Youth Enquiry Service (Plymouth) Limited

52 North Hill

Inspection report

52 North Hill
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

The Zone is a charity based in Plymouth city centre which provides a range of support services to young people. It provides two distinct services that are registered with CQC known as Icebreak and Insight. Insight is an early intervention service for adults aged 18 to 65 who are experiencing their first episode of psychosis. Insight is a secondary mental health service working in partnership with Livewell Southwest CIC. Icebreak is for younger people aged 16 to 22 who are experiencing severe emotional distress that is influencing their day-to-day lives and mental well-being. This service is for clients who may have an emerging personality disorder.

The Zone was last inspected in October 2021. The service was rated good overall with a rating of good for the safe, effective, caring, responsive and well led domains. There were no requirements made at that inspection. We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

In June 2020 the service registered 52 North Hill with CQC separately to registration for the Zone. This required 52 North Hill be inspected as a new service.

The service wanted a larger meeting space for both Insight and Icebreak clients. Although Insight staff and clients both can use North Hill the space is predominately but not exclusively used for Icebreak staff and clients.

The service intends to reregister North Hill as a satellite to the Zone.

This is the first rating of this service. We rated it as good because:

- The service mostly provided safe care. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff managed waiting lists to ensure that clients who required urgent care were seen promptly. Staff followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the clients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to a full range of specialists required to meet the needs of the clients. Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of clients. They actively involved clients and families and carers in decisions about care.
- The service was mostly easy to access. Staff assessed and treated clients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude clients who would have benefitted from care.
- The service was well led.

However:

- The service did not always ensure clinical premises where clients were seen were safe and clean.

Summary of findings

- The service did not ensure that all client files contained an up to date risk assessment that was stored in a consistent place in the IT system.
- The governance processes did not always ensure procedures relating to the work of the service ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Good	The Zone is a charity based in Plymouth city centre which provides a range of support services to young people. It provides two distinct services that are registered with CQC known as Icebreak and Insight. Insight is an early intervention service for adults aged 18 to 65 who are experiencing their first episode of psychosis. Insight is a secondary mental health service working in partnership with Livewell Southwest CIC. Icebreak is for younger people aged 16 to 22 who are experiencing severe emotional distress that is influencing their day-to-day lives and mental well-being. This service is for clients who may have an emerging personality disorder. The Zone was last inspected in October 2021. The service was rated good overall with a rating of good for the safe, effective, caring, responsive and well led domains. There were no requirements made at that inspection. We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. In June 2020 the service registered 52 North Hill with CQC separately to registration for the Zone. This required 52 North Hill be inspected as a new service. The service wanted a larger meeting space for both Insight and Icebreak clients. Although Insight staff and clients both can use North Hill the space is predominately but not exclusively used for Icebreak staff and clients. The service intends to reregister North Hill as a satellite to the Zone. This is the first rating of this service. We rated it as good because: • The service mostly provided safe care. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the

Summary of findings

time they needed. Staff managed waiting lists to ensure that clients who required urgent care were seen promptly. Staff followed good practice with respect to safeguarding.

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the clients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to a full range of specialists required to meet the needs of the clients. Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of clients. They actively involved clients and families and carers in decisions about care.
- The service was mostly easy to access. Staff assessed and treated clients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude clients who would have benefitted from care.
- The service was well led.

However:

- The service did not always ensure clinical premises where clients were seen were safe and clean.
- The service did not ensure that all client files contained an up to date risk assessment that was stored in a consistent place in the IT system.

Summary of findings

- The governance processes did not always ensure procedures relating to the work of the service ran smoothly.

Summary of findings

Contents

Summary of this inspection

Background to 52 North Hill

52 North Hill is part of the Zone, a charity based in Plymouth city centre which provides a range of support services to young people. It provides two distinct services that are registered with CQC known as Icebreak and Insight. Insight is an early intervention service for adults aged 18 to 65 who are experiencing their first episode of psychosis. Insight is a secondary mental health service working in partnership with Livewell Southwest CIC. Livewell Southwest is a Plymouth based provider who provides community and inclient mental health services. In 16 June 2020 the service registered another service at 52 North Hill in Plymouth.

As well as the two CQC registered services, the Zone provides services that are not within the scope of CQC: a sexual health service and a housing and accommodation service. The Zone and its commissioners aim to provide holistic care in one place to make them easily accessible.

Both 52 North Hill and the Zone are separately registered with CQC for treatment of disease, disorder or injury. The service had a registered manager and a clinical lead overseeing each of the CQC registered services; Insight and Icebreak.

What people who use the service say

We spoke with four clients. They were unanimously positive about the service. They said staff treated them with kindness and respect. They felt involved in their care and treatment and gave many examples of positive impact the service had had upon their lives.

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 the location. During the inspection visit, the inspection team:

- Visited the North Hill premises in Plymouth and looked at the quality of the environment
- Spoke with three staff which included an administrator, a care coordinator, the manager of the Icebreak service and the chief executive officer
- Spoke with four clients who were using the service

1.

Summary of this inspection

- Spoke with two relatives of clients using the service
- Reviewed five care and treatment records
- looked at incidents and staff supervision records
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Areas for improvement

Action the service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that the premises are clean, there is an environmental risk assessment and all easily moveable objects are removed from interview rooms prior to use.
- The service should ensure that all client files contain an up to date risk assessment and they are stored consistently within the IT system.
- The service should continue to work with commissioners to address the large waiting lists in the Icebreak team.
- The service should ensure that clinical premises where clients were seen were safe and clean.
- The service should ensure governance systems are further developed to ensure clients files contain easily accessible risk assessments.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community-based mental health services for adults of working age

Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Community-based mental health services for adults of working age safe?

Good

We rated it as good.

Safe and clean environment

All clinical premises where clients received care were not always safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff did not always complete and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. They had an environmental policy statement and a sustainable development management plan did not have a full, comprehensive range of policies and risk assessments about the environment. For example, there was no health and safety risk assessment.

All interview rooms did not have alarms, but staff had recently got personal alarms that they took into these rooms to mitigate risk. The service was secure.

There were no clinic rooms in the premises. Clients accessed their local GP for medication management and physical health monitoring.

All areas were not always clean, well maintained, well-furnished and fit for purpose. The building was old and required some updates in terms of general wear and tear. The blinds and carpets were not clean, and the furniture was chipped so difficult to deep clean. There was a planned schedule of works to address this. For example, they had a contract with a cleaning service who were going to start in the next week. The interview rooms had items that could be thrown if clients became agitated. These included white boards and portable fans. The manager said these would be removed immediately.

Staff followed infection control guidelines, including handwashing. The service had introduced new measures to prevent the spread of infectious diseases including COVID-19. The service operated an appointment only basis. This helped reduced the number of people in communal areas at any one time and made social distancing possible. Staff also split their working time between the community office and home offices to minimise the spread of the disease. Hand sanitiser was freely available. Posters asking people to wear masks and wash hands were displayed throughout the service.

Community-based mental health services for adults of working age

Good

Staff mostly made sure equipment was well maintained, clean and in working order.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

Staff

The service had enough staff to keep clients safe. There were no vacancies in the Icebreak team.

Managers made arrangements to cover staff sickness and absence.

Managers ensured there was no use of bank and agency staff.

The service had low turnover rates. The turnover rate in Icebreak was low. There had been no staff leavers from the service in the last year.

Managers supported staff who needed time off for ill health.

Sickness levels were low in both teams. In Icebreak the sickness rate was around 2%.

Managers used a recognised tool to calculate safe staffing levels.

The number and grade of staff matched the provider's staffing plan. Both teams had sufficient staff to ensure clients received good care and treatment. The manager was liaising with the clinical commissioners to review staffing levels in light of the increased number of referrals during the pandemic.

Medical staff

The service had enough medical staff. In the Icebreak team besides the manager there were three social workers, two counsellors with DBT (Dialectic behavioural therapy) two psychology graduates and a GP with a specialist interest in mental health.

There were no locum members of staff in either service

Clients could get support from a psychiatrist quickly when they needed to.

Mandatory training

Staff in both teams had completed and kept up-to-date with their mandatory training. Staff members could attend the mandatory training given to Livewell staff members which includes data protection, recordkeeping, adult safeguarding. The current completion rate for staff members was around 90%.

The mandatory training programme was comprehensive and met the needs of all service users and staff.

Community-based mental health services for adults of working age

Good

Managers monitored mandatory training and alerted staff when they needed to update their training. In both teams managers were able to access information about staff training on their electronic recording systems.

Assessing and managing risk to clients and staff

Staff mostly assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in a client's health. When necessary, staff worked with clients and their families and carers to develop crisis plans. Staff monitored clients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.

Assessment of client risk

Staff mostly completed risk assessments for each client on admission using a recognised tool, and reviewed this regularly, including after any incident.

Client triage was completed by care coordinators. Clients received an initial risk assessment at the triage assessment, and this was updated if there was an incident. For example, if there was a self-harm incident, hospitalisation or if the police had been involved. There was a weekly MDT meeting where clients risk was reviewed.

In the Icebreak service staff completed risk assessments for each client on admission using a recognised tool, and reviewed this regularly, including after any incident. We saw this in the five client files reviewed. The level of detail was mixed. It was mostly sufficient to assist staff to manage a client's treatment and care safely.

We reviewed five files and found three had risk assessments and risk management plans. One file did not have a risk assessment for the client's current episode of treatment of five months. The client had a previous episode of treatment a few months earlier and the last risk assessment on the file was dated August 2020. The service operated a twelve-week period where clients could stop and then restart an episode of care if they felt they had been discharged too early or wanted to continue. Three files had both a detailed risk assessment and a risk management plan. One file had a risk assessment but no management plan. However, there was information about risk in all files embedded in the care plans notes.

Staff used a recognised risk assessment tool within the electronic documentation system. Although staff said it was a cumbersome tool, it allowed them to update risk within a risk summary.

Staff could recognise when to develop and use crisis plans and advance decisions according to client's needs. Crisis plans were available in all files we reviewed. They included emergency numbers and lists of individual triggers and staff responses for each client.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. In the Icebreak service the manager ensured that clients were directed to Livewell's emergency response team.

Staff monitored clients on waiting lists for changes in their level of risk and responded when risk increased. The manager said that the large waiting list was difficult to monitor and information about changes in clients risk primarily came from other community services or their GP.

Community-based mental health services for adults of working age

Good

Staff mostly followed clear personal safety protocols, including for lone working. The team secretary monitored the list of staff on outreach appointments, so they knew when staff members were due to return. Staff members then contacted the service once the appointment was finished. The lone working policy was in the process of being reviewed following a violent incident involving a staff member.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. All staff members were trained to level III child protection for children training. The number of staff trained in adult safeguarding was around 80%. They were working towards a 100% completion rate.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The team had made three safeguarding referrals in the last year.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Client notes were comprehensive and all staff could access them easily.

When clients transferred to a new team, there were no delays in staff accessing their records.

The service used electronic records. They used the same IT system as the one used by GPs which assisted them to access clients records quickly. Staff mostly made sure they were up-to-date and complete. Risk assessments could be stored in several places within the system. For example, they could be in a standalone document, they could be in the care plan or the initial enquiry.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. In the Icebreak team responsibility for administering and prescribing lay predominantly with the clients GP. They had little involvement in client's medication management.

Community-based mental health services for adults of working age

Good

Staff reviewed clients' medicines regularly and provided specific advice to clients and carers about their medicines. In the wider team in the Insight team the medical staff reviewed the prescription for each client weekly and at the MDT. If clients were at higher risk of potential overdose or substance misuse, then the service adjusted the management of medication. For example, some clients collected their medication three times a week from the service due to an assessed high risk of potential overdose. Clients who were assessed by the team as being more stable had their prescriptions handed back over to the GP.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check clients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so clients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each client's medication on their physical health according to NICE guidance. Any side effects were recorded on clients' files.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. The manager for the Icebreak team was responsible for forwarding all incidents to CQC.

The number of incidents was small. There had been three in the past year. These included incidents about client's injury at home and incidents involving significant police involvement.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Staff reported serious incidents clearly and in line with the policy.

The service had no never events.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong. The manager said they had not had cause to write a letter in relation to duty of candour in the last year but they had done so in the past.

Managers debriefed and supported staff after any serious incident. Staff members spoke positively of the debrief they had received following the recent assault on a staff member.

Community-based mental health services for adults of working age

Good

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to client care. Recent improvements included better communication with clients.

There was evidence that changes had been made as a result of feedback. Following the recent assault of a staff member improvements had been made to the alerting system on files and the lone working policy to ensure the future safety of staff.

Are Community-based mental health services for adults of working age effective?

Good

We rated it as good.

Assessment of needs and planning of care

Staff assessed the mental health needs of all clients. They worked with clients and families and carers to develop individual care plans and updated them as needed. Care plans mostly reflected the assessed needs, were personalised, holistic and recovery-oriented.

Staff completed a mental health assessment of each client. We reviewed five records and found detailed care plans in all. The records identified goal-based outcomes which they had created with the young person and their families or carers. Goals and plans to achieve these were personalised and recovery oriented.

As previously stated, in the Icebreak team the client's GP retained responsibility for the young person's physical health.

Staff regularly reviewed and updated care plans when young peoples' needs changed.

Care plans were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the clients in the service. These included mindfulness groups, emotional awareness groups and family therapy

Staff delivered care in line with best practice and national guidance (from relevant bodies such as NICE). Clients with an emerging personality disorder using the Icebreak service were offered dialectical behaviour therapy.

Staff made sure clients had support for their physical health needs, either from their GP or community services.

Community-based mental health services for adults of working age

Good

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. Icebreak groups included DBT (dialectic behavioural therapy) and emotional awareness groups.

Staff used recognised rating scales to assess and record the severity of client conditions and care and treatment outcomes. They used routine outcome measures such as the health of the nation outcome scales.

Staff used technology to support clients.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. These included caseload audits, and in the wider service they took part in the national clinical audit of psychosis which monitors access times, offers of interventions, social inclusion and clients physical health.

Managers used results from audits to make improvements.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of each client. In the Icebreak team there was a clinical team leader, a deputy team leader, care coordinators, social workers with DBT (dialectical behavioural therapy) accreditation, counselling skills and family therapy backgrounds.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported permanent medical and non-medical staff to develop through yearly, constructive appraisals of their work. The appraisal rates were at 100% in both teams.

Managers supported medical and non-medical staff through regular, constructive clinical supervision of their work. Across both teams the supervision rate was around 80%.

Managers made sure staff attended regular team meetings and gave information to those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff members in both teams had received Prevent training to ensure staff were aware about the radicalisation risk to vulnerable clients.

Managers recognised poor performance, could identify the reasons and dealt with these.

Community-based mental health services for adults of working age

Good

Multidisciplinary and interagency teamwork,

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held weekly regular multidisciplinary meetings to discuss clients and improve their care. They also held monthly business meetings for all staff. They worked closely with GPs and manager attended risk meetings for clients at the local GPs surgery.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

Staff had effective working relationships with other teams in the organisation. In the Zone building there was the young person's housing and accommodation service, a drop-in service and a sexual health service. This meant that young people had easy access to a range of services all in the same building which facilitated good communication. Clients valued the services accessibility and valued its uniqueness.

Staff had effective working relationships with external teams and organisations.

Staff members in both teams spoke of good links with social services

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Training rates across both teams were in the region of 80%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

Staff followed clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Clients had easy access to information about independent mental health advocacy.

Staff explained to each client their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the client's notes each time.

The Icebreak team did not currently work with clients subject to a Community Treatment Order but staff understood and were able to explain how to complete all statutory records correctly.

Care plans clearly identified clients subject to the Mental Health Act and identified the Section 117 aftercare services they needed.

Community-based mental health services for adults of working age

Good

Staff completed regular audits to make sure they applied the Mental Health Act correctly.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act. Managers in both services had access to the expertise in the teams within Livewell.

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision.

When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the client's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

Are Community-based mental health services for adults of working age caring?

Good

We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for clients.

Staff gave clients help, emotional support and advice when they needed it. We spoke with four clients across both teams who were receiving a service, and all said they were given emotional support when requested. Clients described the DBT (Dialectical behavioural therapy) groups as life changing and they had learnt skills that changed their lives.

Community-based mental health services for adults of working age

Good

Staff supported clients to understand and manage their own care treatment or condition. Clients told others that their treatment gave them better insight into how to recognise and manage their condition successfully.

Staff directed clients to other services and supported them to access those services if they needed help. For example, clients were signposted towards specialist counselling services and bereavement services.

Clients said staff treated them well and behaved kindly. All clients said they had strong relationships with staff which they valued.

Staff understood and respected the individual needs of each client.

Staff members said that they were confident they could raise concerns about any disrespectful, discriminatory or abusive behaviour or attitudes towards clients.

Staff followed policy to keep client's information confidential. Staff members ensured they carried confidential information in locked bags.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to independent advocates.

Involvement of clients

Staff involved clients and gave them access to their care plans. In all files reviewed there was evidence of care plans being shared or received by clients, families or carers. Clients said staff were easy to talk to and kept them informed at every stage of their treatment.

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. They worked closely with the Community learning disability services if they felt specialist support with communication was required.

Staff involved clients in decisions about the service, when appropriate. For example, clients were actively involved in the recruitment process. Most recently in the recruitment of a care coordinator.

Clients could give feedback on the service and their treatment and staff supported them to do this. Clients completed an evaluation during and after engagement with the provider about the service they received. Staff members in the Icebreak team changed the content of the emotional awareness course following feedback from clients. Clients said they found it was too PowerPoint focused and they wanted more staff interactions and participation. They had also piloted a peer support group that was requested by clients.

Staff made sure clients could access advocacy services. Clients were given leaflets about advocacy services. They could also get advocacy support from an independent voluntary charity that the Zone worked closely with. Icebreak staff also worked closely with Barnardos, an independent charity for young people.

Involvement of families and carers

Staff supported, informed and involved families or carers.

Community-based mental health services for adults of working age

Good

Staff helped families to give feedback on the service. Clients and their families could be actively involved on their Facebook page, leave reviews on their websites or complete the family and friends test that were made available to them.

Staff gave carers information on how to find the carer's assessment. Information was available in the waiting rooms and staff members assisted clients complete them if required.

Are Community-based mental health services for adults of working age responsive?

Good

We rated it as good.

Access and waiting times

The service was easy to access. Its referral criteria did not exclude clients who would have benefitted from care. Staff assessed and treated clients who required urgent care promptly and clients who did not require urgent care did not wait too long to start treatment. Staff followed up clients who missed appointments.

The service had clear criteria to describe which clients they would offer services to. The Icebreak team criteria was that clients were between 16 and 23 years old and experienced ongoing difficulties like severe emotional distress, impulsive behaviours or trauma.

In Icebreak there were no set target times for referral to assessment and assessment to treatment. There were currently 300 clients on the waiting list with a 10-month waiting time from referral to assessment. In March 2020 there had been 55 clients on the waiting list with on average a 12 week waiting time. The manager said this increase was largely due to the increase rates of referral particularly from younger people during the pandemic.

The average monthly referral rate was between 15 and 20 clients a month previously. In 2021 the number of referrals had nearly tripled to 50 a month. Towards the end of 2021 the team had reduced waiting times from 12 months to 10 months by using group interventions. They had also reduced the numbers on the waiting list from 240 clients to 200. Since 2021 the waiting list has grown to around 300.

The service was working with commissioners to address the situation. They were considering additional staff. They had also introduced new ways of working like inviting clients on waiting lists to be involved in group work.

The manager noted that although there were large numbers of clients waiting for assessment there was no internal waiting list between assessment to treatment. Clients worked with the staff members who completed their initial assessment.

Staff members ensured that the clinical commissioners received a monthly report about the waiting lists to ensure they were aware of the growing demand for the service. They worked closely with them to address the waiting list as part of the national transformation plan about service delivery for adults with personality disorder.

Urgent referrals were seen by the community mental health services provided by Livewell. The manager said that clients were signposted to other emergency services if necessary

Community-based mental health services for adults of working age

Good

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. They attempted to contact people who did not attend appointments and offer support. Staff used texts to remind clients about an appointment time.

Clients had some flexibility and choice in the appointment times available. Staff members were very flexible about where they met clients. For example, staff members worked around client's childcare.

Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible.

Appointments ran on time and staff informed clients when they did not.

The service used systems to help them monitor waiting lists and support clients. The manager monitored the waiting lists for the Icebreak team and the team liaised closely with clients GP and other community services to ensure clients needing more urgent treatment were seen quickly.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a full range of rooms and equipment to support treatment and care. The building did not have a separate waiting room. They had a small seating area in the office. There were three interview/meeting rooms, a kitchen in the basement and two toilets.

Interview rooms in the service had sound proofing to protect client's privacy and confidentiality

Meeting the needs of all people who use the service

The service met the needs of all clients – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. Although there were no adapted facilities in North Hill there were adapted toilets and washing facilities in the Zone building. The interview rooms were on the first floor to assist wheelchair users.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. In the waiting room there was information available on information boards and leaflets signposting service users to other useful services in the area.

The service provided information in a variety of accessible formats so the clients could understand more easily.

The service had information leaflets available in languages spoken by the clients and local community.

Managers made sure staff and clients could get hold of interpreters or signers when needed. For example, the team had a Portuguese interpreter for a client for whom English was not their first language.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Community-based mental health services for adults of working age

Good

Clients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in areas accessed by clients.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The number of complaints was low with an average of two per year. There was a complaint from a client about inappropriate material being left in the interview room which was not relevant to their appointment. This complaint was upheld and the service shared information with other services using the room to ensure that all rooms were cleared prior to client use.

No complaints were referred to the ombudsman. The themes across the team were about managing expectations and communication.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. All complaints were investigated by the managers and complainants received a letter detailing the outcome of the complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. All teams could describe learning as a result of complaints from clients.

The service used compliments to learn, celebrate success and improve the quality of care. Success stories were discussed at team meetings.

Are Community-based mental health services for adults of working age well-led?

Good

We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

Staff spoke very positively about the team leaders and managers. They felt valued, respected and supported. Staff members acknowledged the challenges of working with increased number of referrals. They were aware that the managers had raised the issue with the clinical commissioners who were considering increasing the staffing numbers.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

Community-based mental health services for adults of working age

Good

The service had a vision for what it wanted to achieve. Staff knew and understood the services vision and values and how they were applied in the work of their team.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Staff morale was good and staff felt supported with the challenges of maintaining the service during lockdown.

There was an emphasis on development and staff were encouraged to engage in training and personal development opportunities. Staff members were encouraged to attend CBT (cognitive behavioural therapy) and DBT (dialectic behavioural therapy) to assist them in their work with clients.

Staff confirmed they received praise and compliment feedback from clients, family and carers at each team business meeting.

All staff knew how to access the whistle blowing policy and were confident about its use.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Both teams had an open culture to incident reporting which encouraged staff to report incidents.

The service was working closely with commissioners to address the long waiting lists in the Icebreak team. They had introduced new groups for clients and were working towards reducing lists.

The service worked closely with the Insight team to ensure there was joint working across the service.

There were governance audits to ensure staff members were consistent in the filing of information in the files to ensure easy access, but these could be further developed to ensure a consistent approach to risk assessment management.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The team had access to the information they needed to provide safe and effective care and were able to identify shortfalls.

Community-based mental health services for adults of working age

Good

The management of risk in the Icebreak team was mostly managed well. The information staff required to ensure clients received safe and effective care was available in the client's files. However, it was not held in consistent places. This meant that new staff would find it difficult to find quickly. The manager said that they would continue to support individual care co-ordinators to improve and maintain appropriate standards.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service was part of a systemic enquiry research. The team were working with Plymouth University to look at themes in referrals like the low number of male referrals compared to female referral.

The manager stated that many of the young people that they worked with experienced homelessness or were currently experiencing unstable accommodation. They encouraged them to partake in this research to influence service delivery.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The service worked closely with the clinical commissioning groups and NHS England particularly around the reduction of waiting lists in the Icebreak service.

Learning, continuous improvement and innovation

The staff team was involved in a three year research project with Plymouth University to look at themes like client satisfaction.