

Good 

Oxleas NHS Foundation Trust

Mental health crisis services and health-based places of safety

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)
RPGAD	Green Parks House	Bromley Home Treatment Team Bromley Day Treatment Team Bromley health-based place of safety	BR6 8NY
RPGAE	Oxleas House	Greenwich Home Treatment Team Greenwich Day Treatment Team Greenwich health-based place of safety	SE18 4QH
RPGAH	Woodlands Unit	Bexley Home Treatment Team Bexley Day Treatment Team	DA14 6LT

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Information about the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	10
What people who use the provider's services say	11
Good practice	11

Detailed findings from this inspection

Locations inspected	12
Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Findings by our five questions	14

Summary of findings

Overall summary

We rated mental health crisis services and health-based places of safety as **good** overall because:

- Following our inspection in April 2016, we rated the service as good for caring.
- During this most recent inspection, we found that the service had addressed the issues that had caused us to rate safe as inadequate and effective, responsive and well-led as requires improvement, following the April 2016 inspection.
- The mental health crisis services and health-based places of safety were now meeting Regulations 9, 10 and 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Summary of findings

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

Are services safe?

We re-rated safe as **good** because:

- The service had addressed the issues that had caused us to rate safe as inadequate following the April 2016 inspection.
- In April 2016, we found concerns relating to the environment and the management of risks in the environment in the home treatment teams, day treatment teams and health-based places of safety. Patient risk assessments and crisis plans were not comprehensive and accessible and did not always identify how risks were managed. At the current inspection, we found that the trust had renovated both health-based places of safety and the Bexley home treatment and day treatment team had relocated to refurbished premises in Woodlands House. The environment of these services was safer and better met the needs of patients. Every team had an up to date comprehensive ligature risk assessment, which included photographs of areas of risk. Staff knew the areas where risks were present and actions to mitigate these risks were clearly identified in the risk assessment documentation. Staff completed patient risk assessments on admission to the service and prepared crisis plans with patients. These were easily accessible and included risk management plans.
- During our last inspection in April 2016, we found inconsistencies relating to the way that the trust lone working was implemented. We recommended that the trust make improvements in this area. During the inspection, we found that all staff had access to an alarm system, which could be activated in the community and would track staff to ensure their safety.
- During our last inspection in April 2016, we found that not all staff had completed mandatory training. Bexley day treatment team did not have access to emergency equipment and routine checks of cleanliness of the environment did not take place. We recommended that the trust make improvements in these areas. At the current inspection we found the trust had addressed these concerns. The Bexley day treatment team had moved and had access to emergency equipment. Most staff were up to date with mandatory training, except 'prevent' training, which had been introduced recently. Staff routinely checked the cleanliness of the environment.

Good



Summary of findings

- Following the inspection in April 2016, we recommended that all staff managing the urgent advice line should be suitably qualified. During the current inspection we found that calls to the urgent advice line were managed by professionally qualified staff.

Are services effective?

We re-rated effective as **good** because:

- The service had addressed issues that had caused us to rate effective as requires improvement in the April 2016 inspection.
- During the inspection in April 2016, we found that the care plans were not based on a comprehensive assessment of needs, holistic and personalised, and jointly developed with patients. In addition, the service did not have evidence to show that staff were consistently recording and monitoring patients' physical healthcare needs. During the current inspection, we saw the teams had carried out substantial work to improve care plans. Staff carried out a thorough assessment of patients and most care plans we reviewed were person-centred and developed with the patient. Staff carried out physical health assessments routinely.
- In April 2016, we found that the trust did not have a consistent approach to monitoring outcome measures within the teams. During the current inspection, we found that the teams were moving towards consistent use of CORE 10 outcome measures in the home treatment teams as a way of demonstrating the effectiveness of the service and measuring patients' progress.
- During the inspection in April 2016, we found that not all staff had access to Mental Health Act training. We made a recommendation that this should be improved. During the current inspection, we found that 75% of staff in home treatment teams had undertaken specific training related to the Mental Health Act and updated code of practice.
- During the inspection in April 2016, we found that staff did not always record that they had gained consent from patients. We recommended that the trust make improvements. During the current inspection we found that consent was being recorded consistently.

Good



Are services caring?

At the last inspection in April 2016 we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Summary of findings

During the current inspection most feedback from patients was positive and patients were aware of their care plans. They said that most staff were respectful and provided a helpful service to them. They were aware of the actions they needed to take in a crisis.

Are services responsive to people's needs?

We re-rated responsive as **good** because:

- The service had addressed issues that had caused us to rate responsive as requires improvement in the April 2016 inspection.
- In April 2016, we found that the health-based places of safety did not provide an environment, which promoted privacy and dignity. During the current inspection, we saw that renovations had taken place, which had improved the environments of the health-based places of safety so that patient dignity and privacy were maintained.
- In April 2016, we found gaps in logs related to the times that the service requested support from approved mental health professionals in the health-based places of safety. During the current inspection, we saw that these logs were completed comprehensively.

Good



Are services well-led?

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

- The service had addressed issues that had caused us to rate well-led as requires improvement in the April 2016 inspection.
- In April 2016, we found that the service did not have sufficiently robust governance processes in place to ensure that the quality of care was focussed on improvement. During this inspection, we saw that there was a comprehensive local and service-wide audit programme in place and that the service had worked consistently to successfully address the concerns raised at the previous inspection.
- The service was aiming towards constant improvement through the incorporation of service user led input to develop services, particularly in Greenwich.

Good



Summary of findings

Information about the service

Oxleas NHS Foundation Trust provides mental health crisis services in the London boroughs of Bromley, Bexley and Greenwich.

Home treatment teams were based in each borough. The home treatment teams offered assessment and interventions to any person aged 18 to 65 who were in a crisis and experiencing mental health problems and may require admission to an inpatient ward for intensive support and treatment.

Day treatment teams were based in each borough and operated between 9am and 5pm, Monday to Friday. The aim of the day treatment teams was to work with people to prevent admission to hospital and to support people who have been discharged early from hospital.

The trust had two health-based places of safety. The health-based places of safety provide facilities to support and assess people detained by the police and thought to be in immediate need of care in a safe environment.

We inspected the following services:

Bexley Home Treatment Team

Bexley Day Treatment Team

Greenwich Home Treatment Team

Greenwich Day Treatment Team

Bromley Home Treatment Team

Bromley Day Treatment Team

We also inspected the two trust health-based places of safety based at Queen Elizabeth Hospital, Woolwich and at Princess Royal University Hospital in Farnborough.

When the CQC inspected the trust in April 2016, we found that the trust had breached regulations. We issued the trust with three requirement notices for mental health crisis services and health-based places of safety. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Our inspection team

Our inspection team was led by:

Team Leader: Jane Ray, Head of Hospital Inspection (mental health) Care Quality Commission

The team that inspected the mental health crisis services and health-based places of safety comprised of two CQC inspectors and one specialist advisor who was a nurse with experience in mental health services.

Why we carried out this inspection

We undertook this inspection to find out whether Oxleas NHS Foundation Trust had made improvements to their mental health crisis teams and health-based places of safety since our last comprehensive inspection in April 2016.

When we last inspected the trust in April 2016, we rated mental health crisis services and health-based places of safety as **requires improvement** overall.

We rated the core service as inadequate for safe, requires improvement for effective, responsive and well-led and good for caring.

Following the April 2016 inspection, we told the trust it must take the following actions to improve mental health crisis services and health based places of safety:

Summary of findings

- The trust must ensure that the current environments used for the Bromley day treatment team and the Bexley day treatment team are safe.
- The trust must ensure that the current environments for the health-based places of safety are made safe and to fully promote people's privacy and dignity.
- The trust must ensure that risk assessments and crisis plans are comprehensive and are accessible to the care professionals that need them. The assessments must clearly outline identified risks and how the risks are being managed.
- The trust must ensure that each individual patient has their needs assessed and care planned accordingly. This includes the care plan being holistic, personalised and jointly carried out with the patient.
- The trust must ensure that patients have access to an initial comprehensive physical health assessment and subsequent physical health monitoring. This includes the assessments being documented in patient records.
- The trust must ensure that staff notify the approved mental health professionals within the set trust target time when a MHA assessment is required. This includes any delays documented accordingly in the patients' record.
- The trust must ensure that there are adequate systems and processes in place to monitor whether patient documentation is detailed and up to date and that patient dignity and respect is maintained at all times.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12 (safe care and treatment)

Regulation 9 (person-centred care)

Regulation 10 (dignity and respect).

We also made recommendations at the last inspection, which we followed up at the current inspection.

How we carried out this inspection

To fully understand the experience of people who use services, we 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, we reviewed information that we held about the mental health crisis services and health-based places of safety and requested specific information from the trust. This information suggested that the rating of good for caring remained valid. Therefore, during this inspection we focussed on the issues that had caused us to rate the service as inadequate for safe and requires improvement for effective, responsive and well-led.

We gave the trust one week notice of the inspection.

During the inspection visit, the inspection team:

- visited three home treatment teams, three day treatment teams and two health-based places of safety. We observed the environments.
- spoke with nine patients who used the service
- spoke with five team managers of the home treatment teams and day treatment teams.
- spoke with the service manager responsible for the crisis pathway across the trust.
- spoke with 27 other staff members; including doctors, nurses, occupational therapists and social workers
- attended and observed one hand-over meeting and one bed management meeting.
- looked at 29 patient care records including care plans and risk assessments

Summary of findings

What people who use the provider's services say

During the inspection, we spoke with nine patients who used the crisis services across the trust. Most feedback

was positive and patients we spoke with were aware of their care plans. They said that most staff were respectful and provided a helpful service to them. They were aware of the actions they needed to take in a crisis.

Good practice

- The Bexley home treatment team used a comprehensive spreadsheet, which was accessible to all members of staff in the team. The spreadsheet that provided a summary of the key information about each patient. This meant any staff member could access key information on areas of risk, physical and mental health, as well as social needs. This information was updated at every handover so the team always had the most recent information available to them.
- The Greenwich home treatment team had worked with a local service user group to explore how they could improve the service from the perspective of service users.

Oxleas NHS Foundation Trust

Mental health crisis services and health-based places of safety

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bromley Home Treatment Team Bromley Day Treatment Team Bromley health-based place of safety	Green Parks House
Greenwich Home Treatment Team Greenwich Day Treatment Team Greenwich health-based place of safety	Oxleas House
Bexley Home Treatment Team Bexley Day Treatment Team	Woodlands Unit

Mental Health Act responsibilities

- At the inspection in April 2016, we found that not all staff in the crisis services had access to training in the Mental Health Act (MHA) and recommended to the trust that this should improve. During the current inspection we found that all staff had access to up to date training

specifically related to the MHA, incorporating updates to the code of practice, which came into effect in 2016. Staff were aware of the new code of practice and understood how to access support and advice when necessary.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- At our previous inspection in April 2016 we identified that patient records in the home treatment and day treatment teams lacked evidence that staff had gained consent from patients. During the current inspection, we found that staff had recorded when patients' had given their consent, for example, to share information about their care and treatment with GPs.

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

Home treatment and day treatment teams Safe and clean environment

- During the last inspection in April 2016, we found that some care and treatment was provided in environments, which were not suitable for the purposes for which they were being used. We found that particularly the environments in the Bexley and Bromley day treatment teams were not sufficiently safe as where there were risks such as ligature anchor points. We did not have evidence that these risks were mitigated safely and consistently. During the current inspection, we found that the Bexley day treatment team had relocated to the Woodlands Unit in the grounds of Queen Mary's Hospital in Sidcup and the space for patients had been renovated and updated. We found that in all the services we visited, the home treatment teams and the day treatment teams had clear and up to date ligature risk assessments which detailed ligature anchor points as well as equipment and items which could be used as ligatures. Ligature risk assessments were held locally so that all team members could refer to them as necessary and all members of staff had to sign in the file to confirm that they had read the relevant information. Where ligature risks were identified, the method of mitigating the risk was also identified. For example, through staff observation or the risk assessment of individual patients. Across the teams, staff told us that they were more aware of the areas of risk within the service and knew where to access ligature cutters quickly if necessary.
- During our last inspection in April 2016, we found that staff were not routinely carrying out checks of clinical equipment and infection control. During this inspection we found that staff regularly calibrated medical devices and staff at each site carried out regular infection control audits. Where issues were identified in infection control audits, they were followed up by the team managers through action plans. This meant that there were robust systems in place to ensure that infection risks were minimised.

- In our last inspection in April 2016, we found that staff in the Bexley day treatment team did not have access to emergency life support equipment and emergency medicines and the service did not have access to oxygen. At that time, the service was operating from a temporary base. During the current inspection, we found that the team had relocated to the same site as the inpatient wards and staff had access to emergency equipment and oxygen from within the Woodlands Unit if necessary.

Assessing and managing risk to patients and staff

- During our last inspection in April 2016, we found that some patient risk assessments were not up to date and that risk information was not routinely added to risk assessment documents. During the current inspection we found that this was not the case. We checked 29 risk assessments across the teams that we visited. All patients had risk assessments which were completed on the trust's electronic database when the patient was taken onto the team's caseload. This meant that the risks identified in the risk assessments were current. Risk information was up to date. Three of the risk assessments that we saw in the Greenwich home treatment team did not include all the risks which were identified either in the care plan or the progress notes. For example, one risk assessment did not include the patient's physical health needs in relation to a diagnosis of diabetes. However, this information was present in the care plan, which meant that the risk was mitigated and managed.
- Risk was discussed in detail during handover meetings. Risk information was collated clearly in the Bexley home treatment team through the use of an extensive spreadsheet which all staff had access to. This spreadsheet presented key information about all patients who were open to the service, including the current risk profile and risk management plans, medication, and areas of need identified in relation to their psychological and physical health. During each handover, every individual's information was updated. Any staff able to access the trust network could have all information relevant to an individual patient at a glance.

Are services safe?

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

This meant that risk could be better managed even if staff were not familiar with the patient's history. Staff told us that they felt that risk assessments were more robust than before.

- Patients were given key information about contact details for the teams including out of hours contact details. We spoke with nine patients who confirmed that they were aware of the actions to take in event of crisis and patients were aware of crisis plans which had been discussed with them. The trust operated an urgent advice line. This was available for patients to access 24 hours a day and seven days a week. During working hours, the calls were directed to the relevant borough where a qualified member of staff in the home treatment team would respond to the caller. Out of hours, the calls were directed to the senior duty nurse in the relevant borough. This meant that at all times a qualified member of staff was available to respond to calls.
- During our last inspection in April 2016, we found that staff told us about inconsistencies relating to the way that the trust lone working was implemented and we found that alarms were not tested regularly. During the current inspection, we found that all staff had access to an alarm system, which could be activated in the community and which would track members of staff to ensure their safety. Teams used books or boards, which tracked whether they were in or out of the office and where they were going. Staff had access to individual or team mobile phones. Staff were aware of the current trust lone working policy and the importance of ensuring it was used in practice. In the team bases, alarms were present in the interview rooms. Staff told us that there were plans in place to replace the alarm system in Oxleas House. Staff checked alarm systems, both personal and fixed, were working regularly and we saw that this was recorded.
- At the inspection April 2016, that not all staff have completed mandatory training. We recommended that the trust make improvements. At the current inspection

we found that staff mandatory training completion rates across the home treatment teams was good. Bexley and Bromley teams had an average of 91% of staff had completed mandatory training and in Greenwich 96% of staff had completed training. These figures included 'Prevent' training, which was a new requirement and was being rolled out across the teams.

Health-based places of safety Safe and clean environment

- During our last inspection in April 2016, we identified that the places of safety in both Greenwich and Bromley were not safe in respect to the environment. At the current inspection we found that improvements had been made. Remedial building work had been carried out in both the health-based places of safety. We found that the services in both Greenwich and Bromley were provided in a safe environment.
- Both health-based places of safety had ensured that the environments were safe. They were both ligature free and where there were areas of risk, such as blind spots, these were mitigated by the use of mirrors in Greenwich and the service in Bromley was covered by CCTV. Both health-based places of safety had working clocks and alarm systems as well as intercoms for two-way communication. They were both ensuite, ensuring that patients had access to toilet and shower facilities and while it was possible for staff to observe all areas within the places of safety, they both had privacy blinds which ensured that maximum dignity could be afforded. Both places of safety had installed frosted glass at the entrances to ensure that the privacy and dignity of people was protected.

Assessing and managing risk to patients and staff

- We reviewed six records within the health-based places of safety. We found that all the records were completed comprehensively and risk information was clearly established. This meant that relevant information about current risks was provided to staff.

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

Home treatment and day treatment teams Assessment of needs and planning of care

- During our last inspection in April 2016, we found that patients did not always have their needs assessed and care plans were not holistic and person-centred. We did not see clear evidence of patients being involved in their care planning. During the current inspection we reviewed 29 care plans across the home treatment teams and the day treatment teams. The service had put considerable effort into improving the format of care plans to ensure that they were person-centred. We saw some excellent care plans, particularly in Bromley home treatment team, which were clearly developed with input from patients. However, five care plans we saw across the teams relied very heavily on a standard format, which had not been adjusted to ensure that it was specific to the individual's needs. Staff we spoke with in all the teams we visited displayed robust understanding of individual patients' needs. The trust worked to a target of a care plan being available for each patient within six hours of the first interaction and used reviews and updates to personalise the care plans through the period of care. Patients told us that they knew they had care plans and had been offered copies of these.

Best practice in treatment and care

- At the inspection in April 2016, we found a lack of recorded physical health assessment and monitoring of patients. At the current inspection, we found this had improved. Staff offered patients an initial physical health assessment, which included a baseline assessment of key indicators such as blood pressure, temperature and oxygen levels. With patients' consent, staff were able to access GP records electronically, in a timely manner, which meant that key medical information was shared when necessary. In the Greenwich and Bromley home treatment teams, a nurse had been identified to run a wellbeing clinic. This provided additional input specifically related to physical health needs where a need was identified. For example, if a patient had a long term health condition or requested support regarding health promotion including smoking cessation. In Greenwich one staff member, who was trained in phlebotomy, was associated with the clinic and there

were plans to include this in Bromley and roll the model out to Bexley in the future. Physical health checks were recorded consistently. In Greenwich a staff member ran a local football group for patients on a weekly basis and encouraged patients who needed to work on fitness to participate.

- At the inspection in April 2016, we found that there was a lack of consistency in the use of outcome measures. We recommended that the trust should consistently measure outcomes for patients and use the results to improve performance. At the current inspection we found that the services were working towards integrating standard outcome measures across the teams in Bexley, Bromley and Greenwich. In Bexley and Bromley, staff used the CORE-10 tool to ensure that outcomes could be determined from a patient view. This was clear in the documentation on the trust electronic database. In Bromley, the team also used the Camberwell assessment of need short appraisal schedule (CANSUS) to measure patient outcomes. In Greenwich we saw that some patients had used CORE-10. However, this was in the process of being rolled out more fully.

Adherence to the MHA and the MHA Code of Practice

- At the inspection in April 2016, we found that not all staff had access to training in the Mental Health Act (MHA) and recommended to the trust that this should improve. During the current inspection we found that all staff in the service had access to up to date training specifically related to the MHA, which incorporated the updates to the code of practice which came into effect in 2016. Across the home treatment teams, the compliance rate was 75%. However, this course had only just been introduced two months before the inspection. Staff were aware of the new code of practice and understood how to access support and advice when necessary.

Good practice in applying the MCA

- At the inspection in April 2016, we found that patient records lacked evidence that staff had gained consent from patients to share information. We recommended that the trust should improve this. During the current inspection, we found that staff from all the home treatment teams and day treatment teams had specific documentation to complete to verify that patients' had

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.

given consent to share information about their care and treatment with GPs. We saw that these were completed and documented in a consistent manner making them easy to find for practitioners who could check if someone had given consent or not.

Health-based places of safety

At our last inspection in April 2016, we found there were no outstanding requirements for health-based places of safety under the effective key question. Since that inspection we have received no information that would cause us to re-inspect this key question for health-based places of safety.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

At the last inspection in April 2016 we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

- Most feedback from patients was positive and patients were aware of their care plans. They said that most staff were respectful and provided a helpful service to them. They were aware of the actions they needed to take in a crisis.

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

Home treatment and day treatment teams

At our last inspection in April 2016, we found there were no outstanding requirements for home treatment teams in relation to the responsive key question. Since that inspection we have received no information that would cause us to re-inspect this key question for home treatment or day treatment teams.

Health-based places of safety

Access and discharge

- At our previous inspection in April 2016, we found that the trust had targets to ensure that approved mental health professionals (AMHPs) were notified of a patient's admission to one of the places of safety within 60 minutes and that the AMHP arrived within three hours. However, the log which identified the time that patients were admitted to the place of safety and the time at which the AMHP was informed was not always up to date, which meant that some of this information could not be monitored. At the current inspection we found that a comprehensive and completed log was in place, which identified numerous issues relating to the progress of an admission to the health-based place of safety. It included the time of admission, the time that the AMHP was contacted, the time that the AMHP and medical professionals arrived and a number of other important metrics. This log was held by the Mental Health Act administrators and was both comprehensive and complete. This meant that the trust were able to monitor and have oversight of any difficulties identified in the two health-based places of safety it was responsible for.

- During our inspection, a young person was admitted to one of the health-based places of safety. We saw that this person was seen promptly by an AMHP, as well as a doctor and a psychologist, both with experience of working with young people.

The facilities promote recovery, comfort, dignity and confidentiality

- During our last inspection in April 2016, we identified a number of concerns with the physical environments within the health-based places of safety. During the current inspection, we saw that the identified issues had been addressed and both places of safety had been renovated with significant structural work having been carried out in Bromley. For example, both places of safety had replaced clear glass at the entrance with frosted glass, thereby providing privacy for patients using the service.
- The health-based places of safety in Greenwich and in Bromley had discreet entrances which meant that people did not have to walk through other services to reach them and patients entering the place of safety did not share an entrance with patients going to or from the wards. Patients using both the services had access to toilets and shower facilities and the rooms had privacy blinds in place. Both health based places of safety met the requirements of the Mental Health Act code of practice having a visible clock, intercom communication systems and external temperature control and lighting. They also had alarm systems both for patients and staff. Any blind spots were mitigated by the use of mirrors or CCTV. This meant that the places of safety at both Greenwich and Bromley were sufficient to ensure that patients were provided with safe and appropriate care that promoted their comfort, dignity and confidentiality.

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

Home treatment and day treatment teams Good governance

- During the last inspection in April 2016, we found that the governance systems and process that were in place were not robust enough in order to ensure that patients were receiving safe care and treatment and an environment that protected their privacy and dignity. Not all teams demonstrated their clinical effectiveness with the use of outcome measures and the health-based places of safety did not routinely collect data to evaluate their performance. The systems and processes in place to monitor whether patient documentation was detailed and up to date were not effective. At the current inspection we found that the trust had made significant improvements
- During the inspection, we found that all teams had either implemented the use of CORE 10 which is a specific outcome measure completed by self-reporting questionnaire, or they were about to implement this. Managers across the service undertook regular audits relating to different aspects of quality of care and documentation. For example, audits of the completion of care plans and risk assessments. Information from these audits was discussed at weekly meetings across the trust between managers of the service so they were able to benchmark their practice and ensure that services were both running effectively and that any improvements could be targeted. We found throughout the inspection that documentation of care and treatment was accurate, detailed and consistent.

Leadership, morale and staff engagement

- Since the last inspection in April 2016, each team manager has developed a team risk register and had received specific training around compiling and maintaining a risk register. This information was discussed at team meetings so that team members

were aware of the identified risk and how they were being managed. Team managers were aware of how issues on the team risk register were and could be escalated.

Commitment to quality improvement and innovation

- The Greenwich and Bromley home treatment teams were accreditation through the Royal College of Psychiatrists home treatment accreditation scheme. The Greenwich team had had a recent visit from the peer review team with a view to renewing their accreditation which was due to expire. Staff in the team told us that the verbal feedback from the review team had been positive.
- We saw that the Greenwich home treatment team had worked extensively with the trust and local user groups, to put together an experience-based co-design project to help service users and ex-service users feed into training and understanding of the service from the user perspective. It was also for service users to develop understanding of the staff perspective. The project involved in volunteer service users shadowing staff and putting together videos and questionnaires, which represented their experiences. This work demonstrated a commitment by the service to work together with service users to improve services.

Health-based places of safety Good governance

- At the last inspection in April 2016, we found that the log which was in the place of safety was not being comprehensively completed by staff. This meant that the trust did not have a comprehensive understanding of the work and impact of the operation of the health-based places of safety. During the current inspection, we found the log was completed comprehensively which meant that the trust were able to have clear and accurate oversight of the operation of the health-based places of safety.