Good

Surrey and Borders Partnership NHS Foundation Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXXHQ	Trust Headquarters	CMHT for Older People - Aldershot	GU11 1AY
RXXHQ	Trust Headquarters	CMHT for Older People – East Surrey	RH8 9LH
RXXHQ	Trust Headquarters	CMHT for Older People - Guildford	GU2 7LX
RXXHQ	Trust Headquarters	CMHT for Older People – Mid Surrey	KT19 8PB

Summary of findings

RXXHQ	Trust Headquarters	CMHT for Older People - Spelthorne	TW15 3AA
RXXHQ	Trust Headquarters	CMHT for Older People – Surrey Heath	GU16 9QE
RXXHQ	Trust Headquarters	CMHT for Older People - Waverley	GU7 1QU
RXXHQ	Trust Headquarters	CMHT for Older People – Runnymede and West Elmbridge	KT16 0QA
RXXHQ	Trust Headquarters	CMHT for Older People - Woking	GU22 7HS

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

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Community-based mental health services for older people as **good** because:

- All premises were clean, well equipped and well maintained. Clinic rooms were well stocked and had appropriate equipment to complete physical health checks. Patient Led Assessments of the Care Environment (PLACE) scores were high for cleanliness and privacy, dignity and wellbeing.
- New referrals were seen within trust timescales at eight out of the nine teams; urgent referrals were seen on the same day. The service took referrals for people under 65 years if they had a diagnosis of early onset dementia. All teams operated a duty system, the Frimley service ran from 8am to 8pm.
- The trust had recently established an intensive support team to provide support within nursing homes to prevent unnecessary hospital admissions. Teams ran clinics at GP practices and nursing homes for the convenience of people who used the services.
- Care plans were up to date on the computerised recording system. Care records for people using services contained up to date risk assessments. Staff used appropriate outcome measures, such as HONOS (Health of the Nation Outcome Scales).
- People using services reported being involved in care planning and were able to say what was in their care plan. People who use services told us that staff treated them with kindness and respect and worked in a caring manner. People using services were given detailed information on dementia and each team had leaflets on advocacy, how to make a complaint and external support agencies.
- People using services had access to psychology and psychiatric support at all teams. Each team was made up of a wide range of health professionals including nurses, social workers, psychologists and occupational therapists.
- Staff appraisals, supervision and mandatory training were all up to date or scheduled. Staff had completed Mental Health Act and Mental Capacity Act training.
- Teams all had good links with external agencies such as Age UK and the Alzheimer's Society. All teams had gone through the Memory Services National Accreditation Programme (MSNAP); eight teams were accredited and the remaining team was still awaiting the outcome of their application for accreditation. The Aldershot team had won awards for their involvement in research. Staff followed the trust's lone working policy. Staff reported all incidents on the trust incident reporting system and staff across all teams shared learning. There were low staff vacancies across the service.

However:

- Team and individual caseloads across the service were high.
- Some staff reported a lack of engagement with senior management within the trust and the wider trust organisation.

Summary of findings

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

Are services safe?

Good

We rated safe as **good** because:

- There were low staff vacancies across all the teams we inspected and use of agency staff was minimal.
- Interview rooms were equipped with alarms, or staff carried personal alarms to call for assistance.
- Staff completed initial assessments within the trust operational policy targets.
- All teams had access to a psychiatrist when needed.
- All care records we reviewed had an up to date, thorough risk assessment in place.
- All staff had completed safeguarding training.
- Staff adhered to a robust lone working policy.
- Staff reported all incidents on the trust incident reporting system and learning was shared across the teams.
- Managers attended scrutiny panel meetings to discuss incidents.
- The trust had a staff incident support team to support staff following any reported incident.

However:

- Caseloads in eight of the teams were high. Individual practitioner caseloads were over 100 at some teams.

Are services effective?

Good

We rated effective as **good** because:

- Care plans were holistic and personalised.
- People using services told us they knew what was in their care plan.
- Teams offered psychological therapy to people using services as part of the Improving Access to Psychological Treatment initiative. This included Acceptance and Commitment Therapy, Cognitive Behavioural Therapy and Cognitive Stimulation Therapy.
- Staff completed physical health checks.
- Each team comprised a full range of mental health professionals including social workers, occupational therapists and psychologists.
- Staff appraisals and supervision were up to date.
- Staff were given protected time to work on their own continuous professional development.

Summary of findings

- Teams had good links with local GP practices and nursing homes.
- Staff had completed Mental Health Act and Mental Capacity Act training. Staff demonstrated good understanding and awareness of MHA legislation.
- Capacity assessments were clear, decision specific and linked to best interests' decisions.

Are services caring?

Good

We rated caring as **good** because:

- People using services who we spoke to reported high levels of care from staff. They told us that staff were caring and flexible in their approach.
- We observed staff in a variety of patient interactions including home visits and clinics. Staff throughout demonstrated a kind, caring approach showing people using the service respect and maintaining their dignity.
- People using services reported being involved in their care planning.
- We observed a post diagnostic clinic in which the nurse gave clear advice and gave opportunities for the person using the service and their carer to ask questions.

Are services responsive to people's needs?

Good

We rated responsive as **good** because:

- Eight out of nine teams were meeting the trust target times for initial assessments.
- Urgent referrals were seen the same day.
- The Frimley team offered an 8am to 8pm service, Monday to Friday. Operating times for all other services were 9am to 5pm, Monday to Friday.
- All teams were reviewing their caseloads and had arrangements with clinical commissioning groups to discharge service users to GP services.
- Teams had set up clinics in GP practices and nursing homes.
- Staff assessed service users with early onset dementia.
- Staff displayed information leaflets in a prominent place in all waiting areas.
- Staff gave people using services and their carers an information pack including details on diagnosis, treatment, carers information, advocacy and how to make a complaint.
- Each service had disability access.
- Information on how to make a complaint was available. Staff knew the complaints procedure and provided feedback.

Summary of findings

Are services well-led?

Good

We rated well-led as **good** because:

- Mandatory training was up to date across all sites we inspected.
- Staff had regular supervision and their appraisals were completed or scheduled.
- All staff reported incidents on the trust's incident reporting system.
- Learning from incidents was shared across the service.
- Staff reported good managerial support.
- Sickness and absence rates were low.
- All teams engaged with the Memory Services National Accreditation Programme (MSNAP).
- Staff members from the Epsom and Frimley teams had been nominated for trust CARE awards which recognise outstanding service and staff achievement.
- The Aldershot team had won awards for research.
- The Frimley team ran a 12 hour day service from 8am to 8pm.

However:

- Some staff spoke of a lack of involvement and opportunity for engagement with the wider trust organisation.

Summary of findings

Information about the service

The Older People's Community Mental Health service comprised teams in nine separate locations. The teams offered assessment, diagnosis, treatment and support for people over 65 who present with functional mental health illnesses, deterioration in cognition or dementia. Access to the service was via a single point of access, whereby the multidisciplinary team discussed the referral and then offered the most appropriate range of assessment, treatment and support. The teams comprised doctors, mental health nurses, occupational therapists, psychologists, social care practitioners and support workers. The teams worked closely with other statutory services, particularly social care. The teams also worked with the voluntary sector, such as the Alzheimer's Society, to provide positive support for people using services and their carers, ensuring that people were signposted to other services when appropriate. A range of options were available which the appropriate professional would fully discuss with the person using the service.

Our inspection team

Our inspection team was led by:

Chair: Jonathan Warren, Executive Director of Nursing, East London NHS Foundation Trust

Team Leader: Natasha Sloman, Head of Hospital Inspection (mental health) CQC

Inspection Manager: Jayne Norgate, Inspection Manager (mental health) Hospitals CQC

The team included CQC managers, inspection managers, inspectors, Mental Health Act reviewers and support staff.

The inspection team that inspected this core service comprised a CQC inspector, a CQC assistant inspector and a variety of specialists including: a registered psychiatric nurse, a psychiatrist, and a registered psychologist.

Why we carried out this inspection

We inspected this core service as part of our on-going 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.

During the inspection visit, the inspection team:

- visited all nine of the community teams and looked at the quality of the environment;
- spoke with 12 people who were using the service and nine carers;
- accompanied staff on four home visits to people using services;
- reviewed 32 care records of people using services;
- spoke with the managers for each of nine community teams;
- spoke with 36 other staff members including doctors, nurses, psychologists, occupational therapists and social workers;
- spoke with one locality manager;

Summary of findings

- attended one multidisciplinary meeting;
- attended one post diagnostic clinic;
- 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

People who used the service told us that staff treated them kindly with respect and dignity. People using services spoke of receiving exemplary care and said that staff were knowledgeable and informative. People using services told us the waiting times to see a consultant psychiatrist were low so they had access to a psychiatrist whenever needed. They reported staff listened to them and they were appreciative of the service. People using services said they felt valued by the staff and they had involvement with their care planning. Everyone told us they knew what was in their care plan and staff had offered them a copy.

The majority of carers told us they felt involved and staff informed them and consulted with them about the treatment plan for the person using services. However, one carer told us staff did not always keep them up to date with joint working with the local authority. Carers commented on the caring, friendly nature and approach of staff.

Good practice

Staff at the Aldershot team had won trust awards for their dementia research work. Staff members from the Epsom and Frimley teams had received nominations for trust CARE awards for excellence in practice. CARE awards are a trust initiative that recognises outstanding service and staff achievement.

The Frimley team was providing an 8am to 8pm service and had developed single point of access assessment hubs for people using services. This had combined the assessment process to minimise duplication and had strengthened working relationships between the trust and local authority.

A new intensive support team had recently been set up to deliver high quality specialist assessments and interventions to people with dementia whose behaviour significantly challenges themselves or others. Staff provided intensive support to nursing homes for a maximum of 12 weeks to prevent unnecessary hospital admissions and to support people using services in their own environment.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The service should continue to review team and individual practitioner caseloads to ensure these do not become unmanageable and unsafe for people using the service and staff.
- The service should review waiting times at the Oxted team where these were longer than the trust operational policy target.
- The service should review why staff within some teams felt they were not connected and engaged with the wider trust organisation.

Surrey and Borders Partnership NHS Foundation Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
CMHT for Older People - Aldershot	Trust Headquarters
CMHT for Older People - East Surrey	Trust Headquarters
CMHT for Older People - Guildford	Trust Headquarters
CMHT for Older People – Mid Surrey	Trust Headquarters
CMHT for Older People - Spelthorne	Trust Headquarters
CMHT for Older People – Surrey Heath	Trust Headquarters
CMHT for Older People - Waverley	Trust Headquarters
CMHT for Older People – Runnymede and West Elmbridge	Trust Headquarters
CMHT for Older People - Woking	Trust Headquarters

Detailed findings

Mental Health Act responsibilities

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

Three teams were treating patients subject to a community treatment order (CTO). Paperwork for all three was completed and accessible. Staff had good awareness of this legislation and the timescales for renewal. Staff knew why the service users were subject to the CTOs. The rationale for using a CTO was clearly documented.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where staff had needed to complete capacity assessments these were clear, time and decision specific and clearly linked to best interests decisions. Staff demonstrated a good understanding of this legislation and they had fully embedded and integrated it into their practice. We observed clinical discussions that showed good consideration of MCA and DoLS.

Good

Are services safe?

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

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

Our findings

Safe and clean environment

- All community sites inspected were clean and well maintained. There was building work being carried out at the Guildford site but this did not hinder access to the team.
- All nine clinic rooms we saw were well stocked, clean and suitable for purpose. Each site had necessary equipment to complete routine physical health checks. The Aldershot team was based within the Aldershot Centre for Health and the team had easy access to GP surgeries as they shared the same building.
- Staff completed regular infection control audits.
- Interview rooms in the majority of the sites we visited had alarms. In those not fitted with alarms staff used the Sky Guard portable alarm system. Staff could use these on home visits in the community or within the building. The alarm used GPS to locate the user so other staff would be aware of their location in an emergency.
- The Patient Led Assessment of the Care Environment score for the core service for cleanliness was 99%. This score is 2% higher than the national average.

Safe staffing

- There were low staff vacancies across the teams we inspected and use of agency staff was minimal. There were no vacancies at the Runnymede, Woking, Waverley or Aldershot teams. The Oxted team was using one agency nurse and was also recruiting to the team leader post. The Frimley team was recruiting to a band four nurse practitioner post and social worker post. All work not covered by social care staff due to vacancies was covered by the Surrey County Council adult social care locality teams. The Guildford team had a vacant nursing post which had been advertised and the Spelthorne team was recruiting to their social worker post. The Epsom team had the most vacancies with five nurse vacancies. Agency staff covered these vacancies and the manager was actively recruiting to these posts. The Aldershot team had a locum consultant, but was recruiting to this post. Teams used agency staff who were familiar with the service so as to keep disruption to service users to a minimum.
- Caseloads across the teams were high. The Frimley team had the lowest caseloads ranging between 18-35 people using services for each practitioner. Members of other teams had individual caseloads in excess of 100 people using services. A large proportion of these service users lived in nursing home accommodation and staff considered them to be low risk and well supported. The teams all had agreements with their local clinical commissioning groups to reduce caseloads by discharging people using services back to their GP if they only received an annual review from the community team.
- The team managers reviewed caseloads monthly with the care co-ordinator and the consultant psychiatrist.
- All teams had good access to a psychiatrist when needed. The psychiatrists provided out of hours cover as part of their on call rota.

Assessing and managing risk to patients and staff

- We reviewed 32 care records on the electronic recording system. All records had an up to date risk assessment and we saw evidence that staff reviewed risk regularly. Staff recorded risk information within the computerised system, but it was not always in the same place on the system. For example, staff clearly recorded the initial risk information within the risk assessment, but updates could be in either progress notes or an updated assessment form. This would mean that it was not always clear to new or duty practitioners where they could find the most recent risk information.
- Staff could respond promptly to changes in the health of people using services and all teams had a duty system to see people using services urgently if required. Staff could access support from psychiatrists or medical practitioners when needed.
- Safeguarding training was up to date within all the teams inspected. Staff knew how to make a safeguarding referral and had good links with the safeguarding teams within the trust and local authority. All teams apart from Aldershot had social work provision within the team. The Aldershot social workers were based in the local authority.
- Each team had a robust lone working policy and staff we spoke with were aware of the policy and the importance of following it. At the Waverley team one

Good

Are services safe?

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

member of staff worked from GP practices but would always contact the team at the start and end of each day. If staff were carrying out visits in the community, they would contact the office at the end of their last visit to report in. If staff had not called the office the duty worker contacted them. Each team had a staff signing in and out board which staff kept up to date.

- The trust has implemented a suicide prevention information network, a trust wide risk management programme to assess and manage patient risk. At a recent meeting staff invited a speaker from the railway network as there had been an increase in suicides on train tracks. The speaker was able to share information on how they were trying to increase safety for rail users and these initiatives could be passed on to people using the service.

Track record on safety

- Staff reported all incidents on the trust incident reporting system. All staff had access to this system. Team managers investigated each incident before signing them as complete. Managers then passed on any learning to staff members at the monthly business meeting. Staff from other teams could also share this learning as managers and locality mangers met regularly to share information.
- There had been one serious incident in the previous six months across the nine teams leading to improvements in recording and communication between teams.

Reporting incidents and learning from when things go wrong

- All staff were aware of which incidents should be reported and how to do so. Staff showed us the incident reporting system and we saw how staff used it appropriately to record incidents.
- Staff at the Frimley team told us that they had changed practice as a result of an incident at a working age adult team. The Frimley team now always send a member of staff to any discharge planning meeting at hospital even if the allocated worker is not available. Managers had communicated this change in practice to other teams across the service.
- Incidents were a regular agenda item on team meetings. Staff showed us evidence of discussions in the minutes of team meetings.
- Managers of the nine community teams and the locality managers routinely attended monthly scrutiny panel meetings to discuss incidents across the service.
- The trust had a staff incident support team to provide support to staff either in a group or one-to-one following any incident. Trained staff from within the trust made up the support team. All discussions remained confidential.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- We reviewed 32 patient care records. All care plans were holistic and personalised. Not all care plans we saw showed patient involvement, although every person using services we spoke with said they knew what was in their care plan.
- Not all people using services told us they had a copy of their care plan. We did see evidence that staff offered copies of care plans to people using services and where this was declined staff had documented this.
- Staff used the trust electronic system to store care plans. We noticed some inconsistencies in how staff used the system. Some staff members recorded updates in progress notes and others in the assessments folder. Staff said that not all information had transferred completely from the previous computer system to the current system which the trust started using in October 2015.

Best practice in treatment and care

- Psychology was available to service users at each team we inspected. The Aldershot team had Improving Access to Psychological Therapy provision and the psychology team had recently started an Acceptance and Commitment Therapy group.
- Staff offered Cognitive Stimulation Therapy for people using services with dementia.
- There was provision to support people using services with benefits and housing at each location. The Frimley team had staff based in three GP surgeries which they used as a single point of access. Social work staff, occupational therapists and nursing staff based themselves at these hubs and offered a comprehensive, holistic assessment from each discipline within one assessment. This reduced the need for people having to attend multiple assessments.
- Staff used Health of the Nation Outcome Scales to measure service user recovery outcomes.
- Staff completed physical health checks during the initial assessment and doctors used brain scans as part of determining a diagnosis in people using services with dementia. Staff routinely monitored people using services' physical health.
- All staff took part in completing clinical audits.

Skilled staff to deliver care

- All the teams inspected had access to a full range of mental health professionals including psychologists, occupational therapists, nurses, psychiatrists and social workers. The Aldershot social workers had their base within local authority teams but had good links with the mental health team. All other teams had integrated social workers. Social workers in Aldershot attended the monthly business meeting and undertook joint visits and assessments with the mental health team. The Woking team had a nurse prescriber on the team.
- Staff appraisals and supervision were up to date in all teams. Managers had a yearly planner to book appraisals so staff knew when their appraisal was due. Supervision records were stored securely and staff had a copy of their supervision record.
- All new staff received a trust induction and induction to the service. New staff had a reduced caseload.
- Staff attended weekly clinical team meetings and a monthly business meeting. We attended one clinical meeting which was led by the consultant psychiatrist. All staff contributed and the discussions were focused on the needs of the people using services. The Frimley team did not have a monthly business meeting, but had a regular agenda item on the weekly meeting to discuss business issues.
- Staff had access to specialist dementia awareness training and were given time to work on their own continuous professional development.

Multi-disciplinary and inter-agency team work

- All teams had regular multidisciplinary team meetings. We observed one meeting which was patient focused and had contributions from all members of the team.
- Staff had good working relationships with external agencies and links with organisations such as Age UK and the Alzheimer's society. Representatives from these organisations had regular times they would visit the teams, but staff could also contact them at all other times.
- All teams except the Frimley team operated a regular day service Monday to Friday from 9am to 5pm. The Frimley team had staff working a shift pattern to provide an extended 8am to 8pm service. Staff said the handover was clear, effective and formally recorded.

Are services effective?

Good

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

- Staff reported good communication with others services including the Approved Mental Health Professional service, hospitals and emergency services.
- Many teams ran clinics in GP practices and all teams reported good links with the GP practices.
- Staff said they had good relationships with local nursing homes as all teams had a large proportion of their team caseload in residential nursing care.

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

- All staff had completed mandatory Mental Health Act training.
- Three teams were treating patients who were subject to a community treatment order (CTO). Staff demonstrated a good understanding of the legislation and when and how it should be applied. Staff showed us CTO paperwork which was all in order.
- Staff explained people's rights under the conditions of their CTO. This was clearly recorded and records showed that staff explained these rights at regular intervals.
- Staff had administrative and legal support from the trust central MHA administrators.
- Staff regularly completed capacity assessments regarding consent to treatment. Capacity assessments were clear, decision specific and clearly linked to any best interests decisions. People using services who were receiving electroconvulsive therapy had their capacity and consent to treatment assessed before each treatment.
- People using services had access to independent advocacy and we saw leaflets and posters with advocacy details at each team.

Good practice in applying the Mental Capacity Act

- All staff had either completed mandatory Mental Capacity Act (MCA) training or had this booked.
- Staff clearly recorded capacity and consent assessments and decisions. Capacity assessments were decision specific and demonstrated consultation with the person using services' families and carers.
- Staff recorded best interests' decisions showing they had considered the person using services' wishes, feelings and culture.
- Staff could find the MCA policy to refer to when needed. Staff had access to support and advice on the MCA from within the trust.

Good

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 a variety of staff interactions with people using services. These included home visits, psychiatric initial assessment and a post diagnostic clinic. Staff demonstrated kindness, respect and support at all times. Staff treated people using services with courtesy and involved them in decisions regarding their care.
- Staff were patient with people using services and we observed a nurse taking time to explain a diagnosis and the support the team would be providing. At no time did the staff member rush the person but spent time patiently answering questions to put them at ease.
- We spoke to 12 people using services and nine carers. People using services and carers were positive and reported high levels of care from staff. People using services said that staff were flexible and caring in their approach.
- Staff demonstrated that they understood the individual needs of each person using services and maintained their confidentiality at all times.
- The trust Patient Led Assessment of the Care Environment score across the core service for privacy, dignity and wellbeing was 93%, which was 6% higher than the national average.

The involvement of people in the care that they receive

- People using services told us they were involved in developing their care plan. Not all of them told us they had a copy of their care plan, but if they did not have a copy, they knew what their care plan contained.
- Staff had not recorded on all records that the person using services had a copy of their care plan. Staff had recorded on some records that they had offered the person using services a copy of their care plan, but this had been declined.
- The trust had developed an information pack for people using services and carers which contained information on diagnosis, treatment options including medicine, information for carers, advocacy, complaints and the care programme approach. Staff gave this to each new person using services prior to assessment.
- People using services received a “Your Views Matter” feedback questionnaire at the end of their initial assessment and all subsequent appointments. The trust collected the responses on their Meridian reporting system. The trust had ipads in reception for people using services to give feedback; however they found that most people preferred the paper questionnaire.
- We observed a home visit at the Frimley team at which the person using services asked the nurse to come back the following day instead. The nurse was able to tell them they would come back the next day if this was more suitable for them.
- In the post-diagnostic clinic the nurse clearly explained the process to the person using services. The nurse explained the diagnosis, gave information on this, and explained the treatment before explaining how they would see the person using services for a review before discharging them back to their GP. The carer was also present and the nurse gave them opportunities to ask questions of anything they were unsure of.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- Eight of the nine teams inspected were meeting the trust target times to assess people following referral. The Oxted community team was the only team that did not meet this standard as they were not assessing people within the required timescales.
- Staff completed assessments within time scales laid out in the trust operational policy in all services except the Oxted team, where service users had to wait approximately two weeks longer then the operational policy timescales. The Oxted team was working towards reducing their waiting times by offering more assessment appointments, although staff gave no details of the progress they had made.
- For urgent referrals staff at all teams contacted the referrer the same day to discuss the urgency. Staff would then decide with the GP if they needed to see the person that day. Staff would see the person using services on the same day if required. All teams were meeting this standard.
- The Frimley team offered an 8am to 8pm service. From 6pm staff moved to a central GP practice and provided telephone advice to people using services and referrers. Staff had the capacity to see people using services between 5pm and 8pm if required. Staff followed lone working policies at all times including when they worked past 5pm.
- Staff within the working age adults' crisis service provided cover for people using services under the older people's team. Each team inspected had a duty system.
- Staff actively followed up people using services who did not attend appointments by telephone and in writing. Staff discussed issues of risk if people using services did not attend and carried out unannounced home visits if necessary.
- All teams within the service had agreements with individual clinical commissioning groups to discharge people using services back to primary care if suitable. This included those seen by staff for an annual review if the staff member assessed there were no other risks.
- People using services who lived in more remote isolated areas struggled to reach the team office so staff set up clinics within GP surgeries. Staff also ran clinics within the team base. Consultants saw people using services at home as well as at the team base.
- A large proportion of people using services on all the teams' caseloads lived in nursing homes. Clinics were set up at these nursing homes for convenience. Staff felt this initiative improved efficiency and ensured people received a service.
- Staff had clear criteria to accept referrals. All teams had protocols in place to see people who had developed early onset dementia under the age of 65. The teams took referrals for organic and functional illness.
- There was a weekly allocation meeting at each team to allocate new referrals to practitioners. Staff then managed their own diaries to arrange initial assessments. Staff assessed new referrals with functional illnesses within four weeks of the date they received the referral. Staff assessed people with organic illness within 6-8 weeks of referral. These times were within the operational policy guidelines. (Organic illnesses refer to dementia including Alzheimer's disease; examples of functional illness can include depression, bi-polar disorder or schizophrenia).

The facilities promote recovery, comfort, dignity and confidentiality

- All team offices had a range of rooms to see people using services and meet their needs. The Woking team had the fewest therapy rooms to see people using services and had limited staff office space.
- Rooms used to see people using services were spacious and well maintained.
- The Waverley, Oxted, Aldershot and Frimley teams were all in shared buildings with other trust services. Staff shared clinic rooms with these services. Each service had allocated rooms to see people using services.
- All teams displayed a wide variety of information leaflets on treatments, rights for those using services, local services, advocacy and how to complain. These were easily accessible and staff could provide these in different formats if required.

Meeting the needs of all people who use the service

- All services had disabled access including ramps and lifts. Each team had a disabled toilet.
- Each team had a wheelchair on site if anyone using the building had mobility difficulties.
- Staff could provide information leaflets in different languages if required.

Are services responsive to people's needs?

Good

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

Listening to and learning from concerns and complaints

- Staff gave people using services Patient Advice and Liaison Services information and those we spoke with told us they knew how to make a complaint about the service.
- Staff told us they knew the complaints procedure and knew what to do if they received a complaint. Staff provided feedback to the complainant for each complaint they received.
- Staff received feedback from the trust for any complaint they were involved in.
- Staff discussed any complaints received at their monthly team meeting. There were no ongoing complaints at the time of the inspection.
- In the 12 months prior to inspection there were four complaints across the service as a whole. All of these were partially upheld.

Are services well-led?

Good

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

Our findings

Vision and values

- Each team we inspected displayed the trust's vision and values information.
- Staff demonstrated an awareness of the trust's values and they were reflected in the teams' objectives. The trust's values were included in the business team agenda for each monthly meeting.
- Staff said that senior managers did not visit the teams regularly. Staff felt well supported by their managers and locality managers, but staff across all teams told us they did not feel connected to the wider trust organisation.

Good governance

- Managers at all teams followed good governance principles of accountability, inclusiveness, responsiveness and participation. Staff were involved in team development and managers gave staff opportunities for individual development.
- Staff training was up to date across all sites inspected. Staff completed most of their mandatory training on line. All staff had access to their own training record and so could see when training was due to expire.
- Team managers had access to the training spreadsheet to see when staff training was due and this was discussed within staff supervision.
- Staff received regular supervision and appraisals. Staff appraisals happened annually and team managers had an effective system to book appraisals to ensure they took place. Staff had copies of their own supervision notes. Staff fully participated in their appraisals.
- All staff had access to the incident reporting system, and were accountable for their own reporting. Staff knew when to report an incident and managers shared learning from incidents with the team.
- Staff followed correct Mental Health Act procedures and were aware of patients subject to Community Treatment Orders.
- Team managers had sufficient administrative support to complete their own roles.
- All staff were able to add items to the trust risk register if they felt this was appropriate. Staff completed the risk register in conjunction with the team manager.

Leadership, morale and staff engagement

- Staff told us that their managers provided good support. Team managers met frequently to share learning and discuss team developments.
- Staff spoke highly of their line managers and locality managers. Staff said they did not have much contact with trust senior managers.
- Sickness and absence rates were low across all teams. The service had an average sickness rate of 2.4% compared to 3.6% trust wide.
- Staff said they could raise concerns with their manager without fear of victimisation. Staff knew the whistleblowing process.
- Managers gave staff time to work on their continuous professional development and there was opportunity for career progression.
- All teams we inspected displayed clear evidence of team working and mutual support. Staff spoke highly of the team work ethic and said they were proud to work for their teams. Morale was high and staff told us they had good job satisfaction.
- Staff told us they were able to contribute to service development.

Commitment to quality improvement and innovation

- All teams participated in the Memory Services National Accreditation Programme (MSNAP). Eight of the teams had achieved their accreditation; the MSNAP team had assessed the Waverley team who were awaiting the outcome.
- Staff at the Aldershot team had won trust awards for their research programme and for encouraging participation in research.
- Staff members from the Epsom and Frimley team had nominations for trust CARE awards which recognise outstanding service and achievements. Staff nominated colleagues for these awards.
- The Frimley team provided a 12 hour day service. The Frimley team had set up an assessment hub with social workers and occupational therapists so service users only needed to have a single assessment appointment.
- All teams had agreement with their local CCG to reduce caseloads to make more time available for assessments and to see people using services.