CareQuality Commission

Requires improvement 🟠

Coventry and Warwickshire Partnership NHS Trust

Community-based mental health services for older people

Quality Report

Trust Head Office
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Date of inspection visit: 11-15 April 2016
Date of publication: 12/07/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RYGCR	Trust Head Office Wayside House	Arden Memory Assessment and Dementia service Coventry	CV6 6DR
RYGCR	Trust Head Office Wayside House	Arden Memory Assessment and Dementia service Rugby	CV21 2AW
RYGCR	Trust Head Office Wayside House	Arden Memory Assessment and Dementia service Nuneaton	CV11 5HX
RYGCR	Trust Head Office Wayside House	Arden Memory Assessment and Dementia service	CV31 1JQ

Summary of findings

RYGCR		Leamington Spa	
	Trust Head Office Wayside House	Arden Memory Assessment and Dementia service Stratford upon Avon	CV37 6NQ

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

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

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

Summary of findings

Ratings

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

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated the memory assessment and dementia services as requires improvement because:

- There were five whole time equivalent vacancies in the Coventry team that managers had not been filled at the time of the inspection.

- Staff in the Coventry team had not completed care plans or updated risk assessments following incidents. In North Warwickshire and Coventry teams, there was a high number of health reviews outstanding for people with diagnosed dementia and who were taking anti-dementia medications. Across all teams, the care pathway following diagnosis was not complete. Skills training groups were in short supply and there was on average a four-month waiting list for psychology intervention.

- Care plans were not person centred, and not routinely given to patients or carers. Fifteen out the 26 care records we looked at did not have any completed consent to treatment forms attached.

- Records showed that 47% of staff did not have up to date recorded supervision. Managers did not monitor supervision and so could not be sure about the quality of the supervision their staff were receiving or monitoring their staff's clinical competencies. Eighty-eight per cent of staff had in date annual appraisal.

- Communication between the two managers in the Coventry team was poor and they were unfamiliar with each other's roles. Each manager had different standards and points of focus, this had led to inconsistent practice within the team, and cover for manager absences was not effective.

However:

- Staff told us their caseloads for routine assessment and initial treatments were manageable. We saw evidence showing, that routine caseloads were between 20 – 25 cases per qualified clinician. All the staff we spoke with appeared knowledgeable about how the Mental Health Act and the Mental Capacity Act related to their work. Data showed that 98% of staff had completed Mental Health Act training and 100% had completed mental capacity act training.

- In the North and South Warwickshire teams, staffing levels were good with a high proportion of qualified staff in the teams. Multidisciplinary team working was in evidence, and staff morale was high. Staff told us their managers were approachable.

- Staff saw patients in their homes at times that were convenient to patients and their carers. Staff had facilities to make confidential telephone calls to patients and all care records were stored safely.

Summary of findings

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

Are services safe?

Good ●

We rated safe as good because:

- Working environments were clean, tidy and provided adequate space for staff to carry out their work duties. There were robust lone working practices in place.

- All the staff we spoke with knew what constituted a safeguarding alert and how to make a safeguarding referral. All staff we spoke with knew how to make a complaint and how to help patients make a complaint. We saw evidence of managers having carried out investigations and informing their staff of the outcomes.

- The majority of staff were up to date with mandatory training, including safeguarding vulnerable adults.

However:

- Coventry team had five whole time equivalent vacant posts, because of this they needed to use bank and agency staff. This meant that the substantive staff in the team struggled to maintain consistent standards and quality work.

- Staff in the Coventry team had not completed risk assessments and the assessments that we saw had not been updated in six out of seven case records.

Are services effective?

Requires improvement ●

We rated effective as requires improvement because:

- In North Warwickshire and Coventry they had high numbers of out of date "monitor case" reviews. Monitor cases are people with a diagnosed dementia who are on anti-dementia medication, and who need six monthly reviews of their health needs.

- Staff did not always record their supervision and they did not monitor it as closely as they should. This meant managers did not know what the quality of the supervision was like.

- Staff in the Coventry team told us they did not feel there was effective communication or multidisciplinary working between different professionals and this meant staff often worked in isolation from their multidisciplinary team colleagues.

Summary of findings

- Fifteen of the 26 care records we looked at did not have consent to treatment form included and staff were unable to locate these forms for us.

- The post diagnostic care pathway (the treatments for patients following diagnosis of dementia), was not complete or effective, and did not follow best practice guidance.

However:

- The assessment and diagnosis process was comprehensive and followed National Institute for Health and Care excellence (NICE) guidance and best practice for dementia.

- The teams consisted of a full range of mental health disciplines, multidisciplinary meetings took place weekly, and we observed how the staff present discussed referrals, patients were allocated to staff who could best meet the needs of the individual.

- Staff told us how they had taken opportunities to develop their clinical skills to specialise as memory assessment nurses and advanced practitioners. We saw evidence of specialist nurse training in the managers training audit.

- Ninety eight percent of staff had up to date Mental Health Act (MHA) training and 100% of staff had up to date Mental Capacity Act (MCA) training. Staff discussed with patients their rights under the Mental Health Act when required. Staff in the North and South Warwickshire teams told us how they had access to social workers who had expertise in MHA and MCA.

- Data showed non-medical staff received supervision.

Are services caring?   Requires improvement ●

We rated caring as requires improvement because:

- Staff told us that they did not routinely give care plans to patients because the electronic care plans were too difficult for many patients and carers to understand. Feedback from patients and carers confirmed this. Care plans were not person centred.
- We observed an occasion when a patient was not well cared for. The staff member had not treated the patient with kindness or respect, and had not understood the needs of the patient or the reason for the patient's referral. The staff member had to abandon the assessment when the patient's anxiety level became too distressing for the patient to continue.

However:

Summary of findings

- Most staff and managers were passionate about wanting to provide the best quality care they could. Carers commented on how staff treated their relatives with kindness and understanding.
- Staff gave patients information packs at the time of assessment that included advice about the advocacy services available to patients, and how to access these services.

Are services responsive to people's needs?

Good ●

We rated responsive as good because:

- The service did not have a waiting list for routine assessments and diagnosis. Staff responded to urgent situations in a timely way. Staff made good use of patient's crisis plans and carers to manage crisis points.
- Staff saw patients at their homes, and staff made appointments with patients at times that were convenient to them and their carers. Staff had facilities to make confidential telephone calls to patients.
- Managers dealt with concerns and complaints in accordance with trust policy, they carried out investigations and monitored complaints. Managers reported the outcomes from investigations to staff in weekly team meetings.
- Managers told us they were meeting their referral targets of twelve weeks for routine assessment and three days for urgent referrals. Staff told us they could access a doctor at very short notice, and we saw evidence of staff having addressed deterioration in patients' health promptly.

However:

- We saw evidence of, and staff told us there was on average a 12-week waiting list for post-diagnostic psychology intervention. Patients and carers confirmed the long waiting times for post diagnostic interventions.
- Referrals into the memory service, and other community based services, was via a central booking system (CBS). However, staff told us there had been incidents when referrals had been delayed by the CBS, as they had not been processed correctly.

Are services well-led?

Requires improvement ●

We rated well-led as requires improvement because:

- Managers did not appear to have plans in place to improve compliance for mandatory training, recording of supervision or staff appraisals. Therefore, managers were not able to monitor the quality of their staff supervision.

Summary of findings

- In the Coventry team staff did not feel supported by management to manage their caseloads or their work-life balance and staff morale in this team was reported to be low. There were higher sickness rates in this team than the other teams and more staff vacancies.

- Communication between the managers in the Coventry team was not good. The managers were unfamiliar with each other's work tasks and therefore not able to provide effective cover. Each manager had different standards and points of focus, and this had led to inconsistent practice within the team.

- Managers in the North Warwickshire and Coventry teams did not feel they had sufficient or effective administration support.

However:

- Staff told us managers were approachable. Managers maintained good complaints and concerns records. Staff told us they were not aware of any bullying or harassment, and most staff were clear about their role and function within the teams.

Summary of findings

Information about the service

The community memory assessment and dementia service is part of Coventry and Warwickshire Partnership NHS Trust. The memory assessment and dementia service was formerly known as community mental health services for older people, and following the trust's restructuring of community services in 2014, they became independent practice units. The service provides assessment and diagnosis for people with memory or other cognitive problems, and community interventions for people with a diagnosis of dementia, who are experiencing difficulties with managing their lives.

The service has five team bases across Coventry and Warwickshire:

- Rugby and Nuneaton covering North Warwickshire.

- Leamington Spa, and Stratford upon Avon covering South Warwickshire,

- Arden memory service covering Coventry and the surrounding area.

All teams have specialist memory assessment nurses, community psychiatric nurses, occupational therapists, psychologists, social workers, psychiatrists, and staff grade doctors. A speech and language therapist supported some teams. The trust had previously been inspected in January 2014, when it had not been rated.

Our inspection team

Our inspection team was led by:

Chair: Paul Jenkins Chief Executive, Tavistock and Portman NHS Foundation Trust

Team Leader: Julie Meikle, Head of Hospital Inspection - (mental health) CQC

Inspection Manager: Margaret Henderson, Inspection Manager, mental health hospitals CQC.

The team that inspected the community-based mental health services for older people consisted of two CQC inspectors, a psychiatrist, three nurses, an occupational therapist, a social worker, and an expert by experience all of whom had recent mental health service experience.

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

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?

- Is it effective?

- Is it caring?

- Is it responsive to people's needs?

- Is it well-led?

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

Summary of findings

We carried out an announced visit between 12 April and 15 April 2016

During the inspection visit, the inspection team:

- Visited four memory assessment and dementia teams, looked at the quality of the service provided and observed how staff were caring for patients.

- Met with four managers or acting managers.

- Met with 23 staff across all disciplines.

- Attended three home visits and observed two multi-disciplinary team referral meetings.

- Spoke with two patients and two carers.

- Facilitated three staff focus groups in the community bases.

- Reviewed 26 patient care records.

- 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 spoke with two people who use services and two carers, all were positive about the service. They spoke highly about the staff working within the service.

Feedback from service users groups prior to our visit stated that:-

- Dementia services in Nuneaton were too far away and staff did not understand patients' needs.

- Post diagnostic treatment, particularly group work and skills training was not reliable and there were long waiting times for psychological aftercare.

Carers were often not included in care planning, and did not always get a copy of their relatives care plan.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure adherence to the National Institute for Health and Care Excellence (NICE) guidance in relation to providing annual health reviews for people with dementia and who are on anti-dementia medications.

- The provider must ensure that staff, receive, and record supervision in line with their policy.

Action the provider SHOULD take to improve

- The provider should ensure that recruitment to the Coventry team is given sufficient priority.

- The provider must ensure care plans and risk assessments are fully completed and updated regularly.

- The provider should ensure that all patients be offered a copy of, and understand their care plans.

- The provider should take steps to improve communication and consistent practice in the Coventry team.

- The provider should take measures to improve the post diagnostic dementia care pathway and improve access to psychological intervention.

CareQuality Commission

Coventry and Warwickshire Partnership NHS 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
Rugby memory assessment and dementia service	Trust Head Office
Nuneaton memory assessment and dementia service	Trust Head Office
Leamington Spa memory assessment and dementia service	Trust Head Office
Coventry memory assessment and dementia service	Trust Head office

Mental Health Act responsibilities

We include our assessment 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.

• Data provided by managers showed that 98% of staff had up to date training in Mental Health Act (MHA). Managers showed us recent audits relating to Mental Health Act monitoring.

• All the staff we spoke with appeared to be knowledgeable about the Mental Health Act revised code of practice, and how this affected their work. Staff knew where to get advice on the Mental Health Act, and staff were clear on how to access Independent Mental Health Act (IMHA) advocacy for patients.

• Patients had access to Independent Mental Health Advocacy (IMHA) services through a specific organisation used by the trust.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were knowledgeable about the principles of the Mental Capacity Act (MCA) and were able to describe how they applied these in practice. Daily progress notes reviewed in the care records also supported this. However, we observed that 11 of 26 care records we looked at contained consent to treatment forms.
- Managers showed us a training list stating that 100% of staff had up to date training in Mental Capacity Act (MCA).

- Staff told us they recorded when patients did not have capacity to make a decision, and they arranged best interest meetings based on individual needs.

- People had access to independent mental capacity advocacy (IMCA) services through a specific organisation used by the trust to provide these services.

Are services safe?

Good 🟢

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

- We found all team bases were clean and well maintained, cleaning records were available, and the rooms provided adequate space for staff to work. No drugs were kept in any of the team bases. Patients were not seen on the North and South Warwickshire team bases so clinics and emergency equipment were not necessary.

- Staff saw patients in the team base at Coventry, and here we found the interview rooms were clean, adequately furnished and had emergency call alarms if required. There were adequate hand washing and sanitising facilities in Interview rooms that allowed for private conversations and physical health examinations to take place. Emergency equipment was available if required.

Safe staffing

- The trust had estimated the number of staff and grade required at each location based on number of referrals into each team. The Coventry team had five whole time equivalent vacancies, and used bank and agency staff to cover these vacancies. Staff in the Coventry team told us they felt pressured to maintain the standards expected of them. We saw that staffing levels were good in North and South Warwickshire teams.

- We saw allocation lists showing that routine caseloads for assessment, and treatment were on average between 20 and 25 cases per qualified clinician in North and South Warwickshire and 30 and 35 in Coventry. Staff told us they managed their caseloads through the weekly multidisciplinary team meetings. There were no patients waiting for allocation for assessment.

- Managers in North and South Warwickshire told us that team members could absorb the work of absent colleagues who were on sickness or holiday without detriment to their own caseloads. Staff told us they could access a psychiatrist or doctor very quickly when needed. While managers in Coventry admitted they struggled to cover staff absences.

- Seventeen of the 26 care records we saw contained a summary plan for the next visit, in the daily contact notes. This meant that if the key worker was on leave or absent another staff member would be able to see what interventions the patient needed at the next visit.

- Data for the previous 12 months showed 80% of staff in this service were up to date with mandatory training.

Assessing and managing risk to patients and staff

- We reviewed 26 care records and found that in North and South Warwickshire staff had completed all risk assessments and made use of crisis plans. However, in Coventry, we examined six care records and found staff had not completed or updated risk assessments following incidents.

- Examination of the care records and discussions we observed in the multidisciplinary team meetings, showed how staff addressed deterioration in patients' health. Staff told us they reviewed patients' health and wellbeing on each contact.

- Data for the previous 12 months showed, across all services, 83% of staff had completed safeguarding adults' level 2, and 67% had completed level 3. While 95% of staff had completed safeguarding children level 1 and 83% had completed level 2. All the staff we spoke with knew what constituted a safeguarding alert and how to raise an alert.

- Data provided prior to the inspection showed that three safeguarding concerns were raised with CQC for the service. We saw how staff had reported incidents and managers had signed off the reports having ensured that they were fully completed. Team managers discussed the outcomes and lessons learnt from incidents and complaints in monthly business meetings. Managers shared the minutes of these meetings within the team.

- Staff told us about the lone working policy and procedures in place, how they were monitored with managers in supervision, and staff stated they felt safe while carrying out their work roles.

Are services safe?

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

Track record on safety

- From November 2014 to January 2016 data showed there had been five serious incidents across the service. We saw evidence of how managers had investigated serious incidents, and recorded and reported outcomes as required. They told us about changes they had made in response to these investigations. Managers told us there were no outstanding serious incidents.

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew how to report an incident and what incidents needed reporting, and confirmed they received de-briefing from the psychologist after any serious incidents. We saw evidence in the daily contact notes how staff were open and transparent and explained to patients, if and when, something goes wrong.

- Managers described the processes they used to feedback outcomes from incidents, and staff told us managers discussed the outcomes from serious incidents at their team meetings. Staff told us they could recall when management had made changes to practice and procedure following the recommendations from investigations.

Are services effective?

Requires improvement 🟠

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

Our findings

Assessment of needs and planning of care

- A review of the care records showed that staff completed comprehensive assessments in a timely manner.

- The trust's approved electronic care record system and processes were in place. We looked at 26 electronic care records in total. We found North and South Warwickshire teams had complete, and up to date initial care plans, including assessment of physical health needs. However, the care plans we saw in the Coventry team were not complete and did not include assessment of all health needs.

- None of the care plans we looked at were person centred. Staff told us they could access social care records through their team's social workers.

Best practice in treatment and care

- We saw a comprehensive assessment and diagnosis process, which demonstrated National Institute of Health and Care Excellence England (NICE) guidance and best practice in assessment of dementia. However, examination of the post diagnostic pathway showed that this aspect of care was incomplete and not compliant with national guidance on treatment for dementia. Neither were patients able to access psychological therapy in a timely manner following diagnosis of dementia.

- Data provided by managers at the time of our inspection, showed there were high numbers of people with dementia who were on anti-dementia medication and whose physical health needs were not being monitored in accordance with best practice guidelines. Managers told us they were aware of this situation and discussing the options available to them with their senior managers.

- We saw evidence that staff were using Health of the Nation Outcome Scales (HoNOS). Staff told us they took part in clinical audits as required, including monitoring patients' health checks and referrals.

- Managers had audits showing out of date "monitor" reviews per team were, North Warwickshire (Rugby and Nuneaton) 49% of cases, Coventry estimated 35% of cases, while South Warwickshire (Leamington and Stratford) had no monitor reviews out of date. Managers told us about the plans they had to address the situation. However, the trust had not yet approved the recruiting of extra staff needed to make the plans work.

Skilled staff to deliver care

- We saw that the teams consisted of doctors, psychiatrists, specialist nurses, community psychiatric nurses, psychologists, support workers, occupational therapists, and social workers. Staff told us how they had taken opportunities to develop further clinical skills to specialise as memory assessment nurses, and advanced practitioners.

- We saw evidence, that all staff had received appropriate induction, and staff told us they received ongoing clinical training and education from the trust and their team psychologist.

- Data for the previous 12 months showed that 53 % of non-medical staff having received recorded supervision and 88% of staff having in date appraisals. Managers confirmed staff did not always record supervision and they did not monitor this as closely as they should. This meant that managers were not able to assure the inspector about the quality of the supervision.

- Managers told us that they addressed poor staff performance in a timely manner, though we did not see evidence of this in practice.

Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings took place weekly. We observed two multi-disciplinary team (MDT) meetings at two different team bases. We saw new referrals being discussed and allocated according to patient need, care plans being reviewed and remedial plans being suggested and put in place where required . We saw the team administrator taking notes at the multidisciplinary team meetings.

- With the exception of Coventry team, we saw effective communication and sharing of information between team members, and strong working links and relationships between different professionals. While staff in the Coventry team told us, they did not feel there was effective communication or multidisciplinary working between different professionals and this meant staff often worked in isolation of their MDT colleagues.

Are services effective?

Requires improvement 🟠

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

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

- Data provided by the managers at the time of our visit showed that 98% of staff had up to date training in Mental Health Act (MHA). Staff knew how to access advice about the MHA from the trust's central MHA office.

- All the staff we spoke with were knowledgeable about the Mental Health Act revised code of practice and how this affected their work. Staff and patients knew how to access Independent Mental Health Act (IMHA) advocacy, and this information was available in the patient's information packs.

- Managers told us that they carried out regular audit to ensure that the MHA was being applied correctly. Learning from the audit was shared with staff at team meetings.

- We found that of the 26 care records we looked at 15 did not have consent to treatment forms included and staff could not find these forms for us.

Good practice in applying the Mental Capacity Act

- Data provided by managers at the time of our inspection showed 100% of staff had up to date training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had good understanding of the acts guiding principles, and how to apply them in practice. Staff knew where to find the policy relating to MCA, and told us that they could access social workers in their team who had specialist knowledge in applying MCA.

- Managers had systems in place to monitor adherence to MCA and staff knew where to access the policies relating to MCA. Staff told us they were familiar with best interest meetings, and told us these were carried out on a decision specific basis. We saw evidence in the care records of best interest meetings having taken place. Staff told us they felt supported by the social workers in their teams when dealing with mental capacity issues.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed an occasion when a patient was not well cared for. The staff member had not treated the patient with kindness or respect, and had not understood the needs of the patient or the reason for the patient's referral. Furthermore, the staff member raised the patient's anxiety level to a point where the assessment had to be abandoned, leaving the patient distressed. We considered this event demonstrated how, on this occasion, the referral process had not been effective, the team had not reviewed the referral thoroughly, or they would have picked up the error, and the clinician had not demonstrated safe or skilled practice.

- With the exception of the above incident, most staff across all teams understood and respected patients' individual needs. We observed other staff treating people with kindness, dignity, and respect during interactions, and making sure that people were at the centre of their interactions.

- Staff and managers were passionate about providing quality care to patients. We saw and heard how staff had been creative in enabling patients to access community services and facilities that might not otherwise be available to them.

- Two carers had commented how staff had treated their relatives with kindness and understanding.

The involvement of people in the care that they receive

- Patients were given information packs at the time of assessment and the packs included advice about access to advocacy services.

- Feedback from patients and carers, provided by local stakeholders, stated that some people did not know what was in their care plan. Staff told us, and we saw, the electronic care plan was difficult for patients to understand and so staff created informal summary plans for patients and carers when requested. We saw these summary plans were sometimes added to patients' letters, sometimes hand written, and sometimes formed part of the patient's daily contact notes.

- Observations of clinical home visits, discussions with staff, and entries in daily contact notes within the care record, made frequent reference to patients and carers being involved in their treatment. However, this was not always reflected in the patients care plans. Staff told us, and we saw, the electronic care plan record did not lend itself to a personalised style of reporting. Managers confirmed this had been a long-standing problem and hoped the introduction of a new electronic recording system in the near future would resolve this issue.

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

- We saw evidence showing clear access criteria into the team, assessment, and intervention pathway. There were clear and timely discharge plans in place for patients. Staff told us that the only reason a patient's discharge would be delayed was if the correct care package was not in place to keep them safe.

- Managers told us there were no waiting lists in respect of referrals and assessments to the memory assessment and dementia team. We saw evidence to show that the services' response to new referrals was within their key performance indicators of twelve weeks for routine assessments and urgent referrals being seen within three days.

- The memory assessment and dementia service was not a crisis service but we saw evidence of patients who were open to the team and experiencing a crisis being seen that same day by someone from the team. We saw how the team operated a daily duty system to respond to patients and carers immediate concerns.

- Staff told us and we saw evidence of a four-month waiting list for referrals to psychology services, we saw minutes of the team meetings showing this was being addressed with the trust. Managers told us the post diagnostic program was being reviewed with the objective of making it more responsive to individual needs and less reliant on group work.

- Access into the service was via the central booking service (CBS). Managers told us this was a newly introduced service to streamline and speed up the processing of referrals to all the IPU's (community mental health services). Managers explained how due to CBS errors, staff in their teams still had to triage all referrals for appropriateness and priority, we saw evidence of this on two occasions during allocation at team meetings. This meant screening of referrals was duplicated and added time to the process.

- Patients were generally seen at home at times convenient to them and their carers, and staff told us if appointments had to be cancelled due to unexpected absence or other clinical emergency, this was explained to patients and the appointment rebooked at the time.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff at the Coventry team, were the only team to see patients at the team base. They had access to a variety of rooms for treatment and therapy, the rooms were clean and tidy and provided privacy for patient's consultations.

- In North and South Warwickshire patient's assessments and therapy took place at GP surgeries, health clinics or in people's own homes.

- We saw the information pack that was given to all new patients at the time of assessment by the team, this pack included information about the service and how to make a complaint. We saw information on the walls of public areas explaining how to make a complaint.

Meeting the needs of all people who use the service

- We saw how staff could access interpreters through services commissioned by the trust, and they knew how to have information leaflets for patients translated into other languages if required.

- Staff told us due to the largely rural location of North and South Warwickshire services, patients often found it difficult travelling for group work and this meant the current program was poorly attended. We saw evidence in team meeting minutes of this issue being addressed as part of provider's plans to improve the post diagnostic dementia intervention pathway.

- We saw there was disabled access to all team bases.

Listening to and learning from concerns and complaints

- Data for the previous 12 months showed there had been five complaints, two were partly upheld, and three were not upheld. The complaints outlined concerns about long waiting lists for post diagnostic follow up, missed appointments, and lack of family involvement.

- Three formal compliments had been received, two thanking staff for their kindness and understanding and one thanking a staff member for helping them access other services. We also saw several thank you cards on the walls of staff offices.

- Information on how to make a complaint was displayed in waiting areas and explained in information packs that

Are services responsive to people's needs?

Good ●

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

were given to patients at the time of assessment. All service users and families we spoke with were aware of how to make a complaint. Staff told us how they handled complaints following trust policy. Staff received feedback on the outcome of investigation of complaints through team meetings.

- Managers showed us audits of complaints made, how they tracked responses to the complaints, and how outcomes from the complaints were fed back to staff through team meetings.

Are services well-led?

Requires improvement 🟠

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

Our findings

Vision and values

- Staff knew and agreed with the organisation's values. Team managers ensured they shared these values with their team in team briefings.
- Service objectives reflected the organisation's values and objectives.
- Staff were able to tell us who the senior members of the trust were, although responses were mixed when we asked if they felt board level managers were visible or not.

Good governance

- Data for the previous 12 months showed 80% of staff had received mandatory training. However, this did not meet the required 95% compliance target set by the trust. Mental Health Act training was 98% and Mental Capacity Act was reported as 100%. Managers and staff told us they all received supervision but this was not always recorded. Data provided by the managers showed 53% of staff had up to date recorded supervision and 88% of staff had up to date appraisals.
- In the Coventry team there were two band 7 managers in split roles, one managed occupational therapists, and social workers, the other managed nurses and psychologists. While one band 7 focussed on clinical work the other focussed on management administration. Evidence showed that this system was not working as neither manager understood the other's role and responsibilities. This had resulted in some management tasks and processes not being addressed during periods of absence, poor communication, and inconsistent practice within the team.
- The trust provided details for all of the audits they undertook. However, we did not see any audits that were specific to this core service.
- Team managers showed us a risk register for the service, which they completed and monitored in monthly senior management meetings. Managers submitted the identified risk issues to the trusts risk register. However, only four of the 23 staff members we spoke with understood the purpose of the register, and how to submit items to it.

- Staff knew how to report incidents and we saw how outcomes from investigations were fed back to the team.
- Managers and staff told us they struggled to keep up to date with the administration tasks they had to complete, and this took them away from providing clinical work. They told us this had only been a problem since the trust decided to move most of the clerical staff to a central administration pool. However, the administrators we spoke with said they preferred to work in the central pool as this made their jobs more interesting and gave them a collective professional identity.
- We saw little evidence of key performance indicators (KPI's) being used to monitor the performance of the teams. Team managers told us they had sufficient authority to carry out their roles, though only one manager was able to show us evidence of the monitoring they had completed for their teams. However, all managers were able to show us evidence of how they had followed policy and procedure relating to safeguarding, Mental Health Act and mental capacity act monitoring.

Leadership, morale and staff engagement

- Staff had been involved in the 2015 national NHS staff survey. However, there was no specific data for staff in the memory assessment and dementia service.
- Staff in North and South Warwickshire teams reported they enjoyed their roles and morale within the team was good. They felt they worked well together and respected each other. While in Coventry staff told us morale was not so good, they said they worked well together within their professional groups but not as a cohesive team. Some staff told us they were working at weekends to catch up with the backlog administration work and managers were not helping them to manage their workloads.
- Sickness and absence rates were relatively low at 2% in North and South Warwickshire teams and 4% in Coventry. Staff told us they were not aware of any bullying or harassment within their teams, and there were no reported bullying and harassment cases for the service.

Are services well-led?

Requires improvement 🟠

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

- Staff we spoke with were aware of the whistle-blowing policy and told us they would use it if required. They felt confident to raise concerns within their teams and to their manager without fear of victimisation.
- Three staff told us they had not felt listened to during the recent service reorganisation, but remained committed to providing the best possible care they could for their patients. Other staff told us now the new model of working was embedded within their practice, and thought patients with dementia were getting a better service than before the reorganisation. Staff told us that there were opportunities for taking on specialist and lead roles within the service.

Commitment to quality improvement and innovation

- Doctors told us how they were involved in dementia care research and we saw how the learning from this research was being implemented in the service.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure adherence to the National Institute for Health and Care Excellence (NICE) guidance in relation to providing annual health reviews for people with dementia and who are on anti-dementia medications. This is a breach of regulation 12(2)(a)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Data for the previous 12 months showed 53 % of non-medical staff having received recorded supervision. Managers confirmed staff did not always record supervision in line with trust policy, and they, the managers, did not monitor this as closely as they should. This meant that managers could not be sure about the quality of the supervision. This is a breach of regulation 18(2)(a)