They also ran a carers psychoeducation eight-week course delivered by the Clinical Psychologist in the team and co-facilitated by a care coordinator. Carers who attended the group described it as a friendly forum where they made friends and got support.

Staff helped families to give feedback on the service. Patients and their families could be actively involved on their Facebook page, leave reviews on their websites or complete the family and friends test that were made available to them.

Staff gave carers information on how to find the carer's assessment. Information was available in the waiting rooms and staff members assisted patients complete them if required.

Community-based mental health services for adults of working age

Good

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

Good

Access and waiting times

The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and patients who did not require urgent care did not wait too long to start treatment. Staff followed up patients who missed appointments.

The service had clear criteria to describe which patients they would offer services to. For example, in the Icebreak team the criteria was that patients were between 16 and 23 years old and experienced ongoing difficulties like severe emotional distress, impulsive behaviours or trauma. In Insight the criteria was that patients were over 18 years old and were experiencing their first episode of psychosis.

The service mostly met target times for seeing patients from referral to assessment and assessment to treatment. The target time for Insight to see patients from referral to assessment was two weeks which was met. There was immediate allocation assessment to treatment service and the team mostly met this target. There was currently a very small waiting list of six patients awaiting allocation. The average length of wait was two weeks.

In Icebreak there were no set target times. There was currently 200 patients on the waiting list with a 10-month waiting time from referral to assessment. In March 2020 there had been 55 patients on the waiting list with on average a 12 week waiting time. The manager said this increase was largely due to the increase rates of referral particularly from younger people during the pandemic.

The average monthly referral rate was between 15 and 20 patients a month previously. However, over the past 12 months the number of referrals had nearly tripled to 50 a month. The service were working with commissioners to address the situation. They had also introduced new ways of working like inviting patients on waiting lists to be involved in group work.

In the last two months the team had reduced this waiting list from 12 months to 10 months by using group interventions. They had also reduced the numbers on the waiting list from 240 patients to 200. The manager noted that although there were large numbers of patients waiting for assessment there was no internal waiting list between assessment to treatment. Patients worked with the staff members who completed their initial assessment.

Staff members ensured that the clinical commissioners received a monthly report about the waiting lists. They worked closely with them to address the waiting list as part of the national transformation plan about service delivery for adults with personality disorder.

Staff saw urgent referrals quickly and non-urgent referrals within the target time. The manager said that patients were signposted to other emergency services if necessary

Urgent referrals were seen by the community mental health services provided by Livewell.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. They attempted to contact people who did not attend appointments and offer support. Staff were investigating the use of texts to remind patients about an appointment time.

Community-based mental health services for adults of working age

Good

Patients had some flexibility and choice in the appointment times available. Staff members were very flexible about where they met patients. For example, staff members from Insight met patients in café's and parks.

Staff worked hard to avoid cancelling appointments and when they had to they gave patients clear explanations and offered new appointments as soon as possible.

Appointments ran on time and staff informed patients when they did not.

The service used systems to help them monitor waiting lists and support patients. Patients on the small waiting list in the Insight team received follow-up phone calls. The manager monitored the waiting lists for the Icebreak team and the team liaised closely with patients GP and other community services to ensure patients needing more urgent treatment were seen quickly.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported patients' treatment, privacy and dignity.

The service had a full range of rooms and equipment to support treatment and care. The Zone building had a large reception area and waiting room. The seats in the waiting area had Perspex partitions to ensure patient safety. There was a small waiting area behind reception where patients could sit away from the main waiting room if they felt vulnerable or needed quiet time.

Interview rooms and clinics were on the first floor. Staff members shared the interview rooms with staff from the sexual health service and the housing and accommodation service. There was a booking system to ensure all staff members had equal access to these rooms.

The staff offices and meeting rooms were on the higher floors.

Interview rooms in the service had sound proofing to protect patient's privacy and confidentiality

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. For example. there were adapted toilets and washing facilities in the Zone building and interview rooms were on the first floor to assist wheelchair users.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. In the waiting room there was information available on information boards and leaflets signposting service users to other useful services in the area.

The service provided information in a variety of accessible formats so the patients could understand more easily.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get hold of interpreters or signers when needed. For example, the Insight team had a Portuguese interpreter for a patient for whom English was not their first language.

Community-based mental health services for adults of working age

Good

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in areas accessed by patients.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The number of complaints was low across all both teams with an average of two per year. In the Insight team there was one complaint that was investigated jointly with Livewell about a patient concern they had been passed around various services before finally receiving a service. It was partially upheld. In the Icebreak team there a complaint from a patient about inappropriate material being left in the interview room which was not relevant to their appointment. This complaint was upheld and the service shared information with other services using the room to ensure that all rooms were cleared prior to patient use.

No complaints were referred to the ombudsman. The themes across the teams were about managing expectations and communication.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. All complaints were investigated by the managers and complainants received a letter detailing the outcome of the complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. All teams could describe learning as a result of complaints from patients.

The service used compliments to learn, celebrate success and improve the quality of care. Success stories were discussed at team meetings.

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

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Staff in both teams spoke very positively about their team leaders and managers and overall reported feeling valued, respected and supported. In the Insight team some staff members acknowledged being co-run with Livewell had its challenges. They felt working alongside the Livewell staff members who had had better terms and conditions, including access to reduce cost parking, was at times frustrating. They were aware that the managers had raised the issue with the clinical commissioners and at the moment this could not be resolved due to financial restraints.

Community-based mental health services for adults of working age

Good

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

The service had a vision for what it wanted to achieve. Staff knew and understood the services vision and values and how they were applied in the work of their team.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Staff morale was good and staff felt supported with the challenges of maintaining the service during lockdown. However, as previously stated, some staff in the Insight team felt that the disparity in wages between themselves and their colleagues from Livewell remained a concern. They welcomed its continual review as they felt it affected staff morale.

There was an emphasis on development and staff were encouraged to engage in training and personal development opportunities. Staff members were encouraged to attend CBT (cognitive behavioural therapy) and DBT (dialectic behavioural therapy) to assist them in their work with patients.

Staff confirmed they received praise and compliment feedback from patients, family and carers at each team business meeting.

All staff knew how to access the whistle blowing policy and were confident about its use.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Both teams had an open culture to incident reporting which encouraged staff to report incidents.

The service was working closely with commissioners to address the long waiting lists in the Icebreak team. They had introduced new groups for patients and were currently reducing lists by around 10% each month.

The service worked closely with Livewell in the Insight team and were developing new ways of working incident reporting.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Community-based mental health services for adults of working age

Good

Both teams had access to the information they needed to provide safe and effective care and were able to identify shortfalls.

The management of risk in the Icebreak team was managed well. The management of risk within Insight was currently being developed. Staff members were very mindful that the example of patient risk not being managed well in the patient's file potentially contributed to avoidable violent incident. However, in most files we reviewed risk was managed well and this appeared to be an outlier. The incident has now been investigated and a new regime of file review has been instigated. The manager said that they would continue to support individual care co-ordinators to improve and maintain appropriate standards.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service was part of a systemic enquiry research and case study work with Shelter (a charity working with homeless people) exploring the experiences of homelessness services in Plymouth for young people aged 16-24. The manager stated that many of the young people that they worked with experienced homelessness or were currently experiencing unstable accommodation. They encouraged them to partake in this research to influence service delivery.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The service worked closely with the clinical commissioning groups and NHS England particularly around the reduction of waiting lists in the Icebreak service.

Learning, continuous improvement and innovation

The service worked with local universities and other agencies in conducting research around the awareness and reduction of homelessness in the community.