Good

South London and Maudsley NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RV504	Maudsley Hospital	**Lambeth assessment and liaison service**	SW16 6HP
RV504	Maudsley Hospital	**South Southwark assessment and liaison team**	SE22 8HN
RV504	Maudsley Hospital	**Croydon assessment and liaison team**	CR8 2NE
RV504	Maudsley Hospital	**Croydon West promoting recovery team**	CR0 1XT

Summary of findings

RV504	Maudsley Hospital	**Croydon East promoting recovery team**	CR0 1XT
RV504	Maudsley Hospital	**Lewisham North promoting recovery team neighbourhood 1**	SE8 4AT
RV504	Maudsley Hospital	**Lewisham North promoting recovery team neighbourhood 2**	SE8 4AT
RV504	Maudsley Hospital	**Lambeth South promoting recovery team**	SW16 6HP

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

Summary of findings

Ratings

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

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

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

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

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

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

Summary of findings

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Overall summary

We rated community based services for adults of working age as **good** because:

- The teams were safely staffed and although there was a large volume of referrals this was managed well.The caseloads of the teams were carefully monitored with a structure of handover meetings and robust duty systems.
- The care records we looked at all had completed assessments and care plans. There was a good recovery focus in the assessments and the care plans we looked at which reflected the aims of practitioners and patients.
- Staff in every team had a good understanding of safeguarding adults and children policies and the procedures to keep people safe from abuse. Staff knew how to report incidents and felt able to do so without fear of reprisals.
- Most patients we spoke with were very positive about the care and treatment they had received from the teams. Patients described staff as friendly, kind, helpful, and polite.
- The teams were always able to see urgent cases quickly and were always able to get a psychiatrist to see patients where necessary.
- There were many examples of innovative practice to support patients to receive a joined up service.

However, medication was not being transported safely by team members. Risk assessments were not always being completed in a thorough manner which could mean that care professionals may not be able to access the appropriate information.

There were still significant numbers of agency staff employed in the assessment teams in South Southwark and Croydon. Although team managers felt confident that they were able to source good agency staff there was a particular problem recruiting to full time posts in South Southwark.

Staff in the recovery teams were concerned about staff vacancies, caseload numbers and the changes as a result of restructuring. The levels of acuity of some patients and the numbers on caseloads meant that some staff said they felt overwhelmed. The staff we spoke with in the Lambeth assessment team and the Croydon recovery teams did not show awareness of the lone working policy.

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as **requires improvement** because:

- Whilst risk was discussed at zoning meetings some risk assessments were incomplete or very brief which meant there was a possibility that care professionals would not be aware of patients individual needs.
- Lone working procedures were not consistent or robust across the teams.
- The use of temporary staff and changes to the how recovery teams were configured meant patients had experienced a number of changes in care co-ordinators. Some staff were anxious about case-loads and the acuity of people they were supporting.
- Medication and sharps were not transported safely between the team base and patients homes.

However, the assessment teams in the trust provided a rapid response for patients who were referred. Staff and patients said this model was good and provided a safe service. Staff in every team had a good understanding of safeguarding adults and children policies and the procedures to keep people safe from abuse. Staff knew how to report incidents and most felt able to do so without fear of reprisals.

Are services effective?

Good

We rated effective as **good** because:

- The care records we looked at in the assessment and recovery teams all had completed assessments. There was a good recovery focus in the assessments.
- The assessment teams mostly comprised senior practitioners with considerable experience who used NICE guidelines when planning and delivering treatment.
- There was a good range of training available to staff in all the teams.
- There was good multi-disciplinary working in the assessment and recovery teams and frequent opportunities for professionals to meet and discuss patients' care and treatment

Are services caring?

Good

We rated caring as **good** because:

Summary of findings

- Staff treated patients with kindness and respect, listening to their opinions and wishes. Staff used a personalised and recovery focussed approach. Patients and their carers told us that staff treated them with dignity and consideration. We saw and heard very positive interactions between staff and patients.
- Patients felt that staff listened and that they were offered real choice in terms of treatment. Patients were consistently given copies of their care plans after assessments.
- Carers' needs were routinely considered and they were supported. Their needs were assessed and they were signposted to services to ensure that their needs were met.
- Patients were involved in the recruitment of staff.

We rated caring as **good** because:

Are services responsive to people's needs?

Good

We rated responsive as **good** because:

- The assessment teams were always able to see urgent cases quickly and were always able to get a psychiatrist to see patients where necessary. In the recovery teams patients were prioritised based upon their need and risk. Urgent referrals were seen promptly.
- The assessment teams actively followed up patients who were reluctant to engage, discussing all such cases at morning handover and MDT meetings.In the recovery teams s
- Patients' diverse needs were respected
- Information on how to complain was clearly displayed in the reception areas of the assessment teams.

However in the recovery teams patients were able to move through the services as their needs changed, although there was a waiting list in some areas for patients to see a psychologist. The South Southwark assessment team experienced difficulty referring patients on to the treatment and psychosis recovery teams and the patients of the Croydon assessment team faced long waiting times to be seen and offered treatment in the Croydon Integrated Psychotherapy Service. The Croydon recovery teams said that they had difficulty with some discharges, as some GP's were reluctant to prescribe antipsychotic medication. These teams had been working with GP's around this issue and to improve the discharge process for patients.

Are services well-led?

Good

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

Summary of findings

- Patient feedback was well developed in the assessment teams.
- The assessment teams were well led. Staff in the assessment teams all spoke highly of their team managers.
- Most staff were aware of the trust's vision and values.
- Local leaders were visible and accessible to staff in all the teams we visited.
- Staff were offered varied training opportunities to assist them in improving in their role and developing their future careers.
- Morale was generally good within all the teams, despite concerns regarding caseloads and organisational change. However staff in the South Southwark assessment team were concerned about the recruitment situation and the impact on permanent members of staff

Summary of findings

Information about the service

The assessment and liaison services were part of the trust's mood, anxiety and personality clinical academic group (CAG). The Lambeth and Croydon assessment and liaison teams had merged so there was one team per borough. In Southwark there was a North assessment and liaison team and a South team on separate sites. GPs and other health and social care workers referred people to these teams.The teams were made up of health and social care professionals including psychiatrists, social workers, psychiatric nurses, occupational therapists and psychologists. The teams aimed to assess and support patients for up to 12 weeks and then refer back to primary care or to the mood, anxiety and personality treatment teams or the promoting recovery teams.

The promoting recovery teams (PRTs) were part of the trust's mental health services in the community and belonged to the trust's psychosis clinical academic group (CAG) which was the largest group in the trust.

At the time of the inspection all the teams to a different extent were going through a process of change. The trust was implementing an adult mental health (AMH) programme with the aim of developing the community services in order to prevent people from becoming ill and care for them in the community and the trust hopes reducing the number of people needing inpatient care. The AMH programme was introduced simultaneously in Lewisham and Lambeth, however Lambeth had been previously reorganised into CAG structures at an earlier date. Croydon Recovery team was not yet working to the AMH model.

We inspected the following services:

Lambeth assessment and liaison service

South Southwark assessment and liaison team

Croydon assessment and liaison service

Croydon West promoting recovery team

Croydon East promoting recovery team

Lewisham North promoting recovery team neighbourhood 1

Lewisham North promoting recovery team neighbourhood 2

Lambeth South promoting recovery team

These services had not been inspected before.

Our inspection team

The team who inspected community based mental health services for adults of working age consisted of two inspectors, two nurses, one psychiatrist, one psychologist, one social worker, one occupational therapist and one expert by experience

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?

Summary of findings

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited the team bases and looked at the quality of the team environments and observed how staff were caring for patients
- accompanied staff on four home visits
- made a brief visit to the Lambeth hub to find out how that service interacts with the assessment and liaison service
- spoke with 34 patients
- spoke with nine carers
- spoke with the director for the mood anxiety and personality (MAP) clinical academic group (CAG), the deputy director, two heads of pathways for the MAP CAG and three team managers
- spoke with 25 other staff members; 11 nurses, five social workers, four consultant psychiatrists, three administrators, a psychologist and an occupational therapist
- looked at 67 care records of patients
- looked at 5 community treatment order records
- attended 3 morning handover meetings
- looked at a range of policies, procedures and other documents relating to the running of the service.
- attended three user forums, one care programme approach review meeting, one consultant's meeting, one zoning meeting and one complex case forum.

What people who use the provider's services say

All but one of the patients we spoke with thought that the assessment and liaison teams were very good. They said that the staff were helpful and kind and showed them respect.They said that they had quick access to the doctors in the teams and also to a range of talking therapies. They spoke positively about their allocated workers and said that they had copies of their care plans and felt involved in their care.They said that they had been offered choices in care and did not feel pressured to take medication. They said that the services made them feel safe.

Only one patient spoke negatively about a consultant psychiatrist but said that the rest of the team were OK. One patient said that the service was good but that he had seen 5 different psychiatrists in one year.

The patient advisory group for the MAP CAG said the assessment model worked well and that the CAG system had made significant improvements to services. They said that the service was uneven across the four boroughs and that sometimes liaison with GPs was poor.

We attended a drop-in session at a local voluntary sector organisation for people who use mental health services in Croydon. The session was attended by 62 people who were able to provide us with feedback about the service they had received primarily in the Croydon borough.

Patients were mainly positive about the support they had been given. Most felt involved in their care, six patients said that they had seen their care plans. Patients said that staff assisted them with a range of other needs which included housing, benefit advice, employment and training.

One individual who was being supported by the Croydon West recovery team was concerned that there had been four changes to their care coordinator in a period of two years. Another individual who was being supported by the same team stated that they had had three care co-ordinators within a 12 month period and that this had been problematic because of the lack of consistency.

Patients said that staff were aware of their diverse needs and took these into account. For example, interpreters were provided for those whose first language was not English. A signer was provided for patient who was

Summary of findings

hearing impaired along with information in writing. Staff addressed patients' physical healthcare needs as well as their mental health. They offered service users support to access services such as smoking cessation.

Eight carers were complimentary about the support they had been given and had a carer's assessment. One carer commented that the assessment should include information about how many people they had to care for and the assessment should be reviewed annually.

The majority of patients we spoke with were unaware of the complaints process. However, most patients thought they would be able to find out how to complain if they needed to.

Good practice

- The assessment teams had developed a 12 week stabilisation model with robust scrutiny through daily meetings and duty systems with at least one dedicated referrals co-ordinator.
- The Lambeth hub provided a single point of access for all mental health referrals and was able effectively to screen out cases which do not require input from the trust.
- The South Croydon assessment team had excellent connections with a range of voluntary sector organisations in the borough which input into the development of the service and the quality of care delivered.
- The South Southwark GP liaison clinic in the Camberwell Green practice had reduced the number of referrals to the assessment team. The CAG was considering how this might be expanded.
- The patient network for people with personality disorders in Croydon was an innovative service and the trust was looking to introduce the model in the other boroughs.
- The Lewisham North recovery teams were supporting patients who were taking part in the AVATAR clinical trial. This therapeutic intervention could provide patients with a reduction in the frequency, severity and distress caused by hearing voices.
- The recovery teams were learning about diabetes and mental illness and were encouraging service users to go onto diabetes education courses.
- Peer support workers with experience of using services were based in the Lambeth South recovery team. Staff said the introduction of peer workers was a powerful way of driving forward a recovery-focused approach within teams.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that a consistent approach is used to complete risk screens and risk assessments on the patient records system so they contain the necessary detail to be used by all care professionals.
- The trust must ensure that there are safe systems for transporting medication, medical waste and sharps.

Action the provider SHOULD take to improve

- The trust should ensure that all staff carrying out trust business follow the trust's lone working policy.
- The trust should ensure that the South Southwark assessment and liaison team is staffed on a permanent basis and set a target date for completion of this process. Vacancies across the recovery teams must be filled.
- The trust should monitor the number of changes patients are having of care co-ordinators in the recovery teams and keep this to a minimum.

Summary of findings

- The trust should ensure patients are routinely involved with developing their care plans and that this is recorded clearly on the records.Patients should be offered copies of their care plans and this should also be recorded.
- The trust should ensure all staff know how to signpost patients to local advocacy services where needed.
- The trust should ensure that all the necessary steps are taken to ensure the equipment used in the teams is safe and in working order. This includes ensuring electrical equipment has regular portable appliance testing (PAT), fridges storing medication can be locked and have their temperatures checked and electrocardiogram machines are working.

South London and Maudsley 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
Lambeth assessment and liaison service	Maudsley Hospital
South Southwark assessment and liaison team	Maudsley Hospital
Croydon assessment and liaison service	Maudsley Hospital
Croydon West promoting recovery team	Maudsley Hospital
Croydon East promoting recovery team	Maudsley Hospital
Lewisham North Promoting recovery team neighbourhood 1	Maudsley Hospital
Lewisham North Promoting recovery team neighbourhood 2	Maudsley Hospital
Lambeth South promoting recovery team	Maudsley Hospital

Mental Health Act responsibilities

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

- We reviewed five community treatment orders (CTO's) in three different teams. The CTO documentation and

associated care plans undertaken by the Lambeth South and Lewisham North Neighbourhood 1 recovery teams were completed appropriately. They were in date and had effective rationales.

- Two CTO's were completed by the Croydon East recovery team. These patients had been informed of their rights and consent was recorded. However, the care plans in both cases did not note that these individuals were on CTO's or the conditions that applied to them.
- Information regarding CTO's was logged on a centrally held spreadsheet at Croydon West and East recovery teams.This spreadsheet allowed staff to track relevant details. This included the dates the order was issued and its expiry, as well as tribunal details.
- The information regarding when patients were informed of their rights was not recorded for the four CTO's in the Croydon East recovery team. A review of the electronic records for two of the four stated that the patient had been informed of their rights but this had not been entered on the spreadsheet. The information regarding consent and capacity was recorded for only three out of the eleven CTO's in the Croydon West recovery team. The incomplete spreadsheet meant that staff would be referring to inaccurate information which may impact on patient care.
- Awareness of the Mental Health Act and the Mental Health Act Code of Practice was good in each of the teams.
- All the assessment teams had good links with the centralised approved mental health professional services and were able to refer directly when an assessment under the act was needed.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act. The majority of staff were aware of the process for assessing patients' capacity to consent.
- Staff could refer to copies of the relevant policies pertaining to mental capacity. These policies were available in the team offices.
- Where staff were unsure they were able to seek advice from their manager.
- Discussions around capacity were also a regular agenda item during zoning meetings in the recovery teams.
- Care records in the recovery teams showed that best interest meetings had been held and patients received support from advocates.
- Understanding of the Mental Capacity Act was particularly good in the Croydon assessment team where there was a qualified best interests assessor.

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 the sites were clean, tidy and well organised. The reception areas were welcoming with ample space for patients to wait. The clinic rooms in services were clean and tidy. Appropriate equipment was available for service users' physical health checks. At the Croydon recovery teams and Lambeth South recovery teams, these included scales and blood glucose monitoring machines.
- In the Lewisham North recovery teams, staff reported that the electrocardiogram machine (ECG) was faulty. This meant that heart monitoring tests could not be undertaken at this site. Staff stated that the fault had been reported two months earlier but the machine had not been repaired. Regular cardiac monitoring is recommended for patients who are taking anti-psychotic medication.
- All clinic rooms contained completed audit checklist logs for cleaning, temperature (room and fridge where applicable), infection control and equipment maintenance. This meant that the risk of infection was reduced. The fridge temperature was not routinely recorded in the Croydon recovery teams. There were no records for July 2015 and records had been completed on two occasions in June 2015. This meant that staff could not be sure that medicines had been stored at the recommended temperature.
- There were no records that the fridges in the Lewisham North and Lambeth South recovery teams had undergone portable appliance tests (PATs) within the last 12 months. The PAT ensures that electrical appliances are safe to be used. The lack of a regular test meant that staff could not be sure that the fridge was safe to be used. At the Lambeth South recovery team the record stated that the last PAT had been in December 2013.
- The fridge at Lambeth South recovery team could not be locked. The inability to lock the fridge meant that medicines were not secure. Staff informed us that a new fridge had been ordered.
- There was one telephone line at the Lambeth South recovery team which meant that outside callers had difficulty in getting through. There was no recorded message stating that the caller was in a queue which meant that sometimes callers thought that the office was closed. This was a source of frustration for staff.
- Infection control principles were adhered to on all sites and hand gel dispensers were being used regularly by staff.
- All of the recovery teams had accessible and working alarm systems that staff could use in an emergency. These alarms were tested on a weekly basis. Interview room alarms were working at the Lambeth and Croydon assessment teams and were regularly tested but not at the South Southwark assessment team where staff were recently issued with portable alarms as the alarm system had failed.
- All the teams had easy access to emergency equipment. This was checked regularly to ensure it was fit for purpose.
- At the Lambeth assessment team there was a crisis room next to reception equipped with CCTV so that disturbed or high risk patients could be seen safely.
- At the Croydon assessment team the waiting room for patients was out of the eye line of the reception which posed some risk.

Safe staffing

- There were some teams with significant numbers of temporary staff but recruitment was progressing. Staffing was more of a challenge in the recovery teams. Some teams had higher levels of vacancies or sickness and staff were holding higher caseloads teams for example Croydon East. The Croydon and Lewisham recovery teams were also going through change linked to the adult mental health programme. This was impacting on patients who were experiencing more changes in their care co-ordinators.
- The Lambeth assessment team comprised a team manager, three senior social workers, one senior nurse, one senior occupational therapist, four social workers and three nurses. There were two full time consultants and another psychiatrist. There was a referrals co-

ordinator and two admin workers for the team as well as the business manager for the site. Two psychologists from the individual psychological therapies team gave sessions to the assessment team. Only one nurse was an agency worker.

- Staff felt this was an adequate team size to cope with the workload. The existence of the Lambeth hub, a borough wide service to which GPs and other agencies made initial referrals, meant that the volume of referrals to the assessment team itself was more manageable than in Croydon or South Southwark.
- Caseload sizes varied in the Lambeth assessment team from 29 down to 13. The average was 20. The usual process was for the member of staff who carried out the initial assessment to take on the case for allocation. There was significant throughput of cases because of the 12 week stabilisation model, but the pathways for referring on in Lambeth were relatively clear and it was usually possible to refer cases on within the timeframe to the treatment team or the psychosis recovery team. This meant that caseloads did not just build up.
- The establishment of the South Southwark assessment team was for a team manager, six senior nursing or OT posts and two social work posts. However there was one senior nurse vacancy and four agency workers in post so that 50 % of the actual clinical team were temporary. Staff said that the number of agency workers and the difficulty in recruiting permanent staff made team development difficult and put existing permanent staff under additional pressure.
- Staff felt that the establishment of the South Southwark team would be enough to cope with the workload if all the posts could be filled on a permanent basis. Referrals came directly to the team from GPs, the improving access to psychological therapies service (IAPT), A&E departments and from the psychiatric inpatient wards. Caseloads varied from 11 for the most recent locum to 34 for a senior nurse.
- 20% of the caseload had been open for more than the 12 week target period in the South Southwark assessment team. This was because the pathways into the mood, anxiety and personality treatment team and the psychosis recovery team were blocked. Staff said that those teams had their own staffing issues.
- The Croydon assessment team comprised a team manager, seven senior nursing or social work posts and two nursing posts. Half the team were agency workers but interviews and appointments had taken place for all but two senior social posts and it was expected that the team would be fully staffed with permanent workers by the end of the year.
- Staff felt that the Croydon assessment team was big enough to cope with the workload. The team had increased in size considerably over the past year and a half. Referrals came from GPs, the police, A&E, the local housing department and self-presentations. However the team did not get referrals from the home treatment team or inpatient psychiatric wards as these went straight to the treatment team.
- Caseloads in the Croydon assessment team varied from 10 to 40. There was a very long wait for cases to be taken on by secondary psychological therapies (the Croydon Integrated Psychotherapy Service or CIPS). There was also some delay in passing cases to the psychosis recovery team.
- Access to the psychiatrists was good in all of the assessment teams and all the staff we spoke with commented on how approachable and flexible the psychiatrists were. It was always possible to get a patient seen quickly by a doctor.
- Mandatory training was above 75% on average in the all the assessment teams. The prevent awareness (safeguarding anti-terrorism) module was new and completion rates were very low in all the teams. The South Southwark team was below 50% on the equality, diversity and human rights module.
- Staff sickness at Croydon East recovery team averaged 13.14% over a 12 month period. Two substantive members of the team had left in the last 12 months and there were three agency staff in post. The Croydon West recovery team had lower staff sickness but had a higher number of agency staff; they had four agency workers.
- Managers acknowledged there were difficulties in recruiting to the recovery teams due to staff not getting the inner London weighting in Croydon. Four staff had been recruited in August and interviews were scheduled for October 2015 for both these teams.

Requires improvement

Are services safe?

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

- Two patients in the recovery teams stated that they had been supported by at least three different care co-ordinators in a 12 month period. There was a risk to the consistency and continuity of care through the use of temporary staff.
- The caseloads in the Croydon East recovery team averaged between 25-30 cases per care co-ordinators. They had previously been much higher. Staff in the recovery teams were concerned about staff vacancies, caseload numbers and the changes as a result of restructuring. One part time member of staff was holding a caseload of 21. Another member of this team stated that they were coming into the office at the weekend to do work. The levels of acuity of some patients and the numbers on their caseload meant that some staff expressed that they felt overwhelmed. They were hopeful that the new structure would improve things.
- The recovery teams were implementing strategies to minimise the disruption to patient care as a result of the restructure. Some patients were having to change care co-ordinator because of the restructure. Staff had taken action to ensure that those patients who were unlikely to cope well with changes were allocated to a permanent member of staff as opposed to a temporary staff member. The clinical service lead, covering both the Croydon East and West recovery teams, had written to patients to tell them about the changes of care co-ordinator and had apologised.
- Caseloads for the majority of the recovery teams were between 20-25. The aim was to reduce this to 20 to allow staff to focus on their specialist interventions. The majority of staff in the teams felt that caseloads were manageable but sometimes they were not able to provide as much specialist input as they would like given the other tasks they had to take on and the number of meetings they attended on a weekly basis.
- The Croydon East recovery team and Lewisham North Neighbourhood 2 recovery team were being restructured as the teams were deemed to be too large. It was hoped that this would bring caseloads to a more manageable level and improve the care offered. Caseloads for the Croydon East recovery team were 25-28.
- The approved mental health professionals in Lewisham North Neighbourhood 1 recovery team were meant to have a reduced caseload of 16 due to their additional AMHP duties. They were holding larger caseloads. It was noted that the caseloads of the other team members would increase once the AMHP caseload was reduced under the adult mental health development programme.
- There were no unallocated cases in the teams except for Croydon West recovery team which had two and Croydon East recovery team which had eight. These cases could be seen by duty workers who would provide support whilst awaiting allocation.

Assessing and managing risk to patients and staff

- We observed good assessment of risk in the assessment teams. All cases of concern were discussed in morning handover meetings and each team used a zoning board where all safeguarding cases and those deemed to be of red or amber levels of risk were noted.
- Risk assessments had been completed on all of the 30 care records that we looked at in the assessment teams but these were of variable detail and quality. The electronic patient journey system was used by all the assessment teams and the expectation was that a brief risk assessment and a child risk assessment were completed on all cases. The risk assessments in the Croydon assessment team were all detailed and well formulated, and most of the cases we looked at in the Lambeth assessment team were detailed and well formulated but in the South Southwark team most of the risk assessments had little detail. Our investigation of case notes in South Southwark uncovered one case where follow up had stopped in error without any resolution, although the risk in this case was not high.
- The risk assessments at Lambeth South and Lewisham North recovery teams were comprehensive and detailed. All risk assessments were up to date. They identified triggers and protective factors relating to risk. Where there were risks there were strategies to manage these. There were additional risk assessments for those individuals who had contact with children, which focused on the risk posed to children and young people. The standard of risk assessment at the Croydon West and East recovery teams was variable. Seven risk assessments and plans were reviewed from the West

team. Six (86%) of the risk assessments were either incomplete or not recorded. Eight risk assessments were reviewed from the Croydon East recovery team. Three (38%) assessments were brief or incomplete; they lacked sufficient detail regarding the risk, triggers and the plans to manage these risks. The remaining five risk assessments completed by the East recovery team were detailed and had good evidence of patient involvement.

- All the assessment teams were able to respond quickly to sudden deterioration in the health of patients, carrying out assessments or doing joint visits with the home treatment teams where appropriate. The Lambeth and Croydon assessment and liaison teams had merged so there was one team per borough. In Southwark there was a North assessment and liaison team and a South team on separate sites.
- There was evidence of good crisis planning at Lewisham North Neighbourhood 1 and Lambeth South recovery teams. Crisis plans included who the patient should contact if they began to feel unwell.
- All the recovery teams held regular "zoning meetings" to review new referrals, discuss assessments and patients that were already known to the teams. These meetings provided a forum in which the staff could receive support from colleagues and share clinical knowledge. Staff used these meetings to prioritise those individuals who needed to be seen urgently and look at interventions to support them to get back to good health. The discussions of these meetings were recorded on patients' treatment records and the information could be accessed by other staff who were not able to attend the meetings.
- Safeguarding was a priority in all of the assessment teams which all had good working relationships with the safeguarding leads in the local authorities. Safeguarding issues were discussed in each handover and multi-disciplinary meeting and all open safeguarding cases were highlighted on the zoning boards. All permanent staff had completed mandatory safeguarding training for both children and adults and safeguarding training was on the induction checklist for new and agency staff.
- Staff were knowledgeable regarding safeguarding in all of the recovery teams. They were able to describe the action they would take if they were concerned about someone's safety. Safeguarding concerns were discussed by all teams. These discussions were formal and gave staff the opportunity to discuss cases. Teams recorded information on a spreadsheet which was accessible by all members of the team. At the Croydon West recovery team meeting we attended there were a number of potential safeguarding concerns. The attendees identified the actions that needed to be taken to safeguard the patient and identified other professionals who needed be part of the safeguarding process. Lambeth South recovery team also had a child safeguarding forum once a month. During this meeting they identified and discussed patients who were in contact with children or had delusions around children and made plans to manage the risks. This meeting was also attended by the trust safeguarding lead. Information was stored in electronic care records which meant it could be accessed by other staff in the trust should it be required.
- There was a lone working policy in each of the assessment teams. Staff in the South Southwark and Croydon assessment teams were able to explain clearly what the process was for informing colleagues about their whereabouts and how to call for assistance. However apart from the team manager, the staff we spoke with in Lambeth did not show awareness of the lone working policy.
- All staff in the recovery teams reported that they undertook a risk assessment prior to going out on a home visit. Where a risk was identified they undertook home visits with another member of the team. The trust had a lone working policy and each office had a movements board. Staff used these boards to record when then they were leaving the office to go out on visits and the estimated time of return. They were also provided with a mobile phone.
- Staff in the Croydon recovery teams were unclear about the policy and were not sure who was responsible for noticing if they failed to return at the expected time. The movement board in the Lewisham North recovery teams was not updated and did not have the expected time of return written on it. Staff also recorded some of their visits in a red book but this was not consistent. There did not appear to be a clear process for monitoring staff who were undertaking visits in the community. Two members of staff working at that site stated that they were uncertain as to whether anyone would notice if

Requires improvement

Are services safe?

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

they failed to return at the expected time. Failure to implement the lone working policy meant that staff undertaking community based visits could be at risk of harm.

- Home visits were undertaken by the recovery teams and staff administered depot injections to patients who were unable to attend the clinic. None of the teams had lockable bags to transport medicines and the sharps boxes. Staff put medication and sharps boxes in their handbags and rucksacks which were not lockable and therefore not secure.

Track record on safety

- There were 11 serious untoward incidents reported between April 2014 and August 2015 in the recovery teams. Six of these incidents occurred in the Lambeth South recovery team.
- There were six probable or actual suicides. Three of these patients were accessing services from the Lambeth South recovery team. There was one homicide in the Lewisham North Neighbourhood 2 recovery team.
- There were 39 incidents of violence in the recovery teams between April 2014 and August 2015.
- There were 5 serious incidents reported in the assessment teams we visited between April 2014 and March 2015. There were four suspected suicides. There were 10 incidents of violence reported in this timeframe for these teams.
- Staff in the assessment teams spoke of being subject to verbal abuse from patients over the past 12 months.

Reporting incidents and learning from when things go wrong

- Staff in the assessment teams knew what type of incidents they should report and how to report them. The team managers and heads of pathways reviewed the reported incidents and fed back to the teams. The mood, anxiety and personality clinical advisory group produced a yearly report on serious incidents which was on display in each of the team bases. This included detail about lessons learned and resulting changes to policy and procedure. The zoning boards in the team rooms were introduced as a result of an investigation after a serious incident.
- A member of staff in the Lambeth assessment team spoke of being very well supported by the team manager and head of pathways after a serious incident and the resulting investigation and coroner's hearing.
- In the recovery teams staff knew what type of incidents they should report and how to report them. All staff said that they knew how to access the incident reporting database and if they were unsure of anything would feel able to discuss it with a manager.
- Across all the recovery teams there were processes to share learning from incidents. For example, learning from incidents was discussed monthly by the Lewisham North Neighbourhood 2 recovery team.
- As a result of a serious road traffic incident involving a patient, the Lambeth South recovery team had a staff development session where they discussed the risks posed to patients who drove while unwell. Staff took the decision to discuss driving and the risks involved with all service users.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- The care records we looked at in the assessment teams all had completed assessments. In Lambeth and Croydon these were generally of a high standard, with considerable care and attention paid to patient wishes. Care plans tended to be hand written and scanned onto the system. This was because practitioners gave copies of the care plans to patients on the day they were seen.
- There was a good recovery focus in the assessments and the care plans we looked at in the assessment teams which reflected the aims of practitioners and patients. There was an emphasis on well-being and medication was viewed as one option among many. Each assessment or review was reflected in a letter to the GP which included the details of the care plan.
- All the assessment teams used the same electronic system which was secure. However use of the system was not consistent across all of the teams. It was not always clear where on the system care plans were stored. The assessment teams used a handwritten care plan which was scanned and uploaded but there was a template for care plans on the system.
- Information about service users was stored securely on the patient's electronic records system in the Lewisham North and Lambeth South recovery teams. A mixture of paper based and electronic records were used by Croydon West and East recovery teams. Consultant's notes were kept locked in the consultant's office. These were accessible to other staff and the key was in the administrator's office.
- Assessments of service users' needs were undertaken by all the recovery teams. Seven care records were reviewed at the Lambeth South recovery team. All of the records were personalised with up to date care plans. The care plans were holistic and focused on patients' recovery goals. For example, one plan focused on the individual wanting to improve their home environment and had detailed plans of the support required to achieve this. Patients' physical as well as mental health needs were addressed in the recovery teams. Physical health needs were also discussed in multi-disciplinary team meetings
- Only one treatment record out of 37 looked at in the recovery team, had information in the "Myhealthlocker" part of the system. "Myhealthlocker was a patient-focused website which allowed patients to be more involved their recovery and wellbeing.
- The Lambeth South recovery team provided patients with a one page document which summarised the individual's care plan and crisis plan. This meant that those individuals who did not want a full copy of the care plan still had information about the plan and its contents.

Best practice in treatment and care

- We saw evidence that staff in the assessment teams considered national institute for health and care excellence (NICE) guidelines when planning and delivering treatment. For example we heard this considered in discussions about patient care and found guidance referred to in patient records.
- Psychological therapies in the assessment teams included family interventions, cognitive behavioural therapy, dialectical behavioural therapy, psychodynamic psychotherapy and mentalisation. Psychologists offered advice to other clinicians in the teams.
- The Croydon assessment team was able to refer to the Patient Network, a well- established peer support service for people with personality disorders.
- The Southwark assessment team had established an advisory clinic in the largest GP practice in the area, which had the effect of reducing the number of referrals to the team and improving GP satisfaction with the service.
- The Lambeth assessment team and the Lambeth South recovery team worked closely with the Lambeth hub, a single referral point for GPs and other agencies, staffed by the trust's clinicians and by support workers. The Lambeth hub was an open access service and was able to filter out and signpost non mental health related referrals which greatly assisted the assessment team.
- Staff used health of the nation outcome scales and CORE rating scales to measure outcomes for patients.
- Cognitive behavioural therapy (CBT) for psychosis was offered by all the recovery teams. There was a six month

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waiting list for service users from the Croydon West recovery team and as a result they had stopped taking referrals. The halt in accepting referrals was due to the psychologist's post having been vacant. There was approximately an eight week waiting list with eight patients on the list at the Lewisham North recovery team.

- Family therapy for psychosis was also offered in the recovery teams but we were informed that there had been a low uptake for this by service users from the Lewisham North Neighbourhood 1 recovery team as a number of patients had limited family networks. The other recovery teams did not report similar difficulties.
- The physical health needs of service users were prioritised by all the recovery teams. The trust had implemented a target around this particular aspect of care. Staff at Lewisham North Neighbourhood 1 recovery team were undertaking a physical health audit on patients during September 2015. The audit was to review smoking status, lifestyle, exercise, diet, alcohol and substance misuse as well as body mass index and blood pressure. The findings of the audit were to be used by staff to improve service delivery.

Skilled staff to deliver care

- All the teams were multi-disciplinary with nurses, social workers and psychiatrists. The Lambeth assessment team and the Southwark assessment team also had occupational therapists and all the assessment teams had access to psychologists. The recovery teams also included carer support workers, peer support workers, vocational workers, occupational therapists and psychologists.
- The assessment and liaison teams were mostly comprised of senior practitioners with considerable experience. The Lambeth and Croydon assessment and liaison teams had approved mental health professionals and the Croydon team had a best interests assessor. The South Southwark team had a dual diagnosis specialist.
- All new staff underwent an induction before they took up their full responsibilities. Temporary staff were provided with a detailed induction to make sure they understood trust policies and procedures.
- We were shown the supervision and appraisal records in all the teams. All staff had regular supervision and all permanent staff had completed appraisals for the year.
- Most of the staff spoke highly of the trust's training programmes with regard to the evolution of the assessment model and in terms of individual development.
- Staff were being encouraged to develop additional skills. The Lewisham North recovery team staff were being trained in cognitive behavioural therapy (CBT), dual diagnosis and physical health care. It was expected that once fully trained staff would undertake case work four days a week and concentrate on their specialism for one day a week. Some staff were concerned that they would have difficulty in managing a complex caseload effectively in four days.
- In addition to the trust induction, staff at Croydon West and East recovery teams were given a "Croydon Promoting Recovery Teams Induction Handbook". This location specific handbook provided new staff with essential information. Information included an explanation of zoning, supervision and appraisal, and safeguarding.

Multi-disciplinary and inter-agency team work

- The assessment and liaison teams all had at least one multi-disciplinary team meeting per week. There were morning handover meetings in each team on a daily basis and the Croydon assessment team also had an end of the day meeting.
- Information was shared effectively in the recovery teams through a range of multi-disciplinary meetings. We attended a complex case forum and observed the different disciplines working in collaboration. We saw mutual professional respect within the teams. Staff stated that they valued the work undertaken by their colleagues.
- The duty systems in each team were able to process large numbers of referrals and prioritise high risk cases.
- The Lambeth assessment team had a link worker from the home treatment team attend their multi-disciplinary meetings. The Croydon assessment team was co-located with the reablement service, which enabled case discussion and joint working. All the teams had reflective practice groups.

Are services effective?

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- The Lambeth assessment team had a formal interface meeting with the treatment and psychosis recovery teams. This enabled decisions to be made where there was some dispute about which was the most appropriate team to work with a given patient. Referral on to the treatment and psychosis recovery teams was more problematic in South Southwark.
- The home treatment team attended the Lambeth South zoning meeting on a weekly basis to identify and discuss patients who were likely to go into crisis. This meant that patients whose mental health was deteriorating could be provided with additional support.
- The Croydon assessment team had good links with the voluntary sector, particularly with Mind and Hear Us, which helped give advocacy a high profile in the team.
- The Croydon West recovery team undertook joint home visits with GPs for individuals who had additional physical health needs which needed monitoring.
- The managers from the Croydon West and East recovery teams highlighted the good working relationship that they had with the Croydon safeguarding team. They felt that information was shared appropriately and that the safeguarding team were very approachable.
- The carers support worker from the Social Inclusion, Hope and Recovery team attended Lambeth South recovery team meetings to discuss new referrals for carers requiring support.

Adherence to the MHA and the MHA Code of Practice

- We reviewed five community treatment orders (CTO's) in three different teams. The CTO documentation and associated care plans undertaken by the Lambeth South and Lewisham North Neighbourhood 1 recovery teams were completed appropriately. They were in date and had effective rationales.
- Two CTO's were completed by the Croydon East recovery team. These patients had been informed of their rights and consent was recorded. However, the care plans in both cases did not note that these individuals were on CTO's or the conditions that applied to them.
- Information regarding CTO's was logged on a centrally held spreadsheet at Croydon West and East recovery teams.This spreadsheet allowed staff to track relevant details. This included the dates the order was issued and its expiry, as well as tribunal details.
- The information regarding when patients were informed of their rights was not recorded for the four CTO's in the Croydon East recovery team. A review of the electronic records for two of the four stated that the patient had been informed of their rights but this had not been entered on the spreadsheet. The information regarding consent and capacity was recorded for only three out of the eleven CTO's in the Croydon West recovery team. The incomplete spreadsheet meant that staff would be referring to inaccurate information which may impact on patient care.
- Awareness of the Mental Health Act and the Mental Health Act Code of Practice was good in each of the teams.
- All the assessment teams had good links with the centralised approved mental health professional services and were able to refer directly when an assessment under the act was needed.

Good practice in applying the MCA

- Staff had received training in the Mental Capacity Act. The majority of staff were aware of the process for assessing patients' capacity to consent.
- Staff could refer to copies of the relevant policies pertaining to mental capacity. These policies were available in the team offices.
- Where staff were unsure they were able to seek advice from their manager.
- Discussions around capacity were also a regular agenda item during zoning meetings in the recovery teams.
- Care records in the recovery teams showed that best interest meetings had been held and patients received support from advocates.
- Understanding of the Mental Capacity Act was particularly good in the Croydon assessment team where there was a qualified best interests assessor.

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 in the assessment teams spoke respectfully about their patients and showed concern for them during handover meetings and clinic appointments. Staff treated patients with kindness and respect, listening to their opinions and wishes. Staff used a personalised and recovery focussed approach. Treatment options and risk concerns were discussed with patients.
- We observed staff behaving with great sensitivity and calm during a challenging home visit in the Lambeth assessment team, helping a patient to express herself and offering reassurance.
- Most patients we spoke with were very positive about the care and treatment they had received from the assessment teams. Patients described staff as friendly, kind, helpful, and polite.
- Staff were able to respond to the individual needs of patients, for example ensuring the right signer was present during an assessment of an African patient who was deaf. Reception staff in each of the assessment teams treated patients with courtesy.
- In the recovery teams staff spoke respectfully about patients and showed concern for them during home visits and clinic appointments.
- Eight of the nine carers we spoke with in the recovery teams were complimentary about the support they had been given.
- One carer who accessed services at the Lewisham North recovery team said having a good care co-ordinator and a liaison worker provided them with relief from stress. They had been given information regarding respite and signposted to other organisations that could provide support. The carers support worker from the Lewisham North recovery team regularly attended the Lewisham Carers Forum.
- Peer support workers were employed in the Lambeth South recovery team. This was a positive addition to the teams which were able to use their expertise by experience to support the work undertaken by the teams. Peer support workers were people who were using or had used mental health services themselves.
- Staff were responsive to patients' needs. Reception staff in the recovery teams were particularly responsive to service users' needs. There were kind interactions between reception staff and patients. We saw that telephones were answered swiftly and effectively.

The involvement of people in the care they receive

- Patients in the assessment teams felt that staff listened and that they were offered real choice in terms of treatment. Patients were consistently given copies of their care plans after assessments. Case notes and handover meetings demonstrated that the assessment teams were regularly involving and supporting carers and families.
- All the assessment teams sought patient feedback via the PEDIC system although it was not clear what analysis had been done of the responses. The Croydon assessment team received regular feedback about patients' experience from the Hear Us organisation in a case by case report.
- The Lambeth South and Lewisham North Neighbourhood 2 recovery teams had involved patients in the interviewing of prospective new staff members as part of the recruitment process.
- In the recovery teams patients were supported to access a personal budget. This meant that individuals could choose aspects of their care and support.
- We observed staff meeting with patients and carers in the recovery teams. During these meetings, staff ensured that patients were able to express their needs and identify what goals they wanted to achieve.
- There were independent mental health advocacy services available in each of the boroughs but staff in the Lambeth and South Southwark assessment teams did not show clear awareness of these services.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- The assessment teams all had target times for responding to referrals. Depending on the levels of risk this was either 24 hours, seven days or 28 days. Staff at the South Southwark assessment team said that some cases that should have had seven day responses actually had 28 day responses because of the pressure of work.
- None of the recovery teams had target times to see new referrals. All of the recovery teams were able to assess urgent referrals. Urgent referrals were prioritised and there was minimal delay in these individuals being offered appointments for an assessment. The recovery teams had clear criteria for those who could benefit from the service. Where referrals were inappropriate, referrers were signposted elsewhere.
- The assessment teams were always able to see urgent cases quickly and were always able to get a psychiatrist to see patients where necessary. In the recovery teams psychiatrists had emergency appointments and the teams had duty systems, which meant that patients in crisis did not have to wait a long time to be seen.
- All the assessment teams had a total caseload that varied month to month between 200 and 300 cases but this included outpatient appointments or psychiatrist only involvements.
- The assessment teams were all responsive to patients who self- presented. Staff in the Croydon assessment team said that GPs would often encourage patients just to turn up at the team base rather than making referrals. The assessment teams responded promptly when patients contacted them by phone.
- The assessment teams processed any referral that was made to them and did not exclude any patients who would benefit from being seen.
- The Lambeth assessment team benefitted considerably from the Lambeth hub to which GPs sent all referrals initially. The Croydon assessment team benefitted from the home treatment, MAP treatment and psychosis recovery teams picking up ward referrals and 7 day follow up request for patients discharged from hospital.
- At Lambeth South and Lewisham North recovery teams, referrals came via the assessment and liaison teams or from the wards. The teams had processes in place to visit patients who were due to be discharged from hospital. The teams provided the individual with an appointment in the community for the following week to ensure that there was no delay in access to treatment.
- Referrals came from a variety of sources for the Croydon recovery teams. These teams were able to take referrals from general practitioners (GPs), hospitals, home treatment teams and also self-referrals. The ability to take self-referrals meant that individuals did not have to attend a GP appointment to request a referral to the teams. This helped to speed up the process.
- The assessment teams actively followed up patients who were reluctant to engage, discussing all such cases at morning handover and MDT meetings. A minimum offer to any patient was two appointments followed by an opt in letter. Depending on levels of risk, the patient would be visited at home, or an appointment negotiated through family or the GP. High risk cases were referred to the home treatment teams or AMHP duty for joint visits.
- In the recovery teams some patients found it difficult to engage with services. Services actively attempted to engage with these patients. This included conducting home visits. Services made multiple attempts to contact individuals. As a result of a serious incident, the Lambeth South recovery team ensured that they had at least one face to face contact with patients every four weeks. If they were unable to locate the individual or be assured of their well-being the patient was reported to the police as a missing person.
- Patients were given choices with appointments and the assessment teams had begun extended hours pilots to facilitate patients and GPs. The South Southwark and Croydon assessment teams were open until 7pm Monday to Thursday, and 6.30pm on Friday. The Croydon assessment team was planning to start opening on Saturdays.
- When patients' needs could no longer be met by the recovery teams there was a "step up" process for those who might be going into crisis and the teams could refer the patient to the home treatment team. Those patients

Are services responsive to people's needs?

Good

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

who no longer needed the intensive service provided by the recovery teams could be "stepped down" to the low intensity treatment teams / primary care teams or to GPs.

- The South Southwark assessment team experienced difficulty referring patients on to the treatment and psychosis recovery teams and the patients of the Croydon assessment team faced long waiting times to be seen and offered treatment in the Croydon Integrated Psychotherapy Service. Staff told us the waiting times were up to six months for assessment and a further 18 months for treatment. Staff said they felt this was unacceptable.
- The Croydon recovery teams said that they had difficulty with some discharges, as some GPs were reluctant to prescribe antipsychotic medication. These teams had been working with GPs around this issue and to improve the discharge process for patients.

The facilties promote recovery, comfort, dignity and confidentiality

- There was a large range of information leaflets available for patients in each of the receptions areas of the assessment and recovery teams including information about treatments, how to make a complaint and other services offered by the trust and the voluntary sector.
- The interview rooms at all the assessment teams were equipped with computers and phones which enabled the assessment process. However all staff spoke of considerable demand on the interview rooms so that sometimes there was nowhere to see patients who had self-presented without an appointment.
- All clinical staff in the assessment teams had their own desks, spacious open plan offices and large team meeting rooms.
- The recovery team bases were clean, well decorated, and well maintained. There was evidence that one of the toilets in the Croydon recovery teams had been recently repaired.
- The soundproofing of the interview rooms in the Croydon recovery teams was poor, which meant that conversations could sometimes be overheard.
- A service user who accessed services at Lambeth South recovery team had fed back that the reception area was gloomy. As a result the reception area had been brightened up with photos that had been taken by patients.

Meeting the needs of all people who use the service

- Patients using the community services were representative of the local population.
- There was no disabled access for patients or staff at the Lambeth assessment team base. The team manager said disabled patients could be seen at home or at the office at 308 Brixton Road.
- There was disabled access for patients at both South Southwark and Croydon assessment team bases but no disabled access for staff at South Southwark, so disabled staff could not be easily accommodated at two of the three sites.
- There was no disabled access at the Lambeth South recovery team which meant that those with restricted mobility could not be seen at the office. The team was able to see service users at alternative venues which had disabled access.
- Staff knew how to access interpreters and signers and frequently called upon their services. The trust's leaflets were available in a range of different languages and staff knew how to obtain these when required.
- Staff were able to access equalities and diversity training which was mandatory.
- There was evidence of staff taking into consideration service users' cultural and religious needs. Staff had provided patients' with information about medication and fasting during Ramadan.
- The Lewisham North recovery team regularly worked with local organisations that provided support and advocacy for black and ethnic minority patients and to lesbian, gay, bisexual and transgendered patients.
- Patients at Four in Ten focus group said that the trust had a positive attitude to lesbian, gay, bisexual and transgender issues and were sensitive to their concerns.
- On World Mental Health Day 2014, the Lewisham North recovery team had set up a stall in the local high street

Are services responsive to people's needs?

Good

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to promote the service and give information to the public and reduce stigma around mental health. The team reported that they had lots of feedback about mental health services. They discussed the feedback in team meetings. Their evaluation of the feedback was that individuals experiencing mental health difficulties felt stigmatised. The team had used the information to improve service delivery.

- The Lewisham North recovery team was in the process setting up a patient led discovery group. A "Tree of Life" group, specifically for black and minority ethnic service users, was being run during black history month.

Listening to and learning from concerns and complaints

- The assessment teams received seven complaints over the past 12 months. We were shown two responses to complaints for each of the three assessment teams. These were considerate and detailed, relating to a range of issues from waiting times for psychological therapies to staff attitudes.
- Team managers said they had received training in complaint resolution. They said they tried to resolved complaints by meeting with patients face to face where possible.
- Information on how to complain was clearly displayed in the reception areas of the assessment teams.
- We were shown ten compliments about the service in the three assessment teams. These were from GPs, families and patients expressing gratitude for the input received.
- Information leaflets on how to complain were in waiting rooms in the recovery teams. The majority of the patients and carers we spoke with were not aware of the formal complaints procedure. However, the majority of individuals felt confident enough to raise their concerns with the care co-ordinator or the manager of the relevant service.
- The staff we spoke with said that they would listen to any concern or complaint raised by patients and would deal with it either themselves or pass it on to a member of the management team.
- Managers in the recovery teams told us about complaints that had been made by patients and how they responded positively and used the experience to make improvements in the services.
- Common themes for complaints across the recovery teams related to poor communication, appointment times and staffing changes.
- Lewisham North recovery team had used a quality circle meeting to look at lessons learned from complaints. They had used the learning from this to improve communication with service users about next appointment times.
- The clinical service lead for Croydon recovery teams had written to patients to advise them of changes of care co-ordinators and to apologise.

Are services well-led?

Good

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

Our findings

Vision and values

- Staff in the assessment teams understood the vision and values of the trust and were enthusiastic about the adult mental health programme and developing the assessment model.
- Staff in the recovery teams understood the vision and values of the trust. Information about the values was on display on a number of staff noticeboards in the office.
- Staff in the assessment teams said the CAG structure was effective and they knew the senior managers in their CAG, though were less familiar with managers from other CAGs.
- The recovery team managers spoke with enthusiasm about the values and how they were implemented in their teams. One manager emphasised the importance of working in collaboration, being respectful and offering the best care possible to patients.
- Senior members of the management team had visited all the services.

Good governance

- The teams had been developing over the past year through discussion and planning.
- Specialist training associated with the AMH model was being provided to staff which meant that they would be better skilled in their work with patients. Staff were trained in group work, phlebotomy and smoking cessation. Managers were provided with training to support them in their management role
- All the teams had reflective practice sessions and staff felt well supported by their colleagues, especially the psychiatrists in the teams.
- Patient feedback was well developed in the teams, notably in the Croydon assessment team and was discussed in supervision and team meetings.
- Staff informed patients and carers when things had gone wrong and apologised. Managers provided examples of when this had happened. Managers were aware of the duty of candour and the need for openness when mistakes had been made.
- Both the director and deputy director of the MAP CAG were aware of the problems with recruitment and retention in the South Southwark assessment team. There were plans in place to redesign the trust's recruitment strategy to address the problem.
- The head of pathways for the MAP CAG in Croydon was aware of the delays in accessing the Croydon Integrated Psychotherapy Service. There were difficulties with securing funding from the Croydon Care Commissioning Group but additional funding had been received to address the waiting times.
- The use of key performance indicators was not well developed in the assessment teams. The performance management electronic system Insight was not being used by the team managers in South Southwark or Croydon.
- Some staff felt that administrative tasks were onerous and reduced the time they had to spend with patients. Their concerns were echoed in a research paper that had been written regarding the work of the teams.

Leadership, morale and staff engagement

- Sickness rates in the trust overall were at an average of 4.3%. The rate for the Croydon assessment team was 1.6% and for the South Southwark team 1.2%. The figures for the Lambeth assessment team were divided into Lambeth North at 1.48% and Lambeth South at 9.66%, considerably above the average.
- The sickness rates at the Croydon East recovery team was 13.14%, it was 8.34% for the Lewisham North Neighbourhood 1 recovery team and 7.8% for Lewisham North 2 PRT, all considerably above the average. Staff at the Lewisham North recovery team expressed concerns regarding the high rate of sickness.
- The assessment and recovery teams were well led. Most staff in the teams spoke highly of their team managers. Staff in the Lambeth and Croydon assessment teams said that their heads of pathways were extremely good, supportive and inspiring.
- Staff said they knew how to raise concerns. Permanent staff in the South Southwark assessment team had written to the director to raise concerns about recruitment, retention and workload. Additional funding for a temporary locum post was agreed.

Are services well-led?

Good

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

- The morale in the Lambeth and Croydon assessment teams was very good and staff felt fully engaged with the project of developing the adult mental health programme. Staff in the South Southwark assessment team were concerned about the recruitment situation and the impact on permanent members of staff.
- The majority of staff in the recovery teams were happy and hoped that things would improve once the restructuring had taken place.
- Staff in the Croydon and Lewisham North recovery teams were concerned regarding caseload numbers and the impact the restructure would have on patients and staff.
- One member of staff from the Croydon West recovery team said that staff were apprehensive about whistle-blowing as they felt that they may get into trouble. This concern was not expressed by anyone else.

Commitment to quality improvement and innovation

- The Lambeth hub provided a fast responsive service to GPs and other referrers. The trust was considering how this model might be replicated in the other boroughs.
- The South Southwark GP liaison clinic in the Camberwell Green practice had reduced the number of referrals to the assessment team. The CAG was considering how this might be expanded.
- The Patient Network for people with personality disorders in Croydon was an innovative service and the trust was looking to introduce the model in the other boroughs.
- The Lewisham North recovery teams were supporting patients who were taking part in the AVATAR clinical trial. This therapeutic intervention could provide patients with a reduction in the frequency, severity and distress caused by hearing voices.
- The recovery teams were learning about diabetes and mental illness and were encouraging service users to go onto diabetes education courses.
- Peer support workers with experience of using services were based in the Lambeth South recovery team. Staff said the introduction of peer workers was a powerful way of driving forward a recovery-focused approach within teams.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way and the trust done all that was reasonably practicable to mitigate the risks. Medication and sharps were not transported safely between the team bases and patients homes. Risk assessments were recorded inconsistently in different places and were not always completed thoroughly to reflect patient risks.