

Requires improvement 

# Derbyshire Healthcare NHS Foundation Trust

## Community-based mental health services for adults of working age

### Quality Report

Trust Headquarters, Bramble House  
Kingsway Hospital  
Derby  
Derbyshire  
DE22 3LZ  
Tel: 01332 623700  
Website: [www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXM14	Trust HQ	Derby City Neighbourhood Team	
RXM14	Trust HQ	Bolsover and Clay Cross Neighbourhood Team	<Placeholder text>
RXM14	Trust HQ	Dales South Neighbourhood team	<Placeholder text>
RXM14	Trust HQ	North Derbyshire Early Intervention Service	<Placeholder text>
RXM14	Trust HQ	High Peak and North Dales Neighbourhood Team	<Placeholder text>

# Summary of findings

RXM14	Trust HQ	Erewash Neighbourhood Team	<Placeholder text>
RXM14	Trust HQ	Chesterfield Central Neighbourhood Team	<Placeholder text>

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

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

Where applicable, we have reported on each core service provided by Derbyshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Derbyshire Healthcare NHS Foundation Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated community based mental health services for adults of working age as requires improvement because:

- Not all locations where patients were seen and treated had access to emergency equipment.
- Waiting lists for psychological interventions were long, which prevented patients receiving treatment when they needed it.
- Levels of training and appraisal for staff were below the target levels set by the trust.
- Not all areas of buildings were clean and well maintained which impacted negatively on patient comfort, privacy and confidentiality.
- Staff did not routinely participate in clinical audit activities; this meant that the care provided was not being reviewed against agreed standards.
- Staff did not routinely give patients on community treatment orders their S132 rights in line with the Mental Health Act Code of Practice and did not routinely provide patients with information on advocacy services or how to complain. Care plans did not consistently demonstrate patient involvement or a focus on recovery.

- Staff felt that there was a lack of leadership from board level in the organisation and little ongoing guidance was provided on service transformation and the implementation of the Neighbourhood model. Staff did not consistently report that senior managers were visible or accessible.

However:

- Patients and carers were happy with the way that staff worked, describing them as respectful, caring, and responsive.
- There was a range of information leaflets available to patients and carers.
- We saw local examples of good and innovative work practices including equine therapy and initiatives to reduce the stigma of mental health.
- Staff supported patients with physical health, accommodation, employment, recreation and financial needs.

# Summary of findings

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

### Are services safe?

We rated this service as requires improvement for safe because:

- Not all locations where patients were seen and treated had access to emergency equipment.
- Systems were not in place to ensure that equipment for monitoring physical health was regularly cleaned or checked.
- Portable appliance and fire extinguisher testing was not up to date across all of the locations that were visited.
- Not all clinic rooms were clean; we saw untidy and unorganised areas that could pose a risk to infection control principles and patient safety.
- We did not see staff and visitors routinely using hand-sanitising stations at locations.
- Not all staff were familiar with the trusts lone working policy.
- Training levels for both compulsory and mandatory courses were below the target set by the trust.
- Staff did not routinely record patients' advanced decisions.

However:

- Patients could access nursing staff and psychiatrists urgently if needed.
- All records reviewed contained a completed risk assessment.
- Staff and patients had access to de-brief and support following incidents.
- Staff could describe how they would respond to identified changes in a patient's presentation.

Requires improvement



### Are services effective?

We rated this service as requires improvement for effective because:

- Staff did not routinely give patients on community treatment orders their S132 rights in line with the Code of Practice.
- Appraisal levels were below the target set by the trust.
- Care plans did not consistently demonstrate a focus on recovery.
- There was no robust system in place to track blood tests of patients who were being treated with lithium.

However:

- The teams consisted of a range of disciplines including psychiatrists, nurses, psychologists, occupational therapists, support workers, and administrative staff.

Requires improvement



# Summary of findings

- Staff supported patients to access employment, housing, and benefits.
- Staff had access to a range of managerial and clinical supervisory practices.

## Are services caring?

We rated caring as good for caring because:

- All interactions that we observed between patients and staff were supportive and caring. Staff treated patients and carers with dignity and respect.
- Staff had a good knowledge of individual patient needs.
- Staff involved family members and carers in assessing and delivering care. Services were in place to assess the needs and support
- Patients were encouraged to feedback on the service they received and we saw different ways they could do this.

However:

- Although some patients had received a copy of their care plan, this did not appear to happen consistently.
- Care plans did not consistently demonstrate patient involvement
- Staff did not routinely provide patients with information on advocacy service.

Good



## Are services responsive to people's needs?

We rated responsive as requires improvement for responsive because:

- Waiting lists for access to psychological therapies were long and meant that patients did not have timely access to treatments
- The team bases of some of the services were old and poorly maintained resulting in uncomfortable conditions for both patients and staff. Not all treatment areas were accessible to patients.
- We saw instances where the privacy and confidentiality of patients visiting services may be compromised by poor sound-proofing or visibility in to treatment areas.
- Electronic equipment in waiting areas used to communicate information about the trust and capture the views of patients was not maintained or consistently in working order.
- Staff did not routinely inform patients on how to complain.

However:

Requires improvement



# Summary of findings

- Waiting times from referral to assessment and referral to treatment were within national indicators.
- All teams operated a duty worker system. This provided triage to all referrals and a point of contact for patients and professionals who required urgent assistance.
- Teams took proactive steps to engage patients who were reluctant to work with mental health services or to re-engage those that had not attended appointments.
- We saw two examples of medication clinics that could undertake testing relating to antipsychotic medication and monitor physical health onsite. This reduced waiting times for patients who required testing.

## Are services well-led?

We rated well led as requires improvement for well-led because:

- Staff training levels were below the trust's target in both compulsory and mandatory areas.
- Staff did not regularly participate in clinical audit activities.
- Staff reported that senior managers were not visible or accessible and they felt a disjoint with the trust leadership.
- Staff felt that the trust had provided little ongoing guidance on service transformation; particularly in relation to the implementation of the neighbourhood model.
- Local governance systems were not in place to ensure that equipment was always clean, maintained and in working order.

However:

- Staff consistently reported strong and supportive local management.
- We saw local examples of good and innovative work practices.

**Requires improvement**





# Summary of findings

## Information about the service

Derbyshire Healthcare NHS Foundation Trust provides community mental health services for adults of working age across the county. It provides this from ten locations; we visited seven during the inspection.

Derby City, Bolsover and Clay Cross, Dales South, High Peaks and North Dales, Erewash and Chesterfield City teams provide community mental health services to adults of working age who have, or are suspected of developing a mental health condition. They have recently

merged with the older adult services to make neighbourhood teams. The neighbourhood teams commenced on the 1 April 2016, with a view to co-locate and integrate adult and older adult community services.

The North Derbyshire Early Intervention Service provides community mental health services to individuals aged from 14-65 years suspected of suffering from a first episode of psychosis. Following an assessment, they offer intensive support for up to three years to those meeting service criteria.

This service had not had any recent inspections.

## Our inspection team

Our inspection team was led by:

Chair: Vanessa Ford, Director of Nursing Standards and Governance, South west London & St Georges Mental Health NHS Trust.

Head of Hospital Inspections, CQC: James Mullins.

The teams that inspected the core service consisted of a CQC inspection manager, a CQC inspector, a psychiatrist, a social worker, a nurse and an expert by experience.

Experts by experience are people who have direct experience of care services we regulate, or are caring for someone who have experience of using those services.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited six community Neighbourhood Teams and one Early Intervention Service. We looked at the quality of the team bases and observed how staff delivered care to patients.
- Spoke with the managers for each team.
- Spoke with 46 other staff members; including doctors, nurses, social workers, occupational therapists, psychologists, healthcare assistants and administration workers.
- Looked at 33 care records of patients and 33 medication charts.

# Summary of findings

- Observed 11 home visits and assessments.
- Spoke with 37 patients.
- Spoke with five carers or family members
- Attended and observed three occupational therapy groups including equine therapy.
- Attended and observed one team meeting.
- Attended and observed one injection clinic.
- Attended and observed one team supervision session.
- Carried out a specific check of the medication management at each location.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

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

We spoke with 37 patients and five carers who used the service.

Patients and carers were happy with the way that staff conducted themselves, describing them as respectful, caring, and responsive. However, two patients that we spoke with reported a lack of continuity in their care because of frequent changes in staff.

Patients reported that staff listened to them and involved them in their care. Twelve patients recalled that they had received a copy of their care plan. Carers we spoke with said that staff consulted and involved them in patient care.

Patients spoke positively about the range of groups and activities that were available. However, five patients and one carer spoke about long waiting times for specialist therapies and they felt waiting times were too long.

Two patients spoke of a lack of continuity in their care because of frequent changes in staff. Overall patients told us that staff had not given them information on how to complain or how to access advocacy services.

## Good practice

Derby City and Chesterfield City ran clozapine clinics with access to direct results from blood tests and physical health monitoring. Journals and the press have published outcomes from these clinics.

Staff from the Early Intervention Service were delivering an initiative in schools to raise awareness and reduce the stigma of mental health conditions. It was also piloting an initiative to improve the employability of its patients through confidence, motivation, and skills.

Staff at Derby City supported an evening social group in the community for its patients. The aim of the group was to develop social networks and peer support in an informal setting.

A staff member at Bolsover and Clay Cross had developed a range of 'emotional support cards' to assist patients to recognise signs, symptoms, impact, and coping strategies of emotions. The trust had funded the production of 200 sets that staff used across the trust and in substance misuse services.

We saw staff from across the teams delivering a wide variety of therapeutic and activity groups to patients. These groups utilised local resources and included equine therapy, gardening, and walking groups.

# Summary of findings

## Areas for improvement

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

- The trust must ensure that locations where patients are seen and treated have access to emergency equipment.
- The trust must ensure that there are processes in place to safely track and record the blood test results of patients receiving treatment with lithium.
- The trust must ensure that there are processes in place to ensure that patients treated under the Mental Health Act are given their rights in accordance with the Code Of Practice.
- The trust must ensure that there are processes in place to ensure a consistent approach to care planning.
- The trust must ensure that patients are able to access psychological therapies in a timely manner.
- The trust must ensure that there are systems in place to ensure that equipment to monitor physical health is regularly cleaned and checked.
- The trust must ensure that all portable electrical equipment and fire extinguishers are regularly checked and recorded for safety

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

- The trust should ensure that levels of staff training meet the local target set.
- The trust should ensure that levels of staff appraisal meet the local target set.
- The trust should ensure that all clinical staff are involved in clinical audits for their area of work.
- The trust should ensure that there are systems in place to ensure that clinical areas clean and well organised.
- The trust should ensure that patients advanced decisions are routinely collected and recorded.
- The trust should ensure that electronic equipment in waiting areas is maintained in working order.
- The trust should ensure that staff and patients routinely use hand-sanitising stations when visiting locations.
- The trust should ensure that clinical storage facilities are only used for that purpose.
- The trust should ensure that all staff are familiar with and comply with the lone working policy.
- The trust should ensure that all areas promote the comfort, privacy and confidentiality of patients and staff using their services.
- The staff should ensure that all patients know how to complain and access advocacy services.
- The trust should ensure that teams receive ongoing guidance and support in the implementation of the service transformation with regards to the neighbourhood model.
- The trust should ensure that the outcomes of investigation and incidents at all levels of the organisation are communicated to all staff.

# Derbyshire Healthcare NHS Foundation Trust

## Community-based mental health services for adults of working age

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Derby City Neighbourhood Team	
Bolsover and Clay Cross Neighbourhood Team	<Placeholder text>
Dales South Neighbourhood team	<Placeholder text>
North Derbyshire Early Intervention Service	<Placeholder text>
High Peak and North Dales Neighbourhood Team	<Placeholder text>
Erewash Neighbourhood Team	<Placeholder text>
Chesterfield Central Neighbourhood Team	<Placeholder text>

#### Mental Health Act responsibilities

The trust provided training for community staff in the Mental Health Act (MHA). Figures for May 2016 indicated that 90% of eligible staff had completed training in the MHA. This was above the trust's mandatory training target of 85%. Staff spoken to were able to demonstrate a

satisfactory understanding of the MHA, the Code of Practice and the guiding principles. However, understanding around community treatment orders (CTO's) specifically was more limited.

We reviewed the CTO paperwork of 10 patients. We found limited evidence that staff had given patients their Section 132 (S132) rights in line with the Mental Health Act Code of Practice. The trust's mental health act

# Detailed findings

administrator told us that staff did not routinely give patients their S132 rights in line with the Code of Practice. The trust provided staff with a form as a prompt to give patients S132 rights at six monthly intervals during Care Programme Approach meetings. Staff that we spoke with were not consistently aware of this procedure.

In our review of CTO paperwork, we were unable to find consent or capacity assessments uploaded to PARIS (an electronic care record) for seven of these patients. One was located in paper records but we found that this had not been updated in line with good practice. In three records we found no copies of SOAD (second opinion appointed

doctor) reports or T2 and T3 certificates. We saw evidence of consent to treatment and capacity requirements recorded within some care records, but this was not consistent across teams and not easily accessible.

Staff accessed administrative support and legal advice on the implementation of the MHA from the trust's centrally located lead team.

Staff that we spoke with were not aware of any regular audits undertaken locally to ensure that the MHA was being applied correctly to patient care.

Staff that we spoke with displayed a limited knowledge of the role of the independent mental health advocate (IMHA). Teams displayed advocacy information in waiting areas from which patients could access an IMHA where needed.

## Mental Capacity Act and Deprivation of Liberty Safeguards

The trust provided training for community staff in the Mental Capacity Act (MCA). Figures for May 2016 indicated that 91% of eligible staff had completed training in the Mental Capacity Act. This was above the trust's mandatory training target of 85%.

Many of the staff spoken to had a satisfactory understanding of the MCA, however some did not appear clear on the five statutory principles or their application to practice. Staff we spoke with could explain the presumption of mental capacity and acting in a patient's best interests where the patient lacks capacity.

The trust provided a policy on the MCA. Staff were aware of the policy and knew how to access it if they needed to. We saw trust produced leaflets on consent and capacity displayed at the locations we visited.

Staff accessed decision-specific capacity assessments forms for completion on PARIS. Staff reported that they would also record the capacity assessment in a patient's ongoing care record and discuss the event at the multi-disciplinary team meeting.

Staff that we spoke with were not aware of an identified lead for MCA within the trust. Staff reported that they would seek advice from guidance documents or their line managers.

Staff that we spoke with were not aware of any arrangements in place to monitor the adherence to the MCA within the trust.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- There were alarm systems in place at all sites where patients attended. Some sites had alarm trigger points within interview rooms while at others staff carried personal alarms. Staff undertook additional safe working practices to mitigate risk. Staff worked in pairs or asked other staff to be around the area if patients were unknown or had identified risks.
- All sites that we inspected had a clinic room, except for the early intervention service. The manager reported that they had requested that a room be converted into a clinic. The trust was addressing this although no time scale for completion had been agreed. This would allow staff to store medication onsite and reduce the use of community pharmacies. All locations had access to equipment necessary to carry out physical health examinations; however, we saw that systems were not in place to ensure that staff regularly cleaned, calibrated or checked them. Erewash was the only location with emergency equipment and staff regularly checked this. Staff at other locations told us that they would call 999 in the event of an emergency.
- Bolsover and Clay Cross and Chesterfield team bases were in old buildings where the ability to maintain and adapt facilities was restricted by building regulations. Areas of these buildings appeared poorly maintained and created uncomfortable conditions for both patients and staff. At Derby City, the clinic room was not accessible to patients so staff gave injections in interview rooms. At Chesterfield, an examination couch was positioned in an interview room as there was not enough space in the clinic room. The interview room has been specifically adapted with vinyl flooring and an examination couch; it was infection control compliant with hand sanitizer available, so that it can be used as a clinic room and interview room to maximize use of space.
- All communal and office areas were visibly clean and maintained. Staff kept cleaning records that were up to

date and demonstrated regular cleaning. Bolsover and Clay Cross and Chesterfield team bases were in old buildings where the ability to maintain and adapt was restricted by building regulations.

- There were hand-sanitising stations at each location and posters advising staff and patients of correct hand washing techniques. During our visit, we did not see staff or patients routinely using the facilities provided.
- Portable appliance testing (PAT) stickers were visible and in date in some of the locations visited. We found items of electrical equipment that were not in date at Derby City and Chesterfield which meant that they might not have been safe to use. We found that fire extinguishers were in date across locations, except two at Derby City. We informed service managers of this and they took action to address them immediately.

### Safe staffing

- The trust had employed external consultants to review staffing levels across teams using a 'Safer Staffing' tool. Team managers told us that this had led to the creation of additional staff positions.

Staffing establishments for each team were as follows:

- Derby City – 18.2 whole time equivalent (WTE) qualified nurses, no WTE nursing assistants and with 3 qualified nurse vacancies.. Bolsover and Clay Cross – 13 WTE qualified nurses, 2.5 WTE nursing assistants and with one WTE qualified nurse vacancy. Dales South – 13 WTE qualified nurses, no nursing assistants and with two WTE qualified nurse vacancies. North Derbyshire Early Intervention Service – 7.6 WTE qualified nurses, 2 WTE nursing assistants and with 3 WTE qualified nurse vacancies. High Peaks and North Dales- 13 WTE qualified nurses, 2 WTE nursing assistants and with no reported vacancies. Erewash- 10.6 WTE qualified nurses, 0 nursing assistants and with two WTE qualified nurse vacancies and one WTE nursing assistant vacancy. Chesterfield Central – 13 WTE qualified nurses, one WTE nursing assistants and with two WTE qualified nurse vacancies.

# Are services safe?

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

- Trust data from May 2016 showed that sickness rates were above the national average of 4% at Derby City, Bolsover and Clay Cross, Dales South, and High Peak and North Dales Neighbourhood Teams.
- The staff turnover rate was above the trust's average of 10% at Derby City, Bolsover and Clay Cross, Chesterfield and High Peaks and North Dales Neighbourhood Teams.
- The number of patients awaiting allocation of a care coordinator varied across the teams. No reported waiting time was greater than the trust's maximum target of 13 weeks. We saw that teams took active steps to remain engaged with and regularly review the risk presentations of patients awaiting allocation.
- Staff caseloads varied between the teams and depending on the role staff held. Staff holding a recovery role reported that they held 30-40 patients on their caseload. Staff with an assertive outreach or early intervention role held 15-20 patients on their caseload. One staff member reported that their caseload was manageable only if everything else ran smoothly. Staff responsible for Clozaril and injection clinics held caseloads of between 80-90 patients. One staff member felt that there was little recognition from other team members that their role comprised of no more than a physical intervention with patients.
- Team managers told us that staff were allocated caseloads based on patient complexity and the experience of the staff member. Newly qualified nurses held smaller caseloads as did those returning to work from absence. We saw that a member of staff returning to work from illness held a caseload of 24 patients.
- Staff managed and reassessed caseloads regularly at multidisciplinary team meetings. We saw this as an agenda item with minuted discussions. Staff also discussed caseload risk and complexity with managers during supervision. There were processes in place in all the locations to manage sickness, leave, and vacant posts. Bank or agency staff were used to cover posts where long-term absence was indicated.
- We saw the use of bank or agency staff in six of the locations visited. Where possible the trust used staff from agencies that were familiar with local operating policies and procedures. Agency staff were block booked to cover vacancies, which provided patients with continuity of care. We saw occurrences where the trust had recruited agency staff into, or agency staff had applied for, the substantive posts they were providing cover to.
- While none of the locations visited were a crisis service, all teams had urgent access to a psychiatrist during working hours when needed for existing patients. Psychiatrists were based within the teams and staff accessed them onsite or by telephone and email. None of the teams had access to an out-of-hours service; patients could contact the crisis services or emergency services.
- The trust provided staff with mandatory and compulsory training with targets of 85% and 95% respectively. Reported staff compliance for both was below these targets, recorded as 73% for mandatory training and 90% for compulsory training. Mandatory training included basic life support, clinical risk management and infection control. Staff identified limited availability of courses and spaces as barriers to compliance.

## Assessing and managing risk to patients and staff

- We reviewed 33 care records across the seven locations. Of those, all had the nationally recognised FACE (functional analysis of care environments) risk assessment completed and were up to date. PARIS, an electronic record keeping system, was used to access and store completed risk assessments. Staff updated these assessments following any identified changes to risk or at a minimum interval of six months. We saw that staff had completed 20 risk assessments comprehensively and provided detailed information to develop care plans. These risk assessments were clear, patient specific and had crisis plans. Thirteen were not as comprehensive and, for example, demonstrated a lack of patient involvement.
- Staff created and made good use of crisis plans to support patients. There were clear early warning signs linked to individual patient risk. We were told by one team manager that advanced decisions were not routinely completed, this meant that patients who were unwell would not have their wishes reflected in care. However, two of the patients that we spoke with told us that they had advanced decisions in place as part of their care.



# Are services safe?

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

- Staff described how they would respond quickly and appropriately to sudden deterioration in a patient's mental health presentation. This included the availability of a daily assigned 'duty worker' at all locations who patients or family members/carers could access by telephone to request an urgent review or community visit. We observed a 'duty worker' responding quickly and appropriately to concerns raised by a patient's parent. The 'duty worker' spoke with staff that knew the patient and arranged to see the patient that day. Staff also described working in partnership with other community services, such as the crisis team, to meet patients changing needs.
- The trust provided team managers with a weekly performance management publication detailing waiting list numbers and times. Team managers were able to describe processes to monitor waiting lists and review the risk levels of patients waiting on them. Staff accessed a policy on the management of waiting times on the trust intranet.
- The trust provided staff with safeguarding training of both adults and children. Eighty-three percent of community staff had completed the compulsory safeguarding adults levels one and two course; this was below the trust target of 95%. Eighty-five percent of community staff had completed the mandatory safeguarding children level two course which met the trusts target. Staff who we spoke with showed a good understanding of when and how to make a safeguarding referral. Staff accessed local safeguarding policies online and knew how to contact local safeguarding leads. Staff described working in partnership with local social care agencies where safeguarding concerns had been identified.
- Teams typically worked from 9am to 5pm although staff offered appointments outside of these hours that were flexible to the needs of patients. We saw evidence that lone working practices had been adapted to reflect these changes in working.
- The trust had personal safety and lone working procedures in place. Procedures varied but we saw that all locations had systems to record and monitor the movements of staff in the community. Some had developed systems to reflect the needs of staff and patient's. For example, some locations operated a 'Buddy System' so that staff could safely facilitate

appointments after 5pm. The trust provided community staff with mobile telephones however, staff told us that in some rural areas network coverage could be unreliable. The trust had an agreed 'panic word' that staff could call the team base if they felt at risk during a community visit. Not all staff that we spoke with knew this word meaning that they could be at increased risk during community visits.

- Medication was stored securely and systems were in place to check and monitor fridge temperatures. Not all clinic rooms were clean; we saw untidy and disorganised areas that could pose a risk to infection control principles and patient safety. In Chesterfield, we saw evidence of food and drink being stored in a fridge intended for the storage of bloods. The team manager took immediate action to resolve this when we brought this to their attention
- Staff adhered to medicines management principles for the storage and transport of medicines. We saw that staff stored medication correctly and used lockable cases to transport medicines in the community. Cases contained the necessary equipment to safely store and administer medicines.

## Track record on safety

- Between January and December 2015, the trust reported 23 serious incidents. Of these, 17 related to unexpected death or severe harm to patients, staff, or members of the public.
- A serious incident investigation following the death of a patient under the care of a community team recommended that 'when discharging patients all necessary processes and procedures indicated in policies are followed by the lead professional and/or care co-ordinator'. As a result, team managers at the early intervention service and High Peaks and North Dales team reported undertaking local audits of patient discharges.

## Reporting incidents and learning from when things go wrong

- Staff knew what to report and gave examples of the types of incidents to be reported. This included safeguarding concerns, occurrences of aggression and occurrences of patient self-injury or death. Staff recorded incidents on an electronic reporting system.



# Are services safe?

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

- Discussions assured us that staff were aware of all incidents that should be reported and did so.
- Staff were open and transparent with patients and explained when things go wrong. The trust had a family liaison service to assist staff in this process. One team manager described how they had met with a patient's family on two occasions during the investigation of an incident.
- Staff received feedback from both local and trust wide incidents. Staff met to discuss feedback at multidisciplinary team (MDT) meetings, team meetings and supervisory practices. Staff received urgent alerts by email and had access to meeting minutes.
- Staff received de-brief and support following serious incidents. Interventions were provided for individuals and teams and on occasions, these were led by psychology services. The trust provided access to counselling services where staff required additional support. Staff made similar interventions available to patients involved in incidents.

# Are services effective?

Requires improvement 

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

## Our findings

### Assessment of needs and planning of care

- We examined 33 care records across the teams visited. Care records contained a comprehensive assessment that staff had completed with patients at admission. Staff told us that an assessment took at least an hour to complete.
- Of the 33 care records that we reviewed, all had a care plan that was updated regularly. Nineteen care records across services were good, however, 14 showed poor patient involvement and were not personalised or recovery focussed.
- Care records were stored securely on PARIS, an electronic care notes system and staff accessed this with individual passwords. We saw that psychiatrists recorded in paper notes during patient consultations. Medical secretaries later transcribed these to the electronic system. Any paper records were stored securely in locked rooms. Staff demonstrated awareness of the trusts confidentiality and information governance policy.

### Best practice in treatment and care

- Staff described using National Institute of Health and Care Excellence (NICE) guidance when prescribing medication. Derby City and Chesterfield ran clozapine clinics. Staff here had access to POCHI (Point of Care Haematological Analysis Equipment) blood testing equipment that identified results quickly. Staff monitored the physical health of patients who attended these clinics in accordance to NICE guidance.
- Teams were able to offer patients psychological therapies in line with NICE. Some staff members had been trained in areas of cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT), compassion therapy and family interventions. All teams had access to psychological services.
- Staff supported patients to access employment, housing and benefits. If patients required support with more complex issues staff would refer them to social care or other welfare organisations. Derby City employed a homeless nurse worker to provide patients

with a single point of access and links to charitable housing providers. The early intervention service and Erewash Neighbourhood team both ran volunteering and employment initiatives.

- Staff assessed patients physical health needs at assessment and annually thereafter unless otherwise indicated by the treatment received. Staff reported they would assist patients to attend GP or hospital appointments when needed. Early intervention service staff monitored the physical health of patients using the Lester Tool. This tool assesses the cardiac and metabolic health of people experiencing psychosis, enabling staff to deliver safe and effective care to improve the physical health of mentally ill people. Staff told us that they did not use a lithium register and that there was no system in place to track lithium blood test results. This could put patients at greater risks of side effects and toxicity associated with the treatment of lithium.
- All teams used the Health of the Nation Outcome Scales (HONOS) with each patient and staff used the outcome of this to care cluster patients. Care clusters measure the outcome of a mental health assessment using a set of pre-agreed measures. Each cluster has a score that indicates a level of mental health need to develop a care package. We saw that staff used other rating and outcome measures including the Autism Spectrum Quotient and KGV(M) Symptom Scale, a measure of symptoms common to psychosis.
- We saw little evidence that staff regularly participated in clinical audit activities. However, teams typically reported undertaking audits of care records. Early intervention service and High Peaks and North Dales team reported audits of discharge procedures. Staff shared outcomes in team meetings or supervision sessions.

### Skilled staff to deliver care

- Each team had a range of skilled staff delivering assessment and treatment to patients. This included nurse, doctors, social workers, occupational therapists, and psychologists. Staff had the necessary qualifications and experience to carry out their roles. Administration and domestic staff provided additional support to each of the teams.

# Are services effective?

Requires improvement 

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

- Staff received both a trust and local induction on commencing their roles. The trust was in the initial stages of rolling out the care certificate but at the time of our visit; they had not yet introduced this to the community teams.
- Staff had access to clinical and managerial supervision in line with the trust's policy. Reported rates of clinical supervision varied across teams from 65% in High Peaks and North Dales to 100% in the early intervention service. Staff also told us that they received and contributed informally to peer support in teams. Staff in the early intervention service participated in additional supervisory practices specific to their team including cognitive behavioural therapy and family work supervision. We observed a group supervision session at Derby City with focus on ensuring that care delivery was based on evidence based principles. It was the opinion of the observing inspector that this session was supportive and beneficial to those attending.
- All staff had access to regular team meetings. If absent staff were able to access the minutes of team meetings on their return.
- As at January 2016, 68% of staff across teams had received their annual appraisal. This fell below the trust's appraisal target of 85%.
- Staff across the teams had received specialist training in cognitive behavioural therapy (CBT), open dialogue therapy, independent prescribing, family therapy and interventions specific to psychosis.
- Team managers addressed poor staff performance promptly and effectively in one-to-one management supervision. Team managers demonstrated when and how to escalate concerns higher in the organisation; for example, human resources or occupational health. One team manager described how they reassured and supported staff referred to occupational health. They achieved this by openly sharing their own positive experience of the process.

## Multi-disciplinary and inter-agency team work

- Community teams held regular multi-disciplinary team (MDT) meetings and a range of disciplines attended them. Meetings followed an agenda and staff took minutes. Discussions included referrals, individual patient case studies and safeguarding.

- We saw effective communication within the teams visited. This occurred at formal scheduled meetings and informally throughout the day. Staff minuted meetings and distributed them throughout the team. All teams operated a duty nurse system that acted to coordinate and communicate information received throughout the day to members of staff.
- Staff reported having good communication links with other teams within the trust, including inpatient services, crisis services and other specialist services. All teams had access to PARIS, which ensured they had access to relevant information regarding patient care. Staff also used secure emails to share patient information within and across teams.
- Staff reported good working links with a range of external health and social care providers. We saw that staff from services including social care, substance misuse and safeguarding attended MDT meetings.

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

- The trust provided training in the Mental Health Act (MHA). Figures for May 2016 indicated that 90% of eligible staff had completed training in the MHA. This was above the trust's mandatory training target of 85%.

Staff spoken to were able to demonstrate a satisfactory understanding of the MHA, the Code of Practice and the guiding principles. However, understanding around community treatment orders (CTO's) specifically was more limited.

- We reviewed the CTO paperwork of 10 patients. We found limited evidence that staff had given patients their Section 132 (S132) rights in line with the Mental Health Act Code of Practice. The trust's mental health act administrator told us that staff did not routinely give patients their S132 rights in line with the Code of Practice. The trust provided staff with a form as a prompt to give patients S132 rights at six monthly intervals during CPA meetings. Staff that we spoke with were not consistently aware of this procedure. In our review of CTO paperwork, we were unable to find consent or capacity assessments uploaded to PARIS for seven of these patients. One was located in paper

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Requires improvement 

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

records but we found that this had not been updated in line with good practice. In three records we found no copies of SOAD (second opinion appointed doctor) reports or T2 and T3 certificates.

- We saw evidence of consent to treatment and capacity requirements recorded within some care records but this was not consistent across teams and not easily accessible.
- Staff accessed administrative support and legal advice on the implementation of the MHA from the trust's centrally located lead team.
- Staff that we spoke with were not aware of any regular audits undertaken locally to ensure that the MHA was being applied correctly to patient care.
- Staff that we spoke with displayed a limited knowledge of the role of the independent mental health advocate (IMHA). Teams displayed advocacy information in waiting areas from which patients could access an IMHA where needed.

## Good practice in applying the Mental Capacity Act

- The trust provided training in the Mental Capacity Act (MCA). Figures for May 2016 indicated that 91% of eligible staff had completed training in the Mental Capacity Act. This was above the trust's mandatory training target of 85%.

- Many of the staff spoken to had a satisfactory understanding of the MCA, however, some did not appear to be clear on the five statutory principles or their application to practice. Staff we spoke with could explain the presumption of mental capacity and acting in a patient's best interests where the patient lacks capacity.
- The trust provided a policy on the MCA. Staff were aware of the policy and knew how to access it if they needed to. We saw trust produced leaflets on consent and capacity displayed at the locations we visited.
- Staff accessed decision-specific capacity assessments forms for completion on PARIS. Staff reported that they would also record the capacity assessment in a patient's ongoing care record and discuss the event at the MDT.
- Staff that we spoke with were not aware of an identified lead for MCA within the trust. Staff reported that they would seek advice from guidance documents or their line managers.
- Staff that we spoke with were not aware of any arrangements in place to monitor the adherence to the MCA within the trust.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- We observed staff during home visits, assessments, and clinic appointments. Staff demonstrated caring, respect and expertise during their interactions with patients and carers. We saw that staff provided both emotional and practical support. We also saw additional evidence of staff's positive attitudes and behaviours. At Derby city, there were posters promoting collections for local charities and requests for unwanted gardening tools for donation to a group. Staff from the early intervention service were delivering a project to raise awareness of mental health issues at local schools and colleges.
- Patients that we spoke with described staff as polite, respectful and caring. Patients reported that staff listened to them, responded to changing needs and supported them.
- Staff demonstrated a good understanding of the individual needs of patients. Staff supported patients in areas other than the mental health including physical health, financial, employment, and social needs.
- Staff maintained patient confidentiality by using only trust approved electronic communication systems, storing records correctly and not discussing patient information in public areas.

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

- Patients reported that staff listened to them and involved them in their care; this was demonstrated in 19

of the care records reviewed. Staff reported that they shared copies of care plans with patients; 12 of the patients that we spoke to recalled that they had received a copy of their care plan.

- Carers reported that staff had involved them in patient assessment and planning activities, and encouraged attendance at care programme approach (CPA) meetings. Staff assessed the needs of family and carers as part of the 'Think Family' initiative employed by the trust. Patients of the early intervention service had access to phase specific family work in psychosis and staff were trained in family interventions.
- Services displayed leaflets that included information about advocacy services and how to access them. Patients told us that staff did not routinely provide them with information about advocacy services.
- Staff told us that they believed that patients could be involved in trust recruitment processes but could not provide us with any examples of when this had happened.
- The trust provided comments boxes or electronic feedback points in waiting areas to capture the feedback of people using community services. The electronic feedback point was missing from Chesterfield at the time of our inspection. Staff told us that patients could leave feedback on the trust's website that included a 'Friends and Family Test'. The trust also provided a Patient Experience team to act as a central point of contact for people to provide feedback or raise concerns. The early intervention service had undertaken patient satisfaction surveys on discharge, this focussed on areas of patient involvement, support and overall satisfaction.

# Are services responsive to people's needs?

Requires improvement 

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

## Our findings

### Access and discharge

- Teams were able to see urgent referrals quickly. All teams had a single point of access which consisted of a duty worker who received and triaged all referrals. The duty worker coordinated staff to respond to all urgent referrals the same day. The multidisciplinary team discussed new referrals and patient risk to decide how quickly to see the patient.
- The majority of referrals for the community based mental health services for adults of working age were received from GPs and inpatient services. The neighbourhood teams aimed to provide triage and assessment for patients with moderate to severe mental health conditions or those suspected of developing such conditions. In addition to assessment, the teams delivered ongoing care packages to people with longer-term mental health needs. The early intervention service received referrals in the same way and offered assessment followed by intensive support to patients suspected of experiencing a first episode of psychosis.
- The Neighbourhood teams reported no exclusion criteria and the duty worker triaged all referrals. The early intervention service had clear criteria for which it would offer people a service. For example, a patient aged over 18 years had to have experienced symptoms for less than two years. Staff signposted or referred those not meeting the criteria to other services.
- Neighbourhood teams worked to national indicators of 20 days for referral to assessment and 18 weeks for overall referral to treatment. All of the neighbourhood teams that we visited were meeting these national indicators. Staff at the early intervention service assessed and planned care for patients accepted by the services within two weeks of referral. This was in line with the eight quality standards for psychosis developed by the National Institute for Health and Care Excellence.
- The early intervention service and High Peaks and North Dales reported that no patients were waiting to be allocated a care coordinator. Derby city reported that 93 patients awaiting allocation of a care co-ordinator; this was the greatest across the teams. The team manager reported that the longest waiting time was 10 weeks and would not exceed the trust's maximum target.
- Team managers at two locations reported waiting times of up to a year to access psychological services. Chesterfield team identified 15 patients waiting and staff continued to support patients on their caseloads during these waits. Staff and patients we spoke with frequently raised concerns about these waiting times. Team managers reported plans to review waiting times with local clinicians and develop more psychotherapy group work.
- Staff described steps taken to engage patients who found it difficult, or were reluctant, to work with mental health services. This included sending 'opt-in' letters to patients referred or telephoning and visiting patients where the referrer indicated the patient was reluctant to respond. Teams included workers who took an assertive outreach approach to patient contact. Assertive outreach is a way that staff maintain contact with patients with mental illness who find it difficult to work with teams. Teams had processes in place to re-engage with patients who did not attend their appointments. Staff described actions they would take depending on the level of patient risk identified. This could include contact by letter, telephone, calling to a patient's home and liaison with the patient's GP.
- Appointments were rarely cancelled and only because of unexpected circumstances such as staff sickness or absence. Patients told us that staff promptly informed them of any cancellations or changes to appointments.
- Appointments typically ran on time. One patient reported that reception staff approached patients and explained if appointments were not running on time.

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

- The locations we visited had a range of rooms and equipment to support the treatment and care of patients. This included waiting areas, and interview, meeting and clinic rooms. South Dales provided a family therapy room with a two-way mirror and a separate waiting area for parents with children. Derby City and Chesterfield City ran medication clinics with direct access to blood test results and physical health monitoring.
- Interview rooms were not soundproofed. During our inspection, we could hear people talking in interview rooms but we could not clearly hear the content of their speech. At Chesterfield, we observed appointments



# Are services responsive to people's needs?

Requires improvement 

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taking place in the clinic room. Although the door was closed, conversations could be clearly heard from outside of this room. This created a risk to patient's privacy and confidentiality. We saw interview rooms located at street level or directly in front of car parks. The only way to maintain privacy for patients in these rooms was to conduct appointments with closed curtains. This was in contrast to other areas where we saw that the application of frosted plastic to windows maintained privacy to those visiting the service.

- Chesterfield team had a television screen in the waiting area that displayed information to patients. This was not working when we visited. Staff at the same location told us that the electronic tablet device used to capture the views of patients was missing.
- We saw that information leaflets were available in all waiting areas. We saw information about carers and family handbooks, patient and carers experience, advocacy services, activity groups, help-line numbers and physical health information.

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

- All services were accessible to people with disabilities, including wheelchair users. Toilet facilities were available and accessible for wheelchair users. At Bolsover and Clay Cross, wheelchair access was through a side entrance that had to be unlocked by staff from the inside. This meant that wheelchair users could have longer waits to access the building. We saw that at Chesterfield adjustments to the environment had been made to accommodate the needs of staff members with disabilities.
- Information leaflets were displayed in English, however, many of them had information on the reverse detailing how to obtain the leaflet in a different language or format. This contained information in seven languages. Staff reported that they could obtain information in languages other than English on request or in response to individual needs.

- Staff reported that they could access interpreters or signers for patients where needed.

## Listening to and learning from concerns and complaints

- The service received 48 complaints from February 2015 to January 2016. Of these, 24 were upheld. Twenty-two of the complaints referred to issues regarding care, treatment, lack of support and medication. No complaints had been referred to the ombudsman.
- The trust had information leaflets about patient and carers experience available at waiting areas and around the locations that we visited. This included information on how to raise a concern or complaint. Eleven patients that we spoke with reported that staff had not given them information on how to complain and that they did not know how to complain. Patient experiences of making complaints differed. One patient reported that they had made a complaint but the trust had provided no feedback. Another reported that the trust had supported them and resolved the difficulty.
- Staff were aware of the complaints process and reported that they would first try to resolve complaints informally before escalating them to PALS (the patient advice and liaison service). Some staff reported that while they did not routinely provide patients with information on how to complain, they would explain the process and support a patient to complain if the patient wished to.
- There were processes in place to inform staff of outcomes and learning from complaints. We saw agenda items and discussions from the minutes of team meetings. Team managers also reported that they raised this in supervision or emails with staff.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and values

- Staff were aware of the organisation's values. Staff we spoke with reported a commitment the trust's core value of putting patients at the centre of everything they do. Some staff reported feeling a lack of transparency and leadership at board level, this was as a consequence of a specific incident at senior management level and staff were not confident that lessons learnt from this incident would be communicated across the organisation.
- The trust had recently implemented the merger of the community adult teams and the community older adults teams to form neighbourhood teams. At the time of our visit, the transition was still in progress and not all of the teams had located to shared premises. Staff told us that teams had been encouraged to adapt their services to meet local needs. While staff consistently spoke of strong local management and leadership, many felt that the trust had provided little ongoing support and guidance around the implementation of the neighbourhood model. Some staff felt that although the service name had changed there had been little change in the way that the teams actually functioned and provided services.
- Staff we spoke with knew who the senior managers in the organisation were. Some teams reported that these managers had visited their team locations or led focus groups. Other staff felt that senior managers were not accessible or visible locally with information primarily communicated to them electronically.

### Good governance

- Staff received mandatory training, although levels were below the trust's target in both compulsory and mandatory areas.
- The trust provided safeguarding training for adult and children, staff that we spoke with had a good understanding of when and how to make a referral. Staff knew their local safeguarding leads and accessed support when necessary.
- The trust provided training in the Mental Health Act and staff were able to demonstrate a satisfactory understanding of the Act, Code of Practice and the

guiding principles. The trust did not routinely provide patients on community orders with information about their rights. Staff were not consistently aware of procedures to ensure that eligible patients had these rights given to them. The trust provided training in the Mental Capacity Act and staff were able to demonstrate a satisfactory understanding of the Act. Staff routinely assumed capacity of the patients they worked with. Staff were not aware of any trust lead for mental capacity.

- Staff could access a range of clinical and management supervisory practices. Some staff had received appraisals although attainment was below the trusts target.
- All services had administration staff, this allowed clinical staff to spend time on direct patient care activities.
- Staff knew what incidents to report and how to report them. Systems were in place to enable staff to learn from incidents, complaints or service user feedback.
- Local governance systems were not routinely in place to ensure that equipment was clean, well maintained and in full working order.
- We saw little evidence that staff regularly participated in clinical audit; this meant that staff did not consistently measure the quality of the care provided.
- Between February 2015 and January 2016, there were two cases of suspensions or supervised practice within this core service.
- Teams monitored key performance indicators including care programme reviews, risk indicators and waiting times.
- Team managers reported the ability to work with authority locally and received good support from their administrative staff.
- Team managers were able to feedback any concerns to their line managers and submitted items to the risk register when required.

### Leadership, morale and staff engagement

- Results from the NHS Staff Survey 2015 showed that the trust had four Key Findings better than average and 18 Key Findings below average for combined trusts. Areas below average included satisfaction with quality of work and patient care, good communication between senior managers and staff, and motivation at work.



# Are services well-led?

Requires improvement 

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

- Sickness and absence rates were greater than the national average in four of the teams visited. Team managers dealt with this locally and made referrals to the occupational health department where required.
- One team reported an allegation of bullying or harassment. This had been escalated to the human resources department and the staff member reported receiving support from the trust.
- Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear or victimisation.
- Staff reported ongoing challenges in the implementation of the neighbourhood model and inconsistencies in leadership and management. It was felt that in some areas staff needed reassurance about the service transformation in order to remain positive about it. Where staff reported that morale was not good, there was a feeling that it was improving.
- Staff reported opportunities for leadership development through meetings, supervisory practices and mentorship.
- Teams consistently reported strong and supportive local management. Teams reported that they functioned well in respect of team working and mutual support.
- Staff across teams demonstrated that they were open and transparent and would provide explanations to patients if things went wrong.
- Prior to implementing the neighbourhood model, the trust had undertaken consultation meetings. This had given staff the opportunity to feedback on services and input into service development.

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

- Derby City and Chesterfield City ran clozapine clinics with direct access to blood tests results and physical health monitoring. Outcomes from these clinics have been published in journals and the press.
- Staff from the early intervention service were delivering an initiative in schools to raise awareness and reduce the stigma of mental health conditions. They were also piloting an initiative to improve the employability of patients through confidence, motivation, and skills.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

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

#### Regulation

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

- **Not all locations where patients were seen and treated had access to emergency equipment.**
- **There was no process to safely track and record blood test results of patients receiving treatment with lithium.**

This was a breach of Regulation 12 (2) (b)

#### Regulated activity

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

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

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

- **Patients on a Community Treatment Orders were not routinely made aware of their section 132 rights.**

This was a breach of Regulation 11 (4)

#### Regulated activity

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

#### Regulation

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

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

- **Care plans did not consistently demonstrate patient involvement or a recovery focus.**

This section is primarily information for the provider

## Requirement notices

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

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

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

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

- Systems were not in place to ensure that equipment to monitor physical health was regularly cleaned and checked.

- Portable electrical equipment and fire extinguishers were not regularly checked and recorded for safety.

This was a breach of Regulation 15(1)(a)(e)

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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