Care Quality Commission

Outstanding

# Berkshire Healthcare NHS Foundation Trust

# Community-based mental health services for older people

## Quality Report

Tel:
Website:
www.berkshirehealthcare.nhs.uk

Date of inspection visit: 7 December 2015 to 10 December 2015
Date of publication: 30/03/2016

## Locations inspected

| Location ID | Name of CQC registered location | Name of service (e.g. ward/ unit/team) | Postcode of service (ward/ unit/ team) |
|---|---|---|---|
| RWX58 | Church Hill House | Older People CMHT and Memory Service – Wokingham | RG41 2RE |
| RWX58 | Church Hill House | Older People CMHT and Memory Service – Reading | RG30 4EJ |
| RWX58 | Church Hill House | Older People CMHT and Memory Service – Windsor, Ascot and Maidenhead | SL6 1LD |
| RWX58 | Church Hill House | Older People CMHT and Memory Service – West Berkshire | RG18 3AS |

This report describes our judgement of the quality of care provided within this core service by Berkshire Healthcare 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.

# Summary of findings

Where applicable, we have reported on each core service provided by Berkshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Berkshire Healthcare 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 | Outstanding |
|---|---|
| Are services safe? | Good |
| Are services effective? | Outstanding |
| Are services caring? | Outstanding |
| Are services responsive? | Good |
| Are services well-led? | Outstanding |

**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 | 7 |
| Information about the service | 11 |
| Our inspection team | 11 |
| Why we carried out this inspection | 11 |
| How we carried out this inspection | 11 |
| What people who use the provider's services say | 12 |
| Good practice | 12 |

### Detailed findings from this inspection

| | |
|---|---|
| Locations inspected | 14 |
| Mental Health Act responsibilities | 14 |
| Mental Capacity Act and Deprivation of Liberty Safeguards | 14 |
| Findings by our five questions | 16 |

# Summary of findings

## Overall summary

We rated Berkshire Healthcare NHS Foundation Trust as outstanding because:

- All of the teams we visited were located in settings that were clean and in a good state of repair.
- All of the interview rooms and areas where patients had access to were comfortable and well maintained. Each staff member was provided with a portable alarm system. This provided the GPS location of the staff member and could be used to call for help.
- Caseloads of each staff member were managed and reviewed in supervision. All staff were up to date with supervision.
- Arrangements were in place to cover sickness, leave and vacant posts.
- All teams had a duty system in place that could respond quickly if a patient had a sudden deterioration in health or in times of crisis. The duty system operated on a rota basis.
- All of the records we reviewed had evidence of thorough risk assessments being in place. There was analysis of risk and crisis and contingency plans. Patients were assessed at initial contact with the service and regularly thereafter.
- Each team had a safeguarding lead and staff in all teams were able to identify the lead. Safeguarding training was mandatory. Staff demonstrated good awareness of how to identify and escalate safeguarding concerns.
- The Trust held monthly locality Patient Safety & Quality Meetings (PSQ) where cases were reviewed, learning from incidents discussed and Service Managers fed back the information to OPMH multi disciplinary business meetings. Wokingham OPMH team held Plan, Do, Study, Act (PDSA) meetings to review provision and plan service improvements. Staff found both meetings supportive.
- We found evidence in care records that physical healthcare needs of patients were routinely reviewed. Ongoing physical healthcare needs were addressed as required.
- Staff were extremely positive about the opportunities for professional development offered by the Trust. Staff members told us they had been funded by the Trust to undertake higher education courses and had gained qualifications at masters level.
- All teams had arrangements in place to report and learn from incidents. Each team kept incident logs and staff were able to tell us what should be reported on DATIX. When incidents were reported the team manager investigated and learning was disseminated to staff in team meetings. There was an extremely proactive approach to learning from incidents.
- Two of the memory assessment clinics we visited had undergone successful accreditation with the memory service national accreditation scheme (MSNAP). The other two teams were working towards gaining accreditation.
- All interactions we observed between staff and patients were respectful, kind and considerate. Patients and carers told us they felt supported by staff in each service and staff involved them in their care. We were told that staff were kind and respectful.
- The trust offered a six week “understanding dementia” education course to relatives and carers. The course provided a range of information to assist relatives and carers to support them when caring a person with dementia. We were told by carers this course was valued and beneficial.
- The trust had developed a “Dementia Handbook for Carers”. The handbook provided detailed information for carers across the West of Berkshire about a range of subjects including locally available services, day to day living, an A-Z of symptoms and legal and money matters. A Newbury OPMH Consultant led the project to develop the handbook in partnership with the University of Reading. Several groups of carers had been consulted throughout each stage of its development.
- The trust maximum target time for referral to treatment (RTT) is 126 days. Memory Services are currently compliant with a Quality Schedule target requiring at least 70% of people referred to memory clinics to be assessed within six weeks. At the time of the inspection 78% of people referred to all BHFT Memory clinics since April 2015 had been assessed within 6 weeks.
- The Wokingham team had established the Young People with Dementia (Berkshire West) charity. The charity was formed due to a shortage of local support and helped to meet the needs of people who develop

dementia at an early age. The charity also supports relatives and carers of young people with dementia. Older peoples teams and the charity collaborate to provide a seamless pathway for young people with dementia and their carers

- The Trust had developed a specialist assessment form. The assessment form was developed with input from psychiatry, social work, community mental health nursing and psychology. The assessment form incorporated NICE guidelines. The assessment form was in use by all older people's services in the Trust to enable the standardisation of assessment. The assessment form also had questions specific to the responses of the carer or relative of the patient which gave a holistic assessment.
- All of the services visited offered a range of information to patients and their families. Waiting areas had leaflets and posters which provided information about mental health problems, physical health issues, local services, patients' rights, help lines, how to complain and local advocacy services.
- All of the services visited could access leaflets in different languages if required.
- Morale was extremely high in each of the teams visited and staff spoke highly of their team and the support available.
- Staff in all services had received mandatory training. Mandatory training included safeguarding, conflict resolution, equality and diversity, fire awareness, infection control and manual handling. There were high levels of completion of training across the service.
- Staff were extremely positive about the quality of the supervision they received. All of the teams staff members had high completion rates for supervision.
- Each team worked well together and listened to each staff member's views. We saw evidence of this in multi-disciplinary team meetings in each of the services.
- Staff were aware of the Trust's complaints procedure and information was available to patients and carers about how to complain. We saw evidence of instances where staff had learned from complaints in a positive way.
- Staff we spoke to told us that the trust management visit were visible and approachable. Staff spoke highly of the management.
- The feedback we received from staff, patients and carers evidenced that services were very patient centred and provided individualised and holistic care

# Summary of findings

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

### Are services safe?

**We rated safe as good because**:

Good

- risk assessments were undertaken and well recorded in all four teams. We saw examples of very thorough analysis of risk with crisis and contingency plans.
- all four teams had a duty system that could respond quickly to sudden deterioration in people's health and allowed good access to help in times of crisis.
- caseloads were managed and reviewed in supervision.
- each team had a safeguarding lead and there was very good awareness of safeguarding procedures among all staff.
- each of the teams had arrangements in place to learn from incidents. We saw incident logs in each of the teams. Incidents were also reported on an electronic patient safety software system to manage risk, incidents and adverse event reporting called DATIX. When incidents were reported each of the service managers investigated these and learning from incidents was discussed and shared in meetings with the team.

### Are services effective?

**We rated effective as outstanding because**:

Outstanding

- the memory assessment clinics in the Wokingham team and the Reading team had undergone successful accreditation with the memory service national accreditation scheme (MSNAP)
- documentation was of a consistently high standard. All the patient records had current care plans which considered patients views about their care
- the teams ran a range of groups including cognitive stimulation therapy and memory clinics. Talking therapies were also available. The services followed a dementia pathway which was based on National Institute for Health and Care Excellence (NICE) guidance
- new guidelines released by the National Institute for Health and Care Excellence (NICE) were reviewed and disseminated to teams following team manager meetings.
- physical healthcare needs were routinely considered, evaluated and recorded
- outcome measures and symptom rating scales were used
- staff in all teams we visited had regular supervision and told us it was of good quality
- all staff we interviewed spoke highly of the opportunities the trust made available for learning and development

# Summary of findings

### Are services caring?

**We rated caring as outstanding because**:

Outstanding

- we observed a range of interactions between staff and patients. This included home visits, clinic appointments with mental health practitioners, memory service therapy sessions 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, respectful and involved the patient in their care
- patients and carers told us they felt supported by staff within the services and that they were given choices about their treatment. We were told that staff were kind and respectful without exception
- the trust had developed a "Dementia Handbook for Carers" which was widely available in the Wokingham, Reading and Newbury teams. The handbook was available electronically on the trusts website. The handbook contained detailed information for carers about the services available locally, day to day living, support, legal and money matters, an A-Z of symptoms and behaviours and a section on record keeping and updating relevant care documents
- information on carers support was available in the dementia handbook
- the trust offered an "understanding dementia" education course for relatives and carers of patients. The course is offered over six weeks and covered information about the illness and medicines, legal and financial aspects, long term planning, living well with dementia and managing new behaviours
- staff at the memory services had won awards in recognition of their achievements in the service. The Wokingham team had won the Royal College of Psychiatrists team of the year award 2015. The consultant psychiatrist at Wokingham had won the Thames Valley Leadership Academy (TVLA) award for Inspirational Leader of the year 2015. The consultant psychiatrist at the Windsor, Ascot and Maidenhead team won the trust's clinician of the year award, with their consultant psychologist also being a finalist at the TVLA awards.

### Are services responsive to people's needs?

**We rated responsive as good because**:

Good

- the waiting times within the service were very good. The CMHTs did not have any waiting times and urgent cases were seen on the same day.

# Summary of findings

- memory Services were compliant with contractual target requiring at least 70% of people referred to to memory clinics to be assessed within six weeks. At the time of the inspection 78% of people referred to all Memory clinics since April 2015 had been assessed within 6 weeks.
- the Wokingham team had established the Young People with Dementia (Berkshire West) charity. The charity was established due to a shortage of local support and practical help to meet the needs of people who develop dementia at an early age. The charity also supports relatives and carers of young people with dementia.
- all the services visited had out of hours cover and a duty system in place.
- the memory clinics had a low rate of missed appointments by patients. They contacted patients to remind them of their appointment. Staff in the teams telephoned patients who did not attend.
- the trust had developed a specialist older peoples mental health assessment form which documents all patient responses
- in all of the services inspected there was a range of information available to patients and their families.
- all of the services visited held appointments or therapy sessions that community patients attended. The Wokingham team were based in Wokingham Hospital, Berkshire. The building was light and spacious with artwork on the walls. The environment was clean and well maintained.

The Reading team were based at Hazelwood day unit within the grounds of Prospect Park Hospital. The building was modern and provided very spacious facilities and was clean and well maintained. Furniture was clean and in a good state of repair.

The Windsor, Ascot and Maidenhead team were based on the fourth floor in Nicholson House in Maidenhead. This was office style accommodation and provided space for patients to attend appointments. It was well maintained and clean.

The West Berkshire team were based in the Hillcroft House building within the grounds of West Berkshire Community Hospital. The accommodation was older but was well maintained, clean and in good decorative order.

**Are services well-led?**

**We rated well-led as outstanding because**:

Outstanding

- staff spoke extremely positively about the quality of supervision that they received. Supervision structures were clear in each of the teams. All four teams had high levels of completion for

# Summary of findings

clinical supervision. There was an electronic recording system to ensure supervision was recorded and monitored. Each team used a supervision proforma. This is a standardised form which was thorough and addressed staff well-being, performance management and clinical issues

- staff were able to tell us the trust's values and agreed with them.
- staff in all of the teams spoke highly of the leadership above local level. Staff we spoke with felt senior managers and members of the executive team were visible and approachable.
- morale was extremely good and staff told us that they felt very supported by team managers.
- 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 memory assessment clinics in the Wokingham team and the Reading team had undergone accreditation with the memory service national accreditation scheme (MSNAP)**.** The Wokingham memory clinic was accredited as excellent in assessment and diagnosis and psychosocial interventions until April 2016. The Reading memory clinic was accredited as excellent until April 2017. The Windsor, Ascot and Maidenhead Memory Clinic was in the review stage and preparing for accreditation. The Beechcroft memory clinic was also in the review stage and working towards their accreditation.
- Staff at the memory services had won awards in recognition of their achievements in the service. The Wokingham team had won the Royal College of Psychiatrists team of the year award 2015. The consultant psychiatrist at Wokingham had won the Thames Valley Leadership Academy (TVLA) award for Inspirational Leader of the year 2015.The consultant psychiatrist at the Windsor, Ascot and Maidenhead team won the trusts clinician of the year award, with their consultant psychologist also being a finalist at the TVLA awards.

# Summary of findings

## Information about the service

The community mental health teams for older people provide specialist needs-led mental health services for older people and people of any age with dementia who live in Berkshire. There were six teams which all incorporated a memory assessment services and specialist Older Peoples Home Treatment Teams. The teams provided services in the community to people with dementia and older people who experienced functional mental health problems such as severe depression, schizophrenia and bi-polar disorder.

The teams provided assessment and diagnosis, psychological intervention, medicines management, memory clinics for the diagnosis of dementia and treatment. They also offered support for people newly diagnosed with dementia.

The service operates 365 days a year from 9am to 7pm on weekdays and from 9am to 3pm at weekends and on bank holidays. Crisis out of hours provision was provided by the adult mental health team between 7pm and 9am on weekdays and between 3pm and 9am at weekends and on bank holidays.

We inspected community mental health services for older people at:

- Wokingham, based at Wokingham Community Hospital in Wokingham
- Reading, based at Hazelwood, Prospect Park Hospital in Reading
- Windsor, Ascot and Maidenhead team, based at Nicholson House in Maidenhead
- West Berkshire, based at Hillcroft House in Thatcham

Community mental health services for older people had not been inspected previously.

## Our inspection team

The inspection team was led by:

Chair: Dr Ify Okocha, Medical Director, Oxleas NHS Foundation Trust

Head of Inspection: Natasha Sloman, Head of Inspection for Mental Health, Learning Disabilities

and Substance Misuse, Care Quality Commission

Team Leader: Louise Phillips, Inspection Manager, Care Quality Commission

The team comprised of a CQC Inspection Manager, CQC inspector, CQC Inspection Assistant, a clinical psychologist and a registered mental health nurse. A further CQC inspector, a doctor, a registered mental health nurse and an expert by experience (someone with lived experience of using mental health services) worked with the team for one day of the inspection.

## Why we carried out this inspection

We inspected this core service as part of our on-going 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?

# Summary of findings

- 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.

During the inspection visit, the inspection team:

- Visited four community mental health teams for older people and four memory assessment services. These were incorporated within the community teams.
- spoke with three patients who were using the service.
- spoke with ten carers of people who were using the service.
- observed nine home visits.
- observed two cognitive stimulation therapy groups.
- observed four memory service clinics and assessments
- observed one carers drop in group session
- spoke with the team managers for each of the four teams and the head of service
- spoke with 35 other staff members; including doctors, nurses, social workers, occupational therapists, psychologists, support workers and administration workers.
- attended and observed four multi-disciplinary meetings, a duty handover, a bed state teleconference meeting between the community teams and inpatient wards. We also attended a memory clinic meeting, two team formulation meetings, two home treatment and crisis care team meetings and an allocation meeting.

We also:

- looked at 23 electronic care records and six prescription charts.
- 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

We received positive comments from patients and carers. Staff were described as kind and respectful and patients and carers felt involved in choices about their care and treatment. Carers felt supported by the trust in a variety of ways, including the dementia handbook that was available and also the carers' education course and drop in sessions. Patients spoke highly of staff members and we heard examples where staff had gone above and beyond for patients.

## Good practice

- The Wokingham team had established the Young People with Dementia (Berkshire West) charity. The charity was formed due to a shortage of local support and helped to meet the needs of people who develop dementia at an early age. The charity also supports relatives and carers of young people with dementia. Older Peoples Mental Health teams and the charity collaborate to provide seamless pathway for young people with dementia and their carers

- The trust memory services had identified a higher number of younger people with dementia than the national average. With project funding the charity established the country's first Admiral Nurse working with younger people with dementia. The post is now recurrently funded and employed by the trust. This specialist role is designed to help patients, carers and families learn about dementia and how to move forward with their lives. This is achieved by offering practical support and therapeutic intervention.

- The trust had developed a “Dementia Handbook for Carers” which was widely available in all three Berkshire West teams. The handbook contained detailed information for carers about the services available locally, day to day living, support, legal and money matters, an A-Z of symptoms and behaviours and a section on record keeping and updating relevant care documents. The handbook had been developed with the University of Reading and as part of its development a group of carers for people living with dementia were consulted for their input. The handbook was given to those with a new diagnosis of

dementia and their carers and was intended to offer useful support and information. GP practices had requested copies of the handbook and it was available in all local surgeries.

- The trust offered an “understanding dementia” education course for relatives and carers of patients. The course is offered over six weeks and covered information about the illness and medicines, legal and financial aspects, long term planning, living well with dementia and managing new behaviours.

Care Quality Commission

Berkshire Healthcare NHS Foundation Trust

# Community-based mental health services for older people

## Detailed findings

## Locations inspected

| Name of service (e.g. ward/unit/team) | Name of CQC registered location |
|---|---|
| Older People CMHT and Memory Service- Wokingham | Church Hill House |
| Older People CMHT and Memory Service – Reading | Church Hill House |
| Older People CMHT and Memory Service – Windsor, Ascot and Maidenhead | Church Hill House |
| Older People CMHT and Memory Service – West Berkshire | Church Hill House |

## 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.

All eligible staff had received Mental Health Act training.

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act (MCA). Staff demonstrated a good awareness of the Mental Capacity Act and this was embedded in daily practice.

Recording of capacity assessments was clear and thorough where it was evident that the patient showed signs of impaired capacity to make some decisions about their care and treatment.

# Detailed findings

The dementia handbook contained information about lasting power of attorney (LPA) and advanced statements. LPA was a way of giving a nominated person the legal authority to make decisions on your behalf should you lack mental capacity in the future. An advanced statement can also be used to express wishes about future care options.

Good

# 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**

- Staff at all sites we visited were provided with Sky Guard portable alarm systems. These could be used when staff were out on community or home visits and enabled staff to call for help if required.The Sky Guard alarms provided the GPS location of the staff member and also provided the facility for staff to allow the receiver of the alarm to hear the staff member.
- The clinic rooms we visited were clean, well equipped and maintained to a high standard. Blood pressure monitoring equipment, weighing scales and defibrillators were present and checked regularly. Qualified nursing staff had received defibrillator training.
- The environments at each of the teams we visited were clean and well maintained. Each of the environments were in good decorative order. There were several rooms available for patients to attend appointments.

**Safe staffing**

- Vacancy rates were low for all the teams. The Wokingham team had two vacancies, one in the Home Treatment Team (HTT) and one in the Community Mental Health Team (CMHT). These posts were currently being advertised. The vacancies had previously been advertised however the quality of applicants had not been sufficient. The community team also had one vacancy for a mental health practitioner. Interviews were scheduled to appoint to this post. The team had 2.48 whole time equivalent (WTE) band 5s, 10.48 WTE band 6s (nurses and occupational therapists), 3.6 WTE band 3 community support workers, one WTE band 4 memory clinic assistant, 2.5 WTE consultant psychiatrists, a part time associate specialist, a part time speciality doctor, one WTE psychologist, one WTE psychology assistant, one WTE speech and language therapist, a part time admiral nurse, one WTE clinical lead, one service manager, two WTE medical secretaries and three administration staff and social workers employed by Wokingham Borough.
- The Reading team had one vacancy for a band two administrative staff member. The team had just recruited to a vacancy for a support worker. The team had 11.4 WTE band 6 mental health practitioners (nurses and occupational therapists), 1.8 WTE band 5 mental health practitioners, one WTE psychologist, one WTE psychology assistant, 3.6 WTE community support workers, 0.5 WTE speech and language therapist, one WTE clinical lead, one service manager, two full time consultant psychiatrists, a speciality doctor, two WTE medical secretaries, two administration staff and social workers employed by Reading Borough.
- The Windsor, Ascot and Maidenhead team had no vacancies for staff members.
- The West Berkshire team had a full complement of staff.
- All the teams had sufficient consultant psychiatrist sessions to meet the Royal College of Psychiatrists guidelines.
- Sickness levels had been an issue within the teams. We were told the sickness policy for the trust often left managers with limited options on how to deal with repeated sickness absences.
- Caseloads were managed and reviewed in supervision. Staff were all up to date with supervision. Some staff reported having higher caseloads due to short staffing and sickness. For example, in one team staff were managing a caseload of over 40 people. This was in excess of Department of Health guidelines which recommended a safe caseload being no higher than 35.
- Staff received mandatory training. Mandatory training included safeguarding, conflict resolution, equality and diversity, fire awareness, health and safety, infection control and manual handling. All teams visited had high levels of compliance with mandatory training.
- There were arrangements to cover for sickness, leave and vacant posts. Urgent casework was covered by duty. Another clinician would cover if someone was absent for a long period of time. At the time it was known a staff member was absent there caseload was reviewed and urgent cases were allocated to be covered.
- There was little use of bank or agency staff.

Good

# Are services safe?

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

- Each of the teams felt that they could get rapid access to a psychiatrist when required. There was always a duty consultant available out of hours and some of the consultants from the older peoples mental health teams were happy to be contacted out of hours when they were not on duty.

**Assessing and managing risk to patients and staff**

- We looked at risk assessments in 23 sets of electronic care records and found that these were well recorded in all four teams inspected. All of the risk assessments reviewed across the four teams had up-to date assessments. We saw evidence of thorough analysis of risk with crisis and contingency plans. Patients were all risk assessed on initial contact with the service and then six monthly thereafter. Memory clinic patients were assessed on a yearly basis, however, this was reviewed and updated if the patients risk changed.
- All four teams had a duty system that could respond quickly to sudden deterioration in people's health and allowed good access to help in times of crisis. Duty teams were staffed on a rota basis. Qualified staff were on duty during weekdays and at weekends and on bank holidays. We observed duty workers in all four teams. They provided care to prevent admissions and to support timely discharge from hospital.
- Safeguarding training was mandatory. Each team had a safeguarding lead and there was good awareness of safeguarding procedures among all staff. Band 7 staff had been trained in level one, two and three and qualified nurses were trained to level two. We observed safeguarding being discussed in multi-disciplinary team meetings.
- All the teams had safe lone-working procedures in place. These included using signing in and out boards and telephoning in at the end of the day if the staff member was not returning to the office. had mobile phones they could be contacted on. Team managers kept details of staff contact details. Staff would attend visits in pairs if the patient had been considered a risk to lone staff members.
- Medicines management varied across the sites inspected. The Wokingham team had very limited amounts of medicines and was only holding medicines for one patient. This had been at the request of the patient and their family. The medicines were dispensed to the Wokingham team and were collected from them. The medicines were signed in and out appropriately. The Hazelwood team held a limited amount of medicines on site, they were storing two depot injections and tablets. These had been signed in and out appropriately and were stored securely.
- We looked at recording of medicines in electronic care notes. Current medicines and prescription details were available and documented.

**Track record on safety**

- Each of the teams had arrangements in place to learn from incidents. We saw incident logs in each of the teams and these were also on DATIX. When incidents were reported each of the service 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. The Wokingham team had identified a number of incidents were due to medicine errors in care homes. This had been highlighted and staff asked to review patient's medicine charts when on visits to care homes.
- The trust held monthly Patient Safety & Quality Meetings (PSQ) where cases were reviewed, learning from incidents discussed and service managers fed back the information to each of the teams multi-disciplinary business meetings.

**Reporting incidents and learning from when things go wrong**

- The trust used the DATIX system 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 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. The Wokingham team gave an example of when a call had come into the Duty team and had not been acted on. The learning from this incident had strengthened the duty system to prevent further occurrences of a similar incident. Incidents were discussed at monthly team

Good

# Are services safe?

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

meetings. Older people's community mental health team managers and ward managers attended clinical governance team meetings. .Here incidents were discussed, lessons learned then shared with the teams.

# Are services effective?

**Outstanding**

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 memory clinic patient assessment. The patient and their carer were interviewed separately, this enabled both the views and wishes of the patient and their carer to be heard. The assessment form used incorporated all aspects of information relevant to the multi-disciplinary team. During the assessment the mini mental state examination (MMSE) and Montreal cognitive assessment (MoCA) were used and the results explained to the patient. The assessment also explored medical, physical, cognitive and environmental issues with the patient and their carer. Risks were also discussed and documented on the assessment form.
- We reviewed 23 electronic care records. The care plan documentation we saw in all records was of a consistently high standard. All the patient records we looked at had up-to-date care plans. Each of the care plans were holistic, recovery orientated and personalised.
- Care records were stored on a secure electronic system.

**Best practice in treatment and care**

- Team managers and senior clinicians attend a monthly clinical forum where any newly released guidelines are highlighted, for example by the national institute for health and clinical excellence (NICE). They reviewed these and cascaded relevant updates to the teams.
- The teams ran a range of groups including cognitive stimulation therapy and memory clinics. Talking therapies were also available. The services followed a dementia pathway which was based on National Institute for Health and Care Excellence (NICE) guidance. The services used a range of outcome measures.
- Physical healthcare needs were routinely considered. We looked at 23 sets of electronic records which confirmed that physical health evaluations were undertaken. There was evidence of ongoing physical care where required.
- Outcome measures and symptom rating scales were used including Montreal cognitive assessment (MoCA), mini mental state examination (MMSE) hospital anxiety and depression scale. We observed a memory clinic assessment where MoCA was used and this was done in a way that showed understanding and sensitivity.
- The memory assessment clinics in the Wokingham team and the Reading team had undergone accreditation with the memory service national accreditation scheme (MSNAP)**.** The Wokingham memory clinic was accredited as excellent in assessment and diagnosis and psychosocial interventions until April 2016. The Reading memory clinic was accredited as excellent until April 2017. The Windsor, Ascot and Maidenhead Memory Clinic and the Beechcroft memory clinic were in the review stage and preparing for accreditation. Achieving and working towards MSNAP had led to each team undertaking a range of audits for the purpose of learning and service improvement. Examples of these included audits on case notes, the environment and waiting times.

**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, speech and language therapists, medical secretaries and administration staff. Some nurses were trained as nurse prescribers. The Wokingham team were having difficulty recruiting nurses and had put this on their risk register.
- The teams all had experienced staff and there was low staff turnover. Qualified staff were employed at band 5 and above. This reflected their level of experience.
- New staff undertook a trust induction and a local induction. All new staff were allocated a mentor to help them orientate to the service. Unqualified staff were able to complete the care certificate.
- Staff in all teams we visited had regular supervision 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 the standard supervision proforma that the Windsor, Ascot and Maidenhead team used. This was thorough and included well-being, caseload, and performance within the team, training, leave, development and leadership. Copies of supervisions were kept within the staff personnel files.

# Are services effective?

**Outstanding**

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.

- Annual appraisals were taking place in all teams we inspected. In all the teams visited, staff were up to date with appraisals. Service managers had electronic systems to monitor appraisal dates. The only exception was with new staff awaiting appraisals. Dates were scheduled for these to take place. We reviewed the quality of appraisals and found they were thorough and clear, with specific and measurable objectives and timelines.
- Consultant psychiatrists spoke positively about the quality of medical appraisals and their re-validation programme.
- All staff we interviewed spoke highly of the opportunities the trust made available for learning and development. This was above and beyond the statutory and mandatory training. Some staff had or were working towards qualifications in higher education. Staff felt the trust were very accommodating for requests to access additional training

**Multi-disciplinary and inter-agency team work**

- We observed four multi-disciplinary team meetings, one in each of the teams we inspected. They were all well attended and detailed and holistic discussions took place. We observed a patient-centred and respectful approach. Risk and safeguarding concerns were discussed. All team members present were given the opportunity to contribute to the meetings and their views were listen to and valued by all in attendance.
- The duty teams had handover meetings. We observed a bed state teleconference meeting that takes place between all older peoples community services in the trust on a weekly basis.It was a proactive meeting with the aim of preventing delayed discharges. The meeting involved good planning and there was a high level of clinical discussion amongst those in attendance. It was clear there was a joined up approach to working across all localities and it was a cohesive and co-operative meeting. A case was discussed where a patient was ready to be discharged but the trust were awaiting the identification of a suitable placement to be available. The trust had chased up the identification of the placement. It was clear the distress of the patient waiting for discharge outweighed the need for the bed and staff were working hard to minimise the patient's distress.
- < >here were close links with social services as three of the teams were integrated and Newbury OPMH was co-located with Social Services' Dementia Team
We looked at staff training records in all teams. All eligible staff had received Mental Health Act training.
- We looked at recording of consent to treatment in patient's electronic records. This was clearly recorded in all of the care records we reviewed.
- None of the teams we visited had any patients subject to the Mental Health Act and none were on Community Treatment Orders (CTOs). We discussed the use of CTOs with staff. We were told patients are rarely placed on CTOs but they were able to describe examples of previous patients who had been subject to the Act and how they responded in such situations.

**Good practice in applying the Mental Capacity Act 2005**

- We looked at training records in all four services inspected. All staff had received training in the Mental Capacity Act 2005 (MCA). MCA training was included in the trust induction for new staff. The teams were 100% compliant for this training.
- Staff demonstrated a good awareness of the Mental Capacity Act and this was embedded in daily practice. We looked at assessments of mental capacity in all 23 records we reviewed and found that this was recorded. Best interest decisions were recorded where appropriate.
- The handbook for carers contained information about lasting power of attorney (LPA) and advance statements. LPA is a way of giving a person you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future. An advance statement can be used to express wishes about future care options. We observed a memory clinic appointment and saw that LPA was discussed with the patient and their carer.

# Are services caring?

Outstanding

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

## Our findings

**Kindness, dignity, respect and support**

- We observed a range of interactions between staff and patients. This included home visits, clinic appointments with mental health practitioners, memory service therapy sessions and therapy groups. Staff in all teams spoke and behaved in a respectful, kind and considerate way. Interactions with patients were caring, courteous, respectful and involved the patient in their care.
- We spoke to three patients and ten 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
- The trust offered an “Understanding Dementia” education course for relatives and carers. The course is offered over six weeks and covered information about the illness and medicines, legal and financial aspects, long term planning, living well with dementia and managing new behaviours.

**The involvement of people in the care they receive**

- The trust had developed a “Dementia Handbook for Carers” which was widely available in the Newbury, Wokingham and Reading teams. The handbook contained detailed information for carers about the services available locally, day to day living, support, legal and money matters, an A-Z of symptoms and behaviours and a section on record keeping and updating relevant care documents. The handbook had been developed with the University of Reading and as part of its development a group of carers for people living with dementia were consulted for their input. The handbook was given to those with a new diagnosis of dementia and their carers and was intended to offer useful support and information. We were told the trust aims to roll this handbook out across the entire trust. GP practices had requested copies of the handbook and it was available in all local surgeries in Berkshire West. An electronic copy of the handbook is available to all on the trust’s website Other trusts have also made enquiries about gaining copy right for the handbook.
- We observed a home visit in the Wokingham team. The patient was being reviewed for their response to medicine titration and their general views about the medicines. We saw extremely 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. There was a clear management plan in place in relation to patient care. We saw attempts to get consent from the patient at appropriate periods through the care episode. There was a clear history of communication with all relevant agencies including the GP.
- We observed a home visit from the Wokingham team following diagnosis in the memory clinic. The visit was to discuss attendance at cognitive stimulation therapy. The nurse provided detailed information about the therapy and explained the process well. The nurse also discussed with the patient their preferred day to attend the therapy and made arrangements that were convenient and suitable for the patient.
- During a care home visit in the Windsor, Ascot and Maidenhead team we saw the nurse support a patient who had been discharged from the memory service. The nurse spoke with the nurse in charge of the care home and gained a history of the patient since the last visit. This focused on implementation areas of planned care around diet due to weight loss and dental problems. The nurse reviewed the medicine charts and discussed social and leisure activities for the patient. At a previous visit the nurse had recommended the patient enjoyed music and this was being played in the patient’s room during the visit. This had helped reduce the level of agitation and aggression when attending to their personal needs.
- A patient from the Windsor, Ascot and Maidenhead team told us they were very happy with the nurse who was visiting and trusted them. The patient also stated the nurse was their best friend and looked forward to visits. During the visit the nurse considered the safety of the patient, reviewed their medicine charts, discussed the patient’s mood and assessed cognitive ability. It was clear the nurse knew the patient and their history well and the interactions we saw were very warm and patient centred.

# Are services caring?

**Outstanding**

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

- We spoke with a nurse from the Windsor, Ascot and Maidenhead team who told us of an occasion where staff from the team had given up their free time on a weekend to clear the garden of a patient who was having difficulty in its maintenance.
- We observed a carers group drop in session at the West Berkshire team. This group provided a good support function to carers of people with dementia. This included emotional and social support and there was a good information exchange of experiences and strategies for caring with a person with dementia. The carers told us that the group was highly valued as it was a safe environment to discuss problems around being a carer that they are not able to express in front of those who they care for. The group also signposted carers to services such as Crossroads and would make referrals to services on the carers behalf.
- Carers we spoke to about all teams described staff as respectful and polite and commented on the high levels of support they received and the quality of care provided to their relatives.
- We observed a patient appointment in Wokingham and saw that the patient was involved in making decisions about their care and that they were offered choices. The practitioner sought consent from the patient to undertake memory assessments and also to speak with their carer about their current situation.

Carers that we spoke to had received information and knew how to access help in an emergency. A range of information about support for carers was available in the dementia handbook. We spoke to carers who had received assessments of their own needs as carers who had been referred to carers support groups.

- We observed an initial assessment at the memory service. The patient and carer were both interviewed separately which allowed for the voices of both the patient and their carer to be heard. The relative found this useful as it offered an opportunity to talk with staff about the person's symptoms without them being present as they felt it was not always comfortable to do this in front of the person they were caring for. The interview with the carer offered appropriate support and advice. This initial assessment process was used in all the teams and there were standardised assessment forms used across the trust which enabled consistency of the assessment in all of the teams.
- Age UK provided information, advice, support and advocacy services. Most staff we spoke with knew how to access advocacy services and we spoke with carers who had accessed advocacy. In all of the services we visited we found a range of information available.
- The memory assessment clinics in Wokingham and Reading had undergone successful accreditation with the memory service national accreditation scheme (MSNAP) which had included the views of patients and carers. The teams in Windsor, Ascot and Maidenhead and West Berkshire were working towards gaining similar accreditation.
- Staff at the memory services had won awards in recognition of their achievements in the service. The Wokingham team had won the Royal College of Psychiatrists team of the year award 2015. The consultant psychiatrist at Wokingham had won the Thames Valley Leadership Academy (TVLA) award for Inspirational Leader of the year 2015.The consultant psychiatrist at the Windsor, Ascot and Maidenhead team won the trusts clinician of the year award, with their consultant psychologist also being a finalist at the TVLA awards

# Are services responsive to people's needs?

Good

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

## Our findings

**Access and discharge**

- The waiting times within the service were very good. The Community Mental Health Teams (CMHTs) did not have any waiting times and urgent cases were seen on the same day.
- The trust maximum target time for referral to treatment (RTT) was 126 days. Memory Services were compliant with a Quality Schedule target requiring at least 70% of people referred to memory clinics to be assessed within six weeks. Between April and November 2015 78% of referrals were seen within the six week key performance indicator. In the Wokingham team 98% of referrals were seen within the six week target, in the Reading team 78% were seen within the six week target, in Windsor, Ascot and Maidenhead team 70% were seen within the six week target and in West Berkshire Team 73% were seen within the six week target.
- The Wokingham team had established the Young People with Dementia (Berkshire West) charity. Older Peoples Mental Health teams and the charity collaborated to provide a seamless pathway for young people with dementia and their carers. The team had identified a gap in social provision for younger people attending the memory clinic and had established the charity as a result.
- The memory services area had identified a higher number of younger people with dementia than the national average. With project funding the charity established the country's first admiral nurse working with younger people with dementia. The post is now recurrently funded and employed by the trust. This specialist role is designed to help patients, carers and families learn about dementia and how to move forward with their lives. This is achieved by offering practical support and therapeutic intervention. The charity had organised a number of fundraising events, including a triathlon event, open mic nights, charity dinners and sporting days.
- All the services visited had out of hours cover and a duty system in place.
- We spoke to the duty teams and observed them in practice at all four of the teams visited. Each team responded effectively and quickly. While at the Reading team we saw an urgent referral come into the service at 3pm and by 4pm on the same day the patient had been seen. Teams could respond promptly if there was a sudden deterioration in a patient's physical or mental health. Staff explained that they could be flexible with patient contact times and accessing a consultant psychiatrist at short notice was possible.
- The community mental health teams for older people provide specialist needs led mental health services for older people and people of any age with dementia who live in Berkshire. There was clear eligibility criteria which stated that services would be provided in the community to people who were experiencing functional or organic mental health problems, and younger people with dementia. Examples of functional illnesses are depression, bi-polar disorder and schizophrenia. Organic illness refers to dementia including Alzheimer's disease. Each of the services reported to us that there case load was approximately 80% organic illnesses and 20% functional illnesses. Services included assessment and diagnosis, psychological intervention, medicines management, support, advice and health information. Memory clinics provided diagnosis of dementia and treatment and support for people newly diagnosed with dementia.
- We observed the memory clinic staff in Wokingham undertake a home visit to a patient following diagnosis at the clinic. This visit was to discuss attendance at cognitive stimulation therapy (CST) and engage with the patient. The nurse explained to the patient the purpose of CST, explained the process and offered the patient a choice of days to attend the hospital for CST. This was done in a skilled way so that the patient was kept informed and remained engaged and was able to express choices regarding the next stage of treatment.
- The memory clinics had a low rate of patient DNA's (did not attend). They contacted patients to remind them of their appointment. Staff in the teams telephoned patients who did not attend.
- The Trust had developed a specific core assessment form which documents all patient responses, for example if a patient did not wish to know their diagnosis. We saw an example in the care records of a patient where this preference to not know the diagnosis had been followed. The assessment form was

# Are services responsive to people's needs?

Good

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

developed with input from psychiatry, social work, community mental health nursing and psychology. The assessment form incorporated National Institute for Health and Care Excellence (NICE) guidelines. The assessment form had been distributed to all older people's services in the Trust to enable the standardisation of assessment. The assessment form also had questions specific to the responses of the carer or relative of the patient which gave a holistic assessment.

- We observed a memory clinic assessment where the assessment form was used. The patient and their carer were interviewed separately, this enabled both the views and wishes of the patient and their carer to be heard. The assessment form incorporated all aspects of information relevant to the multi-disciplinary team. During the assessment the mini mental state examination (MMSE) and Montreal cognitive assessment (MoCA) were used and the results explained to the patient. The assessment also explored medical, physical, cognitive and environmental issues with the patient and their carer. Risks were also discussed and documented on the assessment form. Patients were referred for brain imaging as required by NICE guidelines. CT scans were routinely offered, but MRI and DAT scans were requested when clinically indicated.

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

- All of the services visited held appointments or therapy sessions that community patients attended. Patients were also seen in their own homes.

  The building where the Wokingham team was located was light and spacious with artwork on the walls. There was a good range of interview rooms and therapy rooms with comfortable furniture. The environment was clean and well maintained.

  The Reading team were located in a modern building that provided very spacious facilities and was clean and well maintained. The building had a range of interview rooms and therapy rooms. Furniture was clean and in a good state of repair.

  The Windsor, Ascot and Maidenhead were located in office style accommodation which provided space for patients to attend appointments. It was well maintained and clean.

  The West Berkshire team were located in accommodation that was older. There were interview rooms and therapy rooms although some staff reported space can be limited at times.

  All of the environments we visited were well maintained, clean and in good decorative order.

- Interview rooms at each of the services inspected had adequate sound-proofing. Interview room doors also had privacy blinds on them.
- 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.

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

- The Wokingham team was based in Wokingham Hospital, Berkshire. The doors were widened and allowed for wheel chair access. There were disabled toilets. There was parking available on site and level access into the building.

  The Reading team were based in Hazelwood house at Prospect Park hospital. The building had wheelchair access with a ramp to enter the building. There were widened doors and hand rails throughout. There were disabled toilets available for patient use. There was parking available on site.

  The Windsor, Ascot and Maidenhead team were based in Nicholson House. This building was accessed through a shopping centre and was based on the fourth floor in office style accommodation. Access to the service was by a lift and allowed for wheel chair access. There was no parking available near the entrance. There was a multi storey car park nearby and on street parking.

  The West Berkshire team were based in the Hillcroft House building in the grounds of West Berkshire Community Hospital. There was limited parking available with direct access to the building. Staff and families of patients we spoke to stated this could be an issue when attending for appointments if their relatives

# Are services responsive to people's needs?

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

were elderly and had mobility issues. We were told by staff about an occasion when a patient and their relative had missed an appointment due parking not being available.

- Information leaflets were available in different languages or could be accessed if required. The Reading team was supported by the Local Authority to make information available in a range of different languages and formats such as braille.
- Interpreting services were available.

**Listening to and learning from concerns and complaints**

- Each of the services inspected had very low levels of complaints. There had a total of nine formal complaints in the last 12 months across the teams. These had both resolved. Attempts were made to manage complaints at a local level by team managers. This approach meant that they rarely progressed to formal complaints. Informal complaints were recorded on DATIX, an electronic patient safety software system to manage risk, incidents and adverse event reporting. Managers gave us examples of apologising 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 available in each of the services with information about how complaints could be made. Appointment letters and correspondence from the services to patients had footers with information about providing feedback or how to complain.

# Are services well-led?

Outstanding

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

**Visons and values**

- Staff were able to tell us the trust's values and agreed with them. We saw copies of the Trusts values attached to staff computers and also the values displayed on the computers screen savers.
- Staff in all of the teams we visited spoke very highly of the leadership above local level. Staff we spoke with felt senior managers and members of the executive team were visible and approachable.

**Good governance**

- Each of the teams visited had high levels of compliance with mandatory and statutory training. 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 of when training was due for renewal. In the Reading Team there were two gaps where staff had not undertaken medicines management training, however, this was an issue around insufficient availability of the course. This had been escalated with the trust and training requests had been submitted.
- Staff spoke very positively about the quality of supervision that they received. Staff received supervision on a weekly basis. Supervision structures were clear in each of the teams. All four 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. For example there was a monthly audit of the use of anti-psychotic medicines and an audit of waiting times.
- All the older people's community mental health team managers and ward managers attended service improvement group meetings where lessons learnt from incidents were shared so that they could be disseminated to staff in the teams. Complaints and incidents were discussed in team business meetings and also at multi-disciplinary team meetings. The teams had identified a trend in a number of the incidents raised were due to medicine errors at local care homes. Staff visiting care homes had all been instructed to review medicine charts when at care homes to review medicines and ensure errors were not happening.
- Safeguarding vulnerable adults training had been completed by all staff in each of the teams inspected. Each team had a safeguarding lead and there was good awareness of safeguarding procedures. Safeguarding was discussed in multi-disciplinary team meetings and safeguarding information was well documented. All staff had also received training in the Mental Capacity Act. Staff demonstrated a good awareness of the Mental Capacity Act and this was embedded in daily practice. Recording of capacity assessments was clear and thorough.
- Team managers all had a risk register for their service and this was discussed with locality mangers at regular meetings.

**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.
- Staff we spoke with knew the trusts 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 said there was an open culture between them and team managers.
- 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.

# Are services well-led?

Outstanding

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. The teams had structures that supported career development. One manager had just completed a masters in management and two nurses were supported to undertaken degree level courses. We were told there is good opportunities for personal develop and the trust funded staff development.
- The teams worked well together and listened to each staff member's views. We saw this in multi-disciplinary team meetings in each of the services. Staff were respectful of each other's roles and we observed that staff were given equal opportunities to contribute fully in meetings. New staff were supported well after their initial induction period. New staff were allocated a mentor to help orientate them to the service.
- 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.

**Commitment to quality improvement and innovation**

- The memory assessment clinics in the Wokingham team and the Reading team had undergone accreditation with the memory service national accreditation scheme (MSNAP). The Wokingham memory clinic was accredited as excellent in assessment and diagnosis and psychosocial interventions until April 2016. The Reading memory clinic was accredited as excellent until April 2017. The Windsor, Ascot and Maidenhead Memory Clinic wads in the review stage and preparing for accreditation. The Beechcroft memory clinic was also in the review stage and working towards their accreditation.
- Staff were participating in a range of quality improvement initiatives. The psychiatrist from the Reading team visited local care homes on a monthly basis and discussed the use of anti-psychotic medicines among patients. The purpose of this was to discuss their use with care home staff and reduce their usage among patients by closer monitoring of behaviours and better recording in care notes. We were told the use of anti-psychotic medicines among patients had reduced due to these visits.
- Staff at the memory services had won awards in recognition of their achievements in the service. The Wokingham team had won the Royal College of Psychiatrists team of the year award 2015.The consultant psychiatrist at Wokingham had won the Thames Valley Leadership Academy (TVLA) award for Inspirational Leader of the year 2015.The consultant psychiatrist at the Windsor, Ascot and Maidenhead team won the trusts clinician of the year award, with their consultant psychologist also being a finalist at the TVLA awards.