Requires improvement

North London NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

St Pancras Hospital
4 St Pancras Way
London NW1 0PE
Tel: 020 3317
3500
Website: www.candi.nhs.uk

Date of inspection visit: 22-26 February 2016
Date of publication: 21/06/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
TAF72	Highgate mental health centre	Islington early intervention service	NW1 0AS
TAF72	Highgate mental health centre	South Islington recovery team	N1 0YL
TAF72	Highgate mental health centre	Assertive outreach team	NW1 0AS
TAF01	St Pancras Hospital	Assessment and advice team	NW1 0PE
TAF72	Highgate mental health centre	North Camden recovery team	NW3 5NU
TAF01	St Pancras Hospital	Complex depression, anxiety and trauma service	WC1X 9ND
TAF72	Highgate mental health centre	Camden re-ablement team	NW1 5HJ

Summary of findings

TAF72	Highgate mental health centre	Camden and Islington Personality Disorder Service	N19 5NX

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

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

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

Summary of findings

Ratings

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

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

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

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

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

- Staff mandatory training rate was low, especially for safeguarding children training, safeguarding adults training and Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training.
- Staff did not adhere to the trust's lone working policy. Some staff did not have work mobile phones to use whilst on home visits and some staff did not call the office to check in with a duty worker.
- We saw medication and sharps disposal boxes transported in handbags, which is not in line with the trust's policy.
- Some teams were not following trust processes to ensure that staff received feedback about learning from incidents.
- There were no systems in place to monitor patient's physical healthcare needs when they were prescribed high dose antipsychotics and lithium.
- There was no standardised approach to supervision. We saw electronic and paper records which used different note taking templates.
- There was no emergency equipment available at any of the sites visited.
- Some care plans were not holistic, personalised or person centred.

However:

- All services reported rapid access to a consultant psychiatrist when required.
- Risk assessments were thorough and comprehensive and were updated following an incident.
- Staff were supported and de-briefed following an incident.
- Comprehensive assessments were completed in a timely manner.
- Staff worked closely with external agencies such as crisis teams, inpatient wards, the police and adult social care.
- Staff were caring, professional and treated patients with dignity and respect.

Summary of findings

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

Are services safe?

Requires improvement 

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

- No emergency equipment or medicine was available on site.
- There was a lack of detail in risk formulation and management plans at the Islington early intervention service, South Islington recovery team and Islington assertive outreach team.
- Staff were not adhering to the trust's lone working policy, compromising staff safety.
- Staff had not completed mandatory training.
- Safeguarding referrals for other services within the trust was being processed through community based adult mental health teams. The safeguarding referrals were sent to email addresses within the community based mental health teams where the service was operating nine to five office hours. This meant referrals made out of hours were not being seen until the next working day.
- Transporting medicines was poor, we saw staff transporting medication in their handbag.
- The clinic room fridge temperature at the North Camden recovery team was not being recorded regularly, meaning that staff would not know if the fridge temperature had gone over the optimum range, this meant that medication that should have been disposed of may have still been used.
- There was a lack of disseminating learning from incidents at the assessment and advice team and North Camden recovery team.

However:

- All interview rooms were fitted with alarms and all areas were visibly clean and well maintained.
- Cleaning records were up to date.
- All services had rapid access to a consult psychiatrist when required.
- Urgent referrals were handed over immediately to the crisis team for urgent assessment.
- Staff were supported and debriefed following an incident that related specifically to the service they were working within.

Are services effective?

Requires improvement 

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

Summary of findings

- Some care plans were not person centred or holistic. Patients had not signed their care plans because care plans were completed electronically separately from the patient appointment.
- The local authority safeguarding database was not updated regularly by trust staff, meaning patients safeguarding information may have been out of date.
- There was no system in place to identify patients who were prescribed high dose antipsychotics or lithium, meaning these patients were not being effectively monitored. At North Camden recovery team we found evidence of regular physical health checks being carried out for only one of five patients who were identified as requiring them.
- There was no equipment such as urine analysis and blood pressure machines to facilitate health checks at the North Camden recovery team.
- There was a clinical audit system in place. These tended to be carried out by managers and not all staff were aware of the findings.
- Mental Health Act training figures were not available and Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training compliance was 25% across all services with the exception of the North Camden recovery team where management advised us 100% of staff had completed mandatory training in Mental Capacity Act and DoLS.
- Staff did not record whether patients on a community treatment order had been given information relating to Independent Mental Health Advocacy.

However:

- All patients using the service had a comprehensive assessment completed in a timely manner.
- Staff responded to patients with complex physical health needs that were identified through their comprehensive assessment and incorporated this into the patient's care plan.
- There was a choice of treatment options on offer including psychological therapies recommended by the National Institute for health and Care Excellence (NICE).
- There was a varied mix of staff grades working within each service.
- Team meetings occurred regularly and were attended by a range of staff.

Are services caring?

We rated community-based mental health services for adults of working age as good for caring because:

Good

Summary of findings

- Staff treated patients with respect.
- Patients and carers told us that staff supported them with their individual needs.
- Staff were proud of their work with patients, despite the challenges they had with staffing resources.
- Patients were involved in the day to day running of the service.

However:

- Records did not consistently show patient involvement in care and treatment options.
- Some patients were not offered a copy of their care plan.

Are services responsive to people's needs?

Requires improvement

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

- Waiting times were long. The waiting time for psychological support with the complex depression, anxiety and trauma service was one year. The assessment and advice team had a waiting list for routine referrals to be seen for an initial assessment of five weeks. Waiting lists to access some services were excessive. The North Camden recovery team had a patient waiting list for therapy of nine months, the personality disorder service had a waiting list to be allocated to a care coordinator of 16 weeks and a 12 month wait for therapy. The personality disorder service had waiting times of up to 12 months for therapy.
- Staff within the complex depression, anxiety and trauma team felt that there was pressure to move patients through the service.
- Only the assessment and advice team had target times in place. The assessment and advice team were seeing priority referrals within seven days and achievement of this target was monitored. The target time set by the trust was five days. Routine referrals for this service were being seen within five weeks which was outside the trust target time of 15 days. There was no target time from the first appointment to the completion of the assessment.
- Information leaflets were on display and available in other languages if needed.
- Community adult mental health teams received the highest number of complaints within the trust between November 2014 and November 2015. One complaint was from a service user who regularly attended the clozapine clinic, who was concerned about the disorganisation and lack of a queuing system, which impacted on the way they felt about attending.

Summary of findings

However:

- Staff responded promptly when patients called the service.
- The services had clear referral criteria.
- Services took active steps to engage with patients reluctant to engage or who did not attend appointments.

Are services well-led?

Requires improvement

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

- There was no standardised system in place to record supervision and appraisals. There was a lack of consistency in the quality, storage and format of supervision. Supervision records lacked clear staff objectives.
- Staff morale was low at the Islington early intervention service.
- There was no team leader in place at the Islington early intervention service. and a lack of management input.
- There was little evidence of staff taking part in the clinical audit.
- Staff had not completed mandatory training.
- Staff were not able to submit items to the trust risk register, this was completed at divisional level with no local or team risk registers.

However:

- Team working was evident within all services.
- Staff took satisfaction in their roles. Staff said they enjoyed their roles and the work that they did with patients.

Summary of findings

Information about the service

The trust's community based mental health services for adults provide recovery-based interventions and support people to live with a mental health condition. They offer support to patients in their home and the community.

Teams are staffed with: administrative support, community psychiatric nurses, occupational therapists, psychiatrists, psychologists, social workers and students.

Teams work closely with other local mental health services, such as the crisis team and inpatient wards. Support is generally provided Monday to Friday from 9am to 5pm.

Referrals to the community based mental health services for adults come via the assessment and advice team. This team carries out comprehensive assessments of mental health and social care needs. All referrals are made through this service and will either be assessed, advice given or sent on to a specialist team. Referrals can be made by phone, email or using the referral form available on the trusts website.

The last inspection of community based mental health services for adults was 27 to 30 May 2014. We inspected the assessment and advice team, the complex depression, anxiety and trauma team, the personality disorder service, North Islington recovery team and South Camden recovery team.

At the previous inspection we said that the development of procedures, training and management to ensure the effective use of the Mental Capacity Act and Deprivation of Liberty Safeguards had started. However, this needed further development so that staff could use legislation with confidence to protect people's human rights. We also said that the trust should ensure that staff have received training to support people whose behaviour is challenging, or when to use physical interventions. Staff and people who use the service could be put at risk if they do not know how to support someone appropriately when they are angry or distressed.

At the previous inspection, the Care Quality Commission concluded that the trust did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people or where that did not apply for establishing and acting in accordance with people's best interests. Mental capacity assessments lacked explanation of how capacity had been assessed. Many staff had little or no knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Our inspection team

Our inspection team was led by:

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

Team Leader: Julie Meikle, head of hospital Inspection, mental health hospitals

Inspection manager: Margaret Henderson inspection manager, mental health hospitals

The team included an inspection manager, one CQC inspector and six specialist professional advisors with medical, nursing, occupational therapy, psychology and social work backgrounds.

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

Summary of findings

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health hospital 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 the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited offices and looked at the quality of the office environments
- spoke with 14 patients
- observed seven staff appointments with patients, including home visits
- observed four multi-disciplinary team meetings
- received one comment card
- spoke with three carers
- spoke with 36 staff members including social workers, nurses, family therapists, psychologists and administration staff
- observed a morning depot clinic
- spoke with 12 members of the management team, including team leaders, service managers, an intake manager and a psychology manager
- looked at 41 patient care and treatment records
- checked patient medication charts
- looked at 24 staff records
- observed two group sessions
- 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

Patients were very positive about a number of staff across all of the teams. The positive comments included staff being kind, listening to them and supporting them with their individual needs.

Patients said that treated them with consideration and dignity.

Patients told us they knew how to make a complaint or compliment about the service.

Carers told us their relative or friend was supported by the team and support was also available for them.

One patient told us that their family member had completed a carer's assessment with staff and were referred to the carer's hub for additional support.

Good practice

We saw good working practise within the Partnerships in Care team which was commissioned as part of the services for people with a personality disorder. The Partnerships in Care team offered consultation, joint

Summary of findings

working and training and did not hold a caseload of patients. The aim of Partnerships in Care was to upskill staff and provide advice where appropriate on referral to specialist mental health services.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that all staff have received mandatory training.
- The trust must consider physical healthcare needs, including adequately monitoring those patients who are prescribed lithium or antipsychotic medication.
- The trust must ensure that staff receive consistent supervision and appraisal, including recording that supervision and appraisals have taken place.
- The trust must monitor people on the waiting list and identify any patients with increased risk to take appropriate action.
- The trust must monitor changes in risk for patients at all sites and take appropriate action.
- The trust must ensure that the fridge temperature is monitored and recorded.
- The trust must ensure that there is equipment on site for staff use in emergencies.

Action the provider SHOULD take to improve

- The trust should ensure that care plans are personalised, holistic and recovery oriented.
- The trust should ensure staff are aware of and participate in the audit programme for their service.
- The trust should ensure that the lone working policy is implemented and adhered to.
- The trust should ensure that medication is transported safely and in line with trust policy.
- The trust should ensure that staff receive feedback from investigation of incidents, both internal and external to the service, including lessons learnt.
- The trust should ensure that staff take positive steps to inform patients on a community treatment order of their right to access advocacy and support patients in such access. Particularly where patients may lack capacity to decide whether or not to obtain help from an Independent Mental Health Advocate (see MHA code of practice, para 6.16).

North London NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Islington early intervention service	Highgate mental health centre
South Islington recovery team	Highgate mental health centre
Assertive outreach team	Highgate mental health centre
Assessment and advice team	St Pancras Hospital
North Camden recovery team	Highgate mental health centre
Complex depression, anxiety and trauma service	St Pancras Hospital
Camden re-ablement team	Highgate mental health centre
Camden and Islington Personality Disorder Service	Highgate mental health centre

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings to determine the overall judgement about the Provider.

Mental Health Act training for staff within community based adult mental health services was not mandatory. No figures were available in any of the teams we visited that showed what percentage of staff had completed this training.

Detailed findings

Overall staff demonstrated a good understanding of the mental health act as it related to their role.

Staff knew how to contact the approved mental health professional (AMHP) service. All frontline staff at the North Camden recovery team were rostered onto a Mental Health Review Tribunal rota to prepare tribunal reports.

AMHP staff within teams were rostered to carry out community treatment order assessments.

We saw evidence that staff explained patients' rights under the Mental Health Act and community treatment orders at the start of treatment and routinely thereafter.

Evidence from patients' records suggested that patients who were subject to a community treatment order had not been given information about the Independent Mental Health Advocacy service (IMHA), told of their right to access IMHA services or actively supported to do so.

Community treatment order paperwork was stored correctly and could be accessed by staff at the North Camden recovery team and Camden and Islington personality disorder service. No patients at the assessment and advice team were subject to a community treatment order.

Mental Capacity Act and Deprivation of Liberty Safeguards

The trust provided data that showed that 25% of staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training in all community based mental health teams with the exception of the North Camden recovery team where staff were 100% compliant with Mental Capacity Act and DoLS training.

Staff knew where to get advice within the trust regarding the Mental Capacity Act 2005 and they could refer to trust policy.

Staff showed a good understanding of the Mental Capacity Act and its five statutory principles.

Requires improvement

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 interview rooms were fitted with alarms. Alarms were monitored from a central point that was continuously staffed. Teams had a system for checking the alarm systems at each site however these checks were not recorded.
- The clinic room at Greenland Road was visibly clean and tidy with necessary equipment to carry out physical examinations. The clinic room at the South Islington recovery team was small but plans had been developed to use the space more effectively which included possibly extending the room. No emergency equipment was available on either site except for adrenalin, meaning in case of an emergency the services would be required to call emergency services.
- There were no clinic rooms at the assessment and advice team and Camden and Islington personality disorder service.
- At the North Camden recovery team there were two clinic rooms. These did not contain emergency medical equipment or medicines. The clinic rooms were small, with the emergency alarm located near the door. To prepare medicines the nurse was located at the far end of the clinic room, with the patient next to the door. This meant that if required staff would not be able to access the alarm as the patient would be between the staff member and the alarm.
- The equipment that was available in all clinic rooms was clean with in date maintenance stickers displayed.
- Clinic rooms, interview rooms and meeting rooms at all sites were clean and appropriately maintained. Furniture was in a good state of repair. The North Camden recovery team was located at an older building which had been adapted to use. A capital bid had been applied for to improve some aspects of the environment. A plan to replace the seating in the main reception area was in progress.
- Cleaning records viewed were up to date and demonstrated that the environment was regularly cleaned.
- Information was displayed for staff and patients on infection control principles, such as handwashing.

Safe staffing

- At the Camden and Islington personality disorder service teams the trust had estimated the number and grade of staff using a time and motion study carried out by an external contractor. As a result the staffing complement had been increased by six posts. This was still below the numbers recommended by the time and motion study.
- At the Islington early intervention services staff had up to 25 patients on their caseload. Caseloads were assessed and managed through individual supervision, weekly team meetings and morning briefing meetings.
- At the assessment and advice team there was effective caseload management. Caseloads were small and reviewed regularly. However, staff commented on the pressure of work whilst covering triage.
- At the North Camden recovery team we found a maximum caseload of 30, the smallest being a caseload of 17.
- At the Camden and Islington personality disorder service the maximum caseload size was 26 for a care co-ordinator; however staff also had duty commitments.
- Staff at the complex depression, anxiety and trauma service had caseloads above 30 and consisted of people with complex needs.
- The service had bank and agency staff to cover some staff sickness, annual leave and vacant posts. The Islington early intervention service and Islington recovery team both had several vacancies. The Islington assertive outreach team had a full complement of staff.
- From October to December 2015, the complex depression, anxiety and trauma team reported 13% turnover and 1% sickness and absence. The complex depression, anxiety and trauma team had vacancies for a psychologist, two assistant psychologists and a care

Requires improvement

Are services safe?

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

coordinator that they had recruited to or were in the process of recruiting to. The team did not use any agency staff apart from one agency worker who had been on the team long term.

- At the assessment and advice team, five permanent staff had left the service in the last 12 months and had not been replaced. Prior to the inspection approval was granted for four agency staff, however the service manager had been given no indication of whether they would be allowed to recruit to these posts permanently or how long how the agency staff contracts would be funded for.
- At the North Camden recovery team there had been no review of staffing levels since reorganisation in 2012, despite an increase in the complexity of funding applications and panel presentations. At the time of inspection the service had a 31% vacancy rate. Vacancies were mostly covered by regular or long term agency staff.
- Data from the trust for the period 1 July 2015-30 September 2015 showed 712 shifts filled by bank or agency staff and 21 unfilled shifts.
- All services reported rapid access to a consultant psychiatrist when required, either with the patient's responsible clinician or through emergency duty slots.
- With the exception of the North Camden recovery team who had a 100% compliance rate for Mental Capacity Act and DoLs training, staff within community based adult mental health services had not completed mandatory training. For community based mental health services, 32% of staff had completed safeguarding children training, 65% of staff had completed adult safeguarding training, 25% of staff had completed mental capacity act and DoLs training, 70% of staff had completed information governance training, 74% of staff had completed infection control training and 74% of staff had completed manual handling. Compliance figures submitted for equality and diversity training and fire and safety awareness training showed that over 75% of staff were compliant. These figures are low and impact on staff ability to provide a safe service.

Assessing and managing risk to patients and staff

- Each patient had a risk assessment completed which was updated after incidents and within the trust's timescales.
- Patients working with the complex depression, anxiety and trauma team had up-to-date risk assessments in place that were detailed and included risk histories. Patients had details of crisis plans in place although it was not documented whether they had received a copy of this.
- At the assessment and advice team, we noted that key performance indicators showed that only 47% of patients had their risk assessment completed at the first assessment interview. The service manager advised that this was due to complex patients needing the risk assessment to be completed over more than one assessment appointment.
- At the Camden and Islington personality disorder service there were robust systems in place to monitor changes in level of risk for patients awaiting allocation of a care co-ordinator or their therapy programme. For example, the staff member conducting the initial assessment for that service remained in contact with the patient whilst waiting allocation of their care co-ordinator or commencement of their therapy programme. The level of contact was variable and was adjusted to meet patient needs. Any changes in risk for people on the waiting list were also discussed in MDT meetings.
- Crisis plans were visible in each patient file. Staff advised us that all patients were given a crisis card to use if needed, this had details of out of hours contact numbers and other important contact numbers, these were individualised for each patient.
- At the assessment and advice team patients referred for routine appointment could wait up to five weeks for an initial assessment appointment. This would only be for routine referrals. Priority referrals would usually be seen within seven days. Any urgent referrals would be passed immediately to the crisis team for assessment.
- At the North Camden recovery team all patients had a care co-ordinator. Patients referred for psychological therapies within this service could wait up to nine months to access this service.
- Personality disorder services were provided over three teams, the Psychologically Informed Consultation and Training team, community mental health teams and therapies. The average wait for a care co-ordinator was 16 weeks, for therapy it was up to 12 months.

Requires improvement

Are services safe?

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

- The Camden and Islington personality disorder service had introduced a skills group for patients on the waiting list for either care co-ordination or therapy. This was a group co led by a service user and member of staff and was an open group that patients could drop into.
- Staff were not compliant with safeguarding training, however within the Islington early intervention service, South Islington recovery team and Islington assertive outreach team staff were able to tell us how to make a safeguarding referral and when this was appropriate. Teams in the Borough of Islington had good links and referral pathways with Islington Borough council.
- Staff within the assessment and advice team, North Camden recovery team and Camden and Islington personality disorder service knew how to make a safeguarding alert and did this when appropriate. However, these teams advised that acute inpatient settings were not able to make safeguarding alerts and referred these to community teams. There was no standard mail box within each team to receive these email alerts, and each of the community teams operated office hours. This meant that there could be delays in a safeguarding alert being picked up. Some of the community teams we visited also commented that oversight of acute inpatient safeguarding alerts and managing safeguarding investigations into these incidents placed a burden on their resources.
- The provider had a lone working policy in place. Permanent staff had work mobile phones to contact each site when they were attending a home visit but not all students or agency staff were given a work mobile phone. Each site had a 'whereabouts' board which was updated and maintained by the duty worker. At the North Camden recovery team we observed that the lone working policy was not followed during home visits that we shadowed.
- The complex depression, anxiety and trauma team received approximately 40 new referrals a month. The managers and consultant had a weekly screening meeting for all new referrals to ensure they were appropriately triaged to the correct pathway of care. At the North Camden recovery team the average number of new referrals each month for care co-ordination was five. At Camden and Islington personality disorder service the average number of new referrals each month was four, for care co-ordination and 15-25 for therapy.
- We saw good management of stock medicines and medicines ordering for the clinics operated at the North Camden recovery team. However there was poor medicines transport where medicine was put in a staff member's handbag, along with a sharps needle disposal box when administering depots at home. At the North Camden recovery team the clinic room and fridge temperatures were not recorded regularly. We saw depots administered cold, straight from fridge which makes them more painful for patients.
- A clozapine clinic was held in the North Camden recovery team meaning that patients could attend for their blood tests, receive their results and leave with their medication all in the same appointment. There were systems in place to identify and follow up patients who did not attend their clozapine or depot clinic.
- Nursing staff providing the depot clinics at the North Camden recovery team were not familiar with how often the pharmacist visited or the checks and audits that they carried out.

Track record on safety

- Data from the trust showed from 01/10/2014 to 30/09/2015 there were 18 serious incidents requiring investigation for adult community teams.
- The serious incidents included 11 deaths of service users, one death (alleged homicide), one incident around consent to treatment, three identified as severe harm and two suicides.
- At the assessment and advice team both clinical managers and the service manager was unable to recall any serious incidents within the team or directorate or learning from these. The service manager stated that incidents across the directorate and trust were reviewed at quality meetings, and we saw evidence fo this. However, these were not systematically shared with the team at team meetings.
- At the North Camden recovery team there was recognition of four deaths within this service in the last 12 months with an investigation into all of these. However, staff were unable to give us detailed examples of learning from these or changes in policy or practice

Requires improvement

Are services safe?

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

as a result. There was no flagging system on the trust intranet to highlight learning from incidents and there was an over dependence on managers feeding back and discussing learning from incidents in team meetings.

- Within personality disorder services there was a high level of awareness amongst managers and staff of incidents within this service and detailed information was given by managers for changes in policy and practice as a result of learning. As a result of learning from a serious incident patients discharged from therapy services have a bank of four one to one appointments they can book as needed for up to one year after they have been discharged.

Reporting incidents and learning from when things go wrong

- All staff spoken with were aware of what constituted an incident and how to report an incident.
- We saw some evidence of learning from incidents. We observed a team meeting at Islington assertive outreach team where incidents and learning from previous incidents was discussed as an item on the team meeting agenda. Some staff advised us that learning from incident emails were circulated to the team by management.
- Managers told us that incidents were reviewed at operational managers meetings. However, the cascade down to frontline staff was variable across the teams we visited. Outside of this cascade through line managers there was no standardised system via the trust intranet to give all staff feedback on serious incidents and learning from these.
- Staff said that they were de-briefed and supported following an incident. We saw evidence of staff being supported and a de-brief was carried out within a team meeting for a serious incident that had happened the day before.

Are services effective?

Requires improvement

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

Our findings

Assessment of needs and planning of care

- Across each of the teams we visited, a comprehensive assessment was completed in a timely manner.
- Some care plans were not holistic, personalised or person centred. Care plans were regularly audited and the provider had systems in place to review and update care plans where they did not meet the required standard. No patients at Greenland Road or South Islington recovery team had been offered a copy of their care plan. Staff advised us that as they were completed on a new system the template made the care plan a large document that was not patient focussed.
- At the North Camden recovery team and Camden and Islington personality disorder service we found that the care plans did not always reflect the complexity of patient's needs.
- Only one out of four care plans we reviewed at the complex depression, anxiety and trauma team evidenced the person had signed and were offered a copy of their care plan. The team's quarterly balance scorecard audit reported that no patients were given a copy of their care plan.
- All information needed to deliver care was stored securely. The trust had recently changed the electronic patient records and database system that it used. Some staff commented that not all records had been migrated from the previous to the current electronic records system, meaning that for some patients not all information relating to their past care was available. Staff from the local authority were embedded in all the teams that we visited. They were able to access the local authority database and recording system in addition to the trust database and electronic recording system.
- At the Camden and Islington personality disorder service we found that for two patients with current safeguarding alerts the local authority database had been updated, but that the trust electronic recording system had not. This meant that staff looking at the trust electronic recording system would not be aware that there were current safeguarding concerns relating to these patients.
- Teams across the trust used the same electronic records system, which meant that each professional was able to see entries from other teams and professionals which supported patient moves between teams and co-ordination between teams.

Best practice in treatment and care

- We saw evidence that National Institute for Health and Care Excellence (NICE) guidelines were being followed when prescribing medication at Islington early intervention service, South Islington recovery team and Islington assertive outreach team. All patient records and prescription charts checked showed that medication was prescribed within the British National Formulary guidelines.
- Nurses staffing the depot clinic at the North Camden recovery team were not familiar with NICE guidance regarding best practice in the administration and monitoring of depot medications.
- At the North Camden recovery team the psychology team was offering cognitive behavioural therapy, behavioural family therapy and a sleep group.
- The assessment and advice team was able to refer patients for psychological therapies to the trusts 'icope' service. Within the North Camden recovery team psychologists were part of the team. A locum psychologist had been employed to help clear the nine month waiting list for this service.
  At the Camden and Islington personality disorder service, psychologists formed part of the teams and could offer advice and support to non-psychology staff care co-ordinating patients or providing their therapy. The service was particularly proud of its schema therapy (integrative psychotherapy combining theory and techniques from previously existing therapies) in which a high number of staff had been trained.
- The Camden and Islington personality disorder service was planning a new treatment model of 20 sessions for new patients without a waiting list. Staff at the personality disorder service had received training in acceptance and commitment therapy and knowledge and understanding framework models of working with patients with personality disorders.

Are services effective?

Requires improvement

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

- Islington early intervention service had two band 4 support workers to support employment and vocational activities.
- Staff responded appropriately to patients with complex physical health care needs, identified as part of the initial assessment. Their needs were then addressed in the patients care plans. Where changes to patient's physical health presentation occurred staff liaised with primary care services.
- For patients prescribed high dose anti psychotics or lithium there were systems in place at the North Camden recovery team to identify these patients. However, we found evidence only one of five patients who were identified as requiring them had regular physical health checks.
- At the Camden and Islington personality disorder service there were no systems in place to routinely flag patients who were prescribed high dose anti psychotics. For some patients using this service who were prescribed high dose anti psychotics there was minimal recording and in some cases no recording to evidence that routine physical health checks required by patients had been carried out and the results of any tests obtained.
- At the North Camden recovery team the manager advised that routine health checks such as blood pressure and urine analysis could be provided during depot clinics. However we found no equipment to facilitate these checks on site and did not observe these physical health checks being carried out when we observed the depot clinic.
- All community mental health services inspected used HoNOS (Health of the Nation Outcome Scales) as a clinical outcome measure.
- We saw little evidence of clinical audits taking place. At the North Camden recovery team where there were some systems of clinical audit in place, these tended to be carried out by managers, with the results being fed back to frontline staff. Some teams, such as the North Camden recovery team were involved in research programmes. For example at the time of our inspection this team was involved in research relating to social inclusion and supported accommodation.

Skilled staff to deliver care

- Each service inspected had a range of skilled staff, which included consultant psychiatrists, specialist registrars and junior doctors, nurses, student nurses, social workers, psychologists, occupational therapists, medical students, team leaders, trainee mental health workers, administrators and modern matrons.
- The complex depression, anxiety and trauma team had recently restructured to reduce the duplication of assessments and number of people on their caseloads. The team had increased their medical input by recruiting a new full-time consultant psychiatrist.
- The trust provided staff with an induction when they commenced employment, this included an induction for students and bank or agency staff
- Team meeting minutes showed that meetings were held regularly and that a range of staff attended. Morning briefing sessions were also being held at each site visited.
- Managers at the services we visited did not maintain a system to monitor the frequency of supervision and we therefore had to look through individual supervision notes to gauge how frequently supervision occurred. Similarly none of the managers at the services we visited maintained a spreadsheet or other tool to monitor completion of appraisals. This meant the provider could not be sure that the supervision and appraisal performance data completed by team managers was accurate.
- The data trust provided for appraisal rates showed that 77% of non-medical permanent working within the community adult mental health team's staff had an appraisal within the last 12 months until November 2015.
- Poor staff performance was being monitored through supervision. Supervised practise was available when needed.
- Following the inspection in May 2015 we said that the trust should ensure that staff received training to support people whose behaviour is challenging, or when to use physical interventions. Staff and people who use the service could be put at risk if they do not know how to

Are services effective?

Requires improvement

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

support someone appropriately when they are angry or distressed. At the time of our current inspection no additional training such as de-escalation or breakaway training had been provided.

Multi-disciplinary and inter-agency team work

- A range of multi disciplinary team (MDT) meetings were held at each of the teams we visited. These included some short morning meetings each day and longer meetings each week. Each of the teams we visited reviewed new referrals in an MDT meeting.
- Staff worked with external agencies, such as the police and local authority. This included liaison with multi agency public protection arrangements (MAPPA) where patients had committed a criminal offence. At the North Camden recovery team service a consultant psychiatrist had networked to develop and strengthen relationships with general practitioners surgeries.
- There were effective systems in place within each of the teams we visited to share information when referring patients onto another service within the trust.
- There were good working links including effective handovers with social services teams. Each team we visited had local authority social workers embedded within them. In the assessment and advice team close links had been developed with nine GP practices where primary based services were provided.
- We saw good working practise within the Partnerships in Care team which was commissioned as part of the personality disorders services. The Partnerships in Care team offered consultation, joint working and training and did not hold caseload of patients. The aim of Partnerships in Care was to upskill staff and provide advice where appropriate on referral to specialist mental health services.

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

- Mental Health Act training for staff within community based adult mental health services was not mandatory. No figures were available in any of the teams we visited that showed what percentage of staff had completed this training.
- Overall staff demonstrated a good understanding of the Act as it related to their role.
- Staff knew how to contact the approved mental health professional (AMHP) service. All frontline staff at the North Camden recovery team were rostered onto a Mental Health Review Tribunal rota to prepare tribunal reports.
- AMHP staff within teams were rostered to carry out community treatment order assessments.
- We saw evidence that staff explained patients' rights under the Act and community treatment orders at the start of treatment and routinely thereafter.
- We noted that for patients who were subject to community treatment order or had been assessed for community treatment order it was not clearly recorded that the patient had been given information relating to the Independent Mental Health Advocacy (IMHA).
- Community treatment order paperwork was stored correctly and could be accessed by staff at the North Camden recovery team and Camden and Islington personality disorder service. No patients at the assessment and advice team were subject to a community treatment order.

Good practice in applying the Mental Capacity Act

- At the previous inspection, the Care Quality Commission concluded that the trust did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people or where that did not apply for establishing and acting in accordance with people's best interests. Mental capacity assessments lacked explanation of how capacity had been assessed. Many staff had little or no knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which was a breach of Regulation. At the time of this inspection we found that staff knew where to get advice within the trust regarding the Mental Capacity Act 2005 and they could refer to trust policy and staff showed a good understanding of the Mental Capacity Act and its five statutory principles. However, we noted that whilst concerns regarding capacity had been noted in their progress notes, a decision specific capacity assessment was not available within the patient record.

Are services effective?

Requires improvement

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

- Twenty five percent of staff overall within community mental health services had completed Mental Capacity Act (MCA) Training. At North Camden recovery team, 100% of staff had completed mandatory training in MCA and Deprivation of Liberty Safeguards (DoLS)
- Staff we spoke with demonstrated a good understanding of the MCA and its five statutory principles. Where staff were less confident they told us they knew how to access this knowledge and expertise within their team and within the trust and gave us examples to support this.
- Across the teams we visited some staff were able to give us examples of patients where there had been concerns regarding capacity for specific decisions. They were able to talk us through the assessment process and tell us the outcome. In some cases this had resulted in best interests decisions being made and in others
- Over the teams we visited we looked at the care and treatment records for two patients who were identified as having capacity issues. We noted that whilst concerns regarding capacity had been noted in their progress notes, a decision specific capacity assessment was not available within the patient record.
- Staff knew where to get advice on the MCA 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

- Staff were observed to be caring, warm, empathic and respectful towards patients. We witnessed staff looking into legal support for patients and offering to go back to see patients the following day to help them to prepare meals.
- Staff attitudes and behaviours when interacting with patients were responsive and provided appropriate emotional and practical support.
- We observed a home assessment where we saw a good relationship between staff and the patient, including joint working and collaborative discussions.
- During team meetings staff were passionate about their roles.
- Patients fed back positively about the care they received from staff. Patients told us that staff were willing to help and treated them with consideration and dignity.
- In the complex depression, anxiety and trauma team meeting observed staff were caring, concerned and had good discussion about people's needs.
- Our discussions with staff evidenced that they understood the individual needs of patients.
- Staff were aware of the need to maintain patient confidentiality and were observed to do so.

The involvement of people in the care that they receive

- We saw no evidence that patients were involved in their care planning at the Islington early intervention service, South Islington recovery team or Islington assertive outreach team. Care plans were written up on to the computer system separately to the patient's appointment. No patients had been offered a copy of their care plan.
- The complex depression, anxiety and trauma team held a joint service user forum with the personality disorder service that met every two months, although most of the attendees at this forum were from the personality disorder service. The service was looking into creating their own forum and how to increase their service user representation.
- At the North Camden recovery team, their key performance indicator showed only 58% of patients were offered a copy of their care plan. Discussions with patients said they felt involved in their care and knew what support to expect.
- At the North Camden recovery team we observed a care programme approach meeting. The patient was encouraged to give their views on their strengths and needs and to participate in the review of their care plan.
- In all of the services we visited patients were encouraged to maintain their independence wherever possible.
- Overall, patients fed back to us that they had received appropriate support. One patient told us that their family member had completed a carer's assessment with staff and had received support as a result of this. Staff told us that carers assessments were identified during the assessment process and were referred to the carer's hub for follow up.
- Two patients at the assessment and advice team commented that they had not received feedback on the outcome of their assessment and also commented that they had not been given information relating to advocacy services. At the assessment and advice team patients were able to give feedback on the service they received using an ipad on the day of their appointment.
- At Camden and Islington personality disorder service and Partnerships in Care team patients were involved in the day to day running of the service. A service user representative attended all meetings with the exception of the referral meeting.
- Advocacy service information was displayed across teams for patients. People who use the service told us that they knew how to access advocacy.

Are services responsive to people's needs?

Requires improvement

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

Our findings

Access and discharge

- Complex depression, anxiety and trauma team staff completed assessments for psychology within two to three months. The waiting time for psychology support was up to one year. People on the waiting list could access the duty team and group therapy. Patients accessed 30 sessions of psychology.
- The Islington early intervention service, South Islington recovery team and Islington assertive outreach team had a duty worker rota in place to ensure referrals were seen within an acceptable time scale.
- The complex depression, anxiety and trauma team was located across two buildings at the same hospital site due to space availability. In one building the duty staff provided support to reception staff and took duty calls. This was also where staff met people for appointments. The other building was for administrative purposes only. Staff said working between the two buildings could sometimes be challenging.
- The complex depression, anxiety and trauma team was implementing strategies to support people on the waiting list. This involved recruiting two band 4 posts whose start dates were imminent. Their roles would include delivering groups and contacting patients.
- Some staff working within the complex depression, anxiety and trauma team felt that the pressure to move people through the system detracted from providing interventions.
- None of the teams visited provided crisis services, urgent referrals were signposted to the crisis team. Only the assessment and advice team had target times in place.
- The assessment and advice team were seeing priority referrals within seven days. Routine referrals for this service were being seen within five weeks which was outside the trust target time of 15 days. There was no target time from the first appointment to the completion of the assessment.
- Within the North Camden recovery team and Camden and Islington personality disorder service there were no target times in operation. At the Camden and Islington personality disorder service there were long waiting lists for this service, both for care co-ordination and therapy Our discussions with patients and staff evidenced that all of the teams responded promptly and appropriately when patients phoned in.
- Clear referral criteria were in place for each of the services that we visited.
- Within each of the services we visited we found that teams took active steps to engage with people who found it difficult or were reluctant to engage with mental health services.
- Staff took a proactive approach to engaging with patients who did not attend appointments, staff were seen to go the extra mile to follow up patients who missed appointments and engage with these patients.
- Staff gave patients flexibility in appointment times where possible.
- Staff only cancelled appointments when absolutely necessary.
- Appointments were seen to run on time and people were kept informed when they did not.

The facilities promote recovery, comfort, dignity and confidentiality

- Greenland Road and South Islington recovery team had a full range of equipment at each site to support treatment and care of patients, this included group rooms, one to one rooms and a clinic room at each site.
- At the assessment and advice team and Camden and Islington personality disorder service there was a full range of interview and meeting rooms on site. At the North Camden recovery team two clinic rooms were available. However, depots were stored in one clinic room whilst the depot clinic used both clinic rooms, this meant that staff were going in and out of the rooms interrupting treatment and compromising privacy and dignity.
- Greenland Road interview rooms had adequate sound proofing. However, conversations being held in the interview rooms at the South Islington recovery team could be heard from outside the rooms.

Are services responsive to people's needs?

Requires improvement

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

- We saw information at all sites for a range of service, this included information on substance use, smoking cessation, local walking groups and information about treatment provided, neither Greenland Road nor South Islington recovery team had any information about domestic violence available for patients.

Meeting the needs of all people who use the service

- All sites visited were accessible for people requiring disabled access; this included adapted toilets on site.
- Information leaflets in languages other than English were available on request.
- Management at both Greenland road and South Islington recovery team told us they could access interpreters or sign language support easily by using the trust's intranet.
- Staff in all teams were aware of the arrangements to access interpreting and signing services and reported no issues with this.

Listening to and learning from concerns and complaints

- Community mental health teams received the highest number of complaints within the trust between November 2014 and November 2015 with 82 complaints received between that time. Two complaints were fully upheld and 27 complaints were partially upheld. No complaints were referred to the ombudsmen. We were given no information to show what the complaints related to.
- Community mental health teams received four compliments between November 2014 and November 2015 that had been logged with the incidents and complaints manager.
- Patients knew how to complain, in addition information about making a complaint was displayed in waiting areas. None of the patients we spoke with had made a complaint about the service and were not therefore able to reflect on how the trust had handled their complaint. Staff knew how to handle complaints appropriately.
- Some managers at the services we visited had been involved in investigating complaints. They were able to feedback to us the findings of recent complaints and actions taken as a result. Team managers gave appropriate feedback to staff regarding complaints.
- Managers and staff of the services we visited were aware of the duty of candour and considered this when responding to complaints. Managers and staff told us that the trust supported them to be candid with patients.

Are services well-led?

Requires improvement

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

Our findings

Vision and values

- Staff we interviewed were able to tell us what the organisational visions and values were.
- Staff knew who the most senior members of the staff were and said that they had visited the team, although not on a regular basis.
- Some complex depression, anxiety and trauma team staff did not know who the senior managers in the trust were. However, they said that the board took notice when they raised issues.

Good governance

- Not all staff had not completed mandatory training outlined by the trust. In some subjects such as child protection a very small number of staff had completed training. There were no robust arrangements in place to monitor mandatory training amongst the teams we visited or action plans to address the poor take up within some teams.
- Managers were using different systems to carry out supervision with staff. We saw both paper records and electronic records with different supervision objectives being used for staff members. Although supervision was mostly completed on a four to six weekly basis there was a lack of consistency in the standard of supervision targets and notes taken during supervision. Some staff had not been supervised and managers could not advise why no supervision had occurred.
- Complex depression, anxiety and trauma team staff said they did not receive regular individual clinical supervision owing to a member of staff leaving the team. The trust was in the process of recruiting to this post.
- The trust submitted a staff appraisal rate for community mental health teams of 77% for non-medical staff, we were not provided with individual teams rates.
- Staff working at the complex depression, anxiety and trauma team raised safeguarding concerns to the team's social worker or service manager and they discussed whether they should raise an alert to the local authority. The team were also responsible for picking up safeguarding referrals for the acute division, which could be challenging to manage. We saw an example of a safeguarding alert raised that was well-documented in the person's care records.
- Complex depression, anxiety and trauma team staff spoke positively about the team management and said that they were supportive.
- Staff maximised shift time on direct care activities. Within the North Camden recovery team and Camden and Islington personality disorder service teams staff and managers commented on the significant increase in paperwork relating to funding panels and care packages. Whilst local measures were in place to support staff with this work, at the North Camden recovery team the staffing levels had not been reviewed.
- At the assessment and advice team**,** a significant increase in referrals and the loss of five staff members had impacted upon staff workload. Shortly before the inspection four agency staff were agreed for the assessment and advice team**,** although no timescale for these posts had been agreed.
- All incidents that should be were reported.
- There was little evidence of staff carrying out clinical audit, audits carried out tended to be by managers.
- Within some teams, for example the Camden and Islington personality disorder service there was clear evidence of learning from incidents. Within the North Camden recovery team a cluster of serious untoward incidents (SUIs) had prompted an independent investigation. However, staff within the assessment and advice team and North Camden recovery team were not able to tell us in detail about the findings of SUI investigations. Learning from SUIs depended on cascade from managers, we saw variable practice of this happening across the teams we visited.
- Staff followed safeguarding procedures. Systems regarding the Mental Health Act, particularly community treatment orders were in place.
- Staff were knowledgeable about the MCA and some teams had best interest's assessors. However, for some patients we case tracked issues were noted regarding capacity that had not been followed up appropriately.

Are services well-led?

Requires improvement

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

- The provider used key performance indicators (KPIs) and other indicators to gauge the performance of the team. However, some KPIs were not monitored on the balance scorecard shared with team managers. The target of 15 days that was monitored within the assessment and advice team for routine referrals had not been met for some time. The action plan identified that additional staff were required to clear the backlog but there had been significant delays in funding approval to deal with this backlog.
- Balance scorecards were accessible to each team in a format that could be easily understood.
- Team managers we spoke with felt they had sufficient authority. Some teams, such as the North Camden recovery team identified that they would benefit from additional administration support.
- None of the teams we visited maintained their own risk register. Each was able to raise risk items at operational managers meetings. Some teams were able to give us examples of potential risks they had raised at such meetings, for example staffing vacancies.
- During the previous inspection of community based adult services in May 2014, we said that the development of procedures, training and management to ensure the effective use of the Mental Capacity Act and Deprivation of Liberty Safeguards had started. However, this needed further development so that staff could use legislation with confidence to protect people's human rights. At the time of this inspection compliance rate for Mental Capacity Act and DoLS training for these services was 25% with the exception of North Camden recovery service where the compliance rate was 100%.

Leadership, morale and staff engagement

- Data provided by the trust showed that for the period October 2014 to September 2015 the assessment and advice team had the highest level of staff sickness at 12%, followed by the North Camden recovery team at 9%.
- Some staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.
- We saw low morale at the Islington early intervention service. There had been a recent attempt to recruit a team leader which had been unsuccessful and had been re advertised, therefore there was a lack of management support in place.
- Morale at the South Islington recovery service was good, staff said that they had a good level of job satisfaction but there was limited progression for nursing staff within the trust.
- We saw high levels of team working and positive interactions between staff members within all services visited. Staff said they all worked well together as a team and there was mutual support for each other.
- Morale at the North Camden recovery team which had been low at the previous focussed inspection had been targeted and was improved. Staff took satisfaction from their role.
- Most staff we spoke with across all teams spoke highly of how their team worked and the mutual support they received from colleagues, managers and their MDT.
- Staff understood the need to be open and transparent and explain to patients when things went wrong.
- Staff were aware of planned service developments. Planning for these was in the early stages and consultation with staff had not taken place.

Commitment to quality improvement and innovation

- The Islington early intervention service had a system in place to ensure 50% of patients experiencing their first episode of psychosis were able to access NICE concordant care within two weeks of referral.
- There were no improvement methodologies in use in the services we visited. The services were also not part of national quality assurance programmes. However, we found examples of innovative practice, such as the Partnerships in Care team within Camden and Islington personality disorder service.
- Within the complex depression, anxiety and trauma team the team's specialist registrar developed a weekly step-down discharge clinic to work with people on plans for their discharge.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was no equipment on site for use in emergencies. Medication kept in the fridge at the North Camden recovery team was not being checked daily to ensure the medication stayed within recommended temperatures. Staff did not monitor changes in risk for patients at all sites with the exception of the Camden and Islington personality disorder service. No systems were in place to monitor patient's physical healthcare needs when they were prescribed high dose antipsychotics and lithium. Waiting lists to access services were excessive and were not adequately monitored to identify any changes in a patient's risk. This was a breach of regulation 12(2)(a)(b)(f) (g)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff had not completed mandatory training. Staff supervision and appraisal was not consistent, including recording that supervision and appraisals were taking place. This was a breach of regulation 18(2)(a)