

Good 

Surrey and Borders Partnership 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)
RXXHQ	Trust Headquarters	Elmbridge Community Mental Health Recovery Service	KT8 2QG
RXXHQ	Trust Headquarters	Epsom Community Mental Health Recovery Service	KT19 8PB / KT17 1DL
RXXHQ	Trust Headquarters	Guildford Community Mental Health Recovery Service	GU2 7LX
RXXHQ	Trust Headquarters	Mole Valley Community Mental Health Recovery Service	RH4 1QJ

# Summary of findings

RXXHQ	Trust Headquarters	North East Hampshire Community Mental Health Recovery Service	GU11 1AY
RXXHQ	Trust Headquarters	Reigate Community Mental Health Recovery Service	RH2 7DG
RXXHQ	Trust Headquarters	Runnymede Community Mental Health Recovery Service	KT16 0QA
RXXHQ	Trust Headquarters	Spelthorne Community Mental Health Recovery Service	TW18 1YA
RXXHQ	Trust Headquarters	Surrey Heath Community Mental Health Recovery Service	GU16 9QE
RXXHQ	Trust Headquarters	Tandridge Community Mental Health Recovery Service	RH8 9LH
RXXHQ	Trust Headquarters	Waverley Community Mental Health Recovery Service	GU7 1QU
RXXHQ	Trust Headquarters	Woking Community Mental Health Recovery Service	GU22 7SF

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

### **We rated Community-based mental health services for adults of working age as good because:**

- Staff assessed and managed risks well. Staff responded appropriately to patients whose health had deteriorated.
- The teams learned from incidents and shared information about incidents with other teams.
- Teams contained highly skilled and motivated professionals from a full range of disciplines. Each team benefitted from an excellent level of access to psychiatry and psychology input. Staff received necessary mandatory and specialist training and were supported via regular supervision sessions.
- Patients had access to Surrey County Council's enablement service, from which they could benefit from intensive and temporary support.
- Patients and carers we spoke with told us that they were happy with the way they were treated by staff and how staff involved them in the provision of care.
- Patients we spoke with had been involved in the recruitment and induction processes for new staff.
- Every team met and/or exceeded its targets to assess routine and urgent referrals.
- There was a robust system in place to attempt to re-engage patients who failed to attend appointments.
- The staff at North East Hampshire Community Mental Health Recovery Service (CMHRS) had gone to great lengths to engage with the large local Nepalese community.

- All 12 teams were well managed and benefitted from effective support from the service manager and senior management team.
- The teams made good use of the trust's personality disorder forum, which provided specialist consultancy and advice to help staff to respond to the needs of an increasing number of patients who had a diagnosis of personality disorder.

However:

- There were some concerns that alarm systems within interview rooms were not adequate to minimise risks to staff from aggressive patients.
- Confidentiality was not adequately safeguarded within the premises of Spelthorne CMHRS, due to inadequate sound-proofing and the necessity for members of the public to walk through the staff office in order to access the interview and meeting rooms. Also, the level of sound-proofing within the premises used by Reigate and Woking CMHRS teams was in need of improvement.
- There was a very strong unpleasant odour within the building used as the premises for Spelthorne CMHRS.
- The level of disabled accessibility at the premises used by Spelthorne, Reigate and Woking CMHRS teams was in need of improvement.
- The premises used by Spelthorne, Reigate and Woking CMHRS teams had an insufficient number of rooms for interviewing and treating their patients.

# Summary of findings

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

### Are services safe?

#### We rated safe as good because:

- Risk assessments were conducted as part of the initial assessment of every patient.
- Individual caseloads were well managed and regularly discussed in supervision sessions.
- There was good evidence that teams learned from incidents and adapted future practice as a result of that learning. There was also evidence that teams shared information about incidents with other teams.
- Patients had crisis plan in place and teams responded well in times of crisis.

However:

- There were some concerns about the current safety systems within the interview rooms of each team. The placement and type of the alarm button within interview rooms meant that it could be difficult for staff to reach them in the event that a patient became aggressive.
- There was a very strong unpleasant odour within the building used as the premises for Spelthorne CMHRS.

Good



### Are services effective?

#### We rated effective as good because:

- Every team had a full, strong multi-disciplinary team and was comprised of highly experienced staff.
- Every team had strong links with other partner agencies, including daily conference calls with Home Treatment Teams and inpatient wards.
- Each team benefitted from an excellent level of access to psychiatry input.
- Each team had a high level of psychology input, with short or no waiting times from referral to the commencement of treatment.
- Team members received regular supervision.
- Staff received specialist training and were encouraged to take on further learning to enhance their skills.

Good



# Summary of findings

- Patients had access to Surrey County Council's enablement service, from whom they could benefit from intensive or temporary support.

## Are services caring?

### We rated caring as good because:

- We observed a range of interactions between staff and patients. This included home visits, clinic appointments and therapy groups. Staff in all teams spoke and behaved in a highly respectful, kind and considerate way. Interactions with patients were very caring, courteous, and respectful.
- Patients and carers we spoke with told us that they were happy with the way they were treated by staff and how staff involved them in the provision of care.
- Patients we spoke with had been involved in the recruitment and induction processes for new staff.
- Each of the teams we visited had a tablet available in the waiting areas for patients. The tablet contained a patient survey to provide feedback about the care and service they had received.

Good



## Are services responsive to people's needs?

### We rated responsive as requires improvements because:

- The trust did not adequately safeguard the confidentiality of individuals and information within the premises of Spelthorne CMHRS. The level of sound-proofing within their interview and meeting rooms was poor and members of the public were required to walk through the staff office in order to access the interview or meeting rooms. There was a risk that when doing so, visitors would overhear conversations within the office or see confidential material either in written form or on one of the computer monitors in the office.
- The level of sound-proofing within the premises used by Reigate and Woking CMHRS teams was in need of improvement.
- The level of disabled accessibility at the premises used by Reigate, Spelthorne and Woking CMHRS teams was in need of improvement.
- The premises used by Reigate, Spelthorne and Woking CMHRS teams had an insufficient number of rooms for interviewing and treating patients.

Requires improvement



# Summary of findings

However:

- Every team met and/or exceeded its targets to assess routine and urgent referrals.
- There was a robust system in place to attempt to re-engage patients who failed to attend appointments.
- In all of the services inspected there was a range of information available to patients and their families.
- The staff at North East Hampshire CMHRS had gone to great lengths to engage with the large local Nepalese community. They provided leaflets in Nepali and had employed a Nepalese nurse who had engaged with the local community to raise the profile of the service. The team also had established links with a local Nepalese radio station and newspaper and had engaged with elders within the Nepalese community.

## Are services well-led?

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

- All 12 teams were well managed and benefitted from effective support from the service manager and senior management team. Team members received regular supervision and appraisals, and received mandatory and specialist training
- All teams benefitted from a high level of morale and mutual support between team members.
- The work of all 12 teams reflected trust values.
- Staff told us they felt confident to raise concerns with their managers. They felt these concerns would be addressed appropriately.
- Staff were able to give us examples of having been open and honest when mistakes had been made. The staff had apologised for their mistake in writing and systems had been developed to learn from them. Incidents were discussed at monthly team meetings.
- The trust had established a personality disorder forum as part of the personality disorder strategy. The teams we visited spoke highly of this forum and the specialist consultancy and advice offered. Staff told us it was helpful because an increasing number of patients on their caseload had a diagnosis of personality disorder. This specialist consultancy and advice, plus the case discussions in the forum helped with everyday practice.

Good



# Summary of findings

## Information about the service

Surrey and Borders Partnership NHS Foundation Trust is contracted to provide community-based mental health services within the entire county of Surrey, plus the North East segment of Hampshire.

The service is delivered in partnership with social services and organised as integrated teams in 12 locality bases, one in each of Surrey's 11 boroughs and one serving North East Hampshire. The locations of the 12 teams are: Epsom, Dorking, Godalming, Guildford, Chertsey, Woking, Oxted, Reigate, Frimley, Aldershot, West Molesey and Staines.

Each one of the 12 Community Mental Health Recovery Services (CMHRSs) provide specialist support and

treatment to people aged 18-65 experiencing more complex, severe and enduring conditions such as depression, schizophrenia and bi-polar disorder. Their services are accessed via a referral from a professional, such as a GP.

The CMHRS teams have multi-disciplinary composition, including doctors, nurses, psychologists, occupational therapists and social workers.

This core service was last inspected by the Care Quality Commission in July 2014. There were no compliance actions resulting from the last inspection.

## Our inspection team

The team that inspected this core service comprised: one Care Quality Commission (CQC) inspector, one CQC inspection manager and five specialist advisors (two nurses, two social workers and a psychologist).

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited all 12 community mental health teams for adults of working age.
- Spoke with 23 people who use the services.
- Spoke with 11 carers.
- Observed a support group session for people with bipolar affective disorder, involving four service users.
- Observed a carer support group meeting.
- Observed five clinical meetings relating to referral, assessment and allocation of service users.
- Observed three clinical conference calls with other mental health services.
- Observed three home visits.

# Summary of findings

- Observed five outpatient clinic appointments.
- Spoke with the team manager for each of the 12 teams.
- Spoke with 68 other staff members; including doctors, nurses, social workers, occupational therapists, psychologists, support workers and admin workers.
- Attended and observed two multi-disciplinary meetings.
- Looked at 36 electronic care records.
- Carried out a check of the equipment in all clinic rooms.
- 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 we spoke with were very positive about the way staff treated them and the quality of the treatment they received. They told us that they felt well supported by their care co-ordinator and their doctor, especially in times of crisis.

Patients and carers told us they were able to provide input into choices about their treatment.

Two of the 11 carers we spoke with had made complaints in the past. They both told us they were happy with the way their complaints had been handled, but neither were content with the level of feedback received from the trust.

## Good practice

The trust had established a personality disorder forum as part of the personality disorder strategy. The teams we visited spoke highly of this forum and the specialist consultancy and advice offered. Staff told us it was helpful because an increasing number of patients on their case load had a diagnosis of personality disorder and the specialist consultancy and advice, plus case discussions in the forum helped with everyday practice

The staff at North East Hampshire CMHRS had gone to great lengths to engage with the large local Nepalese community. They provided leaflets in Nepalese and had employed a Nepalese nurse who had engaged with the local community to raise the profile of the service. The team also had established links with a local Nepalese radio station and newspaper and had engaged with elders within the Nepalese community.

## Areas for improvement

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

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

- The trust must improve measures to protect confidentiality within the premises used by Spelthorne CMHRS.

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

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

- The trust should increase the number of rooms available for interviewing and treating service users within the premises used by Reigate, Spelthorne and Woking CMHRS teams.

- The trust should address the issue of the unpleasant odour within the premises used by Spelthorne CMHRS team.
- The trust should improve the layout of the building used as the premises for Spelthorne CMHRS team.
- The trust should make improvements to disabled access at the premises used by Spelthorne, Reigate and Woking CMHRS teams.
- The trust should improve the level of sound-proofing within the premises used by Reigate and Woking CMHRS teams.
- The trust should consider the current provision of alarms within interview rooms.

# Summary of findings

- The trust should ensure that all refrigerators used for storing medicines operate within an appropriate temperature range.

## Surrey and Borders Partnership 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
Elmbridge Community Mental Health Recovery Service	Trust Headquarters
Epsom Community Mental Health Recovery Service	Trust Headquarters
Guildford Community Mental Health Recovery Service	Trust Headquarters
Mole Valley Community Mental Health Recovery Service	Trust Headquarters
North East Hampshire Community Mental Health Recovery Service	Trust Headquarters
Reigate Community Mental Health Recovery Service	Trust Headquarters
Runnymede Community Mental Health Recovery Service	Trust Headquarters
Spelthorne Community Mental Health Recovery Service	Trust Headquarters
Surrey Heath Community Mental Health Recovery Service	Trust Headquarters
Tandridge Community Mental Health Recovery Service	Trust Headquarters
Waverley Community Mental Health Recovery Service	Trust Headquarters
Woking Community Mental Health Recovery Service	Trust Headquarters

# Detailed findings

## Mental Health Act responsibilities

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

- The records we looked at showed that correct documentation under the Mental Health Act 1983 was maintained. There was good documentation for people on community treatment orders. Capacity to consent to treatment was captured and recorded accurately.
- Most of the staff were trained and up to date in Mental Health Act training and knew how to access further specialist advice if needed.
- Staff told us that care co-ordinators regularly informed patients of their rights where applicable and patients told us that they were aware of their rights.
- Patients had a good level of access to Independent Mental Health Advocates.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- We saw evidence of good practice in the application of the Mental Capacity Act 2005. The majority of care records we looked at showed evidence of informed consent and assessment of mental capacity where appropriate.
- We saw Mental Capacity Act and Deprivation of Liberty Safeguards information and contact details on notice boards in waiting areas.
- Staff received Mental Capacity Act training and demonstrated that they felt confident about the key principles of the Act.

# 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

- Although most of the premises occupied by most of the teams were clean and well maintained, the environments at some offices, such as Elmbridge and Woking, were in need of decorative update. The carpets and walls were stained and scuffed from prolonged use. The Spelthorne team was located in a portacabin in Staines. The team had been relocated to this location on a temporary basis when their previous accommodation had to be evacuated. However, the team had been located in the portacabin for four years at the time of our visit. The portacabin was clean but there was a strong unpleasant odour inside that had caused one of the staff offices to be closed while they investigated the source of the smell. This issue had been raised with maintenance. We were told by staff there had been a recent issue with vermin and pest control had attended the location to lay poison.
- There were appropriate facilities for hand washing and no concerns were reported in relation to infection control.
- The clinic rooms we visited were maintained to a high standard. Equipment for carrying out physical health checks, such as blood pressure monitors and weighing scales were present and checked regularly. The only concern encountered was the temperature of the fridge in the Runnymede clinic room. On the morning of our visit, staff had recorded a fridge temperature of 16 degrees Celsius and a room temperature of 24 degrees Celsius. In order to assist with cooling the room (and thereby the fridge), staff had turned on an electric fan.
- Alarms were fitted in the interview rooms at all 12 locations. However, they were small, wall-mounted boxes of similar size to a light switch and they were not always located conveniently for staff. Some alarms were next to the light switch, adjacent to the doorway, others were on the far side of the room from the doorway. When the alarm was activated, there was no audible sound within the interview room. The alarm was only signalled to the administrative worker based in

reception. The issue of accessibility of the wall-mounted alarms was highlighted by a recent incident at the Guildford office. Staff had found it challenging to reach the alarm unit when a patient had become aggressive inside the room. As a result of that incident, necklace style pendant alarms were made available for use by Guildford staff. These pendant alarms linked into the same alarm system as the wall mounted units. We did not see pendant alarms in use by any of the other teams.

### Safe staffing

- Most teams averaged two to three staff vacancies (whole time equivalent (WTE)) at the time of our visit. Three teams had more than three WTE vacancies: Runnymede had five, North East Hampshire had seven and Spelthorne had 4.5. In the majority of instances, vacancies were managed via the use of locum workers. However, the vacancies still had an impact on the day-to-day work demands on individual staff members. It was reported that it was difficult for the trust to fill posts due to the close proximity to London. Trusts located in London offer a higher pay weighting. The trust had agreed to add a “golden hello” for these positions to increase the starting salary and be competitive with London weighted salaries. In most instances, vacancies had been advertised at the time of our visit.
- The overall sickness rate for staff across the 12 teams during the period July 2014 to September 2015 was 2%.
- The teams all had experienced staff and there was low staff turnover in most teams. The team with the highest number of substantive leavers during the period 01 July 2014 to 30 September 2015 was Guildford CMHRS with 4.64 leavers. The team with the lowest number of substantive leavers during the period 01 July 2014 to 30 September 2015 was Tandridge CMHRS with 1.33 leavers.
- The average caseload size for full time staff was between 25 and 35 cases. However, some staff in the Elmbridge team had a caseload of up to 50. This was in excess of Department of Health guidelines which recommended a safe caseload should be no higher than 35. However, the

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caseloads of up to 50 included patients who were part of the clozapine clinic. These patients only required their depot injection to be administered and did not require intensive support from the caseworkers.

- Caseloads were managed effectively via regular team meetings and individual supervision sessions.
- All the teams had sufficient consultant psychiatrist sessions to meet the Royal College of Psychiatrists' guidelines and each team felt that they could get rapid access to a psychiatrist when required.
- Mandatory training compliance was over 75% in most teams. The following were the instances where the level was below 75%:
  1. Information governance: Woking team (70%).
  2. Equality and diversity: Elmbridge team (65%).
  3. Basic life support: Mole Valley team (70%), Surrey Heath team (46%), Tandridge team (69%) and North East Hampshire team (71%).
  4. Prevention and management of violence and aggression (PMVA): Surrey Heath team (61%), Tandridge team (42%) and North East Hampshire team (71%).
  5. Medicines management: Elmbridge team (60%) and Waverley team (70%).

## Assessing and managing risk to patients and staff

- We looked at risk assessments in 36 sets of electronic care records. In the majority of cases they were well recorded. All 36 sets of care records had a risk assessment in place. Approximately 80% of the risk assessments were of good quality. The remaining 20% lacked sufficient detail. Approximately 75% of the risk assessments were up to date. However, of the remaining 25% that were out of date, some were significantly so. We saw one risk assessment from the Guildford team that was dated in 2013. Some of the risk assessments were held within the progress notes of the new electronic record system (System One) due to problems with the migration from the previous electronic record system. We saw evidence of thorough analysis of risk with crisis and contingency plans. Patients were all risk assessed on initial contact with the service. Referrals identified specific risks and the clinician who undertook the assessment completed a thorough risk assessment.
- All 12 teams had a rapid response system that could respond quickly to sudden deteriorations in patients' health and allowed good access to help in times of

crisis. Some teams operated a rota system, where each member of the team would take a turn to be the rapid response worker. Other teams operated a system which had a designated full time rapid response worker.

- Safeguarding training was mandatory. There was good awareness of safeguarding procedures among all staff interviewed. Safeguarding training was tiered and different grades of staff received more tiers of training as appropriate to their role. We observed safeguarding discussed in multidisciplinary team meetings.
- All the teams had safe lone-working procedures in place. These included the use of signing in and out boards and the requirement to telephone in at the end of the day if the staff member did not return to the office.
- All staff had mobile phones they could be contacted on. Team managers kept details of staff contact details. Staff attended visits in pairs if the patient had been considered a risk to lone staff members. Staff were also provided with code words and phrases to use if they needed to telephone the team office to make them aware if they required assistance.
- Sky Guard portable alarm systems were available to staff at all sites we visited. The alarm was a small GPS tracking device for use when staff were out on community or home visits. The device had an alarm facility that enabled staff to call for help if required. When activated, the alarm provided the staff member's GPS location and also allowed the receiver of the alarm to hear the staff member.
- Some sites we visited did not hold a stock of medicines for administration to patients. Of the sites that did hold a stock of medicines for administration to patients, medicines management systems were good, with appropriate policies in place for storage and administration that were adhered to.
- We looked at recording of medicines in electronic care notes. Current medicines and prescription details were available and documented.

## Track record on safety

- The trust reported that during 2015 there was a total of 20 serious incidents (SIs) attributable to the 12 CMHRS teams. Only the Spelthorne and Tandridge teams did not report a single SI during 2015. The North East

# Are services safe?

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Hampshire team reported the most SIs in 2015, with a total of four. Most of the SIs were in relation to an episode of self-harm by a patient known to one of the CMHRS teams. We saw evidence of robust information sharing following SIs and improvements in safety as a result of joint learning.

## Reporting incidents and learning from when things go wrong

- The trust used the DATIX system (an electronic patient safety software system to manage risk, incidents and adverse event reporting) for incident reporting. Staff demonstrated how to use the system and were able to give examples of what should be reported.
- Staff were able to demonstrate that they had been open and honest when mistakes had been made. The staff had apologised for their mistake in writing and systems had been developed to learn from them.
- The Surrey Heath team provided an example of an entire new process that had been implemented following an incident where a patient had missed an appointment because a staff member had been on sick leave.
- Each of the teams had arrangements in place to learn from incidents. Incidents were logged electronically on the DATIX system. When incidents were reported each of the team managers investigated these and learning from incidents was discussed and shared in meetings with the team. There was a very proactive approach to learning from incidents in all of the teams. For example, the Elmbridge team had learned from an incident where the rapid response worker had not been able to respond to a patient referral due to a gap in receiving the referral in writing. This referral was not chased up. The team had learned from this incident and introduced a more robust rapid response system whereby a back up worker was also put on the rota. The team had also adopted a policy whereby verbal referrals were followed up within an hour to ensure the written referral was received by the team. In Guildford, we saw evidence of an appropriate response to an incident involving an instance of aggression by a patient in a consultation room. Staff had discussed the security measures in place at the time of the incident (a wall based alarm button in each room) and had responded by purchasing neck pendant alarms, to be worn whenever deemed appropriate per individual risk assessments.
- The service held a monthly quality assurance group which had incidents included as a standing agenda item. Learning from these meetings was then shared with each of the CMHRS teams where the issues were discussed in local team meetings. Staff we spoke to confirmed that this took place.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- We observed a crisis care review between a care co-ordinator and a patient at the Elmbridge team. The session was sensitive and responsive to the needs of the patient. We spoke with the patient following the conclusion of the review and were told that they felt involved in the planning of care.
- We reviewed the new patient assessment form at the Spelthorne team. The assessment was highly patient centred and holistic. Patient goals were clearly identified within the assessment and were SMART (specific, measurable, achievable, realistic and a time-frame was set). The information on the form included aspects of the patients' care including medication, psychological interventions, social interventions, physical health requirements and (if applicable) a carer's assessment.
- We reviewed 36 electronic care records. The care plan documentation we saw in most records was of a good standard. Most patient records we looked at had up-to-date care plans. Most of the care plans were holistic, recovery orientated and personalised.
- Care records were stored on a secure electronic system. In all of the teams visited we were told of some issues with the migration from RiO to the new SystemOne system. These issues largely concerned instances where data had not been relocated on SystemOne. We were also told when information was migrated from RiO to SystemOne, the date order of documents had been lost. The information was contained within SystemOne but it was hard to locate. Some managers told us that some historical data (pre-dating the data migration during October 2015) had not yet migrated to SystemOne. According to those team leaders, the gaps in data were seemingly random, without a clear theme as to the age or type of missing data. To mitigate against potential risks associated with missing data, where necessary, teams requested copies documents from the RiO administrators. However, we were told that it could take up to one month for the copies to be delivered. In the meantime, teams conducted appropriate assessments based on available information.

### Best practice in treatment and care

- Monthly team manager meetings highlighted any new guidelines that are released by the National Institute for Health and Care Excellence (NICE). Managers reviewed the new guidelines and cascaded relevant updates to their teams.
- Patients were able to access a range of individual and group-based psychological therapies recommended by NICE. The range of groups included coping skills, dialectical behaviour therapy, carers groups and bi polar groups.
- Staff routinely reviewed the physical healthcare needs of patients. We looked at 36 sets of electronic records which confirmed that physical health assessments were undertaken. There was evidence of ongoing physical care where required and referrals made to GPs as required.
- Patients were prescribed and administered medication in accordance with NICE guidance. Dosages were within limits stipulated by the British National Formulary.

### Skilled staff to deliver care

- All the teams inspected had a full range of mental health disciplines including psychiatrists, nurses, social workers, psychologists, occupational therapists, medical secretaries and administration staff.
- New staff undertook a trust induction and a local induction, which collectively covered a wide range of topics to equip new staff e.g. human resources systems, safeguarding, conflict resolution and equality and diversity. We reviewed induction checklists for staff members.
- Staff in all teams we visited had regular supervision on a monthly basis and told us it was of good quality. There was an electronic recording system that recorded dates of supervision. This enabled managers to ensure regular supervision was taking place. We looked at a supervision proforma that the Spelthorne team used. This was thorough and included well-being; caseload and performance within the team; training; and, annual leave. Copies of supervision sessions were kept within the staff personnel files. We also saw in the teams visited that there was a supervision chart to ensure staff knew

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Good 

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who would complete their supervisions. We observed a supervision session at the Surrey Heath team which included discussions about personal caseload and complex cases.

- Annual appraisals took place in all teams we inspected. In all the teams visited staff were up to date with appraisals.
- Consultant psychiatrists spoke positively about the quality of medical appraisals. Consultants we spoke with had been through re-validation.
- All staff we interviewed told us there were opportunities made available by the trust for learning and development. This was additional to the statutory and mandatory training. Staff felt the trust accommodated requests to access additional training. Staff told us if they identified training they would like to undertake they could submit a request to the trust and it would then be considered and funding made available. For example, we spoke with a therapist who had been encouraged to study for a master's degree.

## Multi-disciplinary and inter-agency team work

- We observed one multidisciplinary team (MDT) meeting and one shared care meeting. Both were very well attended by a full range of professionals. Every team held one MDT meeting each week and staff we spoke with told us they were always very well attended. We were told that the teams recognised the importance and value of regularly meeting to share information and make collaborative clinical decisions. Detailed and holistic discussions took place. We observed a patient-centred and respectful approach to each case. Risk and safeguarding concerns were discussed. All team members present were given the opportunity to contribute to the meetings and their views were listened to and valued by all in attendance.
- Each of the teams held daily conference calls with inpatient services and also home treatment teams. During a call we observed the team discussed the progress of inpatients; accommodation needs upon discharge; patients' wishes; and physical health. The participants collaboratively decided on the plans of action and discharge goals.
- The teams had completed an audit with local GPs to see if they were satisfied with communication

arrangements. The Elmbridge team engaged with local GPs and met with each local GP annually. At these meetings they had presentations and discussed referrals and potential referrals. This engagement and relationship building was considered significant because the main source of referrals was from local GPs.

- A psychologist we spoke with told us they had participated in a psychosocial audit during 2015. We saw a copy of the report from the audit, which consisted of a thorough investigation of the psychology service offered by each individual team. The collective findings were then presented in the single report we viewed. Examples of positive findings were the short waiting times for treatment; the range of evidence-based and NICE recommended treatments offered; and, positive feedback from patients on the perceived usefulness for therapies provided. The report also listed seven areas requiring further exploration and/or actions, for example: "explore the reasons why a greater percentage of clients are not taken on in Mole Valley and Woking following referral for individual work".
- There were very close links with Surrey County Council Social Services Department as each CMHRS team contained members of social services staff, whose services were subcontracted to the trust's activities. The CMHRS teams also worked closely with the County Council's enablement service which operated from two hub offices – one in the east of the county and one in the west. In addition to the two offices, the enablement service also had two workers based in each of the CMHRS locations to provide support to patients in that locality. The enablement service provided practical, time-limited, task focused support to people who qualified for assistance from secondary mental health services.

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

- We looked at staff training records in all teams. Staff had received Mental Health Act 1983 (MHA) training. According to figures supplied by the trust, all 12 CMHRS teams had levels of staff MHA training compliance over 80% (nine of the 12 teams had figures above 90%).
- We looked at recording of consent to treatment in patients' electronic records. This was clearly recorded in all of the care records we reviewed.

# 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.

- Each of the teams we visited had a small number of patients subject to Community Treatment Orders (CTOs) under the Mental Health Act (1983). Staff we spoke with had a good knowledge of the Mental Health Act. The North East Hampshire team provided an example of a revocation of a CTO patient and how they had adopted a multi-agency approach to work with the admitting ward in advance and other agencies.
- Where the teams had patients subject to a CTO on their caseload we saw that the CTO11 and CTO12 forms were present with their prescription charts.
- We were told by staff there was legal advice available through the trust if required.

## Good practice in applying the Mental Capacity Act

- We looked at staff training records in all teams. Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). According

to figures supplied by the trust, all 12 CMHRS teams had levels of staff MCA/DoLS training compliance over 80% (nine of the 12 teams had figures above 90%). MCA training was included in the trust induction for new staff.

- Staff demonstrated a good awareness of the MCA and DoLS and this was embedded in daily practice. We looked at assessments of mental capacity in all 36 records we reviewed and found evidence that capacity had been considered in each case. Best interest decisions were recorded where it was appropriate to do so.
- We saw evidence that mental capacity was regularly discussed during team meetings.
- Staff we spoke with told us that mental capacity assessments were carried out as needed and that the assessment could be conducted by any member of the MDT.

# 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

- During our site visits we witnessed a variety of interactions between staff and patients. This included home visits, crisis care reviews, clinic appointments, allocation meetings, patient consultations and a bi-polar education group. Staff consistently treated patients in an appropriate, respectful and supportive manner.
- Staff demonstrated a positive attitude towards patients when interacting directly with them, and when talking about them with colleagues.
- We spoke to 23 patients and 11 carers and asked them how staff behaved towards them. We were given very positive feedback. Patients and carers told us they felt supported by staff within the services and that they were able to input into choices about their treatment. We were told that staff were kind and respectful. Patients we spoke with stated they could talk to a psychiatrist over the phone if required.
- Staff we spoke with (and observed carrying out their work) displayed a high level of understanding for the individual needs of their patients.
- We observed a carers group at the Elmbridge team. The group was supportive and offered carers education about mental health.

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

- The trust had a wide range of information available for carers at the premises of each team.
- Each CMHRS team had a nominated carers practice worker whose remit was to engage with and support the carers of that team's patients. Support was available on a one-to-one basis, and also via regular carers' group meetings, held at each team's premises.
- At Woking CMHRS, two patients had been involved in the recruitment process for new staff, including acting as members of interview panels. A patient we spoke with greatly valued the opportunity to participate in the selection process and felt that the experience had a

significant positive effect on them personally and their relationship with the service. At the time of our visit, the Woking team was in the process of enrolling two carers to their pool of recruitment and selection personnel.

- A patient of the Mole Valley CMHRS we spoke with had been involved in the induction program for new members of staff. That patient had also represented the trust at a conference.
- Information on how to give feedback (including how to complain) was on display at the premises for each CMHRS team.
- We observed a crisis care review between a care co-ordinator and a patient at the Elmbridge team. The session was sensitive and responsive. The patient was asked for their views on the care they were receiving and we included in decisions about their care. We spoke with the patient after the review who confirmed they felt really involved in their care.
- We spoke with a patient who told us they did not like the care co-ordinator they had been allocated and had raised this with the service manager. The care co-ordinator was changed at the request of the patient.
- We attended a home visit with the Spelthorne team. The patient was being helped to prepare for dialectical behaviour therapy. We saw good interactions that were very warm and person centred throughout. There was good evidence of involving the patient in the care they received and listening to their views.
- We observed a carers' drop-in session at the Elmbridge team. This group provided a good support function to carers. This included emotional and social support. The group also signposted carers to local services.
- Carers we spoke to about all teams described staff as respectful and polite. Carers commented on the support they received and the quality of care provided to their relatives.
- Each of the teams discussed the care of each individual patient and their preferences within MDT/team meetings. Patients were asked about their personal preferences and goals at first contact and this was reflected in their care plans.
- Information about advocacy services was available in each of the teams we visited. Information was on

## Are services caring?

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posters or leaflets in waiting areas. Patients we spoke with also confirmed they were aware of local advocacy services and how to access them. One patient we spoke to was not aware of how to access local advocacy services but stated they would ask their care co-ordinator for assistance if they wanted to access advocacy.

- Each of the teams we visited had an iPad available in the waiting areas for patients. The iPad contained a patient survey to provide feedback about the care and

service they had received. The questions on the survey were updated every three months and there were also questions aimed at carers of patients. The results were collated every three months and displayed for patients to review. The information included examples of changes that had been made in response to patient feedback. Hard copies of the surveys were also available for patients and carers who preferred a response in written format.

# 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

- The waiting times within the service were very good. The Community Mental Health Recovery Service (CMHRS) did not have any waiting lists for initial assessment and people who were in crisis were seen on the same day.
- Target times for referral to assessment were the same across all 12 locations. For routine referrals, the target for assessment was 28 days. The teams aimed to assess urgent referrals within five days and emergency referrals within 24 hours. Each of the 12 teams met or exceeded these targets.
- There were no delays between initial assessment and allocation of a care co-ordinator or the start of treatment at any of the teams.
- The maximum waiting time for specialist psychology input was eight weeks at the Guildford team. Reported waiting times for specialist psychology input at other teams were four weeks or less. Whilst patients were waiting for the start of psychological treatment, they were offered the choice to take part in group-based support sessions, via the "Coping Skills Group" operated by each team.
- Each of the teams we visited had a rapid response worker who was available to receive phone calls from patients. We were told by patients they were able to call each of the teams and speak to their psychiatrist if required.
- The out of hours crisis service covered all of the CMHRS teams out of hours. There was also a crisis line which patients could contact.
- Each service visited sent reminders of appointments to patients by text message and by letter. When a patient did not attend an appointment, each service contacted the patient to offer them a new appointment. Each team had clear processes in place if a patient did not attend an appointment. If they were unable to make contact with the patient and had concerns for the patient's safety, they conducted unannounced home visits and liaised with the trust's home treatment teams, the patient's GP/family, and/or the police.
- Upon initial referral to each of the services, a letter was sent to the patient offering them an appointment. Information packs were sent to patients on referral.
- Patients were offered flexibility in appointments in all of the teams visited. The Elmbridge and Reigate teams were able to facilitate later appointments one day a week for those who could not attend during the day.
- Appointments in each of the services were rarely cancelled. We were told very occasionally appointments could be cancelled due to staff absence. Where this was the case, patients were informed as soon as possible, and if the patient was considered to be a risk, clinicians in each of the teams covered urgent appointments.
- Staff we spoke to told us discharges of patients from the service were carefully managed. Staff discussed discharge plans with the patient, their family and carers. Discharge plans were discussed in each patient's CPA review and a risk assessment was carried out based on recovery models. The teams undertook a global assessment of the patient and how well they were equipped for discharge. We saw evidence of discharge planning and discussion in the care records we reviewed.
- Staff we spoke with told us that they commonly experienced resistance against discharging patients. Staff stated their belief that this was due to anxiety about a perceived inability to cope without specialist CMHRS input - a view sometimes expressed by patients and/or their carers themselves.

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

- There were concerns about the level of soundproofing in the interview and meeting rooms in the premises occupied by three out of the 12 CMHRS teams. The level of sound-proofing within the interview rooms of both Woking and Reigate CMHRS teams was not ideal. In the Reigate office, music was played in the waiting area to mask the sound of conversations taking place in the interview rooms.
- The premises of Spelthorne CMHRS failed to safeguard the confidentiality of people who used their interview and meeting rooms. There were three interview rooms and one group room. The walls that divided the interview room and the group room were very thin. We

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Requires improvement 

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were told this was an issue in terms of patient confidentiality because conversations could be overheard in the adjoining rooms. Staff had taken steps to mitigate this risk and tried where possible not to schedule patient interviews in neighbouring rooms or used a nearby trust building. Patients also were required to walk through a staff office area. Due to the confidential nature of information on staff computer screens staff were required to apply a screen to their computer system if a patient was due to enter the room to protect the information. This was a way of mitigating the risk, however, it was problematic for staff.

- All of the services visited held appointments or sessions that community patients attended. Patients were also seen in their own homes.
- The Epsom team operated from two premises. The first was in a building on the West Park Hospital site approximately two miles from Epsom town centre. That site was solely for staff use, with no patients seen there. The second site was in the Brickfields Centre, near the centre of Epsom, which was where the team met with patients. The building was shared with other teams, primarily Surrey County Council's enablement service (this was their base for the team who covered the east side of the county), whose staff worked alongside the CMHRS team. The building was clean, tidy and well lit. There was level access and a disabled toilet. The main building was neighboured by a portacabin building, which contained rooms that were used as supplementary space for meetings and interviews. There were no issues with the clinic room.
- The Mole Valley team was based in Clarendon House, in the centre of Dorking. The building was used by different teams, including the CMHRS. The building was clean, tidy and well lit. There were no issues in relation to disabled access and there was a range of rooms available for different purposes. There were no issues with the clinic room.
- The main premises for the Waverley team were in Berkeley House in Godalming. The team also held satellite clinics in Cranleigh, Haslemere and Farnham (these three sites were not visited as part of this inspection). Berkeley House was a relatively new building (less than 10 years old) and was clean, tidy and well lit. Patients were seen on the ground floor which had level access and a disabled toilet. There was an adequate number and variety of rooms for different uses. There were no issues with the clinic room.
- The Guildford team occupied part of the Redwood Centre, a relatively large building at the rear of the Farnham Road Hospital in Guildford. Again, the premises had full disabled access, including a disabled toilet. The facilities were clean, tidy and well lit. There were no issues with the clinic room.
- The Runnymede team occupied Lake House, on the St Peter's Hospital Site in Chertsey. Patients were seen on the ground floor which had level access and a disabled toilet. There was an adequate number and variety of rooms for different uses.
- The Woking team occupied Bridgewell House, which was in a residential street, near to the town centre. The building was formerly a large residential dwelling and was split over three floor levels. Staff we spoke with told us that they enjoyed working in the "homely" environment of the house, but some reported issues with poor level of sound-proofing within the interview rooms and a lack of interview and meeting rooms. They told us that there were plans for the team to move to another location in the future. There were no issues in relation to the clinic room or the cleanliness or tidiness of the building. However, the lighting level within the corridors was low.
- The Tandridge team was based in Langley House in Oxted. The building was light and spacious. There was a good range of interview rooms with comfortable furniture. The environment was clean and well maintained. Langley House was a grade two listed building with thick walls which meant interview rooms were adequately sound proofed. The clinic room was well equipped and had hand washing facilities.
- The Reigate team was based in Shaw's Corner, Reigate. The environment was clean and well maintained. Furniture was clean and in a good state of repair. The building had a range of interview rooms. There were some issues with sound proofing of rooms and music was played in the waiting area to address sound proofing issues. The clinic room was well equipped and had hand washing facilities.

# Are services responsive to people's needs?

Requires improvement 

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

- The Surrey Heath team was based in the Ridgewood Centre in Frimley. The building was in an older hospital. Furniture was in good condition and clean. There was a range of interview rooms available for patients to attend appointments.
  - The North East Hampshire team was based in the Aldershot Centre for Health in Aldershot. The service was located in a modern hub building. The building provided spacious facilities and was clean and well maintained. There was a range of interview rooms available. The clinic room was well equipped and had hand washing facilities.
  - The Elmbridge team was based in the Joseph Palmer Centre in West Molesey. The building was an old school building. The building was spacious and had patient artwork displayed on the walls. The building was shared with other local services such as the Citizens Advice Bureau which was good for patients who needed to access different services. There was a range of interview rooms and group therapy rooms. There were some issues with sound proofing of interview rooms which could impact on patient confidentiality. The clinic room was well equipped and had hand washing facilities.
  - The Spelthorne team base was small and did not provide a sufficient number of interview and group rooms. There were three interview rooms and one group room. Staff managed the limited space well and had made arrangements to use rooms in another trust building or visited patients in their own homes. The clinic room was well equipped and had hand washing facilities, however it was small.
  - In all of the services inspected there was a range of information available to patients and their families. There were numerous leaflets and posters in waiting areas with information about mental health problems, physical health issues, local services, patients' rights, help lines, how to complain and local advocacy services.
- The premises used by the Woking team had formerly been a large residential dwelling. There was not level access at the main entrance. The lighting level within the majority of the building was low. Some of the doorways were relatively narrow and most doors were heavy. However, there was level access around the ground floor level of the building where patients were seen and there was a disabled access toilet.
  - The Reigate team had issues with disabled access. The entry point was located at the back of the building which did not provide an inclusive feeling for the patients who used it. The area was not level and the step down into the building from the ramp was steep. There were disabled toilets.
  - The Spelthorne team had issues with wheelchair access. The portacabin where they were located had narrow access to the building and the entry corridor was narrow. However, we saw evidence that staff conducted a home visit when a service user would have difficulties accessing the Spelthorne office.
  - Information leaflets were available in different languages or could be accessed if required by all teams. The North East Hampshire team had a large local Nepalese population. The service provided leaflets in Nepali. The team had employed a Nepalese nurse who had engaged with the local community to raise the profile of the service. The team also had established links with a local Nepalese radio station and newspaper and had engaged with elders within the Nepalese community.
  - Interpreting services were available to all teams on request.

## Listening to and learning from concerns and complaints

- During the 12 months to November 2015, there was a total of 26 complaints across all 12 CMHRS locations. Of that number, two were fully upheld and 12 were partially upheld.
- Attempts were made to manage complaints at a local level by team managers. Informal complaints were recorded on DATIX. Managers gave us examples of

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

- There were no concerns regarding disabled access at the premises of nine out of the 12 CMHRS premises. However, there were issues encountered at the premises of Woking, Reigate and Spelthorne CMHRS teams.

# Are services responsive to people's needs?

Requires improvement 

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

occasions when staff had apologised to patients and carers when mistakes had been identified. Complaints were discussed in team meetings so that staff could learn from them.

- There were leaflets and posters that provided information about how complaints could be made in each of the services.

- Staff we spoke with could explain the complaints process.
- We spoke with two carers who had previously made complaints about the service their relative received. Both were content that their complaint had been handled appropriately, but neither were happy about the lack of feedback they received from the trust.

# 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 were able to tell us the trust's values and agreed with them. We saw copies of the trust's values displayed on posters in all of the services we visited.
- Staff in all of the teams we visited spoke highly of the leadership both in their service and above local level. Staff we spoke with felt senior managers and members of the executive team were visible and approachable. They told us that members of the senior management team had visited their premises.

### Good governance

- Each of the teams visited had adequate compliance with mandatory and statutory training, with only a small number of exceptions (see above section on 'safe staffing' for a list of exceptions, where compliance fell below 75%). There was a clear system in place for managers to monitor completion rates of training by staff. The system operated a RAG status (red, amber and green) which prompted managers when training was due to be renewed. This meant managers were aware before training expired. Managers and staff were also emailed reminders when training was due for renewal.
- Staff spoke very positively about the quality of supervision that they received. Supervision structures were clear in each of the teams and we saw flow charts identifying who was responsible for supervising each staff member. All teams had high levels of completion for clinical supervision. Caseloads were managed and discussed during supervision. There was an electronic recording system that recorded dates of supervision which meant that managers were able to ensure that supervision was taking place. Each team used a supervision proforma which was thorough and covered staff well-being, performance management and clinical issues.
- The trust used the DATIX system for incident reporting. Staff were able to demonstrate how to use this and could give examples of what should be reported.
- Staff undertook a range of local audits. The Reigate team had undertaken an audit of the coping skills group in terms of the results and benefit it had to those who attended. The consultant psychiatrist at Reigate had

undertaken an audit of psychosis among the patient group. We spoke with a member of staff in the Epsom CMHRS team who had taken part in a psychosocial audit during 2015. All teams visited undertook monthly record keeping audits and regular audits of clinic rooms and medicines management practices.

- Safeguarding vulnerable adults training had been completed by all staff in each of the teams inspected. There was good awareness of safeguarding procedures among staff members. Safeguarding was discussed in multidisciplinary team meetings and safeguarding information was well documented. Most staff had also received training in the Mental Capacity Act. Staff demonstrated a good awareness of the Mental Capacity Act.
- All team managers had a risk register for their service and this was discussed with locality managers at regular meetings. For example, teams recorded on their respective risk registers where they had vacancies and difficulty in recruitment.
- Each of the teams visited had good administrative support.

### Leadership, morale and staff engagement

- Managers were experienced and knowledgeable and demonstrated strong leadership of the teams.
- Each of the teams visited had a small number of staff sickness absences.
- None of the teams visited had reported any cases of bullying or harassment. Staff we spoke with told us they would be confident to raise this as an issue if they needed to do so.
- Staff we spoke with knew the trust's whistleblowing policy and told us they would feel confident in using it if necessary.
- Staff told us they felt confident to raise concerns with their managers and felt these concerns would be addressed appropriately.
- Staff morale was very high among each of the teams we visited. Many of the staff we spoke with had been in the service for a number of years and were dedicated to the teams. Staff were satisfied with their roles and were very patient centred.

# 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.

- Opportunities for leadership development were available. We were told there were good opportunities for personal development and the trust funded staff development.
  - The teams worked well together and listened to each staff member's views. We saw this demonstrated in a multidisciplinary team meeting. Staff were respectful of each other's roles and we observed that staff were given equal opportunities to contribute fully in meetings.
  - Staff were able to give us examples of occasions when they had been open and honest when mistakes had been made. The staff had apologised for their mistake in writing and systems had been developed to learn from them. Incidents were discussed at regular team meetings.
  - A structure was in place to support members of staff who had been affected by a serious incident (SI). The scheme was operated by a multidisciplinary group of staff, who contacted teams following an SI to offer flexible input in the form of individual and/or group support sessions to any member(s) of staff who chose to take part. We spoke with a member of the team that provided the service and members of a team that had recently received support. Both sides spoke very highly of the positive effects the scheme had provided.
  - The North East Hampshire team offered patients access to a recovery college. This was a way of supporting patients and staff in recovery oriented education. The college offered courses run by peer support workers and mental health professionals which aimed to improve the health and wellbeing of patients. The college also offered a range of courses on psychological, mental and physical health conditions. Patients we spoke with who had accessed the college spoke highly of the courses on offer and told us they had benefited personally from attending these.
  - At the time of our site visit, the trust was in the process of implementing a "Care Excellence Accreditation Process" for their own services. This aimed to provide assurance of service quality to all external stakeholders and to provide motivation for staff to aim for continual improvement.
  - The trust was conducting a physical health clinic pilot with the North East Hampshire team. This involved setting up a wellbeing and physical health clinic for patients on antipsychotic and depot medication in order to ensure the trust met guidance set by the national schizophrenia audit and agenda for physical health. Reigate, Mole Valley and Epsom CMHRS teams had introduced smaller scale physical health clinics with a plan to roll the programme out across all teams.
  - The trust provided out of hours (evenings, weekends and Bank Holidays) support in the form of "Safe Haven" cafes to offer patients an alternative to presenting at Accident and Emergency departments in times of crisis. There were Safe Haven cafes in Aldershot, Camberley, Woking and Epsom. They were operated in partnership between the trust, local Clinical Commissioning Groups and mental health charities.
- Commitment to quality improvement and innovation**
- The trust had established a personality disorder forum as part of the personality disorder strategy. The teams we visited spoke highly of this forum and the specialist consultancy and advice offered. Staff told us it was helpful as an increasing number of patients on their case load had a diagnosis of personality disorder and the specialist consultancy and advice, plus case discussions in the forum helped with everyday practice.

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	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 10 Dignity and respect</b></p> <p>The trust did not ensure the privacy of service users at the Spelthorne CMHRS service.</p> <p>Service users were required to walk through the staff office in order to access interview rooms. There was a risk that members of the public could access confidential material within the office (by overhearing telephone conversations; reading and/or taking written material, in electronic or in paper form).</p> <p>There was an inadequate level of sound proofing in the interview and meeting rooms. There was a risk of members of the public overhearing confidential discussions in adjoining rooms.</p> <p>This is a breach of regulation 10(1) and (2)(a)</p>