Good

Camden and Islington 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)
TAF01	St Pancras Hospital	Camden memory service	NW5 2TX
TAF01	St Pancras Hospital	Services for ageing and Mental Health – Camden community	NW5 2TX
TAF01	St Pancras Hospital	Islington memory service	N7 9NY
TAF01	St Pancras Hospital	Services for ageing and Mental Health - Islington community team	N7 9NY
TAF01	St Pancras Hospital	Home Treatment team	N7 9NY
TAF01	St Pancras Hospital	Dementia Navigator Service	N7 9NY
TAF01	St Pancras Hospital	Community Recovery Team	NW1 9DB

Summary of findings

This report describes our judgement of the quality of care provided within this core service by Camden and Islington NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Camden and Islington NHS Foundation Trust and these are brought together to inform our overall judgement of Camden and Islington 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?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Camden and Islington NHS Foundation Trust Community-based mental health services for older people as good because:

- Most staff completed a risk assessment of every patient at the beginning of treatment and updated them regularly. Care records reviewed all contained up to date, personalised, holistic, recovery-oriented care plans.
- All care records reviewed all contained up to date, personalised, holistic, recovery-oriented care plans.
- Staff followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. Service users within the Camden team had a least two NICE informed interventions on their care plans which included psychological interventions.
- We observed staff interactions with service users and their families in a variety of settings, found that they were responsive, respectful, and provided appropriate practical and emotional support. Staff were committed to working in partnership with people to ensure that the service users felt supported and safe.
- Staff supported families and carers to be involved in the service users' care. Staff offered families and carers' access to psychological therapies.
- Staff were committed to improving the service by participating in research. They had been innovative in implementing a 'brain food' group that was making a positive difference to service users.
- Staff assessed and recorded a person's capacity to consent following every appointment.
- Team managers assessed and managed caseloads to ensure that all service users were allocated care co-ordinators.
- Team managers had recruited to all qualified nursing posts.They were actively recruiting to fill other vacancies within the multidisciplinary team.
- A duty team was in place across the service to monitor the waiting list. Staff monitored the waiting list to detect service users' increase in risk or to respond promptly to a sudden deterioration in their health.
- The provider used balance score cards to gauge the performance of the team. The scorecards were available in an accessible format.
- Team managers had a risk register for the service, which they completed and monitored in monthly senior management meetings.
- Across the service, there was 100% compliance for staff attending monthly clinical and managerial supervision.
- Staff reported that they enjoyed their roles and that morale within the team was good.

However

- The recovery team did not update risk assessments when service users were admitted to the service.
- No compliance rates were available for Mental Health Act training.
- Only 34% of staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- Most staff completed a risk assessment for every patient at initial triage and assessment and updated them regularly. Care records reviewed all contained up to date, personalised, holistic, recovery-oriented care plans. Staff incorporated crisis plans and advance decisions in to comprehensive care plans.
- Team managers assessed and managed caseloads to ensure that all service users were allocated care co-ordinators.
- Staff knew what incidents needed to be reported and ensured that incident forms were completed and recorded.
- Team managers had recruited to the majority of qualified and unqualified nursing posts. Team managers were actively recruiting to fill other vacancies within the multi-disciplinary team.
- Staff received feedback from investigations of incidents both internal and external to the service in monthly team meetings and via email.
- Staff were able to describe their duty of candour responsibilities as the need to be open and honest with patients when things go wrong.
- A duty team was in place across the service to monitor the waiting list and to detect service users' increase in risk or to respond promptly when staff identified a sudden deterioration of their health.
- Compliance with mandatory training for the service was 82% this was above the trust target for mandatory training of 80%.

However

- The recovery team did not update risk assessments when service users were admitted to the service.

Are services effective?

Good

We rated effective as good because:

- Staff followed NICE guidance when prescribing medication. Service users within the Camden team had at least two NICE informed interventions on their care plans which included psychological interventions.
- All care records reviewed contained up to date, personalised, holistic, recovery-oriented care plans.
- Staff assessed physical healthcare needs and completed annual health checks. This included monitoring service users taking prescribed medication.

Summary of findings

- Staff assessed and recorded in case records capacity to consent for people who might have impaired capacity at every appointment.
- 100% of staff received monthly clinical and managerial supervision.
- 93% of non-medical staff had received an appraisal in the last 12 months.
- Staff attended the weekly inpatient ward round to ensure that they were involved in the discharge planning for their patients.

However

- No compliance rates were available for Mental Health Act training.
- Only 34% of staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Managers reported that staff received in house specialist training but managers did not keep a record of staff's attendance centrally.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- Staff offered exceptional support to families and carers. This included innovative access to psychological therapies. For example strategies for relatives of people living with dementia (START) and cognitive stimulation therapy (CST).
- We observed staff interactions with service users and their families in a variety of settings, found that they were responsive, respectful, and provided appropriate practical and emotional support. Staff were committed to working in partnership with people to ensure that the service users felt supported and safe.
- All service users and family member we spoke with reported that all staff had a positive impact on their mental health. Staff were dedicated and committed to them and their families. They took time to explain things to them and provided them with information.
- All case records we reviewed showed that service users and their families were actively involved in care planning.
- Service users and families were able to give feedback on the care they receive by completing the friends and family test and satisfaction surveys.

Are services responsive to people's needs?

Good

We rated responsive as good because:

Summary of findings

- The waiting time from referral to assessment was 23 days. The waiting time from assessment to treatment was 26 days. Staff prioritised service users referred to the service from primary care, or not receiving support from another service. Managers reported that were able to see urgent referrals quickly.
- Staff signposted people after the initial assessment to the team who could offer the service that best met the needs of the service user.
- Staff preferred to see people at home, as this helped them gain a better understanding of how their illness affected their activities of daily living.
- Staff provided an information pack at the point of assessment, which also provided information on treatments, local services, patients' rights, and advocacy and how to complain.
- In the last 12 months, there had been a total of five complaints and two compliments received for the service. The complaints had been investigated fully and the outcomes were shared with the complainant and staff.

Are services well-led?

Good

We rated well-led as good because:

- Staff knew and agreed with the organisation's values. Team managers ensured they shared these values with their team in monthly meetings.
- The provider used balance score cards to gauge the performance of the team. The score cards were presented in an accessible format.
- Team managers had a risk register for the service, which they completed and monitored in monthly senior management meetings.
- Staff reported that they enjoyed their roles and that morale within the team was good.
- Staff were committed to improving the service by participating in research. They had been innovative in implementing a 'brain food' group that was making a positive difference to service users.

However

- Managers did not ensure that the 80% compliance rate for mandatory training across the service had been achieved.

Summary of findings

Information about the service

Camden and Islington provide specialist services to people with care needs relating to mental illness and ageing. This work is carried out by SAMH – the Services for Ageing and Mental Health division.

Services for Ageing and Mental Health (SAMH) Camden and Islington Community Mental Health Team

This team offers assessment, treatment and support to older people living in the borough of Camden and Islington with mental health problems. Support is also offered to families and carers. They help people experiencing depression, anxiety, dementia, psychosis and other serious mental health concerns.

Memory Services

The memory services assess and treat people with memory problems. They offer help to both to the person and their family in dealing with memory problems.

Community Recovery Service for Older People

The team supports older people's recovery by providing effective treatment designed to improve mental health, reduce the need for hospital admission and promote early discharge.

Dementia Navigator Service

The service offers a one-off contact to all people who have a new diagnosis of dementia, usually from the Islington Memory Assessment and Treatment Service. Long-term support from the Dementia Navigators is available to anyone with dementia who lives in Islington, is registered with an Islington GP, and has been diagnosed with a type of dementia other than Alzheimer's Disease.

Home Treatment Team

This service offers home-based treatment Camden and Islington residents with an acute mental illness over the age of 70 and people of any age living with dementia. This service is provided to people who are acutely mentally unwell and under consideration for mental health hospital admission or who may need hospital admission if they deteriorate. Or for inpatients who require intensive support to facilitate early discharge.

Our inspection team

Chair: Prof. Heather Tierney-Moore, Chief Executive of Lancashire Care NHS Foundation Trust.

Team Leader: Julie Meikle, head of hospital inspection (mental health) CQC.

Inspection Manager: Margaret Henderson, inspection manager mental health hospitals CQC.

The team, which inspected the older people community teams, consisted of two CQC inspectors, a psychiatrist, a nurse, and an occupational therapist all of whom had recent mental health service experience of working in mental health services.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

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

Summary of findings

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 at three focus groups.

During the inspection visit, the inspection team:

- Visited seven teams, two community mental health teams for older people, two memory services and a recovery treatment team, a home treatment team and the Dementia Navigator Service.
- Spoke with 12 patients and eight carers/family members.
- Interviewed four managers including two team managers.
- Interviewed 18 other staff members; including doctors, nurses, occupational therapists and psychologists and support workers.
- Inspected 26 individual care and treatment records.

We also:

- Inspected the locations where people received services, including the treatment rooms and emergency equipment.
- Attended a multi-disciplinary team meeting.
- Accompanied staff on two home visits with the service users' permission.
- Carried out a specific check of the medication management at two services that held medication.
- Observed three service user groups run by occupational therapists and psychologists.
- Reviewed in detail 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 service users and family members we spoke with reported that all staff had a positive impact on their mental health. Comments made highlighted that staff understood individual needs, they were helpful and supportive and that they could not do enough for the service users.
- Service users felt that all staff were dedicated and committed to them and their families. They took time to explain things to them and provided them with information.

Good practice

- A lead practitioner at the Camden Memory service set up a 'brain food' group for service users. The group offers five 90-minute sessions over a three month period. The group was based on research that a mediterranean diet provides high quality nutrients that positively affects energy levels and the ability to think clearly. The group was in its infancy but staff explained that feedback was encouraging and there had been some improvement in service users' mini mental state examinations scores. Staff had applied for a funding grant in order to complete a research paper and continue this piece of work.
- Staff offered families and carers' access to psychological therapies. One therapy offered was a strategy for relatives of people living with dementia (START programme). Staff offered cognitive

stimulation therapy to families and carers if the service user did not want to engage in the programme. This enabled them to try the activities at home to improve the well-being of the service user.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that all staff complete mandatory training.
- The trust should ensure that all risk assessments are completed and up to date.

Camden and Islington 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
Camden memory service	Camden and Islington NHS Foundation Trust
Services for ageing and Mental Health – Camden community	Camden and Islington NHS Foundation Trust
Islington memory service	Camden and Islington NHS Foundation Trust
Services for ageing and Mental Health - Islington community team	Camden and Islington NHS Foundation Trust
Home Treatment team	Camden and Islington NHS Foundation Trust
Dementia navigator service	Camden and Islington NHS Foundation Trust

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.

- The trust had a mental health law training programme. The training was not considered as mandatory and compliance rates were not provided during the inspection.
- Staff told us that there understanding of the MHA was good particularly with regard to community treatment orders (CTO). The service did not have any service users on CTOs during the inspection.
- Case records clearly highlighted that consent to treatment has been sought prior to medication being prescribed.

Detailed findings

- The trust provided administrative support and legal advice on implementation of the MHA and code of practice when required.
- Managers reported that if they had service users detained in the service MHA administrators would ensure that the MHA was being applied correctly.
- People had access to the independent mental health advocate services. Staff were clear on how to access and support patient engagement with the IMHA.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Only 34% of staff had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.
- Staff showed they had a good understanding of the MCA, including the five statutory principles. Staff were aware of the trust policy on MCA and where to get advice when required.
- Staff assessed and recorded in case records at every appointment capacity to consent for people who might have impaired capacity.
- Staff completed capacity assessment on a decision-specific basis. Staff gave assistance to service users and their families if required.
- Staff supported service users to make decisions where appropriate. When they lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture, and history. They recorded this in case records.
- There were arrangements in place to monitor adherence to the MCA within the Trust.

Good

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

- Interview rooms were present at two locations. They were fitted with alarms for staff to summon help if needed.
- Only two community services had clinic rooms. They had a sufficient supply of the necessary equipment to carry out physical examinations.
- All areas are clean and well maintained. Cleaning records were up to date and demonstrated that the environment was regularly cleaned.
- Staff adhered to infection control principles including handwashing.
- Resuscitation equipment, including defibrillation equipment, was well maintained, clean and clean stickers were visible and in date.

Safe staffing

- Core staffing levels had been set by the trust. The established level of qualified nurses was 26 whole time equivalent (WTE) with 5.2 vacancies. For nursing assistants it was 25.5 WTE with 4.89 vacancies. Team managers were actively recruiting staff to ensure all nursing and multidisciplinary posts were filled across the service.
- The overall sickness rate for the service was 2%. The highest rates of sickness were Islington SAMH team at 8.3%. Cover arrangements for sickness leave and vacancies were arranged using the trust nursing bank system, staff were 'block' booked in order to provide continuity of care for service users. Data showed that bank staff covered 111 shifts, three shifts were not covered.
- The average caseload varied across the service. The caseloads were higher for the memory services at 80-100 per staff member and 210 in the dementia navigator service. In these cases, staff did not have care co-ordinator responsibility. The service for ageing and mental health community the caseloads were 30. The home treatment team's caseload was 10 to15 per individual.
- Managers ensured that all services users had been allocated care co-ordinators when required. They reassessed and managed caseloads regularly at the weekly multidisciplinary meeting.
- Service users had rapid access to a psychiatrist when required. Outside of working hours the adult community team provided a psychiatrist if required.
- Compliance with mandatory training for the service was 82%, which was above the trust target of 80%. The highest compliance with training was for fire safety at 94%. The lowest was the Mental Capacity Act and DoLS at 34% and information governance at 68%.

Assessing and managing risk to patients and staff

- Most staff completed a risk assessment for every patient at initial triage and assessment and updated them regularly. This was evidenced on all case records reviewed. However, we looked at six risk assessments at the recovery team and found that staff had not reviewed five risk assessments when the patients began using the service.
- Staff incorporated crisis plans and advance decisions into comprehensive care plans. All records showed that staff had completed them fully and updated every six months or when needed.
- Staff responded to service users promptly when a sudden deterioration of their health was identified. In the community mental health teams and recovery team, a duty system was in place to provide this service. The memory team would offer support and refer to the service users' primary care provider or the community mental health team if required. Service users reported that different members of the team when required saw them quickly.
- The multidisciplinary team monitored people on the waiting list weekly to detect increases in level of risk.
- 75% of staff were trained in safeguarding adults and 52% were trained in safeguarding children. Staff told us that they knew how to make a safeguarding alert. We saw that staff logged safeguarding directly into the local authority database. Staff checked what action had been taken to ensure that service users were safeguarded. Staff completed incident forms for all safeguarding issues raised. During the inspection, we found a patient who had recently been discharged from an inpatient

Good

Are services safe?

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

ward had been involved in a safeguarding incident but no alert or incident form had been completed. We raised this with the team manager who liaised with the ward manager to address the concerns raised immediately.
- The trust had personal safety protocols including lone working practice in place that all staff followed.
- Two services held medication on site including emergency medication. Staff ensured that it was stored, and administered in line with guidance.

Track record on safety

- There had been four serious incidents in the last 12 months. These included an accident, suicide and attempted suicide by outpatients in receipt of care, self-inflicted harm. All had been fully investigated by the trust.
- Information about improvements in safety for the service was evidenced in the serious incident report actions plans. Managers shared these in monthly business and team meetings.

Reporting incidents and learning from when things go wrong

- All staff knew what incidents needed reporting and how to report them using an electronic incident reporting system. Staff recorded incidents in case notes.
- Staff were able to describe their duty of candour responsibilities as the need to be open and honest with patients when things go wrong.
- Managers told us that staff received feedback from investigation of incidents both internal and external to the service in monthly team meetings and via email.
- Managers and staff held monthly meetings to discuss feedback about the service. Managers also attended a weekly business meeting.
- Staff told us that managers offered de-briefs and support to their teams after serious incidents.

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

- Staff completed comprehensive assessment for all service users and they were completed in a timely manner.
- All care records reviewed contained up to date, personalised, holistic, recovery-oriented care plans. Copies of care plans were sent to service users, families and primary care workers.
- The information needed to deliver care and treatment effectively was stored securely within computer-based records. The information was available to staff when they needed to deliver care and easily transferred between teams if required.

Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. This included regular reviews and physical health monitoring. The memory services referred all patients for computerised tomography (CT) scans to diagnose patients prior to prescribing medication.
- All service users within the Camden SAMH team and 80% at Islington SAMH team had at least two NICE informed interventions on their care plans.
- The service provided psychological therapies recommended by NICE. This included strategies for relatives of people living with dementia (START) and cognitive stimulation therapy (CST). Due to the demand of these therapies, staff placed service users on a waiting list. The waiting times varied depending on the therapy required. For START, it was 6- 8 months, (CST) 9 weeks and for a neuro psychological assessment, it was 8 weeks.
- There was evidence in case records that staff supported service users with employment, housing, and benefits.
- Staff wrote to service users' primary care givers to ensure that physical healthcare needs were addressed. This included annual health checks. Doctors within the service monitored people that were prescribed memory medication, lithium or antipsychotic medication.
- Staff completed mental health clustering tools for all patients that included the Health of the Nation Scales 65+ to assess and record severity and outcomes for service users.
- No audits were carried out that were specific to older people community services. Although managers did complete trust wide audits to ensure that the service monitored their practice in line with the trust's clinical audit programme. This included monitoring of antipsychotic medication.

Skilled staff to deliver care

- The team consisted of nurses, occupational therapists, doctors, and support workers. Specialist assessments such as physiotherapy and speech and language therapy were carried out when required by staff working across the trust. This meant that patients had access to a variety of skills and experience for care and treatment.
- Managers and staff we spoke with were experienced and qualified. However, staff did not receive specific older people's training for example, training in dementia. Managers reported that staff did receive the in house specialist training but managers did not keep a record of staff's attendance centrally.
- Staff received an induction prior to starting work. However, managers did not provide the number of staff that had completed the care certificate standards. The care certificate aims to equip staff with the knowledge and skills they need to provide safe, compassionate care.
- Across the service, there was 100% compliance for staff attending monthly clinical and managerial supervision. We reviewed supervision records and found staff had completed them fully and had discussed a variety of issues.
- 93% of non-medical staff that had received an appraisal in the last 12 months.
- Managers addressed poor staff performance promptly and effectively with the support of human resources.

Multi-disciplinary and inter-agency team work

- Weekly multi-disciplinary meetings took place in all services. We observed one of the meetings and saw that it was a well-structured meeting, with evidence of multi-agency working. All disciplines took part in the meeting discussing and planning all aspects of care that the service users needed.
- Islington community held a reflective practice group where once a week a member of staff would discuss their caseload with the consultant and team leader.

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.

- We attended the group and noted that they used it to reflect on person centred care, referrals to occupational therapy or psychology and discharge planning.
- Managers informed us that staff from the Islington community team attended the weekly inpatient ward round to ensure that they were involved in discharge planning for patients.
- Service user's case records showed that inter agency working took place. For example, one service user found it difficult to engage with the memory service. The psychiatrist and the GP worked with the service user's family and arranged a GP appointment for the service user where they felt safe and supported. The psychiatrist joined the meeting. The outcome was the service user engaged in the memory assessment.

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

- The trust had a mental health law training programme. The training was not considered as mandatory and compliance rates were not provided during the inspection.
- Staff told us that there understanding of the MHA was good particularly with regard to community treatment orders (CTO). The service did not have any service users on CTOs during the inspection.
- Case records clearly highlighted that consent to treatment has been sought prior to medication being prescribed.
- The trust provided administrative support and legal advice on implementation of the MHA and code of practice when required.
- Managers reported that if they had service users detained in the service MHA administrators would ensure that the MHA was being applied correctly.
- People had access to the independent mental health advocate services. Staff were clear on how to access and support patient engagement with the IMHA.

Good practice in applying the Mental Capacity Act

- Only 34% of staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff showed at interview that they had a good understanding of the MCA, including the five statutory principles. Staff were aware of the trust policy on MCA and where to get advice when required.
- Staff assessed and recorded in case records capacity to consent for people who might have impaired capacity at every appointment.
- We saw evidence that staff carried out a capacity assessment on a decision-specific basis about significant decisions. Staff gave assistance to service users and their families to make decisions if required.
- Staff supported service users to make decisions where appropriate. When they lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture, and history. They recorded this in case records.
- There were arrangements in place to monitor adherence to the MCA within the Trust.

Outstanding ☆

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 during two home visits. Staff ensured that they carried out a comprehensive assessment of the service user's needs and concerns. Staff involved family members and valued their input. Staff were respectful and responsive to their needs. They addressed concerns professionally and provided practical and emotional support. Staff ensured that service users' emotional and social needs were highly valued and were embedded in their care and treatment. For example, during one home visit, the service user described side effects of medication and the staff member wrote an action plan with the service user's involvement to have these investigated by the GP and consultant.
- We observed two cognitive stimulation therapy groups. Staff empowered service users and their family members to be actively involved in the groups. They supported and encouraged any contributions from group members.
- Staff were committed to working in partnership with people to ensure that the service users and their family and carers felt supported and safe. For example, a family reported that they worried about the service user being alone and not being able to call for help if needed. They discussed whether an alarm system would help. Once they had agreed that it would, a referral was made to adult social care for the alarm to be fitted.
- All service users and family members we spoke with reported that all staff had a positive impact on their mental health. Comments highlighted that staff understood individual needs, they were helpful and supportive and that they would go the extra mile to ensure the care delivered exceeded expectations. Service users felt that all staff were dedicated and committed to them and their families. They took time to explain things to them and provided them with information too.
- Staff understood people's personal, cultural, social, and religious needs as well as their mental health needs. Staff discussed with the families and within the multidisciplinary team whether certain behaviours were linked to cultural or religious beliefs or if interpreters would support the patients understanding of their illness and engagement in the care offered to them.

The involvement of people in the care that they receive

- All case records we reviewed showed that service users and their families were actively involved in care planning. Staff included people's individual preferences and needs in their care plans and multidisciplinary meetings minutes. Service users had copies of their care plans.
- Staff supported families and carers involved in service users' care. Staff offered families and carers access to psychological therapies too. One therapy offered was a strategy for relatives of people living with dementia (START programme). The programme was offered as eight individual sessions. It was a talking therapy to support carers to manage the difficult behaviours, which can be associated with dementia as well as relaxation techniques to help them manage stress. Feedback form this programme from family members was very positive.
- Staff valued relationships with families and carers and this was promoted by managers. An example of this was staff offered cognitive stimulation therapy to families and carers if the service user did not want to engage in the programme. This enabled them to try the activities at home to improve the well-being of the service user.
- Service users had access to advocacy when needed.
- Service users and families were able to give feedback on the care they received by completing the friends and family test and satisfaction surveys. For example, family and carers feedback to the service highlighted that they did not understand what was involved in the cognitive stimulation therapy. As a direct result of these family members were encouraged to attend the therapy.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- The waiting time from referral to assessment was 23 days. The waiting time from assessment to treatment was 26 days. However, due to the trust changing their electronic patient record system, there were some challenges with data quality in reports. This meant that waiting times could have been artificially increased. The trust was aware of this.
- Staff prioritised service users referred to the service from primary care, or not receiving care co-ordination from another service. The last patient referral took nine days from referral to assessment, and 11 days from assessment to treatment.
- Staff saw 90% of service users within 21 days for an occupational therapy specific assessment. 86% of service users had a neuropsychological assessment within eight weeks of referral.
- Managers reported that they were able to see urgent referrals quickly. If these referrals were during the night the adult crisis team would triage them and handover to the team the next working day.
- Managers reported their team responded promptly when service users or their families phoned in. We observed staff taking phone calls and providing support and guidance during the calls.
- The service had criteria for people who would be offered a service. They did not exclude people who needed treatment. Staff would signpost people after the initial assessment to the team who could offer the service that met the needs of the service user.
- Staff would actively engage people who found it difficult to engage with the service. They would write to them and their primary care workers and visit them at home in order to build up trust with the service user. When service users did not attend appointments because of their mental state staff rebooked appointments rather than discharging patients from the service.
- Staff preferred to see people at home, as this helped them gain a better understanding of how their illness affected their activity of daily living. Therefore, staff ensured they were flexible when booking appointments taking in to account the service users and family's preference and need.

The facilities promote recovery, comfort, dignity and confidentiality

- Some of the services did not see service users on site. Camden community and memory team and the recovery team did see service users on site and they provided rooms to deliver the cognitive stimulation group and equipment to support treatment and care.
- Interview rooms did not have specific soundproofing. Although we noted that, you could not hear service users in other rooms.
- Accessible information on treatments, local services, patients' rights, how to complain was available to service users. Staff provided an information pack at the point of assessment.

Meeting the needs of all people who use the service

- The services were fully accessible for people requiring disabled access. This included the provision of wheelchair access to toilets.
- Information on treatments, local services, patients' rights, and advocacy and how to complain were available in all reception areas. They were available in different languages. Staff could provide interpreters and signers when required.

Listening to and learning from concerns and complaints

- In the last 12 months, there had been five complaints made. Data received from the trust showed that one was partly upheld and four were not upheld. The complaints outlined concerns about patient care and treatment, lack of family involvement and staffs attitudes.
- Two compliments were received, one for the home treatment team and one for the memory service Camden.
- Information on how to make a complaint was displayed in waiting areas and explained in information packs. All service users and families were aware of how to make a complaint.
- Staff received feedback on the outcome of investigation of complaints through team meetings.

Are services well-led?

Good

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Our findings

Vision and values

- Staff knew and agreed with the organisation's values. Team managers ensured they shared these values with their team in monthly meetings.
- Team objectives reflected the organisation's values and objectives.
- Staff were able to tell us who the senior members of the trust were, although responses were mixed when we asked if they felt board level managers were visible.

Good governance

- 71% staff did receive mandatory training however, this did not meet the required 80% compliance set by the trust.
- All staff received supervision and 93% of staff had completed a yearly appraisal.
- Staff reported incidents and managers signed off the reports ensuring that they were fully completed.
- The trust provided details for all of the audits they undertook. However, we did not see any audits that were specific to older people community services.
- Team managers discussed the outcomes and lessons learnt from incidents, complaints in monthly business meetings. The minutes of these meetings were shared within the team.
- Data provided prior to the inspection showed that no safeguarding alerts or safeguarding concerns were raised with CQC for the service. However, the services key performance indicators showed that 42 safeguarding alerts had been reported to the local authority from October to December 2015. We could not be assured data was accurate.
- The provider used balance score cards to gauge the performance of the team. The score cards were presented in an accessible format. Staff discussed them at the monthly business meetings and used them to develop action plans to improve outcomes for the service.
- Team managers had administration support, a data and performance officer in post to support them.
- Team managers had a risk register for the service, which they completed and monitored in monthly senior management meetings. Managers submitted the identified risk issues to the trusts risk register.

Leadership, morale and staff engagement

- Staff were involved in the 2015 national NHS staff survey. 92% of staff agreed that their role makes a difference to service users. 82% said they were able to contribute towards improvements at work. However, 34% of staff had reported suffering from work related stress.
- Sickness and absence rates were 2% across the service.
- There were no reported bullying and harassment cases for the service.
- Staff we spoke with were aware of the whistle-blowing policy and told us that they would use it if required. They felt confident to raise concerns within their teams and to their manager without fear of victimisation.
- Staff reported that they enjoyed their roles and that morale within the team was good. All staff reported that the team worked well together and respected each other.
- Staff were open and transparent and explained to patients when something went wrong.
- The latest data from the friends and family test showed that 58% of staff would recommend the trust as a place to work (62% is England average) and 63% would recommend it as a place to receive care (79% is England average).

Commitment to quality improvement and innovation

- A lead practitioner at the Camden Memory service set up a 'brain food' group for service users. The group offered five 90-minute sessions over a three month period. The group was based on research that a mediterranean diet provides high quality nutrients that positively affect energy levels and the ability to think clearly. The group was in its infancy but staff explained that feedback was encouraging and there had been some improvement in service users' mini mental state examinations scores. Staff had applied for a funding grant in order to complete a research paper and continue this piece of work.
- The service was involved in five research projects. The 'MADE' trial was a randomised controlled trial to see if minocycline modifies deterioration in Alzheimer's. Assessing Social Functioning research was looking at how well the service's new assessment tool was working. MARQUE 4 was looking at the impact that a service user with dementia and associated agitation

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had on family and carers. The DECIDE study involved talking to carers who were making decisions about future living arrangements and places of care for families members with dementia. The fifth research was looking at improving care of black African and Caribbean people with memory problems.