

Requires improvement


South London and Maudsley NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

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Date of inspection visit: 17-20 July 2017
Date of publication: 31/10/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RV504	Maudsley Hospital	New Addington and Purley Promoting Recovery	CR8 2NE
RV504	Maudsley Hospital	Mayday Network Promoting Recovery	CR0 1FE
RV504	Maudsley Hospital	Thornton Heath, Woodside and Shirley Promoting Recovery	CR0 1FE
RV504	Maudsley Hospital	Assessment and Liaison Team Croydon	CR0 1FE
RV504	Maudsley Hospital	Croydon Early Intervention (COAST) Team	CR9 2PR

Summary of findings

RV504	Maudsley Hospital	Assessment and Liaison Team Southwark South	SE22 8HN
RV504	Maudsley Hospital	Central Team, Southwark Promoting Recovery	SE5 7UD
RV504	Maudsley Hospital	North West Team Southwark Promoting Recovery	SE5 7UD
RV504	Maudsley Hospital	North East Team Southwark Promoting Recovery	SE16 2TH
RV504	Maudsley Hospital	Assessment and Liaison Team Lambeth	SW16 6HP
RV504	Maudsley Hospital	Central Team, Lambeth Promoting Recovery	SW9 7AA
RV504	Maudsley Hospital	South Team, Lambeth Promoting Recovery	SW16 6HP
RV504	Maudsley Hospital	North East Team, Lambeth, Promoting Recovery	SW9 7AA
RV504	Maudsley Hospital	Lambeth Early Intervention Team (LEO)	SE11 5DL
RV504	Maudsley Hospital	Assessment and Liaison Team, Lewisham	SE12 8LH
RV504	Maudsley Hospital	Recovery Team, Neighbourhood 1, Lewisham	SE8 4AT
RV504	Maudsley Hospital	Recovery Team, Neighbourhood 3, Lewisham	BR1 5PS
RV504	Maudsley Hospital	Recovery Team, Neighbourhood 4, Lewisham	BR1 5PS
RV504	Maudsley Hospital	Lewisham Early Intervention Service (LEIS)	SE13 5QY

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

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

Where applicable, we have reported on each core service provided by South London and Maudsley NHS Foundation Trust and these are brought together to inform our overall judgement of South London and Maudsley NHS Foundation Trust .

Summary of findings

Ratings

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

Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

Following this inspection, we rated community-based mental health services for adults of working age provided by South London and Maudsley NHS Foundation Trust as **requires improvement** because:

- In the previous six months, there were 11 incidents when patients identified as in need of a Mental Health Act assessment, were not assessed promptly. This was due to a lack of hospital beds, complicated further by issues beyond the trust's control including the availability of AMHPs and the police. This placed patients and others at potential risk, and a significant responsibility on care coordinators in managing their needs in the community.
- In September 2015, the trust did not have a consistent approach to ensuring that risk screens and assessments had the detail necessary for all care professionals. At the current inspection 26% of the 131 patients' risk assessments we looked at did not have a current risk assessment and management plan in place. This was a particular concern in the early intervention team in Lambeth, where six of seven records we looked at did not have current risk assessments and risk management plans. Staff did not always review patients' risk assessments after changes to their circumstances such as discharge from hospital, transfer from another team, or following risk events, which placed patients at potential risk of harm.
- There were no care plans available in 31% of 16 patient records we reviewed in the early intervention teams. In some teams, care plans were not always completed in full to ensure that patients received appropriate support. In September 2015, we recommended that the trust ensure that patients were routinely involved with developing their care plans, and offered copies of the plans, and that this be recorded. This was still not happening in most community teams we inspected at the current inspection.
- Patients referred to the Croydon assessment and liaison (A&L) team were not being seen within trust target timescales. This left some of them waiting up to 18 weeks for an assessment, thereby increasing chances of deterioration and putting them at greater risk of avoidable harm.
- In some teams, patients were waiting for approximately one year for individual psychological therapies.
- There were low rates of completion of training in annual basic life support, infection control and fire safety in several teams.
- Staff did not always record that they had explained to patients on community treatment orders, their rights, in accordance with the Mental Health Act (MHA) Code of Practice. There were also some inaccuracies in capacity to consent records kept with patients' medication administration records.
- Staff in some early intervention teams had caseload sizes in excess of the nationally recommended maximum number. This created pressure on the teams and potentially affected the quality of care that patients received.
- The trust was working to improve relationships between the community teams, wards, and home treatment teams. However, community team staff did not always keep in regular contact with patients admitted to wards and ward staff.
- There were barriers to effective patient movement along the care pathway. Patient transfers between teams were sometimes delayed because specialist teams lacked appropriate or sufficient staff, or staff were unclear about the referral criteria and thresholds of different teams. Staff experienced difficulties accessing funding for specialist placements for patients and sometimes had to make repeated applications.
- Although governance systems were in place, they were not always effective in bringing about timely improvements to systems to monitor risk assessments and care plans, identify when these were out of date, and address long waiting times.

However:

Summary of findings

- We rated Well-led as good, despite the core service having three domains that were rated as requires improvement. This was because service managers were aware of the issues we found relating to risk assessments and care plans, and working to address them. They had also taken proactive steps to address long waiting times in the Croydon A&L team, and regarding delays in Mental Health Act assessments.
- In September 2015, the trust did not have safe systems for transporting medicines, medical waste and sharps, and not all equipment used in teams was safe and in working order. During the current inspection, we found that regular checks were in place to ensure that equipment was serviced, and new bags and arrangements were provided to transport medicines, waste and sharps safely. In September 2015, we recommended that the trust ensure that all staff follow the lone working policy to ensure their safety. Staff were following the policy during our current inspection.
- In September 2015 we recommended that the trust should ensure full staffing of the south Southwark A&L team, and that vacancies across the recovery teams should be filled. At the current visit we found that the trust had put in place a recruitment and retention strategy, and there was a marked improvement in the numbers of permanent staff recruited to these teams, although this continued to be a challenge. In September 2015, we also recommended that the trust monitor the number of changes patients were having of care coordinators in the recovery teams to keep this to a minimum. At the current inspection, we found that the trust collected information on the changes to patients' care coordinators, indicating an improvement in this area. However, this was still a challenge in some teams due to vacancies and long-term sickness of staff.
- In September 2015 we recommended that the trust should ensure all staff know how to signpost patients to local advocacy services when needed. At the current inspection we found that staff made information available to patients on local advocacy groups.
- The trust offered patients the opportunity to participate in innovative treatments. For example, patients who met the research criteria could participate in trials of a new digital therapy. The therapy aimed to assist patients to understand and control their thoughts.
- Staff used case discussion and formulation meetings to improve the quality of care and treatment for patients. Staff fed-back to their teams about successful interventions with patients. Patients described staff as accessible, caring and respectful. They told us staff listened to them and gave them time to discuss issues of concern. The trust collected data on patients' experiences of services and staff used feedback to improve each service.
- There were clear governance structures in place for each clinical academic group overseeing community services, and a wide range of quality improvement projects in place encouraging staff to be actively involved in improving services.
- Patients were able to access a number of groups held within the community including a 'Hearing Voices Group' that was co-facilitated by patients.

Summary of findings

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

Are services safe?

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

- In September 2015, the trust did not have a consistent approach to ensuring that patient risk screens and assessments had the detail necessary to be used by all care professionals. At the current inspection, 26% (34 of the 131) of patients' risk assessments we looked at did not have a current risk assessment and management plan in place. This was a particular concern in the early intervention team in Lambeth, where six of seven records we reviewed did not have current risk assessments and risk management plans. In some teams staff had not reviewed patients' risk assessments after changes to their circumstances such as discharge from hospital, transfer from another team or new risk events.
- Whilst most staff were up to date with mandatory training, there were low rates of completion of training in annual basic life support, infection control and fire safety in several teams.
- Staff in some early intervention teams had caseload sizes in excess of the nationally recommended maximum number. This created pressure on the teams and potentially affected the quality of care that patients received.

However:

- At the inspection in September 2015, we found the trust did not have safe systems for transporting medicines, medical waste and sharps. At the current inspection, we found that staff had new bags and arrangements in place to transport medicines, waste and sharps safely.
- Following the inspection of September 2015, we recommended that the trust should ensure full staffing of the south Southwark assessment and liaison team, and that vacancies across the recovery teams should be filled. At the current inspection, we found that the trust had put in place a recruitment and retention strategy, and there was a marked improvement in the numbers of permanent staff recruited to these teams, although this continued to be a challenge.
- Following the inspection in September 2015, we recommended that the trust monitor the number of changes patients were having of care coordinators in the recovery teams to keep this to a minimum. At the current inspection, we found that the

Requires improvement



Summary of findings

trust collected information on the changes to patients' care coordinators, indicating an improvement in this area. However, this was still a challenge in some teams due to vacancies and long-term staff sickness.

- Following the inspection in September 2015, we recommended that the trust take all necessary steps to ensure that equipment used in teams was safe and in working order. During the current inspection, we found that regular checks were in place to ensure that most equipment was serviced, portable appliance tested, and calibrated as needed. Managers had improved staff compliance with the lone working policy and procedures to ensure staff safety as recommended at the September 2015 inspection.
- The team managers and senior managers within the clinical academic groups (CAGs) were aware of the main issues that we found during the inspection, and had plans in place to address some of them.

Are services effective?

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

- There were no care plans available in five of 16 patient records we reviewed in the early intervention teams, so there was no clear record of the support they should receive. In some teams care plans were not always completed in full, particularly detailing the support staff were to provide to patients.
- Staff did not consistently record that they had explained to patients on community treatment orders, their rights, in line with the Mental Health Act (MHA) Code of Practice. There were also some inaccuracies in capacity to consent records kept with patients' medication administration records.
- The trust was working to improve relationships between the community teams, wards, and home treatment teams. However, community team staff did not always keep in regular contact with patients admitted to wards and ward staff.

However:

- Following the inspection of September 2015, we recommended that the trust should ensure all staff know how to signpost patients to local advocacy services when needed. At the current inspection, we found that staff made information available to patients on local advocacy groups.
- We found examples of good practice across the teams. For example, the Lambeth living well network hub provided a single point of access for the public and professionals to all mental health referrals. Staff working in the hub offered advice and

Requires improvement



Summary of findings

short-term interventions. Lewisham, neighbourhood 1 promoting recovery team provided support for a group of patients with diabetes, including accompanying patients to a nearby health centre, and having a phlebotomist in the team.

- Staff used case discussion and formulation meetings to improve the quality of care and treatment for patients. Staff fed-back to their teams about successful interventions with patients. Staff received regular supervision and appraisal and had access to opportunities for further learning and development.
- The trust offered patients the opportunity to participate in innovative treatments. For example, patients who met the research criteria could participate in trials of a new digital therapy. The therapy was aimed at assisting patients to understand and control their thoughts.
- Patients were able to access a number of groups held within the community including a 'Hearing Voices Group' that was co-facilitated by patients.

Are services caring?

We rated caring as **good** because:

- Patients described staff as accessible, caring and respectful. They told us staff listened to them and gave them time to discuss issues of concern. Patients described some improvements to the service they received, and pointed out particular staff who they felt had gone 'above and beyond' in supporting them flexibly and attentively. They particularly appreciated staff who listened to their concerns about medicines and made changes accordingly, including provision of psychological therapies.
- Some teams had forums for patients and carers, and these were highly valued. Staff offered carers assessments. Patients enjoyed participating in a local recovery football team, and walking groups provided at some teams.
- The trust had an involvement register for patients wishing to participate in various tasks including recruitment of new staff.
- The trust collected data on patients' experiences of the service and staff used feedback to improve the service.

However:

- In September 2015, we recommended that the trust ensure that patients were routinely involved with developing their care

Good



Summary of findings

plans, and offered copies of the plans, and that this be recorded clearly. This was not always happening across the teams that we inspected during the current inspection. Most teams did not record if staff had offered patients a copy of the plan.

Are services responsive to people's needs?

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

- In the previous six months, there were 11 incidents when patients identified by staff as in need of a Mental Health Act assessment, were not assessed promptly due to a lack of hospital beds available, alongside other factors. This placed them and others at potential risk, and a significant responsibility on care coordinators in managing their needs in the community.
- Patients referred to the Croydon assessment and liaison team were not being seen within trust target timescales. This left some of them waiting up to 18 weeks for an assessment, thereby increasing chances of deterioration and putting them at greater risk of avoidable harm.
- In some teams, patients were waiting for approximately one year for individual psychological therapies.
- There were barriers to effective patient movement along the care pathway. Some staff in the community teams and inpatient wards had differing views of their specific roles and responsibilities in respect of facilitating patient discharges from hospital, which sometimes led to delays. Patient transfers between teams were sometimes delayed because specialist teams lacked appropriate or sufficient staff, or staff were unclear about the referral criteria and thresholds of different teams. Staff experienced difficulties accessing funding for specialist placements for patients and sometimes had to make repeated applications.

However:

- Most patients knew how to make a complaint. Staff responded to complaints appropriately, taking action as needed. Managers shared learning from complaints with their teams.
- Staff worked flexibly with patients, offering support to contact other local agencies to meet their diverse needs. Information was available to people and accessible in different formats such as easy read and alternative languages, as needed. Teams in

Requires improvement



Summary of findings

Lambeth were aware of the over-representation of black people amongst their patient group and were seeking to promote better prevention, improved access to appropriate services, and improved experience for black people.

Are services well-led?

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

- We rated this domain as good, despite the service having three domains that were rated as requires improvement. This was because the team managers and senior managers within the clinical academic groups (CAGs) were aware of the issues that we found during the inspection. They had proactive plans in place to address them or were collecting more data to determine the most effective next steps. The CAG risk registers reflected the concerns identified during this inspection.
- There were clear governance structures in place for each CAG overseeing community mental health services, and a wide range of quality improvement projects recently put in place encouraging staff to take a central role in improving services.
- Despite high caseloads, staff morale was generally good, and staff felt well supported by their line managers and colleagues. There was a strong emphasis on multi-disciplinary working leading to innovative projects between team members bringing different skills.
- The trust was working closely with other agencies, including the police and social services, to address delays in Mental Health Act assessments.

However:

- Although governance systems were in place, they were not always effective in bringing about timely improvements to systems to monitor risk assessments and care plans, identify when these were out of date, and address long waiting times.

Good



Summary of findings

Information about the service

South London and Maudsley NHS Foundation Trust provides a range of community based mental health services for people of working age in South London. They covered the London boroughs of Croydon, Lambeth, Lewisham and Southwark. In Lambeth, patients accessed services via The Hub, located within primary care.

The services we looked at came under two clinical academic groups (CAGs). CAGs include clinical staff working alongside academic researchers. The psychological medicine and integrated care (PMIC) CAG covered the Assessment and Liaison teams, while the Promoting Recovery Teams and Early Intervention Teams came under the psychosis CAG.

During this inspection we looked at the following three types of service:

Assessment & Liaison Teams

Assessment and Liaison (A&L) services are one of the main gateways into secondary mental health services. The teams provide a comprehensive health and social care assessment service to eligible service users between the ages of 18-65, who are experiencing moderate to severe mental health problems, as well as social problems that may be having a detrimental effect on their mental health.

Treatment following assessment might not always be provided by the team, so signposting to other trust services or providers will always be considered. Most of the patients seen will be provided with up to 12 weeks assessment and stabilisation before discharge back to primary care. In cases where needs are complex and require intervention beyond 12 weeks, referrals will be

made to specialist treatment services. In cases where risk cannot be managed solely by the team or more intensive support and treatment is required, home treatment will be considered before admission to an inpatient facility.

Promoting Recovery Teams

Promoting Recovery (PR) teams are for people aged 18 and over and living in the London boroughs of Lambeth, Lewisham, Croydon & Southwark. This service is for people who have serious mental health concerns and need specialist support to help with their recovery. Evidence based treatments are provided by a team of professionals who include psychiatrists, social workers, psychiatric nurses, occupational therapists, psychologists and support workers. Many people within the promoting recovery pathway have a number of professionals involved in their care and this is organised under the care programme approach (CPA).

Early Intervention Teams

The Early Intervention (EI) pathway comprises of four community teams working closely with the LEO ward, which is an early intervention unit at Lambeth Hospital. Each of the four SLAM boroughs has a stand-alone EI service (Croydon: Coast, Lambeth: LEO, Lewisham: LEIS, Southwark: STEP) which provides intensive support to those aged 14-65 who develop psychosis for the first time.

When the CQC inspected the trust in September 2015, we found that the trust had breached regulations within the community based services for adults of working age. We issued the trust with a requirement notice. This related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12 Safe care and treatment

Our inspection team

Team Leader: Judith Edwards Inspection Manager, and Susan Shamash Inspector (mental health) Care Quality Commission

The team was comprised of a CQC inspection manager, eight CQC inspectors, a CQC pharmacist specialist, and

six specialist advisors. The specialist advisors were four community mental health nurses, a psychiatrist and a social worker. During the inspection, two experts by

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experience carried out telephone interviews with patients and carers who consented to be contacted. An expert by experience is someone with experience of using, or caring for somebody who uses relevant services.

Why we carried out this inspection

We undertook this inspection to find out whether South London and Maudsley NHS Foundation Trust had made improvements to community-based mental health services for adults of working age since our last comprehensive inspection of the trust in September 2015.

When we last inspected the trust in September 2015, we rated community-based mental health services for adults of working age as **good** overall. We rated the core service as **requires improvement** for safe, **good** for effective, **good** for caring, **good** for responsive and **good** for well-led.

Following that inspection, we told the trust it must make the following improvements to community-based mental health services for adults of working age:

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

We also told the trust that it should take the following actions to improve community-based mental health services for adults of working age:

- The trust should ensure that all staff carrying out trust business follow the trust's lone working policy.
- The trust should ensure that the South Southwark assessment and liaison team is staffed on a permanent basis and set a target date for completion of this process. Vacancies across the recovery teams must be filled.
- The trust should monitor the number of changes patients are having of care coordinators in the recovery teams and keep this to a minimum.
- The trust should ensure patients are routinely involved with developing their care plans and that this is recorded clearly on the records. Patients should be offered copies of their care plans and this should also be recorded.
- The trust should ensure all staff know how to signpost patients to local advocacy services where needed.
- The trust should ensure that all the necessary steps are taken to ensure the equipment used in the teams is safe and in working order. This includes ensuring electrical equipment has regular portable appliance testing (PAT), fridges storing medication can be locked and the temperatures checked and electrocardiogram machines are working.

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 and held **three** staff focus groups in the week before the inspection. Staff from the community mental health teams, home treatment teams and inpatient wards attended the focus groups. Two of

Summary of findings

the three groups focused on the interface between the services and how well the community teams, home treatment teams and wards worked together as patients moved along the care pathway.

During the inspection visit, the inspection team:

- visited **19** community mental health teams:- five in the London borough of Croydon, five in the London borough of Lambeth, five in the London borough of Lewisham, and four in the London borough of Southwark
- spoke with **19** patients and carers face to face
- spoke with the managers of each team and **10** other managers
- spoke with **98** other staff members; including psychiatrists, nurses, an administrator, a peer group co-facilitator, psychologists, referrals coordinator and social workers
- attended and observed **14** multi-disciplinary team and zoning meetings.
- looked at **124** care and treatment records of patients.
- observed **10** consultation meetings or assessments of patients
- spoke with **56** patients/carers in phone interviews
- visited all the clinic rooms of teams inspected, checked **97** medicines administration records and spoke with the principal pharmacist
- reviewed **36** completed CQC comment cards from patients using the services
- met with **7** senior managers from the psychological medicine and integrated care, and psychosis clinical academic groups.
- looked at a range of policies, procedures and other documents relating to the running of the services

What people who use the provider's services say

We spoke with several patients face-to-face during the inspection. They were all very positive about the service they received. They described staff as accessible, caring and respectful. Staff listened to them and gave them time to discuss issues of concern. However, some of them felt that they would like to have more time available with their care coordinator.

We spoke with patients and carers by telephone and received written feedback from survey cards left at each team base. Patients described some improvements to the service they received, and pointed out particular staff who they felt had gone 'above and beyond' in supporting

them flexibly and attentively. They particularly appreciated staff who listened to their concerns about medicines and made changes accordingly. They were positive about the provision of psychological therapies.

They described transition between services as often being disjointed, and expressed their fears about further 'cuts' to services. Approximately a third of the patients told us that they were not clear about crisis support out of hours or the complaints procedure for the service. One patient told us, 'I don't feel alone coping anymore.' Another patient told us that they had started a vocational qualification with the support they received from the community team.

Good practice

- Agencies in Lambeth had set up arrangements to ensure people could easily access the appropriate mental health support. The Lambeth living well network hub provided a single point of access for the public and professionals for all mental health referrals. Staff working in the hub offered advice and short-term interventions. The Lambeth teams were working with inpatient staff to develop effective discharge plans as soon as patients were admitted to a ward.

Summary of findings

- Staff offered patients the opportunity to participate in innovative treatments. For example, patients who met the research criteria could participate in trials of a new digital therapy. The therapy was aimed at assisting patients to understand and control their thoughts.
- Staff used case discussion meetings to improve the quality of care and treatment for patients. These included formulation meetings to plan care and treatment. Staff fed-back to their teams about successful interventions with patients.
- In Lewisham, neighbourhood 1 team provided support for a group of patients with diabetes, including accompanying patients to a nearby health centre, and having a phlebotomist in the team. The diabetologist from the hospital attended care programme approach meetings and patients had access to a dietician and an exercise programme.
- Patients were able to access a number of groups held within the community including a 'Hearing Voices Group' that was co-facilitated by patients.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that risk assessments and risk management plans are always completed and reviewed after changes in patients' circumstances and risk events, and stored where other staff can find them easily.
- The trust must ensure that each patient has a care plan, which is person-centred and includes information about how staff will support them.
- The trust must ensure that patients who require a Mental Health Act assessment are assessed without undue delay to ensure their safety and that of others.
- The trust must ensure that patients referred to the Croydon assessment and liaison team, receive an assessment within trust target timescales.

Action the provider **SHOULD** take to improve

- The trust should continue to take action to reduce the caseloads of care coordinators in the early intervention teams, so that they can consistently provide effective support to patients experiencing a first episode of psychosis.
- The trust should ensure that staff complete all mandatory training including annual basic life support, infection control and fire safety training.
- The trust should ensure that staff clearly record patient involvement in their care records, and offer each patient a copy of their care plan.

- The trust should ensure that staff explain patients' rights in respect of community treatment orders consistently in accordance with the Mental Health Act (MHA) Code of Practice, and keep accurate records of consent to treatment in line with the MHA and when patients' rights have been explained.
- The trust should ensure that patients have access to psychological therapies without undue delay in line with best practice guidance.
- The trust should continue to develop more effective working relationships between the community teams, home treatment teams and inpatient wards; and improve the quality and frequency of contact between community staff, ward staff and patients admitted to the wards.
- The trust should continue to address barriers to effective patient movement along the care pathway. The trust should ensure that staff clearly understand their roles and responsibilities, clarify referral criteria and thresholds, ensure specialist teams can accept referrals, and support community staff to make more effective placement funding applications.
- The trust should ensure that quality management systems are further improved to ensure that significant gaps in the quality of risk assessments and care plans, and unreasonable waiting times for patients are addressed swiftly.

South London and Maudsley NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
New Addington and Purley Promoting Recovery	Maudsley Hospital
Mayday Network Promoting Recovery	Maudsley Hospital
Thornton Heath, Woodside and Shirley Promoting Recovery	Maudsley Hospital
Assessment and Liaison Team Croydon	Maudsley Hospital
Croydon Early Intervention (COAST) Team	Maudsley Hospital
Assessment and Liaison Team Southwark South	Maudsley Hospital
Central Team, Southwark Promoting Recovery	Maudsley Hospital
North West Team Southwark Promoting Recovery	Maudsley Hospital
North East Team Southwark Promoting Recovery	Maudsley Hospital
Assessment and Liaison Team Lambeth	Maudsley Hospital
Central Team, Lambeth Promoting Recovery	Maudsley Hospital
South Team, Lambeth Promoting Recovery	Maudsley Hospital
North East Team, Lambeth, Promoting Recovery	Maudsley Hospital
Lambeth Early Intervention Team (LEO)	Maudsley Hospital
Assessment and Liaison Team, Lewisham	Maudsley Hospital

Detailed findings

Recovery Team, Neighbourhood 3, Lewisham	Maudsley Hospital
Recovery Team, Neighbourhood 4, Lewisham	Maudsley Hospital
Recovery Team, Neighbourhood 1, Lewisham	Maudsley Hospital
Lewisham Early Intervention Service (LEIS)	Maudsley Hospital

Mental Health Act responsibilities

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

- Overall, 76% of staff in the promoting recovery and early intervention teams had received training in the Mental Health Act. Staff had a good understanding of the Mental Health Act, although they were less clear in their understanding of trust policy in respect of community treatment orders (CTOs). For example, staff had different ideas about how often conditions of a CTO should be explained to patients. In the assessment and liaison teams, 57% of staff had up to date training in the MHA.
- Practice varied in relation to the recording whether patients' rights had been explained to them. We observed a care coordinator discussing a CTO with a

patient, explaining that it was due to expire and asking the patient how he felt about it. However, another patient told us that staff had not discussed their CTO with them.

- We reviewed the medicine administration records of patients on a CTO and found some consent forms were out of date, with medicines listed not matching the current medicines prescribed to the patient.
- Mental Health Act (MHA) administrators based at the local inpatient service provided advice and support to the services around renewals, consents to treatment and appeals. The most recent audit of section 132 rights being read was conducted in 2015. The audit identified some areas for improvement. Another CTO audit was currently underway to check whether improvements had been made.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act and demonstrated good understanding of the five principles and how the Act applied in their work. Staff always assumed that patients had capacity to make decisions unless there were indications that they did not. If this was the case staff carried out a specific assessment. In the promoting recovery and early intervention teams, 79% of staff were trained in the MCA, and in the assessment and liaison teams this figure was 73%.
- Doctors said they routinely assessed patients' capacity to make decisions about care and treatment on

admission to the service. The services did not use a specific form to record assessments of mental capacity. However, staff referred to mental capacity in the records of meetings and consultations.

- Care records showed that staff gave patients time and support to make decisions and considered the patient's capacity to make specific decisions.
- Staff were aware of the trust's policy on the operation of the Mental Capacity Act and the sources of advice and support available within the trust. Staff gave us examples of cases where they had applied the key principles of the Act. For example, records showed staff considered a patient's mental capacity to make decisions in relation to treatment for a serious physical

Detailed findings

health condition. There was appropriate involvement of those with knowledge of the patient in relation to what course of action staff should take in the patient's best interests.

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

- The buildings used by community mental health teams had controlled access, monitored by reception staff. Alarms for use in an emergency were fitted in most consultation rooms, where staff met with patients. Staff tested alarms regularly, to ensure they were audible throughout the premises and panels showed where the alarm had been activated. At Jeanette Wallace House, where several Croydon teams were based, we saw staff responding promptly to alarms. Where fitted alarms were not operational, staff used personal alarms in consultation rooms. Lambeth central and north-east promoting recovery (PR) teams were based in the same building, with no working alarms fitted. Staff carried portable alarms, which they took into interview rooms. However, at the time of the inspection they told us that the portable alarms were unreliable, and they had escalated concerns about the alarms within the trust. The trust addressed this issue promptly following the inspection and ensured that working portable alarms were in place. The trust had arranged to install a new alarm system at this site in September 2017.
- All areas used by patients and staff were visibly clean and well maintained. Staff disposed of sharps and clinical waste safely. Staff cleaned equipment and attached a sticker showing when they had last cleaned equipment. Staff safely transported any sharps and clinical waste from treatment given in a patient's own home back to their base for disposal.
- Staff had risk assessed buildings for points to which patients could attach a ligature. Where there were risks, in order to manage the risks, staff did not leave patients alone in these rooms or areas. However, in the Southwark north-east PR team, we noted that the rear garden area to which patients had unaccompanied access, was not included in risk assessments, and brought this to the attention of the team manager, who undertook to address this.
- At the previous inspection in September 2015, we recommended that the trust took all necessary steps to

ensure that equipment used in the teams was safe and in working order. During the current inspection, we found emergency equipment was available on site and ligature cutters were stored centrally. Staff checked emergency equipment weekly to ensure it was in good working order. Defibrillators were available at all the sites. While some teams recorded checks on the defibrillators each day, we found teams in Lewisham and Southwark that did not carry out checks at all. We brought this to the attention of the relevant team managers, who put checklists in place. First aid kits were available at all offices. The contents of these first aid kits were in date except at the Assessment and Liaison (A&L) team in Lewisham where one of the first aid kits had expired in 2016. We brought this to the attention of the manager who took action to replace it immediately.

- Clinic rooms were well equipped. The early intervention (EI) team in Croydon had recently introduced point of care haematology (PocHi) testing for clozapine. Staff used a blood analyser machine in the clinic to test a patient's blood on site, with the result transmitted directly to the clozapine patient monitoring service. This had significant benefits for patients as it reduced the number of times they needed to visit the service. Staff maintained equipment, such as electrocardiogram machines, blood pressure monitors, and weighing scales and made sure equipment was calibrated regularly as recommended by the manufacturer. In a small number of cases where equipment had not been calibrated, staff took action to address this immediately.
- Staff carried out weekly testing of the fire alarms at all premises and recorded this. There was a fire evacuation plan for premises where the teams were based. Fire exits were clearly marked. Regular fire drills took place in all premises occupied by the teams. Staff in the Croydon EI team had completed all actions recommended following a fire inspection a month before the inspection. Records of fire drills in Lewisham showed discrepancies between the signing in record and the people present in the building. Following this, the manager contacted all staff to remind them of the correct procedure for signing in and out.

Safe staffing

Are services safe?

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- At the previous inspection in September 2015, we recommended that south Southwark A&L team should be staffed on a permanent basis, and vacancies across the PR teams filled. During the current inspection, we found improvements in staffing at south Southwark A&L team, and across the PR teams, as a result of the trust's continuous rolling programme of nurse recruitment. The south Southwark A&L team had recently recruited two permanent nurses, leaving them with only one nurse vacancy from August 2017. There were low rates of sickness and turnover of staff. Staff described increased morale within the team following the recruitment of more permanent staff. In other A&L teams vacancies were highest in Croydon 19% followed by Lambeth north at 17.2%, followed by Lewisham at 5%. Managers covered unfilled vacancies by long-term use of agency staff. Staffing was an area that appeared on the risk registers for both the psychological medicine and integrated care (PMIC) and psychosis clinical academic groups.
- The A&L teams did not have a recommended maximum caseload. The trust told us that staff used team meetings to establish the clinical weighting of cases. Managers explained that care coordinators were not always consistent in making decisions about whether to discharge patients. As a result, there was a large discrepancy in the number of patients allocated to different care coordinators.
- In all teams, in the period 1 July 2016 - 30 June 2017, the average monthly caseload in each A&L team had increased. Staff told us that their caseloads were manageable and that several of their cases required minimal intervention and support. However, we found significant differences in caseloads between care coordinators in the same teams. For example in the Lambeth team, one care coordinator worked with 41 patients whilst others had caseloads of between 11 and 18. Team managers supported staff with larger caseloads to discharge patients.
- Amongst the PR teams, the highest number of staff vacancies in June 2017 was in the Lambeth north-east team with four vacancies from a staff team of nine. Staff told us that, due to the high rate of severe mental illness and substance misuse, Lambeth was widely seen by professionals as a difficult place to work. The Southwark central PR team described a similar number of vacancies out of an establishment of 10.5 at the time of the inspection. In the Southwark north-west PR team there had been a period of high vacancies between February and May 2017, and two staff were on long term sick. Use of agency staff was highest in Lambeth north-east PR team and Southwark central PR team, with 940 and 900 shifts respectively covered by agency staff in the last year. Croydon and Lewisham teams had relatively few staff vacancies. Managers covered all posts with long-term agency staff while recruiting to vacancies. Agency staff were fully integrated into the teams. They received supervision and attended team meetings.
- Caseloads for full time care coordinators in the PR teams varied. In Southwark, they were higher than the trust ideal of 20 (and maximum of 25). In Southwark north-east PR team these were up to 33, and in the Central PR team they were up to 35 at the time of the inspection. In Croydon, the Mayday Network care coordinators had individual caseloads of approximately 27 patients. Staff in the Lambeth PR teams had caseloads of 25 and under. In Croydon and Lewisham caseloads were close to 20 patients, and lower for part time staff and social workers, who had additional approved mental health professional (AMHP) duties and other staff with specific responsibilities. Team managers monitored caseloads in terms of complexity, discussed these in staff supervision and made adjustments in caseloads so that work was evenly distributed. The PR teams across boroughs were generally able to process referrals quickly and allocate a care coordinator promptly. There were low numbers of patients waiting for allocation to the PR teams. Other community teams held these patients while awaiting transfer. The duty team held patients only briefly while they waited for allocation of a care coordinator.
- There were significant staff vacancies in the EI teams. These were highest in Lewisham EI service at 5.5 out of 18 posts, followed by Croydon EI team (COAST) at three out of 16 posts in June 2017.
- In April 2016 the age of patients admitted to the EI teams changed. People over the age of 35 experiencing a first episode of psychosis were referred to the teams. Prior to April 2016 the teams had focussed on patients aged between 18 and 35 years. Between April 2016 and March 2017, the Croydon EI team had received more than 60 referrals of people over the age of 35 with a first

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episode psychosis. People over 35 represented an average of 26% of the total number of referrals received by the EI teams. However, staffing levels had not been increased in line with the increase in referrals as the trust reported there was insufficient funding from the commissioner to do so. As a result, the size of individual staff caseloads had risen. This meant that staff had caseloads of between 22 and 30 patients each. Over the last 12 months, the average caseload across the team had varied between 21 and 26 per staff. It is nationally recommended that there be a 'maximum' caseload of 20 patients per staff member in EI teams and an 'ideal' caseload of 15. Caseloads were clearly higher than those recommended. Several staff told us caseloads were too high or said they were doing work at home in order to catch up.

- For the Lambeth EI team in the period July 2016 - June 2017 the team had experienced a 30% increase in referrals. The average caseload size in the team had increased from 15 to 19 cases in this period. Some experienced workers in the Lambeth EI team had caseloads of 20-24. They told us that caseloads of this size were unmanageable at times. Some staff had a protected caseload of 15 cases because they were newly qualified or returning to work from sick leave. The trust was recruiting a new band seven nurse to the team to help to manage the increased caseload. In Lewisham EI team care coordinators' caseloads were also higher than the National recommendation set out by NICE Concordant Care standards at 21-22 patients.
- Social workers funded by the local authority had been withdrawn from the Southwark community teams, so that staff now provided a health model, with social care provided elsewhere. All teams said that the transition from November 2016 had been very difficult for staff and patients. Lambeth was reviewing the deployment of social workers working in adult mental health in Lambeth. The local authority had decided not to recruit permanent social work staff to the community mental health teams as these posts became vacant. They provided locum social workers to fill these vacancies.
- Sickness absence rates varied between teams. Sickness absence was highest in Southwark central PR team at 30% in June 2017, followed by the Mayday Network team where it was 22% and Lambeth central team at 20%. The sickness absence rates in the Lewisham and

Croydon EI team were 15% and 14% respectively. When staff were off sick for short periods their caseloads were usually held by the duty team. Managers generally provided locum cover for sickness over a month. Protocols included writing to patients informing them who to contact in the absence of their care coordinator, reviewing all patients receiving depot injections at home, and allocating a worker to ensure medicines were administered.

- At the previous inspection in September 2015, we recommended that the trust monitor the number of changes of care coordinators patients had in the PR teams and keep this to a minimum. The trust carried out an audit of changes in care coordinator over six months between August and March 2017. During this period, 35% of patients in Croydon PR teams had more than one care coordinator, including three patients who had three different care coordinators in the time period. This figure was 8% in Lambeth and Lewisham, and 7% in Southwark. Before community staff went on leave they left a written handover of patients for colleagues to refer to. Staff allocated more complex patients to named colleagues to provide care and treatment while they were away. Otherwise patients were held by the duty team until the care coordinator returned. Sometimes this resulted in reduced contact with patients admitted to hospital and no staff available to attend ward rounds.
- Patients had good access to a psychiatrist. Teams kept emergency appointments that doctors could use to see patients at short notice. The PR teams had consultant cover at least three days a week. Teams also had middle grade and/or junior doctor cover for five days a week. Patients and carers said they were able to see a psychiatrist promptly when they needed to. The Thornton Heath, Woodside and Shirley team in Croydon responded quickly to a patient in crisis during the inspection visit.
- Most staff in the teams had completed the trust mandatory training. Where training was incomplete, managers booked staff onto future training courses, unless they were on long-term sickness absence or maternity leave. Some of the lowest levels of staff training compliance were in annual basic life support (BLS). The percentage of staff trained in BLS was 38% in Lambeth south A&L, 41% in Southwark central PR team and 43% in Southwark south A&L team. There were also

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levels of training, below 50%, in infection control (level 2) for Southwark south A&L, Southwark north-west, north-east, and central PR teams, and in fire safety at Southwark central and north-east PR teams. Managers had information on the mandatory training completed by staff in their team and ensured staff completed training as required. The trust only permitted the employment of locum staff if they provided proof of completion of all mandatory training.

Assessing and managing risk to patients and staff

- At the last inspection in September 2015, we found that staff did not take a consistent approach to completing risk screens and risk assessments on patient records, so that they contained sufficient detail. At the current inspection, we found that the teams managed overall patient risk well. However, some risk management plans were incomplete and staff had not reviewed some assessments and plans after patients transferred from inpatient wards to the PR teams or following risk events.
- The teams had a clear risk management system in place that used a traffic light system of red, amber and green to categorise risk to patients. The PR teams held zoning meetings regularly, between three and five times a week. At zoning meetings, the multidisciplinary teams discussed and reviewed the risks affecting individual patients, particularly those considered at higher risk. Higher risk patients included those categorised as red and amber, those held by the home treatment teams and those subject to safeguarding concerns. Staff discussed the plans and actions needed to keep patients safe and in the some teams updated individual risk assessment and management plans during the zoning meeting. The zoning meetings we observed were well organised and involved all members of the teams. This helped ensure all staff were aware of the risks across the team and immediate plans were in place to address concerns. The Croydon A&L team, where there was a long waiting list, had created a sub team to track all referrals. Each day a staff member carried out telephone triage of referrals. This helped identify anyone in need of urgent assessment, and identify changes in priority. Staff did this by checking patient records to see whether any new information about them had become known. Staff moved patients identified as a higher risk up the waiting list.
- At the inspection of September 2015, we identified that many patients did not have up to date risk assessments in place. During the current visit, the majority of teams had completed 100% of risk assessments for patients. However, the quality of individual patient risk assessments and management plans varied. Across the teams, 97 of 131 patients (whose records we inspected) 26%, did not have an up to date risk assessment and risk management plan in place. This percentage reflected the poor performance of a small number of teams. Of the boroughs, Southwark had the highest percentage without a risk assessments and risk management plans in place at 38%, followed by Lambeth at 30%, Croydon at 16% and Lewisham at 11%. Lambeth EI team had the lowest compliance at 14%, Southwark south A&L and Croydon PR teams at 62% and Southwark PR teams at 63%. All of the seven records we looked at in the Lambeth EI team had a risk assessment in place. However, they did not contain completed risk management plans. Instead, staff recorded the patient's updated risk level and management plan after the daily zoning meetings in the daily notes section of the patient's health care records. For example, in one case, the daily records showed that a patient and care coordinator discussed the patient's diabetes management and associated risks. However, this information was difficult for staff to find, as staff had recorded it in several places within the daily notes.
- Teams received regular performance data in respect of the completion of patient risk assessments. However, this did not take into account the quality of assessments. For example in Croydon, trust audit data showed that 92% of patients in the Thornton Heath, Woodside and Shirley team had a risk assessment that had been completed within the last 12 months. However, when we reviewed a sample of patient risk assessments we found that staff had not reviewed the assessment since the patient transferred to the team or following risk events. Staff had not reviewed three of four patient care records we checked since the patient transferred to the team. Their risk assessments had been completed when they were an inpatient or the patient of an EI team. This meant that individual crisis and contingency plans contained inaccurate information. For one patient staff had recorded two risk events since completing the patient's risk assessment. There was no evidence that staff had reviewed the risk

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assessment since then or reference to the events in the most recent risk assessment. Three of the four patients did not have risk management plans in place. There was a risk that not all staff understood the risks affecting individual patients and how to mitigate them.

- Risk assessments across the teams covered risks of aggression and self-harm and in relation to physical health. Details of all adverse events were included. Risk assessments included information on safeguarding, and staff completed an additional risk assessment in relation to patients' contact with children. Risk assessments in the A&L teams were sometimes brief, based on the little information available to the team at the time.
- The trust had collected feedback from patients and carers about their experience with the PR teams in the last three months. More than 85% of patients reported that they knew what to do in a crisis. The vast majority of patients in the EI and A&L teams had a current crisis plan in place, in the records we reviewed. These included telephoning a crisis line, or the community mental health team and other actions specific to each person's circumstances. Staff asked patients about their wishes in respect of who to contact if they became unwell, and recorded information about family, friends and carers who were involved with the patient.
- The patient recovery and support plan included questions about advance decisions in relation to what support and treatment patients would prefer if they became unwell. In some instances, it was clear from the form that the patient and staff member had discussed contingency plans in the event of the patient's health deteriorating. For example, a patient's recovery and support plan included information on what they wanted different family members to do if they became unwell. In other instances, the advance decisions part of the recovery and support form was completely blank. The form did not ask staff to record the level of engagement of the patient in the recovery and support planning process.
- In the Lambeth EI team, staff told us they found the trust's recovery and support plan, which included a crisis plan, to be unsuitable for patients using the EI service. This was because some patients experiencing mental health difficulties for the first time found it difficult to take a lead in the care planning process. Only two of the seven care records we looked at had a completed crisis plan. Where we did see crisis plans, staff had not recorded any detail or a management plan.
- Most staff had received training in safeguarding vulnerable adults and children, as well as 'places a on certain bodies including hospitals, to have "due regard to the need to prevent people from being drawn into terrorism." The 'prevent' training addressed this duty. Staff identified safeguarding concerns and knew the procedures to follow to escalate concerns. Staff in all teams had good understanding of their responsibilities in respect of protecting vulnerable adults and children. Staff discussed patients with safeguarding concerns at zoning meetings and teams tracked the progress of safeguarding referrals and investigations effectively and recorded outcomes. Staff completed child risk screens for all referrals to the A&L teams. The Lewisham A&L team had made the largest number of adult safeguarding referrals amongst the A&L teams, with 30 in the last 12 months. Care and treatment records included information on safeguarding concerns and the actions taken by staff to ensure patients and others were safe. In Southwark, there had been some initial difficulties following the disaggregation of social workers from the community teams, but staff had agreed systems for managing safeguarding referrals between the health and social care teams.
- At the inspection in September 2015, we found there was a lack of safety arrangements to protect lone workers. At the current inspection, we found that staff followed local lone working procedures in order to minimise the risks of working on their own. Staff signed in and out of the office and left details of where they were going. The duty worker contacted staff if they failed to return to the office at the expected time. If staff were going home following a visit at the end of the day, they phoned the duty team to let them know. Staff had an emergency code word to use on the telephone to indicate when they were experiencing serious difficulty but could not be explicit about what was happening. Two members of staff visited together when the patient was not known to the service. Staff were aware of the action to take to minimise the risks of lone working.
- At the inspection of September 2015, we found that staff did not always transport medicines and clinical waste

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safely. At the current inspection, we found that staff had dedicated bags, which contained a small bin for the safe disposal of clinical waste and sufficient space to carry medicines. The trust had sought expert advice about the most appropriate design of the bag.

- All prescription charts we reviewed were completed fully, inclusive of doctor's signature, known allergies and supply/or administration of medicines. Staff stored prescriptions securely and recorded their use appropriately. Staff knew how to report medicines errors and shared learning from errors within the team. Staff also knew about the trust newsletter on medicines safety updates. Medicines were stored securely, and disposed of safely. In the majority of clinic rooms we visited medicines were kept at the correct temperature. In the clinic room used by Brixton central and north-east PR teams and the clinic room for Southwark north-east PR team, staff regularly recorded the room temperature as above 25 degrees Celsius and exceeding 30 degrees in the days prior to the inspection. Staff had sought advice from the pharmacy, who had instructed them to reduce the expiry dates of medicines. However, staff had not recorded the new expiry dates on the medicines. Staff rectified this after we brought it to the attention of senior managers. The trust ordered air conditioning units for these rooms to be installed in the week ending 25 August 2017.
- At the clinic room for Lewisham neighbourhoods 3 & 4 PR teams, and Brixton central and north-east PR teams, there were no emergency medicines for anaphylaxis on site on the day of the inspection. Staff ordered these immediately.
- Patients attending the clozapine clinic had a choice of appointment times and the pharmacy supplied clozapine in time for patients' appointments. Staff gave patients information about their medicines, using both leaflets as well as face-face and telephone advice from nurses and medical staff.

Track record on safety

- In the A&L teams there had been 12 serious incidents in the last year to 31 March 2017. Five of these were in Lewisham, six in Lambeth, and one in Croydon. In the EI and PR teams there were 15 serious incidents over this time period, five in Southwark, four in Croydon, three in Lewisham and two in Lambeth.

- In Lewisham, following a high incidence of suicides in the last year, a thematic analysis was undertaken. Although this review found that the incidents were not linked, it recommended quicker referrals to PR teams for patients with complex diagnostic profiles, better use of zoning and improvements to record keeping.

Reporting incidents and learning from when things go wrong

- Staff knew what type of incidents they should report and how to report them. There was evidence of good learning from incidents. The trust had produced one sided 'lessons learned' posters, which were on display in team offices. These outlined the findings of a thematic review of the root causes and actions identified in serious incident investigations within the psychosis and psychological medicine and integrated care clinical academic groups. The trust sent electronic bulletins to staff when serious incidents had occurred in the trust in order to share lessons learned and reduce the likelihood of the incident happening again. Teams also discussed learning from incidents in team meetings. For example, we observed the Mayday Network PR team discuss the latest blue light bulletin from the trust and a thematic review of incidents across the clinical academic group in a team meeting.
- Managers described changes and improvements they had made to the service in response to learning from serious incidents. For example, the Croydon A&L team had received refresher training in using the electronic patient record system and staff were standardising referral documentation for all four borough teams as part of a quality improvement project. In Southwark PR teams staff had learned from recent incidents after a patient purchased medicines over the internet, the sudden death of a patient from heart issues, and a patient who sustained a hypoglycaemic brain injury. Staff were clear about how they would incorporate the learning into their interactions with patients. In Southwark they had started a quality improvement project to address the physical health needs of patients who were difficult to engage.
- Staff had opportunities for debrief and support following serious incidents. The Croydon A&L and EI teams had received structured support following serious incidents. One session was provided within two weeks

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of the incident and a further session provided after six weeks. Facilitators monitored the mood and anxiety of staff pre and post intervention to measure impact and effectiveness.

- A serious incident panel met every two weeks to discuss serious incidents and identify lessons learned. The trust conducted thematic reviews of root causes and actions identified in serious incident investigations. Within the psychosis clinical academic group the most recent themes identified included disengagement, risk and care planning, interface with other clinical academic groups and agencies and physical health.
- Staff knew and understood their responsibilities in respect of the duty of candour. The duty of candour is a

regulatory duty that relates to openness and transparency and requires providers of health services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff understood the importance of transparency. Staff were aware of their duty to inform patients when things went wrong. Staff described incidents where they had informed patients and carers of mistakes and apologised. For example, staff apologised to a patient when they sent a letter intended for them to the wrong person. Staff recorded the incident and administrative systems changed to ensure it did not happen again.

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

- Staff in the community teams carried out assessments of patients' needs. The trust format for recording risk assessments and care plans had been changed and implemented in the community services approximately two months prior to the inspection. Staff had not yet transferred care records for all patients to the new formats.
- Staff usually gave patients attending assessments with the A&L teams a care plan at the end of their assessment. We reviewed the records of 12 patients in the Croydon A&L team and found that nine of the 12 patients had a plan of care in place. In the other teams, we found care plans in place for each patient that we checked. However, Lewisham team staff did not take copies of this care plan to store on the patient record. This meant there was no evidence of staff giving the care plan to patients, and no record of what was agreed with the patient other than a summary of the care plan in the letter to the GP.
- In the PR teams, records did not always make it clear if staff offered patients or gave them a copy of their care plans. Recovery and support plans identified individual patient goals. They were clearly individualised and person centred. However, in the Thornton Heath, Woodside and Shirley PR team three of the four recovery and support plans we reviewed had been completed before the patients transferred to the team. As a result all three contained inaccurate or out of date information. For example, referring patients to their previous ward or community team if they needed help. One patient had recently experienced several seizures and been referred to a neurologist. However, staff had not addressed or included this in a care plan or recovery and support plan for the patient.
- In other PR teams, we found that patient care records had individualised, holistic and recovery orientated care plans in place including crisis planning and carer information. The recovery and support plan template had questions about 'recovery and staying well', 'what I am going to do each day to stay well' and 'contingency and crisis planning.' However, in Lambeth the majority of forms (29 out of 40) were not fully populated with information. Where parts of the form were blank there was no explanation as to why this was the case. Staff told us many patients recovering from psychosis were unable, or reluctant to engage with them in terms of talking about their illness and consequently they could not fully complete the form.
- The recovery and support plans did not include space for all the information recommended in good practice guidance did not include details of the interventions provided by the trust in agreement with the patient, details of how they would review care and treatment, and plan and manage discharge from the team. For example, a patient in a Lambeth PR team north-east was receiving support with travelling independently but this was not noted in their recovery and support plan. The trust told us work was in progress to develop a new care plan for the community mental health teams.
- We reviewed the care records of 16 patients in three EI teams. Five of the 16 (31%) did not have any care plans in place. At the Lewisham EI team, two of the six records we reviewed did not have any care plans. In the Lambeth EI team of the seven care records we inspected, four included a recovery and support plan. Where the plan was in place, it contained very brief information. For example, two of the recovery and support plans recorded that the patient was moving to the care programme approach, but did not explain what this meant. Staff explained that the recovery and support plan template was difficult to complete with the patients they supported at an early stage of care and treatment. This meant that they were unable to engage in discussions about their recovery and support plan. In the Croydon EI team, all three records we reviewed had care plans that were individualised and addressed patients' mental health needs.
- The trust reported that 92% of eligible patients had a care programme approach (CPA) meeting within the last 12 months. Records we reviewed supported this.
- All care records were stored securely and were accessible to staff in the electronic patient records system, protected by passwords. Staff needed their own account to access this system. In addition, staff were able to easily access patient information from other trust community teams and inpatient services. Some staff teams could use the trust database to view parts of patients' GP records.

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.

Best practice in treatment and care

- Staff considered National Institute for Health and Care Excellence (NICE) guidelines when making treatment decisions. From 1 April 2016, the EI services had a target of more than 50% of people experiencing first episode psychosis to commence a NICE recommended package of care within two weeks of referral to the service, as part of the better access standards. The EI teams were achieving this target.
- When patients presented with complex needs, such as co-morbidities, doctors referred to evidence based prescribing guidance. Psychiatrists said the trust supported them to attend conferences to keep up to date with practice developments. A pharmacist visited each team regularly to review prescription records as a further check to ensure staff followed NICE guidance.
- Patients had access to psychological therapies as recommended by NICE. Staff offered a range of evidence based therapeutic interventions including cognitive behavioural therapy for psychosis and family interventions.
- Following assessment in the A&L teams, staff could refer patients who required further interventions to the treatment teams who provided cognitive behaviour therapy and dialectical behaviour therapy, amongst other treatment approaches. Specialist teams offered trauma focussed therapy.
- Staff in the PR teams discussed NICE guidelines in complex case meetings when reviewing the care and treatment offered to an individual patient. Psychologists offered a range of interventions to patients in individual and group settings. All the Lambeth teams had access to a dual diagnosis lead professional who supported staff with formulating care and treatment plans. Staff were knowledgeable about substance misuse and sources of support for patients. In Southwark, the PR teams ran a managing emotions group for patients to attend. In Croydon, a service user peer co-facilitated a hearing voices group. The groups ran over a number of weeks. Across the teams, psychologists in the teams supported their colleagues with 'formulation meetings' to review the team's approach to care and treatment in relation to patients where the team had achieved little progress in supporting the patient's recovery.
- The teams discussed new national guidance and evidence based interventions at team meetings. Teams used experts to improve the knowledge and skills of the team. For example, the Croydon A&L team had received teaching about the treatment of bi-polar disorder and what to look for in an assessment.
- The Croydon, Lambeth and Lewisham teams offered support for patients' social needs such as housing. Patients were signposted to a local voluntary sector organisation for benefits advice. In Southwark social care support was provided through social services, but a vocational worker supported patients across teams.
- Lambeth staff worked with the Lambeth Hub, providing a single point of access for the public and professionals to all mental health referrals. Patients could access a wide range of leisure and work opportunities through this service. For example, one patient was supported to go onto the trust's 'involvement register' so they could do ad hoc paid work, such as participating in staff interviews.
- During the course of the inspection, staff told us about a wide range of positive initiatives that they were involved in, including some innovative projects. These included projects to support patients with physical health, such as the New Addington and Purley PR team in Croydon were piloting a physical health clinic for patients where they carried out blood tests and ECGs on the premises and obtained the results the next day. Some teams had mobile ECG machines and junior doctors were able to make home visits and carry out tests on patients' hearts at home when needed. In the Southwark PR teams, staff had identified patients most at risk of not engaging with their GPs and provided physical health screening and support within the team. The Lewisham neighbourhood 1 PR team provided support for a group of patients with diabetes, accompanying patients to a nearby health centre, and having a phlebotomist in the team. The diabetologist from the hospital attended CPA meetings and patients had access to a dietitian and an exercise programme.
- Staff in the EI teams had completed training in community physical health screening. NHS England had set a target for staff to complete physical health checks, which applied to EI teams. This target was for all staff to complete a physical health check within the first three

Are services effective?

Requires improvement 

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months of contact with a new patient and then annually thereafter. The trust was in the process of collecting data regarding performance in respect of this target. The results were not available at the time of the inspection.

- The trust was working to a five-year physical health strategy. This was developed in 2015 to build awareness and understanding as well as infrastructure to embed physical health monitoring and intervention into standard culture and practice. The new director of nursing was the trust executive director responsible for physical health. The strategy included working with GP mental health leads, arranging a physical health awareness day, and piloting a high-risk register, to better target physical health interventions to those who most need them. Fifty-seven per cent of staff were trained in physical health competencies.
- Staff used different tools to measure outcomes for patients using the services. Psychiatrists used the Health of the Nation Outcome Scales to measure patients' progress and outcomes. They also used Beck's depression and anxiety scales. These helped measure the effectiveness of the treatments offered by the teams. However, there was little evidence that they used outcomes information to make improvements in care and treatment. Staff told us it was difficult to obtain the data and analyse it in a meaningful way without support. Occupational therapists and psychologists used standard assessment tools, which they audited periodically.
- Managers carried out audits of care planning and risk management in their teams. Some managers reviewed the care records of patients and gave feedback to staff during supervision on the quality of their work and recording. Some managers reviewed a sample of patient records each month as a quality measure. The trust provided information in the form of a dashboard. One of the measures shown on the dashboard was the percentage of patients with a risk assessment in place, completed in the last 12 months. All Croydon PR teams we visited scored highly on this, with scores of 92% and above. However, this audit did not identify when risk assessments had not been reviewed following a patient transfer (from the inpatient ward to the PR team or from an EI team to a PR team) or the occurrence of a risk event.

- Teams had used the results of specific audits to bring about improvements in the quality of care and treatment of patients. One Lewisham PR team had conducted an audit of patients with diabetes. This audit identified the need for a specific support group for patients and joint assessments with GPs. In Southwark, staff undertook an audit into how 19 patients with a psychosis diagnosis, and emotional personality disorder, accessed services. This showed that these patients used services differently from other patients, and indicating the importance of providing dialectical behaviour therapy and mentalisation. Other audits were in progress including an audit of access of black and minority ethnic patients to psychological interventions in Lambeth.
- Staff asked patients for permission to be contacted for information or participation in research projects within the trust. Recent research trials included trials on support for patients with paranoia and for those with auditory hallucinations.

Skilled staff to deliver care

- Teams included staff from a range of professional backgrounds including nurses, psychiatrists, psychologists, occupational therapists and social workers. Staff had relevant experience for their work role. For example, staff in the EI teams had the appropriate knowledge and skills in working with patients with first episode psychosis.
- All new staff received an induction from the trust when commencing employment. The induction included information on the trust values, and their area of work and responsibilities. Staff said there was appropriate handover of cases and reduced caseloads for new and less experienced staff. Agency staff were not able to access training provided by the trust. They were expected to complete training provided by their agency. The agency notified team managers when the mandatory training of agency staff had expired and they were no longer able to work. The trust provided a specific induction to new staff in the EI teams where staff attended for a day a month for six months. The induction included training on topics relevant to working in an EI team.
- Staff and managers in all of the teams told us that they received regular supervision, every month from their

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line manager. We looked at 24 staff supervision records, which confirmed supervision was taking place regularly. Supervision records were generally detailed and made clear the action staff and managers would take and follow up at the next meeting. Social workers in the teams received professional supervision from a senior social worker and managerial supervision from their team manager. Similarly, psychologists received clinical supervision from a senior psychologist and occupational therapists had access to professional supervision from senior occupational therapists. Some teams had access to group reflective practice sessions with an external facilitator. Most teams held weekly or monthly case discussions and case formulation meetings where they discussed and reflected on patient care and treatment together.

- Both medical and non-medical staff in all teams had completed an annual appraisal in the last 12 months. Annual appraisals included a review of the employee's objectives, details of progress made during the year and reflection on whether the employee's practice was consistent with the values of the trust.
- All of the teams held regular team meetings. Meeting minutes showed that the team discussions regularly included zoning, training, referrals and safeguarding matters.
- Staff had access to further training relevant to their roles and identified development needs. For example, staff had undertaken internal courses on coaching staff and developing their therapeutic skills, and externally provided degree and postgraduate courses. Many staff had completed training in quality improvement methods. Staff felt well supported by the trust in terms of opportunities for professional development. Managers were able to provide examples of staff who had received additional training in dual diagnosis, physical health, family therapy, cognitive behavioural therapy for psychosis and cognitive analytic therapy. Some of the teams took students on clinical placements and some staff had practice teaching qualifications. In the PR teams, three nurses were training to be advanced nurse practitioners (and nurse prescribers.) Some staff identified that training in how to make an application to

the Court of Protection to safeguard patients' finances would be beneficial to them. Completing applications could be time consuming and staff felt they lacked appropriate knowledge and skills in this area.

- Managers addressed poor performance through supervision and setting objectives, and could receive support from the human resources department if needed.

Multi-disciplinary and inter-agency team work

- The teams consisted of a range of disciplines including nurses, doctors, social workers, occupational therapists, psychologists and support workers. They met together regularly and provided a multi-disciplinary approach to patient care and treatment. The Croydon, Lewisham and Lambeth teams included social workers provided by the local authority. Teams were supported by administrative and reception staff.
- All teams held complex case meetings where staff from different disciplines worked together to produce an effective plan of care. They also held regular team meetings to discuss topics relevant to the team including patient feedback, complaints, compliments, incidents, and health and safety issues.
- Consultant psychiatrists supported by junior doctors provided medical support to the teams. Doctors ensured that each patient's GP was aware of the care and treatment the patient was receiving from the mental health team and gave advice on monitoring patients' physical health if they were receiving anti-psychotic medicines. Assistant and trainee psychologists and occupational therapists also supported the teams. There were approved mental health professionals (AMHPs) in each team other than the Southwark teams. In Southwark, social workers had been disaggregated from the team in November 2016. Southwark recovery teams had plans to recruit four social workers on post-graduate degree programme placements to address the reduction in social workers available in the teams. In most teams, at least one of the care coordinators had specialist training in dual diagnosis to work with patients with addictions as well as mental illness. The EI teams had a specialist family intervention worker. Staff in the Southwark PR

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teams told us that they no longer had a welfare specialist available, which had a major impact on the time they now spent on supporting patients with benefit applications.

- Staff from different professional backgrounds told us that the multi-disciplinary teams worked well together. Psychologists provided advice to colleagues, particularly in case formulation meetings. Formulation meetings were held to discuss the care and treatment of patients where interventions had so far been unsuccessful in promoting their recovery. They included an analysis of the patient's mental health history and facilitated new approaches to the treatment of the patient. Staff could book appointments with psychologists to discuss how they were working with patients.
- Staff signposted patients to local voluntary sector organisations, that provided a range of group and individual activities. Staff in all teams recognised the importance of working with the local drug and alcohol service provider and attended the local dual diagnosis forum. Teams regularly invited external services to team meetings. For example, in the Croydon A&L team a representative of a counselling service for refugees, asylum seekers and forced migrants had attended the team's monthly quality meeting in April 2017.
- Some managers described good relationships with wards. This was supported by some of the feedback we received from ward staff in focus groups held the week before the inspection. Staff in PR teams attended bed management meetings every week. Service leads from PR and A&L teams attended a local authority interface group every month. Staff from PR teams had met with staff from the EI teams to discuss improvements in working together, including the quality of referrals.
- Some PR team staff acknowledged that they could improve communication with inpatient wards, and documentation of contact with patients and staff on the wards. Feedback from some of the ward staff in focus groups held the week before the inspection, indicated that contact from staff in community teams was variable. We reviewed the records of four patients from the Thornton Heath, Woodside and Shirley PR team who were currently inpatients. One record showed a care coordinator had visited the patient on the ward and attended ward rounds twice in the last month. For

another patient there were four recorded contacts with the ward or family in the last six weeks but no direct contact with the patient in that time. Two patients had not been visited or contacted by community team staff since early May 2017 with only one recorded email to the ward about one patient in the two and half months since then. Smaller samples of two inpatient records per team for the other borough PR teams generally indicated that care coordinators had kept regular contact with inpatients. The picture was better in the Croydon EI team. We reviewed the records of three inpatients. These showed that care coordinators regularly visited patients on the wards.

- Teams focused on facilitating the smooth transfer of patients from one service to another. For example in Lambeth, the PR teams and A&L team had a weekly meeting with the home treatment team to ensure that patients had a smooth transfer between the teams. The PR teams told us they were currently prioritising referrals from the EI team as they were aware that the team was under pressure due to a rise in referrals.
- The A&L teams and PR teams linked to a group of GPs. The trust held a programme of 'virtual clinic' visits to GPs during 2016 to ensure there was good data available on the physical health checks carried out by GPs and enable GPs to discuss issues in relation to medicines. Staff held regular interface meetings with the improving access to psychological therapies team.

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

- Overall, 76% of staff had completed training in the Mental Health Act in the PR and EI teams. Staff had a good understanding of the Mental Health Act, although they were less clear in their understanding of trust policy in respect of community treatment orders (CTOs). For example, staff had different ideas about how often they should explain the conditions of a CTO to patients. In the A&L teams, 57% of staff had completed recent training in the MHA.
- We found that practice varied with regard to the management of patients on CTOs. We reviewed four records of patients subject to CTOs in the Lewisham and Southwark PR teams, and six in Lambeth. In Lambeth, the correct Mental Health Act paperwork was fully completed and available on all the patient records. In

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the Southwark and Lewisham teams it was not clear from records as to when patients had been informed of their rights. In the Croydon Mayday Network PR team we reviewed the records of three patients and found they had their rights under the CTO explained to them in the last year.

- Staff gave patients details on how to contact an independent mental health advocate. We observed a care coordinator in this team discussing a CTO with a patient, explaining that it was due to expire and asking the patient how he felt about it. However, one patient in the Thornton Heath, Woodside and Shirley PR team told us that staff had not discussed their CTO with them.
- In the Croydon New Addington and Purley PR team we reviewed the medicine administration records of two patients on a CTO and found the capacity to consent form for one patient was out of date. The medicines listed on the consent form did not match the current medicines prescribed to the patient. The manager said they were aware of this and were planning to print another form once the printer was working.
- Mental Health Act (MHA) administrators based at the local inpatient service provided advice and support to the services around renewals, consents to treatment and appeals. The most recent audit of staff explanation of patients' section 132 rights was conducted in 2015 identifying areas for improvement including recording 'nearest relative' on the form (61%), repeating rights on a monthly basis (48%) and completing a section 132 form (84%). The trust advised that a central CTO audit was currently underway.

Good practice in applying the Mental Capacity Act

- Staff had received training in the Mental Capacity Act and demonstrated good understanding of the five principles and how the Act applied in their work. Staff

always assumed that patients had capacity to make decisions unless there were indications that they did not, in which case they carried out a specific assessment. In the psychosis teams, 79% of staff were trained in the MCA, and in the A&L teams this figure was 73%.

- Doctors said they routinely assessed patient capacity to make decisions about care and treatment on their admission to the service. These services did not use a specific form to record assessments of mental capacity. However, mental capacity was referred to in the records of meetings and consultations in the patients' records.
- Care records showed that staff gave patients time and support to make decisions and considered patients' capacity to make specific decisions.
- Staff were aware of the trust's policy on the operation of the Mental Capacity Act and the sources of advice and support available within the trust. Staff were able to give us examples of cases where staff had applied the key principles of the Act. For example, staff considered a patient's mental capacity to make decisions in relation to treatment for a serious physical health condition. The records showed that there was appropriate involvement of those with knowledge of the patient in relation to what course of action should be taken in the patient's best interests.
- Staff understood how to obtain the informed consent of patients. Care records included forms that patients had signed to consent to their care and treatment. There was evidence in the records that staff had discussed care and treatment plans with patients. Information leaflets for patients made it clear that patients could bring someone who knew them well to appointments. Patients told us that staff took the time to explain care and treatment options to them.

Are services caring?

Good 

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 staff in interactions with patients and carers during appointments and assessments. Staff spoke respectfully to patients, were kind, compassionate and patient-centred. Staff listened actively to patients' wishes and concerns. They were non-judgemental in approach, helped patients clarify their thoughts and showed great empathy.
- Staff were polite when talking with patients on the telephone. Staff were knowledgeable about the patients they supported. They were able to explain the patient's history and their current needs.
- We spoke with several patients face-to-face during the inspection. They were all very positive about the service they received. They described staff as accessible, caring and respectful and said that staff had taken the time to explain thoroughly their care and treatment. Staff listened to them and gave them time to discuss issues of concern. However, some patients felt that they would like to have more time with their care coordinator.
- The trust collected regular feedback from patients about their experiences of care. Feedback was mostly positive about the service patients received
- We spoke with patients and carers by telephone and received written feedback from survey cards left at each team. Patients described some improvements to the service they received, and pointed out particular staff who they felt had gone 'above and beyond' in supporting them flexibly and attentively. They particularly appreciated staff who listened to their concerns about medicines and made changes accordingly, and the provision of psychological therapies. They described transfers between services as often being disjointed, and expressed their fears about further 'cuts' to services that may not be beneficial to them. Approximately a third of the patients told us that they were not clear about crisis support out of hours or the complaints procedure for the service. One patient told us that they had started a vocational qualification with the support they received from the community team.

- Teams considered changes in care coordinator carefully and monitored this centrally. These occurred for clinical reasons or when staff left the team. The high turnover of staff in some teams meant that some patients had several changes of care coordinator, which was potentially detrimental to consistency of care and treatment and therapeutic relationships. They described some inconsistent support with benefits, social and occupational support. Staff said that whenever possible staff who were leaving the team introduced new staff to their patients. Patients in Lambeth north-east PR team had complained about frequent changes of care coordinator in the trust patient survey. The manager had posted a 'you said, we did poster' in the patient waiting area about this. The poster stated the trust was aiming to recruit permanent staff to the team.

The involvement of people in the care that they receive

- Staff had placed suggestions boxes in reception areas where patients and carers could post suggestions for improvements to the services and other feedback.
- The trust asked patients and carers for feedback about their experience using the service. The feedback reports were easily available to staff and displayed in team offices. Staff identified learning from the feedback reports and used this to make improvements in the service. Services displayed notice boards showing how they had responded to comments and suggestions from patients. For example in Croydon A&L team, staff had started sending out text reminders, after patients reported that they often forgot their appointments.
- Reports of feedback received from patients in all teams showed that they definitely, or to some extent, felt involved in their care. For the A&L teams, between January and June 2017, results ranged from 84% (in Lambeth) to 92% (in Croydon) of patients giving positive about their involvement. For the same period the EI teams had results ranging from 62% (in Lambeth) to 100% (in Lewisham) patients providing positive responses about their involvement. The PR teams reported positive results ranging from 64% to 100% of patients positive about their involvement.

Are services caring?

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- Most patients told us that staff had given them a copy of their care plan and offered a range of options in respect of care and treatment. Patients felt they had been involved in decisions about their care. However, on many care plans, the involvement of patients was implied rather than explicit. There was often no record of the patient's views particularly in the Southwark and Lewisham PR teams and in the Lambeth EI team. Some patients told us that care plans did not always take account of their long-term goals.
- Representatives from a local service user network spent time in the reception area of premises used by several teams and provided advice and support for patients on a range of issues. They met team managers at the end of the day to give general feedback.
- Staff in Croydon A&L signposted patients who self-harmed, and needed crisis support, to a service user network. The network met four times a week including Saturdays. Staff referred carers to the local carers' hub for a carer's assessment under the Care Act. A service user and carer forum met monthly and staff brought back issues arising to the senior management. Two service users were members of the psychological medicine and integrated care (PMIC) governance executive.
- The Lewisham EI service facilitated a carers' support group once a month. Feedback from carers showed they found these groups helpful, particularly being able to share their experiences. The Southwark PR teams had a carers' focus group providing psycho-education and support. Carers were encouraged to attend care programme approach meetings.
- A person who had used services was very positive about being able to co-facilitate a group for patients and share their own experiences to support others.
- Staff informed patients about the sources of advice and advocacy, which were available locally. Teams had developed 'welcome packs' which staff gave to new patients. The packs included information about the service, a physical health information booklet and information on how to complain. Services also displayed information about advocacy on notice boards.
- The trust operated an 'involvement register'. Patients could volunteer to join the register. The trust then provided training and support so that they could do ad hoc work for the trust, such as participating in interviews for new staff.

Are services responsive to people's needs?

Requires improvement 

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

Our findings

Access and discharge

- Staff in all of the teams told us of concerns in relation to the management of high-risk patients in the community while waiting for a hospital admission. In recent months, there was an increased delay in arranging the assessment of patients for possible compulsory admission under the Mental Health Act. Staff told us this was partly due to the fact that support from the police had to be pre-booked and there were a limited number of time-slots available. This meant that support from the police to execute a warrant to enter a person's home or assist with transfer to hospital was often not available for over a week. Staff said this created a difficulty in ensuring there was a bed available for the patient at the time of the assessment and this could further delay the patient's admission to hospital. In Southwark where the social workers were no longer part of the community teams, there were additional delays due to arranging an approved mental health professional to coincide with the police being present. Staff gave an example of waiting 25 days to complete an assessment for a patient who presented a risk to themselves and others.
- The trust provided information regarding delays in Mental Health Act assessments, recorded as incidents on the electronic incident reporting system, in the last six months. There were 17 such incidents in total. Eleven of these cited the lack of an available bed as a cause of the delay, including one case rated as severe in outcome. Nine of the incident reports indicated that the lack of a bed was the only factor causing the delay. Community teams were sometimes supporting very high-risk patients who needed urgent assessment because an inpatient bed was not available over a number of days or weeks. This presented a significant risk to patients' safety while they waited for an assessment leading to possible admission to hospital.
- All the community mental health services accepted referrals of patients with a psychotic disorder that their GP could not manage, presenting a moderate or serious risk to themselves or other people. Services did not accept referrals where the primary diagnosis was a harmful use of drugs or alcohol. The A&L teams also worked with patients with a significant mood, anxiety or personality problem. The EI teams worked with patients aged 14 and over in conjunction with children's services. Other services worked with patients aged 18 and over. Staff rarely cancelled appointments.
- The A&L teams provided the single point of access to community mental health services for working age adults in each borough. Referrals came into the team from GPs, home treatment teams, inpatient wards, housing, police, and other services. Teams described a significant rise in referrals since the previous inspection. They offered an assessment and, where appropriate, worked with patients on engagement and stabilisation for up to 12 weeks. They also acted as a gateway to specialist psychological services. In Croydon, the trust told us that because of a reduction in funding from the local commissioner, a staff post had been frozen. The trust had funded an agency staff member themselves to cover this post but was struggling to assess all of the patients referred to them within agreed timescales. Consequently, a long list of patients waiting for an assessment had built up. Despite their best efforts, the team could not meet their target of assessing non-urgent referrals within 28 days. Non-urgent referrals were waiting approximately 18 to 20 weeks for assessment. The team aimed to complete urgent assessments within seven days of referral, but staff were usually completing them within 28 days. The Croydon team received about 300 referrals every month but could only provide 230 appointments for assessments in the same period. The manager had created a sub team to track all referrals. Each day a staff member carried out telephone triage of referrals, to access people more quickly, and determine whether they needed a full assessment or signposting to another service. Staff reviewed the waiting list weekly to try to identify any changes in priority, moving higher risk patients up the waiting list. However, patients in Croydon were waiting considerably longer than they should have for an assessment and were at an increased risk of deterioration and avoidable harm.
- The other A&L teams were mostly meeting their targets of an appointment for crisis referrals on the same or next day, for urgent referrals within seven days and for routine referrals within 28 days. The target for completion of a full assessment was 28 days. The pathway managers told us their teams generally met targets. However, in Lewisham in July 2017 waiting

Are services responsive to people's needs?

Requires improvement 

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times for urgent assessments were up to two weeks, and for non-urgent appointments up to six weeks. The teams were working with Southwark south A&L team to adopt their enhanced clustering model with each care coordinator assigned to particular GP practices, as a way of improving performance.

- The average lengths of contact for patients in the A&L services from May 2017 were highest in Lambeth at 21 weeks, then Lewisham and Croydon at 15 weeks, and then Southwark at 11 weeks. PR teams operated in a flexible way that met patient needs. For example, the Lambeth PR teams aimed to complete their work with a patient within two years. The teams continued to support some patients that were harder to engage for more than two years to ensure they received interventions, which kept them as well as possible. To facilitate the discharge of patients back to primary care, and alleviate anxiety amongst patients and GPs, teams allowed patients to self-refer back to the teams after discharge.
- Staff described difficulties and delays in transferring patients between community teams, and discharging them, causing blockages. There were also difficulties in the interface between the wards and home treatment teams, which contributed to delays in discharges from hospital and transfers between teams. Croydon PR team staff told us they applied for patient accommodation and packages of care as soon as possible after a patient's admission to hospital in order to minimise delays in discharge or transfer. However, they described frustrations with the system as they sometimes experienced several rejections at the funding panel. The trust had identified the need for additional training for staff on completing funding applications more effectively.
- Staff reported that the recovery and rehabilitation team, who supported patients living in residential care in Croydon, were closed to admission due to staff shortages. This meant the PR teams were holding patients on their caseloads longer than they needed to, if other teams were operating at full strength. Southwark north-west PR team had not taken on new referrals for up to 12 weeks, and some patients referred from the EI team were not taken on for up to a year by PR teams (they were retained by the EI or A&L team from which they had been referred). In addition, the Southwark home treatment team had been closed to referrals at times, leading to care coordinators in the community teams managing higher risk patients, or increased admissions to hospital.
- The Croydon PR team managers described receiving referrals from the Croydon EI team that lacked sufficient detail or did not show that the referred patient reached the threshold for care coordination. They returned these referrals to the EI team. The EI team staff in turn expressed frustration that a high number of referrals they sent to the PR teams came straight back again. One PR team manager was working to produce a referral form that would prompt referrers to enter the level of detail needed by the team in order to determine whether the patient needed care coordination.
- There was a lack of shared understanding of the roles and responsibilities of ward staff and community staff. Ward managers told us of delays in discharge and transfer of patients because care coordinators did not always attend ward rounds, and inadequate cover was provided for community staff on leave. Staff in some PR teams had started using skype as a way of attending ward rounds, which saved time and enabled their attendance more often. The acute admission wards in the trust had been under extreme pressure with as many as 50 patients placed out of area in other hospitals at one time in the previous few months. This had reduced to 18 patients at the time of the inspection. The trust had put in place local authority interface action plans to address the issues and improve the experience for patients moving along the pathway, making sure that patients received the right support from the right team at the right time. However, patients continued to experience barriers to effective movement along the care pathway.
- The Croydon Mayday Network PR team had a dedicated discharge coordinator who worked two days per week and focussed on identifying and working with those patients who were ready for discharge. Staff discharged patients back to their GP when possible, although not all GPs felt able to support patients in primary care. To enable this transition to take place safely and effectively, patients sometimes transferred to the primary care step down team or the medicines support service for administration and monitoring of medicines.

Are services responsive to people's needs?

Requires improvement 

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

- Staff completed visits to patients following discharge from hospital, within seven days. Teams received an electronic alert when a patient was discharged from a ward. The teams discussed and allocated seven-day follow up visits at zoning meetings. Care coordinators tried hard to keep in touch with patients out of borough or in the independent sector so that they were aware of discharges.
 - The teams had arrangements in place for duty workers to respond to callers to the services and provide cover when care coordinators were away. Staff were allocated to duty on a rotational basis. They were able to respond quickly to patients experiencing a crisis, on the telephone.
 - In the Croydon A&L team, the percentage of patients not attending for appointments varied between 7% and 17% in the six months to June 2017. The team sent text message reminders to patients, five days and again at two days before their appointment in an attempt to reduce the numbers of people who did not attend. They also overbooked appointments in anticipation that some people would not attend. Other teams used telephone and text reminders to encourage attendance. The lowest percentages of patients not attending appointments were in Lambeth A&L team between 4% and 11% over this time period. The percentage of patients not attending appointments in the EI teams was 8-12% in Croydon, 10-13% in Lambeth, and 11-15% in Lewisham.
 - The PR team and EI staff actively followed up patients who had not attended appointments. If staff thought a patient presented a risk and did not respond to further contact, care coordinators would contact family members or the patient's GP to check they were safe. If necessary, they would ask the police to carry out a welfare visit. The PR teams had individual plans in place to follow up patients who regularly did not attend appointments.
 - Staff in all of the teams said they supported people who found it difficult to engage with mental health services. When working with these patients, staff ascertained what the patients' priorities were and what was important to them. This could be practical matters such as arranging household repairs or changes to welfare benefits. Staff explained that once they had built trust by supporting patients with these matters, patients were usually more willing to discuss their mental health.
 - There were often quite lengthy waiting times for individual psychology. In the A&L teams the longest waits were in Southwark (up to 13 months) followed by Croydon (11 months) then Lambeth (five months) and Lewisham (one month). Patients of the Lambeth A&L team were able to access psychology input quickly in terms of group work and short term interventions. A patient told us that their attendance at a 'mindfulness and managing emotions' group was very helpful to them. However, patients waited for several weeks at least for a programme involving individual psychotherapy sessions. At the Lewisham A&L team there were delays of up to a year in referring patients to a service for people with anxiety and personality disorders. In order to mitigate these delays, the service had recruited a care coordinator to work specifically with these patients.
 - Waiting times for individual therapy varied across the PR teams. In Croydon and Southwark PR teams waits varied to up to 3 months. In Lewisham, the waiting time varied up to approximately six months with an average of three months prioritised according to need. In Lambeth, the team usually assessed referrals within six weeks and offered advice, co-working, individual or group/family work as needed. Staff prioritised patients waiting to see a psychologist on the basis of not having had previous psychology, severity of presentation and likelihood of being able to step down the level of care following intervention. EI patients tended to take longer to engage, needing an assertive outreach approach. Psychologists were able to work with approximately 10 to 20% of the team caseload each year.
- The facilities promote recovery, comfort, dignity and confidentiality**
- Most premises with consultation rooms were well ventilated and comfortable, and well served by public transport. At Jeanette Wallace, where several community teams in Croydon were based, we found the furnishings and fittings were new and in good condition. The office for the Southwark north-east PR team at the Chaucer Resource Centre was very hot, and poorly ventilated at the time of the inspection.

Are services responsive to people's needs?

Requires improvement 

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- Consultation rooms generally had adequate soundproofing, although soundproofing was poor in the interview rooms of Lewisham PR team neighbourhood 1.
- Staff provided patients and carers with written information about their care and treatment, including leaflets explaining their medicines. They also provided patients with information on what the services did before a patient attended for an appointment or assessment.
- Larger rooms were available for team meetings. We found that two clinic rooms for the storage of medicines were very hot, and following the inspection the trust arranged to install air conditioning units in these rooms.
- All services displayed a comprehensive range of information for patients in reception areas, including information about medication, smoking cessation, advocacy services, making complaints, other local services and carers groups.
- users. Staff told us that if a patient had a disability, which prevented them from using the office, they would make alternative arrangements. Staff said they could make a home visit or arrange to see the patient in an accessible venue.
- The early intervention services had a designated care coordinator to work with patients aged under 18 coming from children's services. This care coordinator would continue to work with patients after they were 18 to ensure the continuity of care.
- Teams provided information on complaints in community languages such as Bengali, Chinese, Polish and Czech. The trust could translate other leaflets into community languages on request.
- Staff were aware of local organisations that supported specific community groups. We observed an interview where a patient attended with a family member and a mental health worker from a local community group who was able to interpret for the family member. We also met with a worker from a local community group based at the same office as the north-east Southwark PR team.
- The trust collected information on the ethnicity of patients using its services as part of meeting the public service equality duty. In line with the national picture, there was over-representation of black African and Caribbean patients diagnosed with a psychosis in Lambeth. In the EI and PR teams, about 50% of the patients were black, whereas black people made up about 20% of the population aged 18-65. The trust and local partners had undertaken work to investigate and address this issue. In June 2017 the 'black thrive' initiative was set up to promote better prevention, improved access to appropriate services, and improved experience for black people.

Meeting the needs of all people who use the service

- Staff provided written information about care and treatment to patients in languages other than English when they needed it. This helped patients understand treatment options. For example, staff gave one patient leaflets in Portuguese.
- Staff could obtain an interpreter for face-to-face assessments and consultations and sometimes used telephone interpreting if they needed language support at short notice. Staff within the teams spoke a range of different languages. We observed one staff speaking to a patient in their first language.
- Feedback from patients and carers about their experience with the PR teams, collected by the trust every month, showed that patients reported that staff treated them as an individual and considered their culture, spirituality, any disability, sexuality, age and ethnicity when providing care and treatment. However, not all staff were aware of trust guidance on the care of adult transgender patients.
- Patients and carers with limited mobility could access most premises where teams were based easily. The premises used by the Lambeth South PR team and the Lambeth A&L team were not accessible for wheelchair
- The services provided information to patients and carers about how they could make a complaint. Complaints leaflets were on display in the reception areas. Most patients told us they knew how to complain.
- The New Addington and Purley PR team had received three complaints in the last year (over the 12 month period 1 July 2016 to 30 June 2017). The Thornton

Listening to and learning from concerns and complaints

Are services responsive to people's needs?

Requires improvement 

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

Heath, Woodside and Shirley team had received six complaints. One had been upheld and two withdrawn. The Croydon A&L team had received 10 complaints in the last year, six of these had been upheld. No particular themes emerged from the complaints. Staff in the Croydon A&L team identified improvements they had made to the service in response to complaints. These included giving patients a copy of their care plan immediately following their assessment. The Croydon EI team had received two complaints in the last year. Neither complaint was upheld.

- There had been 18 complaints across the five Lewisham teams in the 12 months before the inspection. None of these complaints were upheld, although four complaints were partly upheld. Ten complaints related to care and treatment. Other complaints concerned staff attitude, admission or transfer, or discharge from

services. Staff took action following complaints. For example, in Lewisham one service changed the patient's care coordinator after they made a complaint even though the complaint was not upheld.

- In Southwark the number of formal complaints received about each community team was very low, with just two received for Southwark Central PR team. In Lambeth, the early intervention team and the promoting recovery teams received three complaints. The A&L team received nine complaints in the same period. Most of these complaints were about the type of service the patient had received or the attitude of the member of staff.
- Staff told us that managers fed back to them the outcome of formal and informal complaints.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff understood the vision and values of the trust. The trust's five commitments were displayed in team offices and staff knew what they were. Staff in all the teams were able to explain the trust's vision and purpose. They were also aware of the commitments made by the trust to treat patients kindly and respectfully and do what they said they would do.
- Staff knew the senior managers in their clinical academic group, and described a recent visit from the chief executive of the trust. In Croydon the clinical service lead for the EI team visited the service once a week and attended zoning meetings. He was aware of the pressure the team was experiencing.
- Team objectives reflected the trust purpose and commitments. Staff gave patients information about the trust commitments so they knew how staff should treat them.

Good governance

- We rated this domain as good, despite the core service having three domains that were rated as requires improvement. This was because service managers were aware of the issues we found relating to risk assessments and care plans, and working to address them. They had also taken proactive steps to address long waiting times in the Croydon A&L team, and regarding delays in Mental Health Act assessments.
- The governance systems in place supported the teams to learn from incidents and complaints and make relevant improvements in care and treatment.
- Team managers in each borough met every month to discuss any problems they had, such as staffing, performance data and any new guidance that teams would need to follow.
- Managers had good access to and an overview of their team's training records, and provided staff in the teams with regular supervision and support. All staff received an annual appraisal where they discussed objectives and career development. Team managers were well supported in their role and had sufficient authority to make decisions. All team managers had some administrative support. Some teams had access to an external facilitator for reflective practice sessions.

- Managers had access to dashboards reporting their team's performance against a range of targets. Most managers audited and monitored care plans and risk assessments in their teams, but these did not always include action plans to improve overall quality.
- Each service had clear criteria for admission, and targets for assessing and commencing treatment with newly referred patients. The teams managed the use of agency staff, with regular agency reduction meetings within the clinical academic groups (CAGs) to monitor this. Most targets were met, although there were considerable delays in patients receiving assessments in Croydon. The trust was working with commissioners to address this.
- Managers were aware of the issues recorded on the clinical academic group risk register that were relevant to their service. Staff could submit items to the trust's risk register through team meetings and discussions with their manager. Items on the psychological medicine and integrated care (PMIC) CAG risk register relating to the A&L teams included, managing the financial challenges faced by Croydon Clinical Commissioning Group, high vacancy levels, disaggregation (separation back to the local authority) of social workers, and relocation of the Southwark teams. The psychosis CAG risk register included incomplete, out of date risk assessments, failure to deliver national EI targets, completion of recovery and support plans, staff safety in 332 Brixton Road, disaggregation of social workers, waiting times and recruitment challenges as key risks to the services. These reflected the concerns of managers and staff in the teams.
- We met with senior managers from the psychosis and PMIC CAGs, and found that they were very aware of the main issues we had identified during the inspection, and had plans in place to address them. In PMIC, the CAG covering A&L teams (which was formed approximately one year previously), the teams were managed by borough-based heads of pathways. The governance structure included a clinical governance executive, with feedback received from other teams. The associate clinical director worked with the clinical leads. There was also an officer for serious incidents, complaints and governance, who worked closely with the pathway leads regarding learning lessons, and

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sharing reports at team level. Following nine suicides in Lewisham, a thematic analysis was undertaken. The analysis showed that the cases were not clearly linked, but learning was identified and disseminated to the teams. Learning included improving diagnosis to include screening for bipolar affective disorder and providing effective intervention.

- Senior managers noted that the A&L model was approximately three years old, and was designed at a different time. The teams had been affected by a large increase in demand in the last year particularly in Croydon where there was a gap between funding from commissioners, and the needs of patients. This had led the trust to fund a post in the Croydon A&L team themselves. The withdrawal of social workers in Southwark had also had a significant impact on the teams. The different models in use in different boroughs, for example the Lambeth hub, and Lewisham neighbourhood teams may have impacted on significant differences in performance between boroughs. The A&L model was due to be reviewed in August 2017. The trust had put a number of measures in place to improve recruitment and retention, including providing development opportunities for staff. Managers were planning for the withdrawal of social workers by Lambeth, and possibly by Lewisham. They were in the process of mitigating long waits for individual psychology by training staff members in the community teams in cognitive behavioural therapy and cognitive analytic therapy skills.
- The psychosis CAG governance process involved multi-disciplinary co-leadership, with care pathways feeding into monthly governance meetings. Other meetings fed into these, including lessons learned, quality improvement projects, mortality reviews, risks, workforce management and health and safety, via the quality sub-committee board. There were pathway specific meetings, aligned to the CQC domains. Senior managers talked about the importance of flexing resources to meet patients' needs. Trust staff had escalated the issue of high caseloads in Croydon EI to the chief executive, with a question as to whether the trust would be able to continue seeing patients over 35 years old with the current level of funding. Following

disaggregation Southwark PR teams were waiting for the local CCG to agree an enhanced health model, including a lower intensity service for patients to step down to.

- In the psychosis CAG, senior management were aware of the delays in some MHA assessments. Senior staff met with the police, and social services monthly to improve interagency working. In some areas, the police had agreed specific time slots when they could attend assessments.

Leadership, morale and staff engagement

- Staff morale in the teams was mostly good. Staff spoke positively about their experience of working with the services. Staff said they enjoyed working with their colleagues and felt well supported by their managers. However, some staff said that they had been required to undertake mandatory training using their own time, due to too high a workload.
- Staff in teams worked well together and supported each other. All staff reported feeling well supported by their immediate managers and enjoyed their work. However, some staff in Croydon expressed feeling demoralised and stressed, and did not feel the trust listened to or consulted staff on changes to the services. Staff based at Jeanette Wallace House were frustrated by parking arrangements and a lack of full size computers and screens. Care coordinators were working with tablets, which were not practical for writing long reports or for use over an extended period. Staff in the A&L team felt added pressure from the sheer volume of referrals, which outstripped capacity.
- Several team managers told us they had attended leadership and management courses within the trust and the trust supported them to take up leadership training externally. A deputy manager was due to be recruited to support the manager of the A&L teams in Southwark. The Southwark A&L teams were due to be co-located later in the year, in trust premises.
- Staff did not raise any concerns about bullying or harassment. Staff said they felt able to raise concerns without fear of victimisation. They knew how to use the trust's whistleblowing procedures.

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- Staff described the working environment as very supportive. Teams held monthly business meetings and annual away days to review and develop their work. Minutes of these meetings showed staff gave their opinions and worked together to develop the service.

Commitment to quality improvement and innovation

- Many staff had received training in quality improvement methodology and were starting quality improvement initiatives in their teams. The trust was encouraging change and continuous improvement from the ground up. Staff were enthusiastic about the opportunities this was bringing and team meeting minutes showed that they had made progress in implementing projects.
- There was a trust large-scale initiative to reduce reliance on inpatient care, with targets to reduce admissions by 10%, reduce length of stay by 35% and balance budgets. A quality assurance project across three CAGs was working to prevent the home treatment teams (particularly in Croydon) from needing to close to referrals at times. The trust was taking steps to address bed pressures. Housing was key to this issue and senior management had started weekly meetings with teams regarding this issue and put systems in place to escalate all patients after 40 days of admission. The psychosis CAG had a quality improvement project to look at the care programme approach process, and improve patient and multi-disciplinary involvement.
- There was a plan to reshape the PMIC audit committee into a quality improvement committee. Senior management in PMIC told us that there was a quality improvement project to look at the quality of risk assessments, across the CAG, following serious incidents indicating that risk formulations were not always accurate.
- Individual staff told us about local quality improvement projects in which they were involved. A consultant psychiatrist at Croydon Mayday Network was working on the transfer of anti-psychotic prescribing to primary care. In Southwark, staff were planning a pet project, looking at the wellbeing of patients' pets, and its connection with patients' mental health and wellbeing. Patients participated in some ground breaking research projects such as Avatar, a therapy for supporting people with auditory hallucinations, and SlowMo a digital therapy for people with paranoia.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Care and treatment was not always provided in a safe way for service users.

Risks to patients were not always assessed following changes to patients' circumstances, risk assessments lacked detail and management plans did not always address identified risks.

Patients identified as in need of a Mental Health Act assessment were not always assessed promptly due to a lack of available inpatient beds.

Patients referred to the Croydon assessment and liaison team experienced long waits for assessment and were not being seen within trust target timescales.

This was a breach of regulation 12
(1)(2)(a)(b)

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

The care and treatment of service users did not always meet their needs and reflect their preferences.

Patients, particularly in the early intervention teams, did not always have a detailed person-centred plan of care.

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 9(1)(2)(3)(a)(b)