

Somerset Partnership NHS Foundation Trust

Inspection report

2nd Floor, Mallard Court
Express Park
Bridgwater
Somerset
TA6 4RN
Tel: 01278432000
www.sompar.nhs.uk

Date of inspection visit: 9 October 2018 - 31 October 2018
Date of publication: 22/01/2019

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

Somerset Partnership NHS Foundation Trust provides a wide range of integrated community health, mental health, and learning disability services to people of all ages. The trust employs 2,993 staff, and has an income of £163 million with a surplus of £4.2 million.

The trust was authorised as a Foundation Trust in May 2008.

Since November 2017, Somerset Partnership NHS Foundation Trust have had a joint executive team with Taunton and Somerset NHS Foundation Trust. The trust signed a memorandum of understanding with Taunton and Somerset NHS FT, which was signed in May 2017, with the aim of establishing collaborative arrangements to improve the quality of care and services provided to patients and service users.

The trust also has integrated some policies and procedures, benefitting from the wide-ranging skill sets within the two different organisations. Both trusts are in the process of progressing a formal merger, expected to be completed late 2019.

The trust chief executive led both trusts and each trust has retained some of the directors with the respective skills and experience to cover each trust. The trust leadership have prior experience of senior level and executive roles.

We carried out a comprehensive inspection in December 2015 and rated the trust 'requires improvement' overall, with all the domains rated 'requires improvement' except caring which was rated 'good'. During the same inspection we served a warning notice regarding the community-based mental health services for people with learning disabilities. Inspectors required the trust to carry out an immediate review of caseloads and also required the trust to begin a comprehensive review of how it assessed patients and planned their care.

We then returned to this service in July 2016 unannounced and found that the trust had made significant improvements in record keeping. We therefore lifted the warning notice.

We returned to the trust in February and March 2017 and inspected a number of core services as part of our routine inspection programme. We rated eight core services as good. These were acute wards for adults of working age and psychiatric intensive care units, forensic inpatient or secure wards, wards for older people with mental health problems, community-based mental health services for adults of working age, community-based mental health services for adults with a learning disability or autism, community health services for adults, community health (sexual health services) and urgent care services. However, during the same inspection we rated community health inpatient services as 'requires improvement'.

Following the current 2018 inspection we found improvements in all core services except for the community mental health services for children and young people core service which decreased in rating to requires improvement overall. The Specialist CAMHS services including Deaf CAMHS service, Enhanced Outreach team, Single Point of Access (SPA) and Community Eating Disorders teams individually demonstrated good evidence based practice and positive outcomes. The trust regularly received requests from other trusts to visit the Single Point of Access service.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good   

What this trust does

The trust provides mental health and community health services across the county of Somerset and community dental services in the counties of Somerset and Dorset.

Summary of findings

It provides mental health inpatient services on nine mental health wards, which include older adults, adult acute mental health, forensic mental health and children and adolescent mental health inpatient services (CAMHS). It also provides community mental health, specialist community mental health services for all ages and community teams for adults with learning disabilities.

The trust runs seven minor injury units, 13 community hospitals, and a number of community health and general physical health services. The trust also provides a specialist dentistry service. Up until October 2018 it provided specialist dental services on the Isle of Wight; these services have now transferred to Solent NHS trust.

There are 24 locations registered with the Care Quality Commission, with 357 inpatient beds across 22 wards. The trust provides approximately 98 community clinics per week.

The trust has more than one million patient contacts each year.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected five mental health core services:

- Long stay/rehabilitation mental health wards for working age adults
- Child and adolescent mental health wards
- Mental health crisis services and health based places of safety
- Community-based mental health services for older people
- Specialist community mental health services for children and young people

We also inspected one community health core service:

- Community health inpatient services.

We inspected these specific mental health services because we have not looked at their quality and safety since our inspection in 2015, and each had a rating of requires improvement in at least one key question. Community health inpatient services were inspected in 2017 and found to be requires improvement. We were satisfied that the community health core services not being inspected at this time did not warrant a visit during this inspection.

On the inspection we:

- Spoke to 73 patients/service users
- Spoke to 15 carers/family members

Summary of findings

- Reviewed 92 records
- Spoke to 121 staff members, including consultants, nurses, health care assistants, occupational therapists, junior doctors, members of the pharmacy and medicines management team and administrative staff
- Reviewed 82 clinical records
- Spoke to 21 managers and deputy managers
- Attended 21 staff meetings, multi-disciplinary team meetings and handovers

What we found

Overall trust

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

- The community health inpatient service moved up a rating from requires improvement to good. One rating remained the same (responsive remained 'good'), all other ratings improved, three from 'requires improvement' to 'good' and one (caring) from 'good' to 'outstanding'. Four of the mental health core services inspected remained rated good overall and one rating went down to requires improvement (specialist community mental health services for children and young people).
- We rated the long stay/rehabilitation mental health wards for working age adults and community health inpatient services outstanding for the caring key question.
- The Deaf CAMHS service, Enhanced Outreach team and Community Eating Disorders teams demonstrated good practice and positive outcomes.
- There was a positive and passionate senior leadership team with the capability to ensure that the transition through the formal merger process had a positive impact on patient care, and this was the overall aim of the executive team. There was a wide range of experience and expertise throughout the organisation. Staff and stakeholders commented positively on the integrity of the board and senior leadership team. We were told there had been an ongoing improving picture around openness and honesty in the trust during the previous few years.
- The trust had a vision and strategy which had been re-designed to align to the mission of both trusts in the alliance. Staff felt proud of their work within Somerset Partnership NHS Foundation Trust and were well supported by senior and directorate leaders.
- The organisation had governance systems in place to provide an appropriate level of assurance to the trust board. The majority of services had robust processes to identify risks, report on and learn from incidents and respond to complaints.
- The mental health services and community health services inspected had a range of suitably skilled healthcare workers which included registered nurses, occupational therapists, managers, healthcare support workers and medical staff. Staff were suitably skilled and trained. Staff were compassionate, respectful and supportive towards patients and each other. Staff were motivated to ensure the best outcomes for patients and carers.
- Medicines were well managed in frontline services although we identified some minor issues around disposal of medication in some services. Some blank prescriptions were not monitored. An out of date patient group directive (PGD) was found on a community health inpatient ward, but we saw there was a reviewed and in-date PGD available
- Appropriate arrangements were in place to ensure the trust executed its duties under the Mental Health Act (MHA) appropriately including good governance arrangements. Staff had access to support from the MHA lead in the trust who was described as visible and approachable.

Summary of findings

- The majority of facilities in the services we inspected were clean and well maintained.
- The trust ensured services were accessible and took account of individual patient need. Staff ensured there was access to advocacy services.
- Patients and carers provided positive feedback about how staff treated them or their relative. Staff involved patients and carers in decisions around their care and sought their views on how services could be improved.
- We saw examples of outstanding practice in many of the services.

However:

- The trust found it difficult to recruit registered nurses. There were many vacancies across the trust. However, the trust had recruitment and retention strategies in place.
- Although it was recognised that overall, the waiting times from referral to treatment for young people using CAMHS services remained in the top quartile nationally, waiting times in the east community CAMHS teams were too lengthy. The trust had recognised this and had implemented an action plan to address this issue prior to our inspection
- We found that there was limited visibility of the medicines management function at a strategic level within the trust, and processes to consider medicines management as part of service development were not robust. Morale was low within some parts of the service, and pharmacy staff we spoke with did not feel visible within the trust. Pharmacy service provision was also not embedded into the clinical teams. Despite this, there was good medicines management practices and procedures within the core services.
- Clinical and managerial supervision were not fully embedded or consistently implemented in some services.
- Morale was low within some of the specialist community mental health services for children and young people services and community-based mental health services for older people.

Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- The rating for the safe domain was limited to requires improvement overall because community services for adults and acute wards for adults of working age and psychiatric intensive care units were rated as requires improvement for safe in 2017 and end of life care in 2015. This overall rating includes the previous ratings of core services not inspected on this occasion. In addition, the specialist community mental health services for children and young people overall rating went down from good to requires improvement.
- The physical environment in the east CAMHS team in Yeovil required some updating and refurbishment. The environment was not clean and was not fit for purpose in places.
- Community CAMHS teams had not improved documentation relating to risk since our last inspection and these were still of poor quality. Risk assessments were not updated regularly and lacked important detail about the young person. Crisis plans were generic and not specific to the young person.
- There were 14% (150) registered nursing vacancies across the trust. In the specialist mental health service for children and young people 23% of posts for registered nurses were vacant.

However:

- Staff assessed risk well in the majority of services and risk assessments were current and comprehensive. Staff were skilled in identifying and managing risk. The trust board had good oversight of the risks across all services.
- Services we inspected followed the trust safeguarding policy. Staff understood how to protect patients from abuse and the teams worked well with external agencies to ensure good safeguarding practices.

Summary of findings

- Most of the wards and facilities in the services we inspected in the mental health and community services were clean and well-maintained.
- Staff stored and managed medicines safely in most of services. There were some concerns around the disposal of medicines in the community health inpatient services which were not in line with the manufacturers guidance.
- The trust had recruitment and retention strategies in place. The trust used creative means to attempt to attract new staff.
- Staff managed safety incidents well. Staff recognised and reported incidents appropriately and there were systems in place to learn from incidents.

Are services effective?

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

- Care plans were generally good quality with evidence of patient involvement across the majority of services
- Care and treatment was provided in line with best practice across most services. Staff used best practice and national guidance to complete comprehensive assessments of patients, and communicated patient need well within the multidisciplinary teams, the wider trust and external partners.
- Knowledge around Mental Health Act (MHA) and Mental Capacity Act (MCA) and its application had improved across the trust. Staff in the majority of services documented consent effectively. Records demonstrated patients received their rights under the MHA appropriately.
- Services across the trust had a wide range of suitably skilled healthcare workers who provided input and supported patients. These included registered nurses, occupational therapists, managers, healthcare support workers and medical staff.
- Policies and procedures were developed in line with national guidance across community health and mental health services. Staff could access them to support practice. Staff delivered effective care and treatment.

However:

- Clinical and managerial supervision was not fully embedded or consistently carried out in a number of services.
- Consent was not always documented clearly or appropriately in some community CAMHS services and community adult inpatient services.
- Care plans were not stored correctly or easily accessible in some services.

Are services caring?

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

- We rated all the mental health services and community health service as good overall for the caring key question. We rated community adult inpatient and long stay rehabilitation inpatient services as outstanding for the caring key question.
- Staff were compassionate, kind and supportive towards patients. Staff were motivated to ensure the best outcomes for patients and carers. We saw positive interactions between staff and patients and staff discussed patient need with kindness and respect. Staff promoted patients dignity.
- Patients and carers we spoke with gave positive feedback and told us staff were caring and respectful. Staff involved patients and families in the care and treatment.

Summary of findings

- Staff were knowledgeable about patients individual needs. Staff demonstrated inclusion of patients, families and carers. Patients told us they had a voice in their care and treatment journey.

However:

- The service did not regularly collect feedback from families and carers in the child and adolescent mental health ward.

Are services responsive?

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

- Most of services we inspected had appropriate facilities to meet the needs of patients. The long stay rehabilitation inpatient ward had activity rooms, lounges, a kitchen, quiet areas and patients could individualise their bedrooms. There was access to outdoor space.
- Patients were informed of how to make a complaint and staff provided information how to do so. The complaints procedure was robust. Complaints were investigated and acted upon where appropriate.
- Staff in the community health and mental health services recognised individual patient need and diversity. Staff made suitable provision for religious and dietary requirements. Patients were supported by staff who understood how to meet additional needs, for example in the community health inpatient service staff provided specialist support to those receiving end of life care.
- Patients were supported to access the community. For example, staff in the long stay rehabilitation inpatient ward encouraged patients to attend community activities such as the gym or swimming.
- Information was available to patients and carers. Services provided translation and interpretation services if needed.

However:

- The east community CAMHS team had lengthy waiting lists of between 18 and 40 weeks at the time of our inspection, as opposed to the west team who met the six-week target of referral to treatment.

Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- Staff felt proud to work at the trust and of the work they did. They were supported by strong and effective leadership at both the trust and board level and local leaders demonstrated skills, knowledge, passion and had the relevant experience to support good quality service delivery. There was a positive culture around teamwork and mutual support in the services.
- The trust board and senior leadership team were skilled, experienced and knowledgeable, and had a good grasp of the main priorities and risks. The trust had previously identified a need to strengthen clinical leadership and had made good improvements.
- Fit and Proper Person checks were in place. Employment records of all the executive and non-executive directors met this requirement.
- There was a vision and strategy which had recently been re-developed to combine the mission of both trusts within the alliance. The strategy focused on integration for the benefit of the local community. Progress against the strategy was monitored and reviewed.
- Trust leaders promoted a positive patient-centred culture across the directorates and services. Staff told us they felt proud to work in Somerset Partnership NHS Foundation Trust, and that they were supported well by the leadership team.

Summary of findings

- Staff could access trade unions and a Freedom to Speak Up Guardian. There was an improving culture of openness and positive challenge within the executive and non-executive team.
- Governance systems provided assurance to the trust board about issues within services. The board was sighted on all the trust risks and priorities across the services. There was an incident reporting and investigation process in place. The trust was improving its systems around learning from incidents.
- The trust had a structured approach to engaging with staff and people who use the services, including those with protected characteristics. There was openness and transparency and this was an improving picture.

However:

- The trust did not always send a clear message about the formal alliance to staff. The trust did not clearly outline the potential positive impact or outcomes for patients.
- Clinical and managerial supervision was not fully embedded or consistently implemented in some services.
- Morale was low in the community mental health services for older people in Yeovil and across the east community CAMHS service. We raised this with the trust at the time of the inspection and it provided assurance that this had been identified and was a high priority.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in the specialist Deaf CAMHS service, community health inpatient services, community-based mental health services for older people and the long stay rehabilitation service.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including four breaches of legal requirements that the trust must put right. We found 23 things the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued three requirement notices to the trust. Our action related to breaches of three regulations in one core service.

For more information on action we have taken, see sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections

Summary of findings

Outstanding practice

The staff working in the specialist Deaf CAMHS service enabled young people to access their care plans by translating them into signed DVDs. Staff and young people could choose interpreters who were well known to them and who had qualifications in mental health.

In the community health inpatient service, a patient wanted to celebrate Christmas before they died even though it was some months away. The staff decorated their room and put up a Christmas tree. Staff also made special arrangements for a patient with an allergy to horses to participate in meeting a donkey as part of pet therapy.

The Yeovil community-based mental health services for older people included an integrated intensive dementia support service that provided intensive support to patients in crisis in their own homes when they might otherwise need a hospital admission. The service was taking part in a research study to investigate a medicine to treat diabetes (liraglutide) for the treatment or prevention of deterioration of patients with mild Alzheimer's disease.

The long stay rehabilitation mental health ward was recognised by the trust freedom to speak up guardians for having a culture where staff felt able to be open, honest and speak up when appropriate. It was also nominated for and won the trust team of the month award in recognition of their professional and skilful response to a serious incident where staff had saved a patient's life, risking their own in the process, putting concerns for patient safety and wellbeing before their own. The ward psychologist supported a patient to deliver a training session to the staff to show how they wanted to be supported, and how best to work with them to meet their needs.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action the trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve:

We told the trust that it must take action to bring services into line with legal requirement. This action relates to one core service;

Specialist Community Mental Health services for Children and Young People

The provider must ensure that risk assessments are updated regularly and ensure that when risks are identified there is clear information available. (Regulation 12)

The provider must act to mitigate the risk to the number of young people on the waiting list for assessment in the east CAMHS team. (Regulation 12)

The provider must ensure that all complaints received are logged, investigated, responded to and acted upon. (Regulation 16)

The provider must have effective systems and processes in place to assess, monitor and improve clinical records. (Regulation 17)

Action the trust **SHOULD** take to improve:

We told the trust it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services.

Specialist Community Mental Health services for Children and Young People

Summary of findings

The provider should act to improve the environment at the Balidon centre in Yeovil.

The provider should use a cleaning rota in the east service at Yeovil to ensure there is effective infection control precautions in place.

The provider should address the staff vacancies in the east and west teams.

The provider should create personalised, holistic and recovery orientated care plans which reflect the views of the young person or their family and documents consent effectively. The provider should give all young people a copy of their care plan.

The provider should engage staff in the sharing of their vision and values and be open and transparent about changes to services.

Mental health crisis services and health based places of safety

The trust should ensure that the lone working policy is applied consistently across all home treatment teams.

The trust should ensure that medical staff receive clinical supervision in line with trust policy.

Child and adolescent mental health wards

The provider should continue to consider the removal of fixed ligature points where practicable.

The provider should consider how they encourage and collect more feedback from families and carers

The provider should ensure that lessons learned from incidents or complaints on the ward and in the wider trust is shared with staff in a consistent manner.

Long stay/rehabilitation mental health wards for working age adults

The trust should ensure that all staff receive training in the Mental Capacity Act and health and safety awareness.

The trust should ensure that all staff have access to clinical supervision as needed.

Community-based mental health services for older people

The trust should ensure all staff receive regular supervision and review its policy and procedures for providing clinical supervision that is separate to line management supervision for staff. The trust should ensure clinical supervision is provided for staff who need it.

The trust should continue to address the quality of record keeping across the service.

The trust should review its recruitment processes to prevent delays in filling vacant posts and monitor the impact of vacancies on staff wellbeing and caseloads.

The trust should implement its plan to support the Yeovil team to improve staff morale.

Community health inpatient services

The trust should ensure medicines for disposal are always stored securely, that all blank prescriptions are monitored and that patient group directions are all in date and signed by staff using them

The trust should ensure recruitment of nursing staff continues and with further development of recruitment strategies.

The trust should ensure the standard of management and clinical supervision within community hospitals is in line with trust policy.

The trust should ensure patient information is always held confidentially and securely.

Summary of findings

The trust should ensure recording of mental capacity and Deprivation of Liberty Safeguards in electronic records is improved.

The trust should ensure all policies are reviewed when due. The consent and capacity to consent to treatment and the nutrition and hydration policy were overdue.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

The trust board and senior leadership team were skilled, experienced and knowledgeable, and had a good grasp of the main priorities and risks. The trust had previously identified a need to strengthen clinical leadership and significant changes to the structure in some directorates had successfully achieved this.

The board had relevant financial expertise across the executive and non-executive team. There was reasonable understanding of the trust financial position and an experienced and capable finance function which had sufficient capacity to deliver its duties effectively.

Fit and Proper Person checks were in place. Employment records of all the executive and non-executive directors met this requirement.

There was a vision and strategy which had recently been re-developed to combine the mission of both trusts within the alliance. The strategy focused on integration for the benefit of the local community. Progress against the strategy was monitored and reviewed.

Trust leaders promoted a positive patient-centred culture across the directorates and services. Staff told us they felt proud to work in Somerset Partnership NHS Foundation Trust, and that they were supported well by the leadership team.

Staff could access trade unions and a Freedom to Speak Up Guardian. There was an improving culture of openness and positive challenge within the executive and non-executive team.

Governance systems and processes were in place and adequate. The trust acknowledged that although its Board Assurance Framework (BAF) was adequate it would benefit from strengthening in parts. The trust had appropriate checks and balances in place to provide overall assurance. Systems were in place to identify risk, learning from incidents, complaints and safeguarding. Items on the risk register were reviewed regularly and escalated to board meetings.

There were appropriate arrangements in relation to the Mental Health Act (MHA) and the necessary related governance committees ensured good oversight around use of the legislation.

Staff and stakeholders commented positively on the integrity of the board and senior leadership team in most directorates and frontline services. Feedback received was there was openness and honesty, and transparency across the directorates had increased significantly.

However:

Summary of findings

We found that there was limited visibility of the medicines management function at a strategic level within the trust, and processes to consider medicines management as part of service development were not robust. Morale was low within some parts of the service, and pharmacy staff we spoke with did not feel visible within the trust. Pharmacy service provision was also not embedded into the clinical teams. Despite this, there was good medicines management practices and procedures within the core services.

The trust did not always send a clear message about the formal alliance to staff. The trust did not clearly outline the potential positive impact or outcomes the alliance would have on patients.

Clinical and managerial supervision was not fully embedded or consistently implemented in some services.

There were high nursing vacancies across the organisation. The trust had strategies in place around recruitment and retention but we saw some examples where delays in human resource recruitment procedures slowed the process.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Community health services for children and young people	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Community health inpatient services	Good ↑ Jan 2019	Good ↑ Jan 2019	Outstanding ↑ Jan 2019	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Community end of life care	Requires improvement Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Community dental services	Requires improvement Dec 2015	Good Dec 2015	Outstanding Dec 2015	Requires improvement Dec 2015	Requires improvement Dec 2015	Requires improvement Dec 2015
Urgent care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Community health (sexual health services)	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Long-stay or rehabilitation mental health wards for working age adults	Good →← Jan 2019	Good ↑ Jan 2019	Outstanding ↑ Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019
Forensic inpatient or secure wards	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Child and adolescent mental health wards	Good →← Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019
Wards for older people with mental health problems	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Community-based mental health services for adults of working age	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Mental health crisis services and health-based places of safety	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019	Good →← Jan 2019
Specialist community mental health services for children and young people	Requires improvement →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Requires improvement ↓ Jan 2019	Requires improvement ↓ Jan 2019	Requires improvement ↓ Jan 2019
Community-based mental health services for older people	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019
Community mental health services for people with a learning disability or autism	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Outstanding Oct 2017	Good Oct 2017

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Community health services

Background to community health services

Somerset Partnership NHS Foundation Trust provides a wide range of integrated community health, mental health, and learning disability services to people of all ages. The trust employs 2,993 staff, and has an income of £163 million with a surplus of £4.2 million. The trust has 262 adult hospital inpatient beds across 13 community hospitals in Somerset.

The trust was authorised as a Foundation Trust in May 2008.

Somerset Partnership NHS Foundation Trust have close working arrangements with Taunton and Somerset NHS Foundation Trust. They have a shared executive board and are currently in the process of making a formal merger, expected to be completed in 2019.

At the time of our inspection, Dene Barton, Wellington and Chard community hospitals were temporarily closed by the trust due to nurse staffing shortages or essential maintenance.

The trust provides the following community health services:

Community health inpatient services

Community health services for adults

Community health services for children, young people and families

Community health (sexual health) services

Urgent care services

End of life care

Community dental services.

We did not inspect all community health services. We did inspect:

Community health inpatient services.

Summary of community health services

Good   

Our rating of these services stayed the same. We rated them as good because:

- During this inspection we only visited community health inpatient services. The other community health services were not visited on this inspection. Community health services for adults, urgent care and community health (sexual health services) were all inspected in June 2017 and community health services for children and young people, community end of life care and community dental services were inspected in December 2015, with the overall ratings coming out as good.

Summary of findings

- As the safe domain was requires improvement in 2017, and some core services were not visited during this inspection, this limited the safe key question to requires improvement overall.
- At the last inspection published in June 2017, community health inpatient services were rated as requires improvement for the key questions of safe, effective, and well-led. The questions of caring and responsive were rated as good. During this inspection, the safe, effective and well-led questions had improved to a good rating, and caring to outstanding. Responsive remained rated as good.
- On our last inspection we told the trust to improve the use of and understanding of the duty of candour, safely manage medicines, and improve recording and knowledge of consent and mental capacity assessments. We found these areas had improved, although some of the recording around mental capacity needed some further work for consistency.
- Staff recognised incidents and reported them appropriately. Staff, teams and services within and across different organisations worked together to deliver effective care, treatment and robust discharge arrangements for patients. Staff felt supported, respected and valued by the trust. The culture of the hospitals and teamwork was strong and staff were supportive of each other.
- Patients were treated with respect, kindness and had their privacy protected by staff. Staff went above and beyond to provide exceptional care for patients.
- Strong leadership was demonstrated at the community hospitals. All members of the leadership team we spoke with showed skills, knowledge, passion and experience to lead the service in a collaborative working style.

However:

- Some medicines requiring disposal were not always stored securely. Some blank prescriptions were not monitored and we saw some patient group directions were out of date.
- Clinical and management supervision was not embedded in community hospitals to support staff
- Nurse staffing continued to be a risk due to vacancies, turnover and sickness. Two community hospital inpatient wards remained temporarily closed due to staffing shortages. The trust was working on several different strategies to overcome this.

Community health inpatient services

Good  

Key facts and figures

Somerset Partnership NHS Foundation Trust provides a wide range of integrated community health, mental health, learning disability and social care services to people of all ages. The trust has 262 adult community hospital inpatient beds across 13 community hospitals in Somerset. At the time of our inspection, Dene Barton, Wellington and Chard community hospitals had been temporarily closed by the trust due to nurse staffing shortages or for essential maintenance.

The community hospitals come under two divisions. The east division covers Chard (closed due to staff shortages), Crewkerne, Frome, Shepton Mallet, South Petherton, West Mendip and Wincanton. The west division covers Bridgwater, Burnham-on-Sea, Dene Barton (closed due to staff shortages), Minehead, Wellington (closed for essential maintenance) and Williton hospitals.

Some hospitals are nurse-led with medical cover provided by GPs. Other hospitals have medical cover from doctors directly employed by the trust. Each ward has other health professionals such as occupational therapists and physiotherapists for patients' rehabilitation. Within the last 12 months, 2,920 patients were treated in community health inpatient services.

We last inspected community health inpatients in June 2017. At that inspection we rated the services safe, effective and well-led as requires improvement; caring and responsive as good. We told the trust to make improvements about staff understanding and recording of consent, management of controlled drugs and duty of candour. At this inspection we found improvements had been made.

We visited community hospitals at Bridgwater, Burnham on Sea, Frome, Wincanton, West Mendip, Shepton Mallet, Crewkerne, South Petherton, Minehead and Williton. We spoke with 35 patients and nine relatives and reviewed 25 sets of patient records across the nine hospitals we visited.

We spoke with 32 staff, including matrons, sisters, staff nurses, healthcare assistants, doctors, allied health professionals and administrative staff. We spoke with and listened to professionals from other agencies including social workers and advocacy representatives. We also attended ward handovers, safety briefings and multi-agency team meetings. Before, during and after the inspection we reviewed data relating to community hospitals from the trust.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service worked closely with the local NHS acute trusts and developed care pathways for discharge. This supported rehabilitation services and reduced length of stay for patients. Staff, teams and services within and across different organisations worked together to deliver effective care, treatment and discharge arrangements for patients. The trust set up a project board to manage and monitor delayed transfers of care in order to take a system wide approach.

Community health inpatient services

- Patients' care, treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence. Patients' physical, mental health and social needs were holistically assessed and cared for. Staff gave patients enough food and drink to meet their needs and improve their health. Patients' pain was assessed and managed including those with difficulties in communicating. Patients were empowered and supported to manage their own health, care and wellbeing and to maximise their independence.
- All the community hospitals looked visibly clean, corridors were not cluttered with equipment and fire doors were not blocked. Equipment and the premises were kept clean and staff used control measures to prevent the spread of infection. The facilities and premises were appropriate for the services that were delivered. Colour schemes were 'dementia friendly' and there was good access for people using wheelchairs
- Staff went above and beyond to provide exceptional care for patients. Patients were treated with respect, kindness, compassion and had their privacy protected by staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff recognised incidents and reported them appropriately. All staff had a good understanding of the duty of candour and could describe when it would be used.
- The trust was working hard to ensure all hospitals were staffed safely and that good quality care could be delivered. Several different strategies were being implemented to overcome staffing issues.
- Staff felt supported, respected and valued by the trust. The culture of the hospitals and teamwork was strong and staff were supportive of each other. The trust had found ways to support staff with new roles and the development of existing staff.
- Strong leadership was demonstrated at the community hospitals. All members of the leadership team we spoke with showed skills, knowledge, passion and experience to lead the service in a collaborative working style.

However:

- Some medicines requiring disposal were not always stored securely. Some blank prescriptions were not monitored and we saw some patient group directions were out of date.
- Clinical and management supervision was not embedded in community hospitals to support staff

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it. Safeguarding training for adults and children had improved since the last inspection in 2017 and now exceeded the trust target.
- Staff kept equipment and the premises clean and used control measures to prevent the spread of infection. Staff followed the trust policy on infection, prevention and control. Storage of waste had improved since the last inspection in 2017. Waste was stored correctly and securely before removal from the wards. In all the community hospitals we found no chemicals left unsecured.
- All the community hospitals looked visibly clean, corridors were not cluttered with equipment and fire doors were not blocked.

Community health inpatient services

- Risk assessments were carried out for people who used the service and were developed in line with national guidance. Patients individual care records were written in a way which kept patients safe. Risk assessments, care plans and evaluations were completed in a timely way.
- Staff understood their responsibilities to report patient safety incidents. Staff recognised incidents and reported them appropriately. Medicines errors and incidents were reported and discussed.
- All staff had a good understanding of the duty of candour and could describe when it would be used.
- To begin to address staffing shortages and workloads, advanced nurse practitioners, for example, had been employed to work in support of, and alongside, medical practitioners.
- However:
- Medicines requiring disposal were not stored securely at Williton and Minehead hospitals. Not all blank prescriptions were monitored and some patient group directions were out of date.
- Nursing staffing continued to be a risk for the trust due to vacancies, turnover and sickness. Two community hospital inpatient wards remained temporarily closed due to staff shortages". All other services at these hospitals continue to run.
- The electronic patient record system did not easily or clearly show the status of patients mental capacity and whether they were subject to deprivation of their liberty.

Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Patients' care, treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence. Issues identified at the last inspection in 2017 had improved. The trust had established the community hospital improvement board which had successfully addressed most issues relating to medicines management and those relating to accurate pain recording.
- Staff had access to information required to deliver effective care. Patients' physical, mental health and social needs were holistically assessed. Their care, treatment and support was delivered in line with legislation, care and treatment standards, and evidence-based guidance.
- The trust had processes to ensure there was no discrimination, including on the grounds of protected characteristics, under the Equality Act when making care and treatment decisions.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences. The completion of patient fluid balance charts had improved since the last inspection in 2017. Record keeping at all the community hospitals was now completed.
- Patients' pain was assessed and managed including those with difficulties in communicating.
- Mortality reviews were regularly undertaken as part of the Learning from Deaths workstream.
- The appraisal rates for staff within the community inpatient core service had improved since the last inspection in 2017 and now exceeded the trust target.

Community health inpatient services

- Staff, teams and services within and across different organisations worked together to deliver effective care, treatment and discharge arrangements for patients.
- Patients were supported to live healthier lives. Patients were empowered and supported to manage their own health, care and wellbeing and to maximise their independence. National priorities to improve the population's health were also supported.
- There was a clear improvement in staff understanding of where and how information about patients' mental capacity assessment and consent was recorded since the last inspection in 2017. Staff understood the relevant consent and decision-making requirements of legislation and guidance.

However:

- Clinical supervision was not embedded in clinical practice for nursing staff. There was some nursing clinical supervision but not on a regular basis or in line with trust policy
- Consent and capacity to consent to treatment and the nutrition and hydration policy were overdue for review.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- There was a strong patient-centred culture. Staff understood and respected the personal, cultural, social and religious needs of people. We observed interactions of care to patients with kindness and compassion. Staff took time to interact with patients and their relatives and carers in a respectful and considerate way.
- Patients, their relatives and carers we spoke with told us, without exception, that the staff were always kind. Staff looked for accessible ways to communicate with patients and those close to them to reduce and remove barriers to communication.
- Results from the NHS Friends and Family Test were strong and patient satisfaction was high.
- Elements of care displayed by staff towards patients exceeded expectations.
- Patients' emotional and social needs were highly valued by staff. This was reflected in their care and treatment of patients.
- Activity coordinators were employed to engage with patients to provide person-centred care. We saw how patients were participating in activities and observed the activity coordinator engaging with patients.
- Patients were supported and comforted through pets at therapy. Patients who were longer term stay were encouraged to personalise their own rooms.

Is the service responsive?

Good   

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

- Patients received personalised care that was responsive to their needs. Patient records contained assessments that were carried out with the patient and those important to them.

Community health inpatient services

- The facilities and premises were appropriate for the services that were delivered. Colour schemes were 'dementia friendly' and there was good access for people using wheelchairs.
- The trust was working closely with local NHS acute trusts and developed care pathways for discharge. This supported rehabilitation services and reduced the length of stay for patients.
- The trust had some services to support the community through the temporary closure of the community hospital inpatient wards. Shepton Mallet community hospital had developed an ambulatory care unit. This provided day case services to the local population without the need to be admitted to hospital. When the hospital reopened to inpatients, the ambulatory care unit had also continued to provide services for day care needs.
- There were no mixed sex breaches recorded for any of the community hospitals and a low number of patients were moved for non-clinical reasons.
- The service identified and met the information and communication needs of people with a disability or sensory loss. Services were delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances.
- The trust set up a project board to manage and monitor delayed transfers of care as a system-wide issue.

Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- There were managers within the service with the right skills and abilities to run a service providing high-quality sustainable care, with clear links to the trust leadership. Leadership at matron and ward level had improved. Strong leadership was demonstrated at the community hospitals. All members of the leadership team we spoke with showed skills, knowledge, passion and experience to lead the service in a collaborative working style. The leadership team of the community hospitals had taken on board comments from previous inspection in June 2017 and had worked hard to rectify them.
- Ward managers and matrons were visible on the wards. Leadership quality walk rounds took place and provided a forum for staff to meet with directors and share concerns directly.
- Staff understood the vision and values of the organisation.
- Staff told us they felt supported, respected and valued by the trust. The culture of the hospital and teamwork was strong and staff were supportive of each other.
- There was a clear governance structure from ward to board and back to ward. There were clear lines of accountability and responsibility for information going upwards to the senior management team and downwards to the clinicians and other staff on the front line.
- Patient feedback information was used to identify areas of good practice and areas which required improvement. Action plans were put into place at ward level to address any issues.
- Comprehensive assurance systems and performance issues were escalated appropriately through clear structures and processes. The trust had formed the community hospital improvement board to manage improvements.
- There were arrangements for identifying, recording and managing risks and mitigating actions. Each community hospital had its own risk register and staff were aware of the risks their individual hospital faced.

Community health inpatient services

- Public engagement was well established. The matrons in several of the community hospitals regularly held 'tea with matron'. This was an opportunity for patients and their relatives to meet with the matron to discuss issues of concern or complaints.
- The community hospitals had won several Community Hospitals Association Innovations and Best Practice awards.

However:

- Some paper medical records at Bridgwater hospital were not stored securely because the key was attached to the trolley. This meant that unauthorised persons could potentially gain access to them.
- There were some problems around patient confidentiality as whiteboards were visible to the public in Frome and Bridgwater community hospitals.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

Mental health services

Background to mental health services

Somerset Partnership NHS Foundation Trust provides a wide range of integrated community health, mental health, and learning disability services to people of all ages. The trust employs 2,993 staff, and has an income of £163 million with a surplus of £4.2 million.

The trust was authorised as a Foundation Trust in May 2008.

Since November 2017, Somerset Partnership NHS Foundation Trust have had a joint executive team with Taunton and Somerset NHS Foundation Trust. The trust signed a memorandum of understanding with Taunton and Somerset NHS FT, which was signed in May 2017, with the aim of establishing collaborative arrangements to improve the quality of care and services provided to patients and service users.

Both trusts are in the process of making a formal merger, expected to be completed late 2019.

The trust chief executive leads both trusts and each trust has retained some of the directors with the respective skills and experience to cover each trust. The trust leadership have prior experience of senior level and executive roles.

The trust provides the following mental health services:

Acute wards for adults of working age and psychiatric intensive care units (PICU)

Child and adolescent mental health wards

Community mental health services for people with learning disabilities and autism

Community-based mental health services for adults of working age

Community-based mental health services for older people

Forensic/inpatient secure services

Long stay rehabilitation mental health wards for working age adults

Mental health crisis services and health-based places of safety

Specialist community mental health services for children and young people

Wards for older people with mental health problems.

We did not inspect all mental health services. We did inspect:

Community-based mental health services for older people

Child and adolescent mental health wards

Long stay rehabilitation mental health wards for working age adults

Mental health crisis services and health-based places of safety

Specialist community mental health services for children and young people

Summary of findings

Summary of mental health services

Good   

Our rating of these services stayed the same. We rated them as good because:

- During this inspection we visited specialist community mental health services for children and young people, mental health crisis services and health-based places of safety, Long stay rehabilitation mental health wards for working age adults, Child and adolescent mental health wards and Community-based mental health services for older people.
- At the last inspection in June 2017 mental health services were rated as good for the key questions of safe, effective, caring, responsive and well-led. There was no change to the ratings following this current inspection.
- We rated the caring domain for Long stay/rehabilitation mental health wards for working age adults outstanding for the caring domain.
- The mental health services we inspected had a range of suitably skilled and trained healthcare professionals which included registered nurses, occupational therapists, managers, healthcare support workers and medical staff.
- Staff were compassionate, respectful and supportive towards patients and each other. Staff were motivated to ensure the best outcomes for patients and carers.
- Appropriate arrangements were in place in relation to the Mental Health Act (MHA) and its related governance. Staff had access to support from the MHA lead in the trust who was described as visible and approachable.
- Staff assessed risk well in the majority of services and risk assessments were current and comprehensive. Staff were skilled in identifying and managing risk.
- Services we inspected followed the trust safeguarding policy. Staff understood how to protect patients from abuse and the teams worked well with external agencies to ensure good safeguarding practices.
- Staff managed safety incidents well. Staff recognised and reported incidents appropriately and there were systems in place to learn from incidents.
- Care and treatment was provided in line with best practice across most services. Staff used best practice and national guidance to complete comprehensive assessments of patients, and communicated patient need well within the multidisciplinary teams, the wider trust and external partners.
- Knowledge around Mental Health Act (MHA) and Mental Capacity Act (MCA) and its application had improved across the trust. Staff in the majority of services documented consent effectively. Records demonstrated patients received their rights under the MHA appropriately.
- Staff were compassionate, kind and supportive towards patients. Staff were motivated to ensure the best outcomes for patients and carers. We saw positive interactions between staff and patients and staff discussed patient need with kindness and respect. Staff promoted patient's dignity.
- Staff were knowledgeable about patient's individual needs. Staff demonstrated inclusion of patients, families and carers. Patients told us they had a voice in their care and treatment journey.
- Information was widely available to patients and carers. Interpretation and translation services were available if required.

Summary of findings

- Most of services we inspected had appropriate facilities to meet the needs of patients. The long stay rehabilitation inpatient ward had activity rooms, lounges, a kitchen, quiet areas and patients could individualise their bedrooms. There was access to outdoor space.
- Information was available to patients and carers. Services provided translation and interpretation services if needed.
- Staff felt proud of the work within the trust and were supported by strong and effective local leadership. Leaders demonstrated skills, knowledge, passion and experience. There was a positive culture around teamwork and mutual support in the services.

However:

- Recruitment of registered nursing staff was a challenge. There were many vacancies across the trust.
- Although it was recognised that overall, the waiting times from referral to treatment for young people using CAMHS services remained in the top quartile nationally, waiting times in the east community CAMHS teams were too lengthy. The trust had however recognised this and had implemented an action plan to address this issue prior to our inspection.
- Clinical and managerial supervision was not fully embedded or consistently implemented in some services.
- Morale was low within some of the specialist community mental health services for children and young people (CAMHS) services and community-based mental health services for older people.
- Consent was not always documented clearly or appropriately in some community CAMHS services. The service did not regularly collect feedback from families and carers in the child and adolescent mental health (CAMHS) ward.

Community-based mental health services for older people

Good   

Key facts and figures

Somerset Partnership community mental health services for older people provide specialist mental health services to people usually over the age of 65, who are registered with a Somerset GP. The service works closely with primary care, the local authority and third sector agencies and provides joint assessments.

The service is for patients who experience severe and complex mental health problems. It also supports patients who have behaviours that pose a risk or have complex problems requiring specialist mental health intervention. It supports families and carers. It also offers in-reach support to general hospitals.

The staff who delivery the service form part of an integrated team that also encompasses the district nursing, memory and rehabilitation services. There are joint care pathways for those patients with complex care needs.

At our last inspection published 17 December 2015, we rated the service as good overall. The service was good for all areas except well led which was rated requires improvement. We told the provider it must make the following improvements:

- The provider must assess and monitor the impact of staffing vacancies on safe and effective care and take action to mitigate it until integration Phase Two is complete (the trust mental health and community health services were integrating in two phases. Phase one was complete at this time however phase two was taking place at the time of our inspection)
- The provider must provide an effective management structure to teams at South Somerset and Taunton Deane where vacant posts were held vacant and managers were stretched covering two full time roles.

At this inspection we visited six of the eight older people's community mental health teams: Bridgwater, East Mendip, Central and West Mendip, North Sedgemoor, Yeovil and Taunton Deane as part of our comprehensive inspection programme.

During the inspection visit, the inspection team:

- looked at the environments where teams were based
- looked at 43 care records
- spoke with 41 staff including nurses, occupational therapists, support time and recovery workers, psychiatrists and psychologists
- spoke with 15 patients and four carers
- spoke with six team managers of the service
- attended four team meetings, a business meeting, and a quality improvement group and
- observed care being delivered.

Summary of this service

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

Community-based mental health services for older people

- Staff completed risk assessments for patients when they initially met them. Staff knew how to keep patients safe. Staff made appropriate safeguarding alerts and were appropriately trained to identify safeguarding concerns. Staff were trained in safeguarding and they accessed support of the trust's safeguarding team. Staff completed mandatory and specialist training.
- Patients and carers gave good feedback about the service and said that staff were supportive, understanding, reliable, kind, caring and communicated well with them. Staff enabled patients to give feedback on the service and they followed a nationally recommended approach to working in partnership with carers to support patient care.
- Teams had effective working relationships with other teams within the organisation and with other agencies such as primary care and social services. They met with other agencies to look at patients' holistic needs. Staff encouraged patients to develop links with other agencies that could help them and gave them support and advice about their conditions, medicines, treatments, services and about how to live a healthier life.
- The service was responsive to patients' needs. All the teams were meeting the targets for referral to assessment which were six weeks for routine referrals and five working days for urgent referrals. Emergency referrals were seen the same day. Emergency referrals were seen the same day and all teams had a member of staff on duty each day to respond to calls from or about patients and carers.
- A full range of specialists provided care and treatment interventions suitable for the patient group that were in line with national best practice guidance.
- The trust communicated well with staff through the intranet, bulletins and newsletters. Staff met regularly to discuss the service and the patients they were treating. They discussed learning from complaints, incidents and from audits. They used these meetings to plan improvements to the service. Team managers held regular meetings with each other to improve the service and develop a consistent service across the county.
- The provider recognised staff success within the service with certificates of recognition and appreciation for making a positive difference in the workplace. The Burnham-on-sea manager and memory service had received these.
- We saw some positive, committed leadership in teams and some staff were complimentary about their managers and felt supported.

However:

- There were delays in getting approval to advertise vacant posts that meant posts could remain vacant for up to six months. This put additional pressure on staff who covered the work. Staff across the service said they were pressured and stressed by their workloads at times.
- Managers provided staff with line management supervision, but it was not always provided regularly. Some staff had access to additional clinical supervision and other staff did not.
- There were variations in the quality of care records. According to 43 care records we reviewed of patients across the whole service, a small number had not been given a copy of their care plan, some care plans lacked personalisation, and a holistic and recovery-oriented approach.
- The Yeovil team told us they felt unappreciated, stressed and morale was low. They complained of a lack of positive feedback. Some staff felt 'done to' rather than 'done with'. Some staff said they felt disconnected from senior management. Staff did not know who the speak up guardian was for the trust or how to contact them. The trust had already recognised this and had put in place an action plan to address this.

Community-based mental health services for older people

Is the service safe?

Good  → ←

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

- All team bases and equipment were clean and well maintained. Medicines kept in team bases were stored and checked appropriately.
- Managers actively reviewed caseloads with staff to ensure they were manageable.
- Ninety-four per cent of staff had attended mandatory and statutory training courses as of 31 March 2018.
- Teams had a daily duty worker to triage incoming referrals and complete an initial risk assessment to determine level of risk and patient need. There was also a duty system for staff to consult with a psychiatrist when needed.
- The service had developed good personal safety protocols, including lone working practices for staff.
- Staff had completed safeguarding training, knew how to make a safeguarding alert, and did so when appropriate. They knew how to identify when people were at risk of harm. Teams accessed supervision from the trust's safeguarding team.
- Staff received feedback from investigation of incidents through monthly team meetings and newsletters. There was evidence of change having been made in response to learning from incidents.
- Staff completed thorough risk assessments of every patient at initial triage and assessment and updated it regularly.

Is the service effective?

Good  → ←

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

- The team included a full range of specialists required to meet the needs of patients including doctors, nurses, occupational therapists, support time and recovery workers and clinical psychologists.
- Staff provided a range of care and treatment interventions suitable for the patient group; this reflected national best practice guidance. These included medicines, psychological testing, eye movement desensitisation and reprocessing, mindfulness and cognitive analytic therapy. Teams also offered group interventions including memory groups and carers support groups.
- Staff took part in clinical audits and quality improvement initiatives. Following a cardio metabolic monitoring audit, staff had completed training and were preparing to provide on-site cardio metabolic monitoring as part of a wellbeing clinic.
- Ninety-six per cent of non-medical staff had received an annual appraisal.
- Managers ensured that staff had access to regular team meetings.
- Staff completed specialist training provided by the trust. For example, they took courses in resilience, leadership, coaching, team effectiveness, inclusion, diabetes, frailty, suicide risk assessment and forensics.

Community-based mental health services for older people

- Teams had effective working relationships with other teams within the organisation and with other agencies such as primary care and social services. They met with other agencies to look at patients' holistic needs. When patients lacked capacity, staff made decisions in their best interests in collaboration with other agencies that were involved in their care.

However:

- Not all staff received regular supervision. Some staff were unable to access clinical supervision.
- Care records were not always comprehensive. We looked at 43 care records. A small number had out of date care plans, which lacked personalisation or a holistic person-centred approach.
- Managers and staff we spoke with did not know who the freedom to speak up guardian was for the trust, or how to contact them.

Is the service caring?

Good   

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

- We received very positive feedback from patients and carers. They said staff were good at communicating with them, understanding, reliable, kind and caring.
- Staff clearly demonstrated an attitude of respectful, responsive, empathic and compassionate care.
- Patients were given advice about their conditions, medicines, treatments, services and about how to live a healthier life.
- An assistant practitioner role had been introduced in the Bridgwater team to follow up clients upon discharge and offer signposting advice.
- Staff enabled patients to give feedback on the service they received. During the period July to September 2018, they had received 100% positive feedback on the friends and family test from 24 tests they received.
- Staff informed and involved families and carers appropriately and provided them with individual and group-based support and education. Staff followed a nationally recognised approach to working in partnership with carers to support patient care. Carers we spoke with said staff were very supportive and that staff involved them in patients care.

However:

- Out of 43 care records we looked at, seven patients had not been given a copy of their care plan.

Is the service responsive?

Good   

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

- All the teams were meeting the targets for referral to assessment which was six weeks for routine referrals and five working days for urgent referrals. Emergency referrals were seen the same day.
- Staff gave patients who were waiting to be seen an appointment date, so they knew how long they would be waiting.

Community-based mental health services for older people

- The service had clear criteria for which patients would be offered a service and provided comprehensive referral guidance.
- The team responded promptly and adequately when patients telephoned the service.
- The service made adjustments for disabled patients and visited most patients at home.
- Waiting rooms displayed a range of useful information.
- Staff encouraged patients to develop links with other agencies that could help them.
- Staff managed complaints and resolved them appropriately.
- Patients on the service's waiting list were seen within the trust target time of six weeks. If patients contacted the service while they were waiting, then staff responded appropriately. Patients that were waiting were given an appointment, so they knew how long the wait would be.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially when the service was changing. Teams had integration champions who represented them in meetings and fed back information to their teams.
- Staff were committed to offering a high standard of care. Staff took pride in their work and put patient care first.
- Leaders had the skills, knowledge and experience to perform their roles. The manager of the Yeovil team was new in post and had not yet received management training. However, other managers in the service were providing support.
- Team managers held regular meetings that enabled them to improve the service and develop a consistent service across the county. Team managers received regular supervision.
- Staff had access to support for their own physical and emotional health needs through an occupational health service.
- The provider recognised staff success within the service with certificates of recognition and appreciation for making a positive difference in the workplace. The Burnham-on-sea manager and memory service had received these.
- Teams followed a standard agenda for team meetings to ensure essential information, such as learning from incidents and complaints, was shared and discussed. They reviewed local and divisional risk registers in these meetings, so staff were aware of the risks.
- The service had good plans for emergencies. For example, there were individual team plans for adverse weather that enabled staff to continue to provide a service, especially to vulnerable patients.
- Staff had access to the equipment and information technology needed to do their work. Staff had been issued with laptops to enable them to work remotely.
- Team managers had access to information to support them with their management role. Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used through the intranet, bulletins and newsletters.

Community-based mental health services for older people

However:

- The Yeovil team told us they felt unappreciated, stressed and morale was low. They complained of a lack of positive feedback. Some staff felt 'done to' rather than 'done with'. Some staff said they felt disconnected from senior management. Staff did not know who the speak up guardian was for the trust or how to contact them. The trust had already recognised this and had put in place an action plan to address this.

Outstanding practice

We found examples of outstanding practice within this core service. See the Outstanding Practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas of improvement section above.

Long stay or rehabilitation mental health wards for working age adults

Good   

Key facts and figures

Willow ward is an 11-bed inpatient service for adults with long-term mental health problems. The ward provides a countywide service.

The ward provides a rehabilitation programme which includes a variety of psychosocial groups, therapeutic and leisure activities within a structured weekly programme. The service aims to encourage social integration; promote links with community groups and services, and encourage active involvement of families and carers.

We last inspected the service in December 2015 and rated it as good overall. We rated all key questions as good, except effective, which we rated as requires improvement. We told the provider it must make the following improvements:

- The provider must ensure that monitoring and checks of medical equipment follow a systematic plan that includes checking expiry dates, portable electrical testing and calibration of all medical devices.
- The provider must ensure that capacity to consent to treatment is recorded for all detained patients.
- The provider must ensure that section 17 leave assessments are undertaken and recorded for all detained patients.

At this inspection we found that these improvements had been made.

This inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

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?

The inspection team consisted of a lead inspector, an inspection manager, a pharmacy inspector and a specialist advisor who was a specialist in occupational therapy.

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the environment and observed how staff were caring for patients
- carried out a check of the clinical room
- spoke to the ward manager, the consultant psychiatrist, a nurse, two support workers, an occupational therapist and the healthy lifestyle advisor
- spoke with two patients
- obtained patient feedback from a recent Friends and Family test

Long stay or rehabilitation mental health wards for working age adults

- observed a community "Have Your Say" meeting
- attended a multidisciplinary team meeting
- observed the process of staff signing three patients out on section 17 leave and
- reviewed eight out of 11 care records.

Summary of this service

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

- The ward was clean, spacious, and well maintained. It was a positive environment which focused clearly on rehabilitation needs and enabling patients to move out of hospital and live in the community. The atmosphere was warm and friendly and the environment comfortable and welcoming.
- Staff completed thorough environmental risk assessments and mitigated identified risks on an ongoing basis. Staff knew, assessed, managed and communicated individual risks well.
- The staff team were knowledgeable, skilled and cohesive. Staff demonstrated effective application of relevant legislation and good practice; in line with national guidance. Staff provided a range of care and treatment within the therapeutic rehabilitation service. Patients had access to a range of multidisciplinary staff to meet their mental and physical health needs. Patients were supported to reintegrate into their community and independent living.
- Documentation was complete and assessments were comprehensive, holistic and thorough.
- Care plans were kept up to date, personalised with clear outcomes and goals identified which included plans for discharge, and clearly evidenced the involvement of patients throughout.
- The ward had a progressive ethos and the team were constantly looking at innovative ways to engage and use the patient voice and experience to develop staff competence and improve rehabilitative outcomes. For example, a patient was supported to deliver a training session to staff following some work with the ward psychologist on how best to meet their needs.
- Staff encouraged and supported patients and carers to be involved in their care as much as practically able and ensured clear discharge planning took place with the patients.
- Staff were respectful, supportive and responsive to patients' needs.
- The service was well led, leaders and managers had the skills and knowledge to provide good quality leadership, were visible and accessible. The trust senior directors and board members visited the service regularly.

However:

- Not all staff had completed Mental Capacity Act and health and safety awareness training.

Is the service safe?

Good   

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

Long stay or rehabilitation mental health wards for working age adults

- The ward environment was clean, spacious, and well maintained. Staff followed systems to keep themselves and patients safe. Staff did thorough environmental risk assessments and took action to manage risks effectively. The ward had a welcoming and pleasant atmosphere.
- The ward was well staffed with a stable team who knew the patients and received training to keep people safe from avoidable harm. There were enough staff to support rehabilitation and for activities including facilitating patients' leave from the ward. Additional staff who were familiar with the ward could be accessed if needed.
- The ward had good medical cover, with access to support as and when needed, including out of hours.
- Compliance for most of the mandatory training was above the trust target.
- Staff carried out risk assessments and regularly updated them with the patients' involvement. We reviewed eight care records, all of which included risk assessments of a good standard.
- Staff used de-escalation skills to minimise use of restraint. All de-escalation techniques were risk assessed and individually care planned. There were a number of areas on the ward available to support this, including a de-escalation room and a reflection room.
- Staff understood how to protect patients from abuse and worked well with other agencies to do so. Staff had completed training on how to recognise and report abuse and they knew how to apply it. They also knew where to go for advice if they were uncertain what to do.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff checked and monitored medical equipment, including checking expiry dates, portable electrical testing and calibration of all medical devices. This was an improvement from the previous inspection
- Following a serious incident, the ward had reviewed its security policies and procedures and made changes to increase safety.

However:

- Compliance rates for Mental Capacity Act and health and safety awareness training were below the trust compliance rate at the time of the inspection.

Is the service effective?

Good ● ↑

Our rating of effective improved. We rated it as good because:

- We looked at eight out of the 11 patient records. We found these to be of a good standard, up to date and personalised.
- Staff assessed the physical and mental health of all patients on or soon after admission. Staff and patients developed individual care plans and updated them when needed. Care plans were personalised, holistic and recovery orientated. Patients were involved in their care planning throughout the treatment process.
- Staff supported patients with their physical health and encouraged them to live healthier lives. Patients had access to ongoing physical health care, including a healthy lifestyle advisor to support them with exercise, nutrition and healthy living. The ward clinical psychologist provided additional bespoke training to the multidisciplinary team.

Long stay or rehabilitation mental health wards for working age adults

- Staff provided a range of treatment and care for patients based on national guidance and best practice. This was clearly aimed at supporting patients' rehabilitation and enabling them to move from hospital and live in the community.
- Managers ensured that the staff had the range of skills needed to provide high quality care. They supported staff with appraisals and opportunities to update and further develop their skills. Staff we spoke with were happy with the quality and quantity of supervision they received. Staff had regular and effective multidisciplinary meetings; which patients could attend.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Staff regularly explained patients' rights to them as expected. Staff carried out and recorded section 17 (MHA) leave assessments for all detained patients. This was a breach in the previous inspection.
- Staff supported patients to make decisions about their care and demonstrated a thorough awareness of their responsibilities under the Mental Capacity Act 2005, and how to apply this in practice. Staff obtained and recorded patients' consent to care and treatment. This was a regulatory breach in the previous inspection.

However

- At the previous inspection the ward was told it should ensure that regular formal one to one management supervision was undertaken in line with trust policy. Although staff had good access to other forms of supervision, the rate of formal supervision of this type was still low. The team had identified this as an issue and were working to improve this.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- Staff attitudes and behaviours towards patients showed that they were discreet, respectful and responsive. Staff provided patients with help, emotional support and advice at the time they needed it. They respected patients' privacy and dignity and supported their individual needs.
- During a serious incident on the ward, staff had risked their lives to ensure the patients' safety. Following this incident, the staff team received a team of the month award in recognition of their response. Staff received appropriate support following the incident.
- Staff involved patients in care planning and risk assessment. Care plans included objectives written with the patient and in their own words. Staff recorded when patients were offered copies of their care plans.
- The ward had a progressive ethos and the team were constantly looking at innovative ways to engage and use the patient voice and experience to develop staff competence and improve rehabilitative outcomes. For example, a patient was supported to deliver a training session to staff following some work with the ward psychologist on how best to meet their needs.
- Patients could express their needs and preferences and received person-centred care, despite sometimes being difficult to motivate.
- Staff involved patients in decisions about the service and ensured they could access advocacy support. The structure of the multidisciplinary team meeting was changed to support the patient attending in recognition of their vital role as central to the team. The ward held a community meeting and have a suggestions box to invite feedback on the service.

Long stay or rehabilitation mental health wards for working age adults

- The input of friends, family and carers was highly valued in the service. Triangle of care leads supported this involvement and the ward had a carer's charter. Triangle of care is a national approach to staff working in partnership with carers to support patient care.
- The ward was recognised by the trust freedom to speak up guardians for having a culture where staff felt able to be open, honest and speak up when appropriate.

Is the service responsive?

Good   

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

- Staff planned for patients' discharge, including working with care coordinators, who were invited to regular multidisciplinary team meetings. All discharges were planned with the involvement of the patient and multidisciplinary team. Staff supported patients to access activities in their local community when they are nearing discharge, to help orientate them back into the community.
- There were no delayed discharges or readmissions within 28 days of discharge in the past year, and no current out of area placements. The average length of stay was 18 months.
- Staff and patients had full access to a range of facilities to support treatment and care and promote recovery and independent living skills. This includes a self-contained flat where patients nearing discharge could practice independent living in a safe environment.
- Patients had their own rooms where they could keep personal belongings safely. There were quiet areas for privacy and where patients could be independent of staff.
- Staff supported patients with activities outside the service, such as work, education and building family relationships.
- The service was accessible to all who needed it and took account of patients' individual needs. Staff helped patients with communication, advocacy and cultural support.
- Following feedback, when supporting patients in the community, staff did not wear their trust uniform to respect patients' privacy and dignity.
- Patients knew how to complain, raise concerns or give feedback and there were systems to support this. Patients were given information, have access to suggestion boxes and community meetings, as well as 'Friends and Family' feedback surveys on discharge.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Managers had the appropriate skills and abilities to run a service providing high-quality, sustainable care. They were visible in the service and very approachable for patients and staff.
- Leadership opportunities were available, including opportunities for staff at all levels to develop.
- Staff knew and understood the trust's vision and values. These had been shared with the staff team, and management were confident they were working to these in practice.

Long stay or rehabilitation mental health wards for working age adults

- Staff felt respected, supported and valued by both the wider team and their managers. They enjoyed their jobs and were proud of the work they do. Morale in the team was good.
- Staff felt able to raise concerns without fear of retribution. They also knew how to use the whistle-blowing process.
- The ward won the trust team of the month award in recognition of their professional and skilful response to a serious incident.
- In July 2018, the ward was accredited under the AIMS rehabilitation scheme. This accreditation was awarded after a process of peer review and inspection to ensure the ward was meeting expected standards. The AIMS scheme works with services to improve the quality of inpatient rehabilitation wards, engaging staff, service users and carers in self and peer review for the purpose of quality improvement and accreditation.

Outstanding practice

We found examples of Outstanding practice in this service. See the outstanding practice section above.

Areas for improvement

We found areas for improvement within this core service. See the Areas for improvement section above.

Child and adolescent mental health wards

Good   

Key facts and figures

Somerset Partnership Foundation Trust provide inpatient child and adolescent mental health services (CAMHS) at Wessex House. The unit has 12 beds – all single rooms with ensuite facilities. On the day of the inspection there were 11 young people admitted, one on a trial basis. The inpatient unit provides assessment, care and treatment for young people between 13 and 18 years old with a range of mental health needs, where the level of risk, complexity and severity cannot be safely or appropriately managed in a community setting. Young people can be admitted informally, by parental consent (if under 16 years of age) or if detained under the Mental Health Act (1983).

The service was last inspected in September 2015 and was rated as good overall, with requires improvement for the effective key question. We told the provider they must make the following improvements:

- Staff must ensure that consent for care and treatment of all patients admitted to the ward is sought from the relevant person and clearly recorded in their care records.
- Staff must ensure that information is stored in the part of the notes that is specified. Essential information was missing from the admission section of the notes and was therefore not easily accessible.

At this inspection we found that the improvements had all been made.

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

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?

During this inspection visit, the inspection team:

- visited the service and looked at the quality of the ward environment
- spoke with two young people who were using the service
- spoke with one carer
- spoke with the ward manager and service manager
- spoke with other staff members; including the clinical psychologist, consultant psychiatrist, family therapist, nurse and support worker.
- attended and observed a multi- disciplinary team meeting
- looked at six care and treatment records of young people
- looked at a range of policies, procedures and other documents relating to the running of the service.

Child and adolescent mental health wards

Summary of this service

We rated child and adolescent mental health wards as good because:

- Staff and young people worked together to identify and manage risks and develop risk assessments. Staff had detailed knowledge of the risks and the care needs of the young people and were skilled and experienced in working with them. There were sufficient staff to carry out physical interventions safely. The team had a local risk register that had items so that risks could be identified, escalated and addressed.
- Environmental risks, including some fixed ligature points, had been assessed and were managed appropriately by staff. The environment was clean and tidy. Alarms were on hand to call for an assistance. Young people were searched appropriately on return from unescorted leave. Young people's rooms were searched when warranted, for example after an incident of self-harm, by staff to maintain a safe environment. Staff were trained in safeguarding and knew how to identify, manage and report safeguarding issues.
- Care plans were holistic and created with the young people on the ward. There was a variety of treatment and interventions on offer that were in line with national guidance and best practice. Consent and capacity was recorded appropriately in the young person's notes. There was a skilled multidisciplinary team that met regularly for meetings to discuss young people's care. Mental Health Act rights had been explained regularly to those young people detained under the Mental Health Act.
- Staff were caring and demonstrated respectful attitudes towards the young people and were knowledgeable around their care plans. Throughout the admission process, staff reassured and helped young people settle into the ward.
- Young people were involved in decisions about the service and there were meetings to collect feedback from the young people admitted to the ward. Advocacy services were readily available. Staff ensured young people had good access to education.
- Young people had their own bedroom with an ensuite bathroom. There was a full range of facilities available.
- Carers were included and consulted in the care provided. Young people and their families knew how to raise concerns or complaints.
- Managers understood and knew their ward and the challenges they faced. Staff were aware of the trust values and how they applied in the work of their team. Staff we spoke with felt respected, supported and valued by their team.
- Staff felt able to raise concerns and were supported in the process. Staff had implemented recommendations from events such as incidents, deaths and complaints.
- The trust provided specific Mental Health Act training however this was not mandatory for staff and managers found it difficult to release staff for training. Despite this, we found that knowledge of the Mental Health Act was good.

However:

- Staff felt that from the wider trust communication could be improved as they didn't always know why changes were being made. There were no clear frameworks of what must be discussed at a ward, team or directorate level in team meetings.
- There was no dedicated specific dietetic support for the ward and staff stated that it was difficult to access from other areas of the trust. This had been raised with the managers and escalated to the trust.
- The service did not regularly collect feedback from families and carers.

Child and adolescent mental health wards

- The ward applied some blanket restrictions, for example young people always had to request access to the outside areas and were observed by staff. Staff discussed blanket restrictions at team meetings and a positive and proactive best practice meeting.

Is the service safe?

Good   

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

- Despite having staffing pressures, the service had robust procedures to mitigate these such as requesting additional staff from other wards or the use of agency staff.
- Staff and young people were involved in managing risks and developing risk assessments. They were person-centred, proportionate and reviewed them regularly for example within the weekly multi-disciplinary team meeting.
- Staff showed knowledge of risks of young people and how they worked with the risks. Risks were assessed, monitored and managed on a day-to-day basis.
- The service had good policies and procedures for searching young people or their bedrooms.
- Staffing levels usually allowed young people to have regular one-to-one time.
- There were enough staff to carry out physical interventions safely, and staff had been trained to do so as part of their mandatory training.
- Staff were trained in safeguarding, knew how to make a safeguarding alert and did that when appropriate. Staff felt confident in raising and escalating concerns and felt there was a robust system.
- Staff completed regular risk assessments of the care environment.
- All staff had easy access to personal alarms and were allocated one at the beginning of their shift. Young people had easy access to nurse call systems.
- The ward completed regular cleaning audits.

However:

- The ward applied some blanket restrictions on the young people, for example young people always had to request access to the outside areas and were observed by staff. Staff discussed blanket restrictions at team meetings and a positive and proactive best practice meeting.

Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Care plans demonstrated a holistic approach to care and showed collaboration between young people and staff.
- Young people were given a folder on admission which they could keep their care plans and all information in. Young people stated they received copies of their care plans.

Child and adolescent mental health wards

- Staff provided a range of care and treatment interventions suitable for the young people, that were in line with national guidance and best practice.
- There had been improvements in the recording and discussion of consent and capacity.
- There was a skilled multi-disciplinary team on the ward. This included psychiatrists, psychologists, nurses, occupational therapists, education staff and family therapists.
- Staff held regular and effective multidisciplinary meetings.
- Staff explained to young people their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it.

However:

- There was no dedicated specific dietetic support for the ward and staff stated that it was difficult to access from other areas of the trust. This had been raised with the managers and escalated to the trust.
- Managers stated that at times it was difficult to release staff for training.

Is the service caring?

Good  ➡ ➡

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

- Staff demonstrated a clear attitude of respectful, compassionate care. young people we spoke with said most staff supported them and felt that the staff wanted what was best for them.
- Through assessing young people appropriately, and working with them collaboratively, staff knew how to meet their young people's needs and they ensured that patients had access to other teams when they needed it.
- Throughout the admission process, staff helped young people settle into the ward
- We saw that young people played a key role in developing their care plans.
- Young people were involved in decisions about the services they used, for example being involved in recruitment of staff.
- Staff routinely collected feedback from young people on the service they received, via weekly have your say meetings and community meetings.
- Staff ensured that young people had access to advocacy and included the advocate in meetings as appropriate.
- Staff regularly met with carers and kept them involved in their relatives' care.

However:

- The ward did not routinely collect formal feedback from families and carers.

Is the service responsive?

Good  ➡ ➡

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

Child and adolescent mental health wards

- Staff ensured young people had access to education. Young people had a bespoke education timetable, focusing on traditional education subjects in the morning and life skills in the afternoon.
- Young people had their own bedroom with an ensuite bathroom. Young people were encouraged to personalise their bedrooms.
- There was a full range of facilities for the young people, including an occupational therapy kitchen, outdoor areas and games rooms.
- Young people and their families knew how to raise concerns or complaints. Young people stated that they felt listened to and supported.
- Discharges were well planned in advance wherever possible.

However:

- Staff did not always receive feedback following complaints.
- The assisted bathroom had no adaptations such as disabled fittings.

Is the service well-led?

Good ● ➡ ➡

Our rating of well-led stayed the same. We rated it as good because:

- The leadership was strong in this service. Leaders in the service were visible and staff were aware of who they were.
- Managers within the ward understood their ward and the challenges they faced.
- Staff were aware of the trust values and how they applied in the work of their team.
- Staff felt able to raise concerns and were aware of the whistleblowing process. Staff also told us that if they raised concerns they were well supported during the process.
- Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at a service level.
- Staff undertook or participated in local clinical audits.
- Staff we spoke to felt respected, supported and valued by their team.
- The team had a local risk register that had items so that risks could be identified, escalated and addressed.
- The ward involved young people and took their views into account, by involving them in recruitment.

However:

- The managers said that it was difficult to release staff to attend training because of staffing pressures on the unit.
- There were no clear frameworks of what should be discussed at a ward, team or directorate level in team meetings.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Specialist community mental health services for children and young people

Requires improvement  

Key facts and figures

Somerset Partnership NHS Foundation Trusts provides specialist child and adolescent mental health services (CAMHS) in a community setting. The service operates out of four locations at Taunton (West CAMHS, Deaf CAMHS, Forensic CAMHS and Single Point of Access), Wells (East CAMHS), Yeovil (East CAMHS) and Bridgwater (Enhanced Outreach team and Community Eating Disorders team). The community CAMHS teams provide services across Somerset and the Deaf team provides services across Cornwall, Devon, Somerset, Bristol, Wiltshire and Gloucester.

Community CAMHS provide services from Monday to Friday 9am – 5pm, supported by Enhanced Outreach Services that operate a seven day a week service from 8am until 8pm. Any out of hours referrals are picked up by the on-call duty doctor.

Somerset clinical commissioning group (CCG) commissions the service provided by the community CAMHS teams. NHS England separately commissions the eating disorders team and Deaf services.

At the last inspection, the service had one key question (safe) rated requires improvement. effective, caring, responsive and well-led were rated good. We told the trust it must make the following improvements:

- The provider must ensure that the fire risk at Mendip is addressed and that the service adheres to the fire risk assessment that was completed. There were distinct fire risks in the staff kitchen.
- The provider must ensure that there is a cleaning rota for the toys in the service to ensure there is effective infection control precautions in place.
- The provider must ensure that risk assessments are updated timely and ensure that when risks are identified there is clear information available

We looked at whether the improvements had been made as part of this comprehensive inspection.

- The provider had addressed the fire risks in the small staff kitchen at the Wells location. However, at the Balidon Centre in the east, we found additional health and safety risks in their staff kitchen.
- There was a cleaning rota in place, including for toys, in the west team. In the east team in Yeovil, there was a blank cleaning rota in the reception area which staff had not filled in for the year. The provider had displayed a cleaning rota for the toys in the East Yeovil site but staff had not filled it out.
- The provider had not ensured that risk assessments in the community CAMHS teams had been updated regularly and with sufficient detail.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with five managers or acting managers
- spoke with 24 staff
- nine young people and/or their families

Specialist community mental health services for children and young people

- conducted nine observations of care or meetings.
- reviewed 36 records of care

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- Community CAMHS teams had not improved documentation around risk since our last inspection and still did not meet these requirements. Risk assessments were not updated regularly and lacked important detail about the young person. Crisis plans were generic and not specific to the young person.
- The service did not have sufficient staffing numbers to help keep young people consistently safe from avoidable harm at all times. The team struggled with staff vacancies and safe caseload management. Staffing issues had been highlighted on the service risk register since 2015, although the trust were trying to recruit and ensure safe staffing numbers.
- The physical environment in the east CAMHS team in Yeovil required some updating and refurbishment. The environment was not clean and was not fit for purpose. in places. Some of the equipment and furnishings were of poor quality. Staff were not regularly using a cleaning rota for toys or the environment.
- Community CAMHS teams did not keep up to date records of care, records were not always person centred or holistic and consent was not always documented well. Staff in the east and west community CAMHS did not assess the physical health of all patients on admission unless they were taking prescribed medication.
- The east CAMHS team had a long waiting list, the average being 18 weeks and the longest wait time being 45 weeks. The west team were managing to keep within the provider's target of six weeks to see a new referral for treatment.
- Complaints were not logged, documented or investigated in the east team due to workload pressure and time capacity.
- Staff morale in the community CAMHS teams was generally low and staff felt fragmented from their teams due to sudden changes in their management structure.

However:

- The service had improved the environment at the east team in Wells since the 2015 inspection and it was now safe, clean, well equipped, and fit for purpose. The clinical environment at Foundation House was well maintained and had child friendly environments.
- Staff in the specialised CAMHS service teams assessed the physical and mental health of all young people during their initial assessment. They developed individual care plans and updated them when needed. They provided a range of treatment and care for patients based on national guidance and best practice.
- Staff received high quality safeguarding training and supervision.
- Multidisciplinary team worked effectively with internal and external professionals. Staff worked hard on creating smooth transitions of care for young people.
- Staff involved young people and their families in their care by offering them the opportunity to join the young people's participation group. The staff also offered volunteer programmes for young people and had feedback systems in place for young people and their families.

Specialist community mental health services for children and young people

- The trust provided individualised and considerate communication support to staff, young people using the service and their families.
- Senior management teams responded to concerns about the east team's waiting list. They devised an action plan which they updated weekly to demonstrate progress made against their current regulatory breach.
- Managers created learning events after serious incidents which allowed the teams time to reflect and recover.

Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

- Staff in the east community CAMHS team did not always complete and update robust risk assessments for each young person and use these to understand and manage risks. Although the teams discussed areas of risk during meetings, we found that staff did not consistently document young people's most recent presentation of risk in their risk assessments and care plans. Not all risk assessments were updated regularly.
- The environment in the east team at Yeovil was not clean, well equipped, well furnished, well maintained or fit for purpose. The environment was worn and unclean in places. Some of the furnishings were threadbare.
- Staff did not regularly use a cleaning rota in the east team at Yeovil.
- The community CAMHS service did not have sufficient staffing numbers to ensure the service kept young people safe always.
- The community CAMHS teams in Yeovil and Wells had not managed their caseloads safely and had lengthy waiting times for assessment.

However:

- The environment in the east team at Wells was now safe as they had addressed the issues raised in their 2015 inspection around fire risk. The clinical area at Foundation House was well maintained and child friendly.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had access to essential information, although teams had to duplicate information when a young person was admitted into hospital by documenting their paper notes onto the service's electronic database.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. The service investigated serious incidents and learned lessons from the results, and shared these with staff.

Is the service effective?

Good   

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

Specialist community mental health services for children and young people

- Staff in the specialised CAMHS service teams assessed the physical and mental health of all young people during their initial assessment. They developed individual care plans and updated them when needed.
- Staff in the specialised CAMHS service teams provided a range of treatment and care for patients based on national guidance and best practice. Staff supported patients with their physical health and encouraged them to live healthier lives.
- Managers ensured they had staff with a range of skills needed to provide high quality care. Managers in the west and specialised CAMHS services supported staff with appraisals, supervision and opportunities to update and further develop their skills.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.

However:

- Care plans in the community CAMHS teams were generic and not personalised, holistic and recovery orientated and did not reflect the views of the service user or families.
- Community CAMHS teams did not document consent consistently or effectively.

Is the service caring?

Good   

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

- Staff in all the services treated young people with compassion and kindness. They respected young people's privacy and dignity, and supported their individual needs. Staff were responsive to the developmental needs of young people and used the young person's own language when reflecting back with them following an assessment. During assessments, staff managed the interactions well between parent and child.
- Staff involved young people and those close to them in decisions about their care, treatment and changes to the service. The Trust ran a successful participation group that enabled young people to feedback and become involved with their services. Staff running the schools health and resilience education programme implemented a postcard feedback system to gather qualitative feedback from young people after their sessions.
- Staff supported and involved families in their children's care through carer's assessments, psycho-education, parent information evenings and support at home.
- Despite the low staffing figures and lengthy waiting lists which were outside of the control of the staff teams and leaders, there was an ethos of person-centred care with the patient being a high priority for the staff teams. Staff were very caring in attitude with high consideration of the needs of the young people.

However:

- Young people were not routinely given a copy of their care plan, except for the Deaf CAMHS service.

Is the service responsive?

Requires improvement  

Our rating of responsive went down. We rated it as requires improvement because:

Specialist community mental health services for children and young people

- Although it was recognised that overall, the waiting times from referral to treatment for young people using CAMHS services remained in the top quartile nationally, waiting times in the east community CAMHS teams were too lengthy. Arrangements to admit, treat and discharge young people were not in line with good practice. The east team had 110 young people on their waiting list at the time of our inspection. The longest wait was 45 weeks and the average wait was 18 weeks. The trust had recognised this and had implemented an action plan to address this issue prior to our inspection.
- Not all complaints were logged, documented or investigated in the east team due to workload pressure and time capacity.

However:

- The design, layout, and furnishings in the east at Wells and the west at Foundation House supported treatment, privacy and dignity.
- Staff supported patients with activities outside the service, such as work, education and family relationships.
- The service was accessible to all who needed it and took account of individual needs. Staff helped patients with communication, advocacy and cultural support.
- Specialist services received many compliments and documented these appropriately, informing senior members of staff about them at clinical governance meetings.

Is the service well-led?

Requires improvement  

Our rating of well-led went down. We rated it as requires improvement because:

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. They had evidence that they worked in partnership with staff, patients, and key groups representing the local community to discuss service delivery and ongoing plans. However, staff in the community CAMHS teams were not clear about the organisation's vision and values. They said their senior team did not filter down all the relevant information about service strategy and direction.
- Managers had only recently been relocated to the east community CAMHS service to address the risks around staff caseload management and waiting times for the service. They did not yet have effective strategies in place to manage the services because they were focused on addressing the immediate risks to the young people using the service. The operational policy for the service was out of date from 2014-2015 and was due to be reviewed as soon as the clinical commissioning group had signed it off.
- Interim governance arrangements had had an initially negative effect on the teams. The west team's caseload was decreasing but the east team were struggling. Consequently, the west team and outreach team supported colleagues in the east, but to their detriment. They were care co-ordinating for large numbers of young people who they were not commissioned to support, staff had a large accumulation of time off in lieu high sickness rates during the supporting months and had placed 'compassion fatigue' for their team on the trust's risk register.
- Staff morale in the east team and some in the west was low and staff felt fragmented from their teams due to sudden changes in their management structure. Staff felt that there was poor communication to the team about their line management structure. Staff felt that managers were making robust changes without meeting or understanding them.

Specialist community mental health services for children and young people

- Complaints were not logged or investigated in the east community CAMHS so families did not receive feedback on their complaints.
- Local managers in the community CAMHS teams had not ensured thorough and robust oversight or audits around the quality of documentation within the clinical records.

However:

- The managers who had recently transferred across to the service potentially had the right skills and abilities to support necessary improvements. Managers in the Deaf CAMHS, enhanced outreach team and community eating disorders team had a good understanding of the services they managed. They could explain clearly how the teams were working together to try to provide high quality care.
- Managers of the CAMHS specialist services (Deaf CAMHS, enhanced outreach team and community eating disorders team) promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Managers of the CAMHS specialist services (Deaf CAMHS, enhanced outreach team and community eating disorders team) conducted regular audits to improve the quality of their services. They were involved in research, clinical trials, attended strategic groups and had embarked upon accreditation schemes. Clinical leads in these services provided advice and consultation to train teachers in schools as well as other health professionals in the third sector.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

Mental health crisis services and health-based places of safety

Good   

Key facts and figures

Somerset Partnership NHS Foundation Trust provides mental health crisis services that are delivered by home treatment teams. It has two health-based places of safety. One at Rowan ward, Summerlands Hospital in Yeovil and another at Rydon Ward, Wellsprings Hospital in Taunton. The health-based place of safety in Taunton is due to begin a programme of full refurbishment in March 2019.

Both health-based places of safety have one bed each that can be used by either a man or a woman. A health based place of safety is a place where someone who may be suffering from a mental health problem can be taken by police officers, using the Mental Health Act, to be assessed by a team of mental health professionals.

The home treatment teams provide emergency and urgent assessment and home treatment for people who present with a mental health need that requires a specialist mental health service.

Their primary function is to undertake an assessment of needs, whilst providing a range of short-term treatment as an alternative to hospital admission. The team are also gatekeepers so can admit patients to an inpatient unit if this is required. This service has five teams that cover Bridgwater, Minehead, Taunton, Wells and Yeovil.

The service was last inspected in September 2015 and was rated as good overall, with requires improvement in the responsive domain. We told the provider it must make the following improvements:

- The provider must demonstrate that action is being taken to ensure that limitations on access to Section 12 doctors out of hours are not responsible for delays to Mental Health Act assessments in order to work within the trust's section 136 joint protocol and the Mental Health Act code of practice.
- The provider must ensure that the senior managers in the trust clarify procedures and joint working arrangements when the section 136 joint protocol is renewed, so that staff can be confident and assured of support out of hours and clear on their responsibilities and expectations.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. Before the inspection visit we reviewed information that we held about these services and information requested from the trust. We inspected all five key questions for this core service and saw good improvements had been made.

The inspection team visited the home treatment teams and the health based places of safety between 9 and 11 October 2018.

During the visit the inspection team:

- Inspected the two health-based places of safety, and the Mendip, Minehead, Somerset Coast and Taunton home treatment teams.
- Looked at the quality of the environment at each location
- Spoke with the managers responsible of the home treatment teams and the health-based places of safety.
- Spoke with 13 other members of staff including nursing staff, psychiatrists, support workers and an Approved Mental Health Professional (AMPH).
- Spoke with a police liaison officer

Mental health crisis services and health-based places of safety

- Spoke with 10 patients either face-to-face or via telephone calls
- Spoke with 2 carers
- Observed 7 episodes of care (home visits, clinic, or calls to patients).
- Observed 3 daily handover meetings
- Reviewed 35 care records
- Reviewed 12 staff supervision records and appraisals
- Reviewed a range of policies and procedures used by staff.

Summary of this service

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

- There were sufficient staff with the right training, knowledge and skills to provide safe care and treatment; staff received appropriate supervision. Staff completed thorough risk assessments and had a good awareness of safeguarding issues. There were robust incident reporting processes and managers ensured any lessons learned were cascaded to staff.
- Staff used best practice and national guidance to complete comprehensive assessments of patients, and communicated patient need well within the multidisciplinary team, the wider trust and with their external partners as appropriate.
- Patients told us that staff treated them with respect and that they were involved in their own care planning. They felt listened to and both patients and carers were provided with relevant information and support to manage their condition.
- The service had a positive patient-centred culture which was demonstrated consistently throughout the treatment period.
- At our last inspection in September 2015, admission into the health based places of safety out of hours sometimes resulted in a lengthy wait for assessment. By the time of this inspection, this had improved and people were being assessed in a timely manner. From 1st January 2018 to 10th October 2018, assessments were consistently completed within 24 hours regardless of the time of day that the person was admitted.
- At our last inspection in September 2015, staff at the places of safety were not always confident or clear on provision of support out of hours, or around the joint working arrangements under the Section 136 joint protocol. By the time of this inspection, this was no longer the case and staff were well informed of the procedures and protocols specific to the places of safety.
- The home treatment teams responded to patient need quickly and managed their caseloads effectively to ensure they could respond to concerns in a timely way. The teams were meeting their expected targets and had effective complaints procedures in place. None of the home treatment teams had waiting lists, and the risk of patients on the caseload was discussed informally, and formally at daily handovers.
- Governance arrangements were in place and robust. Leaders had clear oversight of their services. Managers and staff monitored the quality and effectiveness of the service through feedback and key performance indicators. Morale was high and staff were innovative.

Mental health crisis services and health-based places of safety

However:

- The trust lone working policy was inconsistently applied across the home treatment teams, which meant staff could be at risk if colleagues did not know of their whereabouts. We raised this at the time of our inspection and the trust assured us they would take action.
- Medical staff did not always receive clinical supervision as per trust policy.

Is the service safe?

Good ● ➡ ➡

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

- The home treatment team bases and health-based places of safety were clean, well maintained and appropriately furnished.
- Staff at the health-based places of safety managed patient risk well by ensuring adequate staffing, completing risk assessments of the patient and the environment, and by having good knowledge of individual risk.
- Staff reported incidents well. Incidents were reviewed by senior managers and lessons learned were cascaded to staff regularly.
- Staff discussed patient risk during each handover and clinical review, ensuring risk issues were considered when planning treatment.
- Staffing was sufficient to provide patients with safe care, and most staff had met their training requirements. Those that had not had plan in place to complete.
- Staff were aware of what, when and how to report safeguarding concerns.

However:

- The trust lone working policy was inconsistently applied across the home treatment teams, which meant that staff could be at risk if colleagues did not know of their whereabouts.

Is the service effective?

Good ● ➡ ➡

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

- Staff working for the home treatment teams completed thorough and comprehensive holistic assessments and personalised care plans with good patient involvement. Staff followed national guidance and evidence-based best practice, and ensured outcomes were monitored using recognised rating scales.
- Communication was good between all members of the multidisciplinary team, colleagues within the wider trust and external partners, which ensured consistency in care and treatment.
- There were good working relationships between the trust and the police who found the trust 'proactive' and 'forward thinking'. For example, the trust had a planned closure of the Taunton place of safety in February 2019 for

Mental health crisis services and health-based places of safety

refurbishment and had already met with the police to make contingency arrangements for the duration of the closure. The trust held local informal meetings regularly with the police and colleagues from the emergency department and any issues / incidents were escalated, as necessary, to the Crisis Care Concordat Group. These meetings were documented and we saw that actions were taken to address issues that had been raised there.

- The multi-agency operational policy for use in the health-based place of safety incorporated amendments to Mental Health law.

However:

- Medical staff did not receive clinical supervision in line with the trust's policy.

Is the service caring?

Good   

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

- Staff were kind, caring and respectful towards patients and to each other. Patients felt included in their care and told us staff had supported them to manage their condition.
- The ten patients we spoke with praised the staff highly, and the quality of the care they provided. Patients told us they felt safe and cared for and were very supportive. We observed and heard staff interact with patients in a way that also demonstrated this.
- Carers felt listened to and staff sought their views. They were provided with relevant information so they felt involved in the planning of care.
- Staff across all the teams encouraged patient and carer feedback and the trust would collate responses received to improve the quality of care. Staff regularly met with carers and involved them in the patients care where appropriate. They ensured that carers were invited to meetings held to discuss the needs of the patient where this was appropriate.
- The service had a positive patient-centred culture which was demonstrated consistently throughout the treatment period. Staff had a good understanding and consideration of age related, cultural and diverse issues such as lesbian, gay, bisexual and transsexual community needs.
- We saw staff at the Taunton team provided proactive support for patients for inevitable situations that had a high possibility of affecting their mental health. This prevented patients from reaching crisis point. For example, a patient was receiving bereavement counselling through the duration of a loved one's terminal illness.

Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- At our last inspection in September 2015, we found admission into the places of safety out of hours sometimes resulted in a lengthy wait for assessment. During this inspection we saw that this had improved and people were being assessed in a timely manner. The health-based place of safety completed Mental Health Act assessments within 24 hours in line with Mental Health Act law and escalated any delays appropriately. There was one breach since the law changed in December 2017.

Mental health crisis services and health-based places of safety

- At our last inspection in September 2015, we found that staff at the places of safety were not always confident on provision of support out of hours, or working arrangements under the Section 136 joint protocol. During this inspection we saw that this was no longer the case and staff were well informed of the procedures and protocols.
- Staff responded to all referrals to the home treatment team quickly and triaged them appropriately. The home treatment team were flexible and offered patients choice with their appointment times and where they wanted to be seen.
- Staff responded quickly to telephone calls and patients in crisis and were available 24 hours a day apart from 8pm to 8.30am.
- Patients were given a range of information and the teams dealt with any complaints effectively.
- The health-based place of safety environment was secure and promoted comfort, dignity and privacy.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Managers were suitably skilled, knowledgeable and experienced to effectively lead and manage staff, ensuring they received the right training, supervision and information to provide good quality care to their patients.
- Staff told us they were aware of the trust vision and values and felt respected and valued by the senior leadership team. The trust promoted a positive culture and staff were recognised through the annual staff awards.
- Staff received feedback on complaints, incidents and made improvements to the service.
- Team leaders ensured that the heart of the service was patient-centred and ensured staff provided good holistic care and support.
- Staff monitored the quality of the service using key performance indicators, audits and staff and patient feedback. Action plans were in place and senior managers monitored and scrutinised results in regular manager meetings.
- The service was working towards being accredited by the 'Home Treatment Accreditation Scheme' and they had implemented innovative ways of working to improve the quality of care their patients received.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Karen Bennett-Wilson, Head of Hospitals Inspection for South West Mental Health chaired this inspection and Sue Bourne, Inspection Manager led it. Executive reviewers supported our inspection of well-led for the trust overall.

The team included inspectors, executive reviewers and specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.