

Good 

# Derbyshire Healthcare NHS Foundation 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)
RXM04	Trust HQ	Derby City OP CMHT	DE1 2TZ
RXM04	Trust HQ	Erewash OP CMHT	DE7 8TL
RXM04	Trust HQ	Amber Valley OP CMHT	DE5 3JE
RXM02	Hartington unit	Chesterfield City OP CMHT	S44 5BL
RXM04	Trust HQ	North East OP CMHT	S21 1FY

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated community mental health services for older people as Good because:

- Skilled staff worked within a multidisciplinary approach to ensure they were responsive to urgent referrals or patient crisis. They consistently reviewed and monitored patient risk, and worked collaboratively with carers to promote independent living and avoid hospital admission.
- There were adequate numbers of staff available to prioritise and monitor waiting lists, providing information to patients, carers and referrers ensuring they knew what to do if patient's condition deteriorated.
- The teams had developed good external links to GPs, social services and other local agencies, to ensure patient's holistic needs were thoroughly care planned.
- Patients told us staff were caring, compassionate and responsive to their needs, providing emotional and practical support. They told us staff involved them and their carers within their care and looked after their best interests.

- Staff received regular supervision and support from their team managers, and attended to their training needs. Staff told us morale was good and they worked well as a team.

However:

- We found that although staff were trained in the Mental Health Act & Mental Capacity Act, their knowledge of key areas that related to their patient group, such as community treatment orders, was limited. This was reflected in the lack of documentation in the care records. We also found that patients were not consistently given a copy of their care plan
- The service missed opportunities to learn from incidents, complaints and audits. Staff recognised incidents but did not always record them.
- Patients told us they did not receive written information on how to make a complaint, such as Patient Advocacy and Liaison (PALS) leaflets, although they told us they would speak with their care co-ordinator.
- Waiting lists for psychological interventions were long, which prevented patients receiving appropriate treatment when they needed it.

# Summary of findings

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

### Are services safe?

We rated safe as good because:

- Staff consistently assessed and reviewed risks to patients; this included those on caseloads and those awaiting allocation of a care co-ordinator. Staff were able to respond in a timely manner to patients who had experienced a sudden deterioration in their health
- Staffing levels across the teams were sufficient to ensure that care was delivered in a timely and safe manner. Managers had used a safe staffing tool to estimate necessary levels of nurses.
- Compliance with mandatory training was above the trust target.
- All premises were clean and well maintained and staff followed infection control principles

However:

- The service did not deal with incidents thoroughly. Although staff recognised incidents, they did not always report them, which meant the service missed chances to learn from incidents and prevent their recurrence. Managers informed the inspection team that they were aware of the issue but could not pinpoint the amount of incidents that had not been reported.

Good



### Are services effective?

We rated effective as Good because:

- The service had developed good external links with GPs and primary care services. This had strengthened their working relationships and communication had improved which meant both services could act quickly and efficiently to the needs of their patients.
- The multidisciplinary team were skilled and used a range of nationally recognised assessment and diagnostic tools to effectively treat and support their patients. Patients received individualised treatment and their care package was personalised and holistic. Consideration and discussion of patients' physical health needs occurred when deciding on diagnosis and treatment.
- Staff utilised and worked closely with external agencies such as the Alzheimer's society.

However:

Good



# Summary of findings

- The service participated in limited clinical audit. This meant that they did not consistently measure the quality of the care they provided and missed opportunities to highlight good practice and identify areas for improvement.
- Recording of decision-making concerning mental capacity was inconsistent within the patient records.
- Documentation relating to community treatment orders (CTO) was poorly recorded and patients on a CTO were not made aware of their rights at regular intervals.

## Are services caring?

We rated caring as good because:

- All interactions between staff, patients and carers were responsive, caring, compassionate, and respectful, providing practical and emotional support.
- Patients and carers were very complimentary about the service they received, and were provided with appropriate advice and support
- Patients and carers felt involved in the care they received and we saw this reflected within the care record, although there was no consistency of patients receiving a written copy of their care plan.
- Patients were encouraged to feedback on the service they received and we saw different ways across the sites they could do this.

However:

- Patients did not consistently receive a copy of their care plan

Good



## Are services responsive to people's needs?

We rated responsive as requires improvement because:

- Waiting times for psychological assessment exceeded targets and meant that patients had to wait long periods to be assessed and treated.
- Patients told us that they did not receive any written information on how to make a complaint.
- Not all incidents that should be reported were done so in line with the trust policy. Managers were aware of this and were working on a solution.
- Patients were encouraged to attend groups within the local community to help maintain independence and promote

Requires improvement



# Summary of findings

health and wellbeing. Staff were able to make adjustments to meet patient's individual needs and to ensure that patients would engage with their service and were reactive to their needs.

- Effective systems were in place across all teams to triage and respond urgently to referrals. Staff regularly monitored and prioritised assessment if patients' risks escalated.

## Are services well-led?

We rated well led as good because:

- Staff received regular supervision and appraisals. They were meeting their training needs and systems were in place to ensure compliance. Managers monitored and were meeting their key performance indicators.
- Staff said morale was good and they worked well as team. They had opportunity to develop skills and attend leadership courses and all felt their team managers were approachable and supportive.

However:

- Staff were anxious about the recent introduction of the neighbourhood team model and were concerned their specialist skills would not be appropriately utilised.

Good





# Summary of findings

## Information about the service

Derbyshire Healthcare NHS Foundation Trust provides countywide community mental health services for older people. It provides services from eight locations; during the inspection, we visited five.

We visited Derby City, Erewash, Amber Valley, Chesterfield city and North East teams.

They provide community mental health services for older people over the age of 65 who have a mental illness, including dementia.

The teams had recently merged with the community adult services and are now called 'neighbourhood teams'. The 'neighbourhood teams' commenced on the 1 April 2016, with a view to co-locate and integrate adult and older adult community mental health services.

This service had not had any recent inspections.

## Our inspection team

Our inspection team was led by:

**Chair:** Vanessa Ford, Director of Nursing and Quality, South West London and St George's Mental Health NHS Trust

**Head of inspection:** James Mullins, Head of Hospital Inspections, Care Quality Commission.

**Team Leader:** Surrinder Kaur, Inspection Manager, Care Quality Commission.

The team was comprised of:

Two CQC inspectors, one mental health nurse specialist advisor and one social work specialist advisor

## Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

## 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 these services, asked a range of other organisations for information and sought feedback from patients by providing comment cards.

During the inspection visit, the inspection team:

- visited the facilities where staff see patients for five of the teams, looked at the quality of the environments and checked all clinic rooms.
- accompanied ten members of staff on home visits where we observed their interactions with a total of twelve patients.
- spoke with fourteen patients who were using the service
- collected feedback from four comment cards from patients.
- spoke with thirteen carers
- spoke with the managers for each team
- spoke with nineteen other staff members; including doctors, nurses, healthcare assistants, administration workers, occupational therapist, psychologist

# Summary of findings

- attended and observed one referral meeting and one memory clinic
  - looked at twenty-four care records of patients and twenty-two medication charts
  - carried out a specific check of the medication management at each location
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

All patients and carers considered the staff caring and compassionate towards them and took time to understand their individual needs. They were complimentary about all the staff and said they had helped them practically and emotionally. They said that

they were responsive to their needs and received information about how to contact the teams and what to do in a crisis. Although no patients and carers we spoke with wanted to complain, they had not received written information on how to do so.

## Good practice

- All teams participated in monthly meetings within their respective GP surgeries, to discuss referrals and any problems or concerns they may have. These meetings were multi-disciplinary and included other professionals such as district nurses; which meant consideration of patients holistic needs occurred.
- Feedback from GPs and staff was that communication had improved and professional relationships had developed which had improved patient experience and care.
- At the Erewash team, staff participated in a dementia question and answer meeting, which was widely publicised, inviting the public, patients and carers to attend and learn about living with dementia.

## Areas for improvement

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

- The trust must ensure they are able to provide a psychological assessment and/or treatment in a timely manner to patients who require this intervention.
- The trust must ensure that all Mental Health Act documentation is present within the care record and that patients have their section 132 rights read to them regularly, and this is recorded within the patient care record.

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

- The trust should ensure all patients give consent to their treatment, and decision making regarding capacity is recorded consistently within the care record.
- The trust should ensure that all incidents are recorded within their electronic reporting system.
- The trust should ensure all patients receive written information and guidance on how to make a complaint.
- The trust should ensure all patients are offered a copy of their care plan and that this is appropriately documented within the care record.
- The trust should participate in clinical audits, to ensure they measure the quality of the service they offer and identify areas for improvement.
- The trust should ensure that implementation of the neighbourhood model is consistent across the county, to reduce potential differences within practice and services offered.

# Derbyshire Healthcare NHS Foundation Trust

# Community-based mental health services for older people

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Derby City	Trust HQ
Erewash	Trust HQ
Amber Valley	Trust HQ
Chesterfield City	Hartington unit
North East	Trust HQ

### Mental Health Act responsibilities

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

- Staff had a good understanding of the Mental Health Act (MHA), the code of practice and its guiding principles. At the time of inspection, completion rates for MHA training were 98%. However, two staff we spoke with did not feel confident they had enough knowledge about community treatment orders (CTOs) and had not received specific training for this.
- Information and rationale relating to the extension of a CTO was limited; the approved mental health practitioner (AMHP) report was missing. There was no evidence section 132 rights had been explained to the patient on a regular basis.
- Advice and administrative support was available from a trust wide central team.

# Detailed findings

- Staff understood the role of the Independent Mental Health Advocate (IMHA) and patients had access to an IMHA if required. We saw this information on posters and in leaflet form

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were up to date with mandatory Mental Capacity Act (MCA) training across the service. Staff we spoke with were knowledgeable and understood the principles of MCA and Deprivation of Liberty Safeguards (DoLS). They were aware of the policy could find it on the intranet when needed.
- MCA was not always documented fully within the care records and reasons for decisions made where not fully explained.
- We saw evidence of consent to treatment and capacity requirements recorded within some care records, but this was not consistent and not easily accessed.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- All of the premises that we visited were clean, bright, and visibly clean. Although we did not see cleaning rotas, cleaners were present at all of the premises.
- Interview rooms at Derby City (day hospital facilities), Erewash, Amber Valley and Chesterfield City were well maintained and simply decorated. They promoted safety, comfort and confidentiality. Patients do not attend the North East premises; therefore, we did not inspect their interview rooms.
- We did not see alarms within clinic rooms, although staff had use of personal alarms for use when necessary.
- Well-equipped clinic rooms meant that staff had access to necessary equipment to assess patient's physical health. There were no examination beds within the rooms; a separate room was available for physical health checks at the Derby city site.
- Equipment was well maintained, clean and had stickers to indicate when calibration was required.
- Staff adhered to infection control principles, including handwashing and were up to date with infection control training. Infection control champions were present in the teams.

### Safe staffing

- The trust used a 'Safer staffing' tool to calculate the number of staff required for each team. Overall, the teams had sufficient staffing to respond appropriately to their patients' needs.

Staffing establishments for each team were:

**Derby City** 10.9 whole time equivalent(WTE) qualified nurses and 4.7 health care assistants with no vacancies

- 9.8 WTE qualified nurses and 1.8 health care workers with 2 vacancies for qualified nurses

**Amber Valley** 12.2 WTE for qualified nurses and 2 healthcare assistants with 2.8 vacancies for qualified nurses

**Chesterfield City** 7.6 WTE for qualified nurses and 3.4 healthcare assistants with 1 vacancy for a qualified nurse and 1 vacancy for a healthcare assistant

**North East** 5.7 WTE qualified nurses and 2 healthcare assistants with 1 qualified nurse on secondment and a vacancy for 0.5 WTE qualified nurse.

- Trust data from June 2015-May 2016 showed sickness rates for three of the teams were above the national average of 4.4%. These were Erewash with 5.4%, Chesterfield with 9.2% and North East with 6.1%. Staff turnover rate for Chesterfield was 13.8% and North East was 18.7%. This was above the trust average of 10.0%.
- The team manager would manage and reassess staff caseloads regularly during supervision, and consider complexity and skill mix when allocating new patients. Staff caseloads varied between 27 – 35 patients. All staff we spoke with said their caseloads were manageable.
- We viewed the waiting list for care co-ordination; Amber valley had 24 patients, Erewash had seven and North East had one. Derby city and Chesterfield did not have any patients waiting. The team manager for Amber Valley told us the referral rate for Amber Valley was higher, which influenced the waits for care co-ordination.
- Erewash, Amber Valley and North East teams were using block booked agency workers to cover their vacancies. This meant that patients had continuity of care and the agency worker had gotten to know their patient needs well.
- The teams had access to a consultant psychiatrist and a junior doctor during working hours. Staff, patients and carers told us that they were responsive and approachable. On- call psychiatrists were available out of hours if patients attended A@E.
- The trust target for mandatory training was 85% and 95% for compulsory training. Staff had received both and were 88% and 96% compliant respectively.

### Assessing and managing risk to patients and staff

- We looked at 24 sets of care records across all teams. Staff used the Functional Analysis of Care Environment

# Are services safe?

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

(FACE) risk assessment tool to assess each patient's risks during initial assessment. All records had an up to date risk assessment and risk management plan and updated when patient needs changed or during a planned review. Staff used the risk information to decide if they needed more than one clinician to attend with them on home visits.

- We saw evidence within the care records of patients receiving crisis plans; patient's and carers told us they were aware of what to do in a crisis situation. We did not see patient's advance decisions recorded within the care record.
- Staff were able to respond within the day to deterioration in people's health. All teams had a duty worker who could respond and co-ordinate care with other professionals, following concerns about a person's wellbeing.
- Staff monitored patients on the waiting list by ensuring patients and carers were aware of how to contact the team. Staff discussed patients on the waiting list on a weekly basis and could prioritise patients whose risks had increased. The team informed the referrer, patient and carer of the interim plan and kept in close contact by letter and phone calls.
- Data from the trust showed that staff were 99% compliant with training in safeguarding adults up to level two, although only 79% had completed safeguarding children up to level three. This was lowest in the Derby City team at 47%. We saw evidence of staff booked onto relevant courses to maintain and improve compliance.
- Staff demonstrated a good understanding of how to recognise and report safeguarding concerns. Staff told us that often other agencies had identified and raised safeguarding alerts before referral to the teams, such as nursing and care homes and GPs. They were aware of whom the safeguarding lead was and who to ask for advice. We saw evidence within supervision records of discussion of safeguarding issues.
- All teams had effective protocols on personal safety and they followed the lone working policy. They had a signing in and out system and all staff had a trust mobile phone. They would ring the team base at the end of their visits and there was a follow up process in place.

- None of the teams managed or stored patient medications apart from depots (regular anti-psychotic injections). Administration of all depots occurred within the patient home, none at the team bases. We reviewed the protocol within each team; all were adhering to the policies and procedures and safely managed medicines. All teams checked room temperatures consistently, and kept them within normal ranges. This ensured the effectiveness of the medicine was not impaired. A pharmacist would ensure depot medications were in stock and completed medicine related audits.

## Track record on safety

- One serious incident had occurred in the twelve-month period prior to the inspection. This was within the Chesterfield Central team; a root cause analysis investigation of the incident was carried out and subsequent learning shared with staff.

## Reporting incidents and learning from when things go wrong

- Staff we spoke with told us they knew how to report incidents on their electronic reporting system. Data requested from the trust showed staff recorded 38 incidents from 1 April 2015 to 31 March 2016 for all five teams. Team managers acknowledged that incident reporting was generally low and staff did not always input them onto their system, despite managing the incidents. Managers told us they planned to rectify this by promoting and reminding staff to record all incidents that they encounter.
- Managers told us they promoted an open and transparent culture. A staff member gave an example where they had used duty of candour to share information with a patient and family following an incident.
- Team managers told us of examples where incidents had prompted changes within practice or within the team, an example given involved providing joint professional assessments to suicidal patients.
- Staff received feedback from incidents in supervision and in regular team meetings. This would include incidents from other teams via a trust wide cascade system, which ensured shared learning across the organisation.

## Are services safe?

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

- Staff were offered support and debrief following incidents. Managers told us this would be organised quickly and proactively. Psychologists often led the debrief sessions when they were available.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- We reviewed 24 care records across the teams; all contained an up to date and comprehensive assessment that had been completed in a timely manner.
- Care plans were contemporary, personalised and holistic. Twenty-one of the care plans were reviewed every six months and three were outside of this period. They contained a full range of individual needs, with evidence of updated information following incidents and multi-disciplinary input. We saw evidence of three 'Wellness recovery action plans' within the Chesterfield City team which had been written with the patient in their own words. However, for the majority, staff would write care plans in a professional style, which could make them difficult for some patients and carers to understand. We saw evidence of staff discussing the care plans with patients and checking for understanding and agreement, however documentation of this was not consistent. Staff did not consistently document whether patients received a copy of their care plans or if they had refused it.
- The trust had a secure electronic records system that all staff could access. Staff were able to use a hand held tablet when they were offsite or at home, which meant that they could access the information, they needed when required. Staff showed an awareness of the trust policy regarding confidentiality and information governance.

### Best practice in treatment and care

- Staff considered National Institute for Health and Care Excellence (NICE) guidelines when making treatment decisions and prescribing medicines. All staff spoke about following guidelines from the National Dementia Strategy, which is the Government's 5-year plan for improving health and social care services in England for people with dementia and their carers. Medicine charts we reviewed showed low dose prescribing of depot medication (an antipsychotic administered via a regular injection), which showed adherence to these guidelines.
- All teams had access to a psychologist who was able to provide NICE recommended interventions including

cognitive assessment, family therapy and individual therapy. The psychologist we spoke with was unaware of cognitive stimulation therapy; a NICE recommended intervention for older adults with dementia.

- Staff worked in partnership with a number of relevant agencies that enabled support for employment, housing and benefits.
- All patients referred into the service received a physical health check. All teams had developed good working relationships with GPs and discussed physical health and medication issues regularly. CMHT staff ensured that a thorough physical health summary was included in the GP referrals received by the teams.
- In order to rate the severity of symptoms and measure progress of treatment outcomes, the multi-disciplinary team used a variety of recognised, evidence based assessment tools including Addenbrookes cognitive examination R -111, Hamilton anxiety and depression scale and Glasgow anxiety and depression scale. All teams also used the Health of the Nation Outcome Scales (HoNoS) and regularly re-assessed patients to demonstrate when progress had occurred in their recovery.
- Staff participation in clinical audits was limited to care records audits, which had occurred in some teams and results fed back to staff to outline good practice and areas for improvement.

### Skilled staff to deliver care

- Staff working within the teams came from a range of professional backgrounds including doctors, nurses, psychologists, healthcare support workers and occupational therapy to ensure that patients' received a wide range of support and treatment.
- All new staff had a trust induction before they started working within the teams.
- Records showed staff received monthly managerial and clinical supervision and that 94% of staff had received an appraisal in the 12 months prior to the inspection.
- Managers were able to identify and manage training needs and poor performance promptly and efficiently. One manager gave us examples of staff performance issues and we saw an action plan to support and rectify issues identified.



# 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.

- Staff had access to training relevant to their role such as dysphagia training, delirium training and compassionate focused training. Some healthcare support workers had undertaken their registered nurse training and the trust had supported them to do this.

## Multi-disciplinary and inter-agency team work

- Each team held a multidisciplinary team meeting on a weekly basis, attended by the full range of professionals within the team. Discussions took place regarding mental and physical health, medication and other interventions such as occupational therapy and psychology.
- We observed a referral meeting; allocation of new referrals and discussion of the outcomes of previous assessments occurred. All disciplines would input and discuss ways in which they could best support the patient and the care package required to enable recovery and independence.
- Staff we spoke with said they had good communication links with other teams within the trust, including in-patient services and the dementia rapid response team. All teams were able to access the patient care record system, which ensured they had relevant information regarding patient care.
- The manager at the Chesterfield and North East teams had plans to recruit a link worker, to liaise with care homes in both areas. The aim of the role was to provide a consistent link to the teams and provide education to care home staff, specifically around the management of dementia and delirium.
- All teams had developed effective links with their GPs. On a monthly basis, allocated staff attended community support team (CST) meetings. These meetings included the GP, district nurses and other members from the primary care service. Discussions regarding new referrals, physical health issues, medication occurred between both services. Staff reported this had improved communication, reduced the number of inappropriate referrals and improved the patient care pathway. Feedback from a GP was very positive and acknowledged the impact the links between the services had had on patient care. Erewash team had

developed a widely publicised question and answer monthly session held in the community, inviting patients, carers and the public to discuss all matters regarding dementia.

- At the Erewash and Amber valley teams, the Alzheimer's society provided consultation following appointments with the memory clinic. This meant that patients got the correct advice, help and support quickly and efficiently following diagnosis.
- We spoke with a social services manager working in Derby, who reported good working relationships with the community teams and stated when problems had arisen; staff from both services would liaise to resolve them.

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

- Staff had a good understanding of the Mental Health Act (MHA), the code of practice and its guiding principles. At the time of inspection, completion rates for MHA training were 98%, however, two staff that we spoke with did not feel confident they had enough knowledge about community treatment orders (CTOs) and had not received specific training for this.
- We saw evidence of consent to treatment and capacity requirements recorded within 10 care records, from the 24 we reviewed, but this was not consistent and not easily accessed.
- Two patients across the teams we visited were subject to a CTO. We spoke to one of these patients and reviewed their CTO documentation. Information and rationale relating to the extension of the CTO was limited; the approved mental health practitioner (AMHP) report was missing. There was no evidence that section 132 rights had been explained to the patients on a regular basis. This meant the patient may not understand the implications of the CTO and staff did not have all the information available regarding the rationale of the CTO.
- Advice and administrative support was available from a trust wide Mental Health Act team, and they were available to audit MHA information.

# 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.

- Staff understood the role of the Independent Mental Health Advocate (IMHA) and knew how to access this service when patients' required it. We saw this information on posters and in leaflet form.

## **Good practice in applying the Mental Capacity Act**

- At the time of inspection, completion rates for Mental Capacity Act training were 100%; this was a one off mandatory training course for all clinical staff. The majority of staff that we spoke with understood the principles of the MCA; although two staff members did not feel confident they had full understanding of its implications and the processes involved when assessing a person's capacity. Staff highlighted presumption of mental capacity and the need to consider the least restrictive options when giving examples of MCA. We
- observed staff informally assessing patient's capacity and understanding during visits. Recording of this was not consistent within the care record and rationale for decision-making was not clear. The trust used a 'tick box' capacity form within their electronic care record. For patients with capacity, we did not see evidence of a completed capacity assessment to support this.
- Staff were aware of the trust MCA policy and would discuss patients' capacity issues and best interest decisions within the multidisciplinary team meeting and with senior staff. Again, recording of these discussions within the patient record was inconsistent. When unsure, staff would get advice from senior staff within the team.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- We observed staff interacting in a kind, compassionate and respectful manner. They were knowledgeable and attempted to provide practical and emotional support during their visits. They were responsive to the needs of patients and carers and demonstrated a positive approach.
- We spoke with fourteen patients and thirteen carers who were very complimentary about the staff. All of them described staff as polite, supportive, caring and compassionate. They said they listened and were always respectful towards them.
- Staff showed knowledge and understanding about their patients and took time to discuss their individual needs with them and with their carers. They spoke passionately and considerately about their patients. Care packages were tailored around the needs of the patient and carer.
- Patients told us they trusted the staff and were confident they maintained confidentiality. Staff were seen to lock their computers when away from their desks and did not take patient identifiable information into the community.

### The involvement of people in the care they receive

- The majority of patients we spoke with told us they had been involved in discussing the planning of their care and offered choices. We observed staff discussing care plans with patients, ensuring they understood and agreed with them. Some patients told us they had received a copy of their care plan, although they had not been involved with writing the care plan; staff had written it. This meant there was a risk older people and

carers would not understand the language used. However, all patients we spoke with said verbal information received was easy to understand and was clear and concise. Recording of when patients had refused a copy of their care plan was not consistent within the care record.

- Patients told us staff had encouraged them to maintain their independence and measures were put in place to ensure this happened, such as adaptations to the home.
- Staff told us that carers were integral to the care and treatment for patients and we saw this reflected in the care records and in the interactions between staff and patients that we observed. Carers told us they felt included and listened to by staff, and were able to discuss their concerns and wishes, and packages of care implemented accordingly. One carer told us they felt empowered by the interventions of the staff.
- Carers told us they had attended a 'living well group' following a referral from one of the teams, which had provided information and advice on how to care for their relative.
- We saw advocacy promoted across the service. One manager gave us an example of requesting an advocate to help a patient make a complaint. Patients told us they had access to advocates; posters and leaflets were available across all sites.
- Patients and carers had not been involved in the recruitment of staff.
- Staff encouraged feedback from patients via surveys and the friends and family test. We saw electronic devices designed to capture this information in some outpatient departments. Some patients told us they had provided feedback on their care and treatment.

# Are services responsive to people's needs?

Requires improvement 

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

## Our findings

### Access and discharge

- All teams focused on assisting people to remain in the community and prevent hospital admission. At the time of inspection, the team with the highest wait for assessment was Derby City, with 39 patients; their longest wait was 13 weeks. The team with the lowest wait was Erewash with three patients; their longest wait was one week. Across all teams, 96 patients were waiting for assessment following referral. However, the trust told us they accept all patient referrals, including those who are waiting for discharge from acute hospitals.
- Unless waiting for a care co-ordinator, treatment was planned and commenced following assessment.
- For appointments to see doctors in outpatient clinics including memory clinics, the trust target was 18 weeks. All teams were meeting the 18-week target, unless a patient did not attend or another unforeseen incident occurred. There were long waits for psychological assessment. This was due to vacant posts and staff on maternity leave. The longest average wait was at Derby city at 45 weeks; the shortest was at North East at 29 weeks; this comprised 118 patients across the teams. We saw that one patient had waited 88 weeks for assessment at the Derby city team. Staff we spoke with said they did not always refer into the psychology service due to the long waiting time, which meant patients did not always receive the most appropriate treatment for their needs.
- All teams had a single point of access, which consisted of a duty worker who would receive and triage all referrals. The duty worker coordinated staff to respond to all urgent referrals the same day. Discussion of new referrals occurred within the weekly referral meeting. The multidisciplinary team would discuss patient risks to decide how quickly to see each patient. Some teams operated a RAG system (red, amber, green) to triage referrals. Discussion of referrals waiting for assessment occurred at the weekly referral meeting. This ensured they got allocated, dependent on staff capacity and urgency of new referrals received. Senior nurses always undertook assessments following referrals, due to their experience and knowledge.
- The trust did not provide an out of hour's provision for patients over the age of 65 across Derby City, Erewash and Amber Valley and 70 for Chesterfield and North East due to commissioning arrangements. Patients had to contact their out of hours GP, or attend the local accident & emergency department who would refer them on to the psychiatric liaison department. This meant that the older adult population of Derbyshire did not receive a community mental health service after 5pm and on weekends. Some carers we spoke with told us this had been problematic in the past and gave examples of having to cope alone when their relatives experienced a crisis out of hours. At times, staff worked after 5pm when patients were in crisis and did this in line with their lone working policy.
- The duty worker responded promptly and adequately when patients phoned in to the services; this applied to both crisis and routine care. We observed this during our inspection.
- We saw the neighbourhood team operational policy, which does not exclude patients who would benefit from treatment and services and had clear criteria for inclusion.
- We observed discussion between staff of attempts to actively engage a patient who was reluctant to participate with the service. Staff discussed similar cases within the multi-disciplinary team meetings and with senior staff. Staff told us they sent letters, contacted carers/ families and visited patient homes when attempting to engage reluctant patients.
- Patients remained on the waiting list; even if they do not attend (DNA) allotted home visits, until they are seen face to face. Staff would manage DNAs by re making appointments and would attempt to contact the patient.
- Staff told us they were flexible when offering appointments to patients, and could accommodate requests from family and carers to attend appointments. Staff told us cancellation of patient appointments was rare and rescheduled as soon as possible.

**The facilities promote recovery, comfort, dignity and confidentiality**

# Are services responsive to people's needs?

Requires improvement 

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

- Staff would see patients within their own homes, or care homes, although doctors held clinics at staff bases for the Erewash, Amber Valley and Chesterfield teams. Patients from the Derby city team attended clinics at Dove dale day hospital and the North East team used rooms in different vicinities, dependent on where patients lived.
- Staff gave patients information on the service and the team. We saw a range of leaflets and information within the waiting areas at outpatient clinics.

## Meeting the needs of all people who use the service

- All teams prioritised seeing people in their own home, although the service locations had disabled access or where possible, staff made adjustments.
- Information in other languages was not readily available within the team bases and outpatient clinics, although staff told us this would be available if required. Derby City particularly had a high proportion of people from an ethnic background, whose first language may not be English. Staff gave examples of using interpreters and were aware of how to access them when required.
- A staff member had assisted a patient who had hearing difficulties with a 'boom box' to he could access his care plan. The box came with headphones and amplified sound, which helped to improve communication between patients and staff. This had been so successful; the team were looking to purchase more for patients with similar difficulties.
- Staff encouraged patients and carers to attend a range of activities, to promote independence, confidence and improve health and wellbeing, which formed part of their care plan. Staff had good links with other organisations within the local community and would signpost patients and carers to groups and social activities they would enjoy and benefit from.

## Listening to and learning from concerns and complaints

- We reviewed data from the trust, which showed the service had received five complaints relating to three of the teams from 1 February 2015 to 31 January 2016. The trust had partially upheld three, two relating to staff attitude and one relating to a perceived breach of confidentiality.
- No complaints had been referred to the parliamentary and health services ombudsman.
- Patients we spoke to told us they had not received any written information about how to make a complaint, although they said they would speak to their care co-ordinator or other staff if they needed to. No patients told us that they wanted to make a complaint.
- Staff were aware of the complaints process and managed informal and formal complaints effectively, in line with the trust policy. They would discuss any complaints within the multidisciplinary team and with senior managers and where necessary an investigation would take place.
- Staff received information following the outcome of investigation into complaints. This would be cascaded via email, team meetings and supervision if required. Staff would act on findings and any lessons learnt when necessary. A manager told us of a complaint from a student nurse, which had resulted in that team providing two mentors for all students on placement.
- The teams had received fifty-five compliments from 1 February 2015 to 31 January 2016; the majority mentioned the support that patients had received from staff.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- Staff were aware of the organisation's visions and values; we saw staff objectives reflecting the trust values within their annual appraisal.
- Staff we spoke with were aware of the senior managers within their organisation, and some teams had received visits from the CEO to discuss the new neighbourhood model. Some staff had attended listening events, chaired by board members, which gave them opportunity to discuss concerns and receive information.
- The Trust had recently merged the community adult teams and the community older adult teams. The transition of this was still in process when we inspected and two of the areas had not yet co-located their staff. Staff told us they had concern they would have to manage patients with needs beyond their confidence or skill set. Managers we spoke with said senior management encouraged teams to adapt the model to suit their local needs, although they had not received much guidance on how to do this. There is a potential risk that teams could start to work in isolation, due to each area having different line managers and sharing of lessons learnt and good practice would lack consistency across the county.

### Good governance

- Records show that statutory and mandatory training was completed, or staff were booked onto the training courses. We reviewed supervision records and staff appraisals whilst on inspection. All were up to date and completed to a good standard.
- Staff participated in limited clinical audits. Some managers reviewed and audited care records, and on occasion adherence to patient physical health needs. This was not consistent across the teams and some did not participate at all. This meant they did not measure the quality of their service and missed opportunities to highlight good practice and identify areas for improvement.
- Staff reporting of incidents was low which meant that staff missed opportunities for learning across the service.

- The team did not provide patients with written information about how to complain; although there was evidence, they had learnt from service user feedback, including compliments.
- Procedures relating to safeguarding were widely followed and staff knew how to raise an alert.
- Adherence to procedures relating to MCA and MHA was inconsistent due to poor recording in care records of CTO's and some staff having limited knowledge of the correct processes.
- Appropriate numbers of staff were available and staff told us that direct patient care was their priority.
- All teams monitored and adhered to their key performance indicators, such as staff training, supervision and waiting times.
- All team managers were able to feedback any concerns to their line managers in monthly meetings and submitted items to the risk register as required.

### Leadership, morale and staff engagement

- Sickness rates at three of the teams were higher than the national average due to long-term absences; managers had adhered to the trust sickness policy.
- No teams had reported any bullying and harassment cases. All staff that we spoke with said they were aware of the whistleblowing policy and felt confident they could raise concerns without fear of victimisation.
- Staff across all teams said morale was good and they enjoyed working within the teams and with their patients. They had developed good working relationships and said they worked well as a team. All staff were complimentary about their managers and considered them approachable and supportive. Team managers considered their line managers to be supportive and approachable.
- The trust encourages staff to develop their leadership skills by promoting leadership and management training. Some staff told us they had attended and had gained new skills. We saw evidence of upcoming events providing education opportunities for staff to attend.
- The team managers told us they had developed a peer support group, which they attended monthly to reflect and discuss common themes.



# Are services well-led?

Good 

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- Staff told us they had attended consultation meetings in the planning stages of the neighbourhood model changes. However, staff told us they did not feel confident working with younger adults and required additional training to develop their skills.
- Staff across the service showed awareness of being transparent and open with patients and carers when things went wrong.
- All teams participated in the trusts quality visits. Four of the five teams had achieved a 'platinum' award, which meant that they were compliant with the trusts quality standards.
- The memory service at Erewash had applied to participate in Memory Services National Accreditation Programme (MSNAP). There were waiting for the outcome of this at the time of our inspection.

## **Commitment to quality improvement and innovation**

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### How the regulation was not being met:

There were long waits for the psychology service across all teams.

Because of this, patients were not always referred into the psychology service, which meant patients did not always receive the most appropriate treatment for their needs.

This was a breach of Regulation 9(3)(a)(b)

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### How the regulation was not being met:

Copies of Mental Health Act documentation were not available within the patient record, and recording of how decisions relating to the extension of a Community Treatment Order (CTO) were not clear. Patients on a CTO were not made aware of their section 132 rights at regular intervals.

This was a breach of Regulation 11(4)



This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.