

West London Mental Health NHS Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RKL53	St Bernards and Ealing Community Services	Cognitive Impairment and Dementia team (West)	UB6 9UG
RKL14	Lakeside Mental Health Unit & Hounslow Community Services	Cognitive Impairment and Dementia team	TW7 6AF
RKL79	Hammersmith & Fulham Mental Health Unit and Community Services	Cognitive Impairment and Dementia team	W6 8NF
RKL53	St Bernards and Ealing Community Services	Cognitive Impairment and Dementia team (East)	W3 8PH

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

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

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated community-based mental health services for older people as **good** because:

- The clinic environments were safe and clean with equipment which was maintained.
- Risks to people using the service were managed well.
- Staffing levels were maintained using agency staff where needed.
- Staff were aware of how to raise safeguarding alerts and did so when necessary.
- Very few incidents had occurred in the past twelve months, and staff had learnt from these.
- People had a detailed assessment and comprehensive care plan.
- People using the service, and their carers, were involved in the development of the care and treatment plans.
- Teams supported people in line with best practice guidance.
- Teams worked to help care homes improve the support for people living with dementia.
- Staff were suitably qualified, trained and supervised. Staff regularly met and exchanged knowledge and expertise to benefit the well-being of people using the service.
- The Mental Capacity Act was understood and its use was well-documented throughout the service.
- Staff were responsive, respectful and offered appropriate emotional and practical support.
- We had extremely positive reports from patients regarding the support offered by staff. Consistent themes fed back to us included the prompt responses by the service, the helpfulness of individual nurses and clinicians, and the clarity and detail of explanations, and the fact that carers felt listened to by professionals.
- Staff showed a good understanding of the individual needs of patients. Visits were person centred, with patients fully involved in discussions and not 'talked over'.
- The service responded promptly to referrals and requests for help. It was flexible in engaging with people who needed the service but who had difficulty attending appointments or acknowledging their need for help.
- Information about services were available, and interpreters were readily available when required.
- Staff knew how to respond to complaints. There had been very few formal complaints in this service in the past year.
- Staff worked in ways that reflected the trust's visions and values.
- Senior managers had become more 'visible' to teams.
- Teams were able to submit items of concern to the trust risk register.
- There was commitment to innovative research, such as the clinical trials unit and the dementia research register.
- There was a positive atmosphere in all teams, with low sickness and turnover. Staff consistently cited good team work and support as a factor in high morale.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- The clinic environments were safe and clean with equipment which was maintained.
- Risks to people using the service were managed well.
- Staffing levels were maintained using agency staff where needed.
- Staff were aware of how to raise safeguarding alerts and did so when necessary.
- Very few incidents had occurred in the past twelve months, and staff had learnt from these.

However the patient waiting areas at East Ealing were not suitable as there was insufficient sitting space.

Good



Are services effective?

We rated effective as **good** because:

- People had a detailed assessment and comprehensive care plan.
- People using the service, and their carers, were involved in the development of the care and treatment plans.
- Teams supported patients in line with best practice guidance.
- Teams worked to help care homes improve the support for people living with dementia.
- Staff were suitably qualified, trained and supervised. Staff regularly met and exchanged knowledge and expertise to benefit the well-being of people using the service.
- Staff understood the Mental Capacity Act and its use was well-documented throughout the service.

Good



Are services caring?

We rated caring as **outstanding** because:

- Staff were responsive, respectful and offered appropriate emotional and practical support.
- We had extremely positive reports from patients regarding the support offered by staff. Consistent themes fed back to us

Outstanding



Summary of findings

included the prompt responses by the service, the helpfulness of individual nurses and clinicians, and the clarity and detail of explanations, and the fact that carers felt listened to by professionals.

- Staff showed a good understanding of the individual needs of patients. Visits were person centred, with patients fully involved in discussions and not ‘talked over’.

Are services responsive to people's needs?

We rated responsive as **good** because:

- The service responded promptly to referrals and requests for help. It was flexible in engaging with people who needed the service but who had difficulty attending appointments or acknowledging their need for help.
- Information about services were available, and interpreters were readily available when required.
- Staff knew how to respond to complaints. There had been very few formal complaints in this service in the past year.

However information about the service was not available in other languages and was being delivered to the clinics.

Good



Are services well-led?

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

- Staff worked in ways that reflected the trust’s visions and values.
- Senior managers had become more ‘visible’ to teams.
- Teams were able to submit items of concern to the trust risk register.
- There was commitment to innovative research, such as the clinical trials unit and the dementia research register.
- There was a positive atmosphere in all teams, with low sickness and turnover. Staff consistently cited good team work and support as a factor in high morale.

Good



Summary of findings

Information about the service

Community-based mental health services for older people provided by West London Mental Health NHS Trust consisted of four teams providing a cognitive impairment and dementia service. They provided assessment and treatment for people with a cognitive impairment. Older people with mental health problems, such as depression were managed within the 'ageless' adult community mental health services. The teams were part of the trusts local and specialist services clinical service unit.

Each of the four services, East Ealing, West Ealing, Hammersmith and Fulham, and Hounslow, had an assessment 'memory' clinic as well as treating people in the community.

We had not previously inspected these services.

Our inspection team

The team that inspected community-based mental health services for older people consisted of two inspectors, a nurse, an expert by experience, a Mental Health Act reviewer and an occupational therapist.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- Visited the four cognitive impairment and dementia teams. We looked at the quality of the environments where people visited for assessments and observed how staff were caring for people using the service

- Spoke with nine people who were using the service directly, as well as with 19 carers of people using the service and collected feedback from 69 patients and carers using comment cards
- Spoke with the managers or acting managers for each of the services
- Spoke with 20 other staff members, including doctors and nurses
- Spoke with the clinical director with responsibility for these services
- Attended and observed two hand-over meetings
- Went with staff on four home visits
- Observed eight clinical appointments
- Saw 12 'family and friends' feedback cards
- Looked at 12 treatment records of patients

Summary of findings

What people who use the provider's services say

Carers were very positive about the sensitive treatment and support offered, both at the initial assessment and when on-going support was provided.

Twelve current family and friends feedback responses which we saw at West Ealing said that five were 'likely' to recommend the service, and seven were 'very likely' to recommend the service.

We received a total of 69 comment cards from people using the four teams. Of these, 64 were positive, four mixed, and one blank. There were no wholly negative comments.

We had consistently positive responses from carers and people directly using the service who said the service was helpful, provided good quality support and the appointments were punctual. People were positive about being kept informed and involved and having things explained and being guided about where to get additional support. People were also very positive about their experience of assessments and diagnosis at the clinics.

The only negative comments coming from more than one person concerned access to parking at the clinics and the issue of frequently seeing different consultants at Hounslow.

Good practice

- The clinical trials unit was helping valuable research into aspects of dementia and giving patients the opportunity to be involved in this through the dementia research register.
- The service was providing much appreciated support for carers and users by setting up groups such as the 'newly diagnosed group.'
- Specialist support was offered to people with dementia in care homes by a recently created 'care home practitioner' role and the dementia in care homes team.

Areas for improvement

Action the provider SHOULD take to improve

The trust should ensure that the cognitive impairment and dementia service at East Ealing has a suitable reception and waiting area.

The trust should ensure that caseloads for staff are manageable and reflect agreed levels.

The trust should ensure information about the services is available in different languages as planned.

West London Mental Health NHS Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Cognitive Impairment and Dementia team (West Ealing)	St Bernards and Ealing Community Services
Cognitive Impairment and Dementia team (Hounslow)	Lakeside Mental Health Unit & Hounslow Community Services
Cognitive Impairment and Dementia team(Hammersmith & Fulham)	Hammersmith & Fulham Mental Health Unit and Community Services
Cognitive Impairment and Dementia team (East Ealing)	St Bernards and Ealing Community Services

Mental Health Act responsibilities

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

- All staff had training in the Mental Health Act.
- There were no people using the service who had community treatment orders .

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had training in the Mental Capacity Act. Staff showed a good understanding of the Act and its principles.
- Capacity was assessed on a decision-specific basis for significant decisions, and people were given every possible assistance to make a specific decision for themselves. Occupational therapists told us that

Detailed findings

consent was always asked for and they clarified understanding before any treatment and support was undertaken. This was reflected in all observations we made during home visits and assessments.

- “Unresolved differences” were recorded. These included issues such as driving or diagnosis, where the person concerned held a different view to clinicians on aspects of their condition.
- When a person was assessed as lacking capacity, decisions were made in their best interest, recognising the importance of the person’s wishes, feelings, culture and history. A clinician at West Ealing discussed a person they were supporting to have an advanced decision in place while they still had capacity to make decisions around the care they wanted.
- Teams were aware of a named person within the trust who could be contacted for advice concerning the Mental Capacity Act.
- Staff understood and where appropriate worked within the MCA definition of restraint and where an authorized Deprivation of Liberty Safeguard was needed. The manager at West Ealing gave a good example of how staff were working to resolve a complex issue through best interest meetings where restraint was involved because of locked doors in a person’s own home.
- A clinician gave details of how they monitored adherence to the Mental Capacity Act for their patients in care homes. Further examples showed clinicians advising in cases where spiritual beliefs conflicted with physical treatments.

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

Summary of findings

We rated safe as **good** because:

- The clinic environments were safe and clean with equipment which was maintained.
- Risks to people using the service were managed well.
- Staffing levels were maintained using agency staff where needed.
- Staff were aware of how to raise safeguarding alerts and did so when necessary.
- Very few incidents had occurred in the past twelve months, and staff had learnt from these.

However the patient waiting areas at East Ealing were not suitable as there was insufficient sitting space.

- All areas were clean and well-maintained. We did not see cleaning records but noted that all equipment had green stickers that showed they had recently been checked and were clean. This showed that examination couches and covers, for example, were clean and posed minimal infection risk.
- Hand cleansers were clearly available and signposted for use.

Safe staffing

- Staffing levels were set according to the commissioned business plan for each team. West Ealing had six registered nurses and one community support worker. Hammersmith and Fulham had three temporary nurses, an occupational therapist, a part-time psychologist, a part-time community nurse, and a locum doctor. This service currently had more temporary staff than other services, as it was going through a re-commissioning process with the clinical commissioning group. Hounslow had six nurses (3 were long term agency) and 2 nursing assistants. Staffing levels were maintained through all teams, with use of agency cover when required. Clinical and other health professional support was provided across teams.
- The trust said the recommended case load was 60 per care co-ordinator. These numbers were frequently exceeded. Nurses had caseloads ranging from 80-130. The average caseload in west Ealing was 83. Many patients were people who were waiting a review and could then be discharged to the care of the local GP, who could re-refer them if there was a concern in future. This meant the impact on the patients was low although the care co-ordinators were concerned about people not having their needs met. We saw that services were taking action to reduce caseloads by ensuring all cases were reviewed and agreeing protocols for those with stable needs to remain in the care of GPs. In addition, some services were seeking additional staff. At West Ealing, the manager told us, they were going to have an additional nurse. The clinical director told us primary link workers were going to be employed. Their role was to discharge to GPs patients whose condition was stable. At Hammersmith and Fulham, staff had caseloads within the 60 cases threshold. This was

Our findings

Safe and clean environment

- Clinic rooms were mainly used for assessments. They were quiet, comfortable, and provided privacy.
- Reception areas were bright, airy and had suitable space, seating, and information leaflets. The exception was at Sycamore lodge in East Ealing. Here, another agency (social services) had reclaimed areas that until a fortnight previously had been used by the cognitive impairment and dementia service. This meant the waiting area for people using the cognitive impairment and dementia service was now a space in a corridor with only room for two chairs. The team were aware that this would have to be resolved.
- Interview rooms were either fitted with alarms, or staff had access to personal alarms.
- Basic equipment, such as blood pressure machines were being used and was regularly checked. Resuscitation equipment was accessible and regularly checked. Disposable gloves and sharps containers, including those for use in the community, were readily available.

Are services safe?

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

managed by transferring to the consultant cases that were over six months old and seen as stable. If issues arose, they would be transferred back to nurses or other team members.

- The teams had low levels of sickness and low rates of staff turnover. At West Ealing no staff had left in the past three years, other than administrative staff. At Hounslow, turnover was low, with only one person leaving in the past year.
- Agency and bank staff were used appropriately. Patient and carer feedback was very positive about the quality of clinicians, with the only negative comments in Hounslow, where different consultants were often seen, because of the number of part-time locum consultants.
- There was rapid access to a psychiatrist when needed. There were six doctors based over the four teams. A duty system was operated, which meant there was always a doctor on call, who could give phone advice if they weren't available face-to-face.

Assessing and managing risk to patients and staff

- Risk assessments were completed for people at the initial assessment, giving details of the most immediate risks. This was added to and amended at subsequent contacts.
- Crisis plans and advance decisions were in place. For example, a carer told us how a community psychiatric nurse was helping them sort out a power of attorney as they were having difficulties with this.
- At handover meetings staff reported on contacts where people using the service who required additional support because of a deterioration in their health. Arrangements to provide this were put in place.
- Reviews took place, and people using the service were monitored by nurses and other professionals. Any potential or noted increase in risk were discussed in daily handovers, along with referrals and contacts from GPs or families. Appropriate monitoring and actions were then put in place.
- Staff were aware how to make safeguarding alerts. There was a member of staff who took on the role of

safeguarding lead. We saw examples of how current safeguarding issues were being addressed during our visit. For example, one was raised by the team where a person was reported as giving money to neighbours.

- There were safe arrangements in place for lone working. Staff had personal alarms and clear procedures to minimise risks in lone working. Staff we spoke with were clear about these procedures. The Hounslow team had only just been issued with personal alarms and were just starting to use these.
- There was good medicines practice in place in teams. Doctors were always readily available to discuss issues and to prescribe as required. Most teams did not hold stocks of medication. Where medication was required, this was either in the person's home or collected directly from the pharmacist directly before a visit.

Track record on safety

- There were few serious incidents in the past 12 months. Most staff we spoke with had not experienced any but were confident that de-briefing and learning would take place. There was one serious untoward incident involving the Hounslow service. This involved the death of someone known to social services who had been referred to the clinic. There had been a de-briefing session with staff.
- There was a recent incident at the Hammersmith and Fulham team base, not involving the cognitive impairment and dementia service, however the team were proactive and ensured security and access procedures were being improved.

Reporting incidents and learning from when things go wrong

- Staff were aware of what incidents to report and how to report them. One nurse noted that since the closure of a day service at West Ealing they were not able to monitor patients who used to attend the centre as closely as previously. They told us they were more reliant on monitoring visits and on reports from carers, neighbours, doctors or other agencies concerning people, for example, 'wandering'.
- Staff explained to patients if something went wrong in line with the duty of candour. The manager at Hounslow told us of the one recent incident. This involved a

Are services safe?

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

student trainee transferring patient information to a USB stick, which they subsequently mislaid. This information concerned one patient. This patient and their family were made aware of the situation.

- Staff received feedback, discussed it and made changes if required. The example given above was shared with

staff and was covered in the induction of all staff. Staff were reminded that the use of USB sticks was strictly controlled and that they should not use memory sticks to transport confidential information.

Are services effective?

Good 

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

Summary of findings

We rated effective as **good** because:

- People had a detailed assessment and comprehensive care plan.
- People using the service, and their carers, were involved in the development of the care and treatment plans.
- Teams supported people in line with best practice guidance.
- Teams worked to help care homes improve the support for people living with dementia.
- Staff were suitably qualified, trained and supervised. Staff regularly met and exchanged knowledge and expertise to benefit the well-being of people using the service.
- The Mental Capacity Act was understood and its use was well-documented throughout the service.

Our findings

Assessment of needs and planning of care

- Comprehensive assessments were completed promptly once a person had been seen and assessed at a clinic. Care assessments and treatment plans were thorough.
- Care records were recorded electronically and contained details of all contacts so they were regularly updated. They were personalised and focused on the person being able to live as independently as possible by minimising the effects of memory loss. We saw that support was provided according to the needs of the individual. For example, we shadowed a home visit of a nurse to a person who lived on their own with memory loss. The nurse was visiting weekly to monitor and support the person for up to 12 weeks, after which the situation was to be reviewed. The care plans reflected the patients' wishes and was focused on promoting the persons independence.
- Information was stored securely on password protected systems and was accessible to team members. Information was shared as required with other agencies.

Best practice in treatment and care

- Each service prescribed medication in accordance with the best practice guidance for treating people with dementia.
- There was a nurse prescriber at the Hammersmith and Fulham service. Audits of nurse-prescribing took place. This was overseen by the psychiatrist who provided monthly supervision to the nurse prescriber.
- Teams had good psychology input. There were qualified psychologists and assistant psychologists in teams who were able to provide support and therapy for users of the service.
- Staff advised people about welfare benefits. Staff told us this usually involved directing them to appropriate support. There were good voluntary support groups in each area.
- Hammersmith and Fulham had implemented a pilot to use a 'care home practitioner' role specifically to focus on the care homes where there was a need for greater support for staff to advise them on how to care for people with dementia, through on the job training, role-modelling and care planning. This was aimed at helping care homes to better manage people with dementia and in the long term reduce their requests for support. A similar scheme was in operation in Hounslow called the dementia in care homes team.
- Staff maintained contact with GPs to ensure that people's physical health care needs were fully met. They would undertake basic health checks and alert GPs or other relevant professionals if they had particular concerns. The service monitored people on specific medications such as lithium.
- Teams used tools such as the Bristol scale of activities of daily living to measure severity of need. These were to assess peoples individual needs, such as their ability to go food shopping or to dress and maintain personal hygiene. Assessment tools such as the Rowland universal dementia assessment scale were also used.
- Clinical staff took part in clinical audits. The service was involved in a prescribing observatory for mental health clinical audit regarding as the use of anti-psychotics for people with dementia. This placed an emphasis on the minimal use of this medication and seeking alternative therapies or medicines.

Are services effective?

Good 

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

Skilled staff to deliver care

- There was a good range of mental health disciplines to provide treatment and support for people using the service. Teams contained nurses, support workers, psychologists, psychiatrists, and occupational therapists. While people using the service were not routinely assessed by occupational therapists, they could be referred to them when this was thought to be beneficial as part of the assessment. There were no social workers in the teams. We were told that there were previously social workers within teams, but that this was no longer the case, as they had been re-integrated within social service teams. Staff said there were normally no difficulties accessing social services, but were conscious that social services had financial restraints and this might delay finding placements for people using the service who might need packages of care or full time residential care.
- Staff were experienced and qualified. There was not a full time permanent consultant at Hounslow. The role was currently shared between several locum clinicians.
- Mandatory training was up to date for staff. Staff training figures showed well above 75% was completed. A red/amber/green recording system showed overwhelmingly green for all services. Where training was marked as 'amber' and due, training was booked for staff within a month. On the very few items where training was red, this was because of either new arrivals or staff on leave.
- Most staff had been in post a number of years. We spoke with one new staff member who told us they had received a suitable local induction. They said they 'shadowed' other staff initially, received good support and supervision and were clear on their role
- Staff received regular supervision. This was generally monthly. Occupational therapists received monthly supervision and an annual appraisal from their manager. Some health professionals, particularly trainees, received weekly clinical supervision.
- Staff received the necessary specialist training. All staff had dementia training. The healthcare support worker at West Ealing had a certificate in dementia care. Staff were positive about the quality of training. Staff we spoke with told us there was a good mix of face-to-face training, rather than just e-learning.

- We discussed with managers how poor performance was addressed. There were no specific examples given of poor performance, but managers gave examples of how staff were supported in improving areas of practice. One such example was of helping staff to personalise care plans and reports by referring to the person by name more often, rather than just as 'he' or 'she.' We noted this happening in care records. Some staff were getting additional support to be more effective in recording using IT.

Multi-disciplinary and inter-agency team work

- There were daily handovers, where the relevant professionals gathered for a brief meeting at the start of each day to discuss any issues relating to people who needed to be seen. All staff were involved, and a course of action was agreed for treating each person whose case was discussed. These meetings were brief and to the point, lasting little more than fifteen minutes, and enabled the team to be well-informed and respond effectively to the most pressing concerns.
- There were weekly multi-disciplinary team meetings.
- Sometimes cases came to the service that were outside their core business, as the primary need was not dementia-related. Managers told us that in such cases teams kept hold of cases until they were confident another agency or team was picking them up. This ensured that vulnerable people needing a service were not neglected.
- Managers and staff felt they worked well with social services and appreciated social services had problems with budgets cuts. We saw examples where team members were helping maintain people living at home until a suitable package of home care was arranged by social services.

Adherence to the MHA and the MHA Code of Practice

- All staff had training in the Mental Health Act.
- There were no people using the service who had community treatment orders .

Good practice in applying the MCA

- All staff had training in the Mental Capacity Act. Staff showed a good understanding of the Act and its principles.

Are services effective?

Good 

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

- Capacity was assessed on a decision-specific basis for significant decisions, and people were given every possible assistance to make a specific decision for themselves. Occupational therapists told us consent was always asked for and they clarified understanding before any treatment and support was undertaken. This was reflected in all observations we made during home visits and assessments.
- “Unresolved differences” were recorded. These included issues such as driving or diagnosis, where the person concerned held a different view to clinicians on aspects of their condition.
- When a person was assessed as lacking capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history. A clinician at West Ealing discussed a person they were supporting to have an advanced decision in place while they still had capacity to make decisions around the care they wanted.
- Teams were aware of a named person within the trust who could be contacted for advice concerning the Mental Capacity Act.
- Staff understood and where appropriate worked within the MCA definition of restraint and where an authorized Deprivation of Liberty Safeguard was needed. The manager at West Ealing gave a good example of how staff were working to resolve a complex issue through best interest meetings where restraint was involved because of locked doors in a person's own home.
- A clinician gave details of how they monitored adherence to the Mental Capacity Act for their patients in care homes. Further examples showed clinicians advising in cases where spiritual beliefs conflicted with physical treatments.



Are services caring?

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

Summary of findings

We rated caring as **outstanding** because:

- Staff were responsive, respectful and offered appropriate emotional and practical support.
- We had extremely positive reports from patients regarding the support offered by staff. Consistent themes fed back to us included the prompt responses by the service, the helpfulness of individual nurses and clinicians, and the clarity and detail of explanations, and the fact that carers felt listened to by professionals.
- Staff showed a good understanding of the individual needs of patients. Visits were person centred, with patients fully involved in discussions and not 'talked over'.

Our findings

Kindness, dignity, respect and support

- We attended home visits with staff and observed appointments taking place at clinics. Throughout, staff were responsive, respectful, and offered appropriate emotional and practical support.
- We had extremely positive reports from patients regarding the support offered by staff. This included direct feedback, telephone contacts, CQC comment cards, and family and friends results. Consistent themes fed back to us included the prompt responses by the service, the helpfulness of individual nurses and clinicians, and the clarity and detail of explanations, and the fact that carers felt listened to by professionals.
- Staff showed a good understanding of the individual needs of patients. Visits were person centred, with patients fully involved in discussions and not 'talked over'. Clear information was given regarding medicines. Support needs were clarified, as were any physical health issues and any other concerns. The importance

of activity, good nutrition and hydration was emphasised on visits. Staff frequently gave reassurance and gained confirmation that what they said had been understood and that they had answered any questions.

The involvement of people in the care they receive

- People using the service told us they were involved in their own care, were involved in reviews and had their own care plans. We saw evidence of regular patient and carer involvement meetings. Quarterly meetings at West Ealing, for example, were advertised. Hammersmith and Fulham had a monthly carers group, and had an Admiral nurse who assessed carer need and worked with carers in supporting their relative. (Admiral nurses are specialist dementia nurses who give much-needed practical and emotional support to the carer as well as the person with dementia).
- Families and carers were supported and involved in reviews. Carers we spoke with consistently told us they were kept informed, saw the care plan and were aware of medication and treatments. Another carer told us they were listened to and gave an example of them telling the clinicians a particular medication wasn't suiting their parent and it was withdrawn. We observed a cognitive impairment and dementia diagnosis meeting in which we saw the clinician take suitable time to explain outcomes and procedures and offer ample time for questions and offer further information and support.
- Advocacy services were available. Leaflets concerning these were available in reception areas. Dementia Concern Ealing provided advocacy services in that area. Carers we spoke with were positive about support from Dementia Awareness and other local support groups providing advocacy support when required.
- There was a group for people who were newly diagnosed that enabled people to meet once a week to come together and share experiences. This was time limited to seven weeks but people could have further contacts after that if they wished. A clinician told us of plans to start a group for people with more advanced dementia.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated responsive as **good** because:

- The service responded promptly to referrals and requests for help. It was flexible in engaging with people who needed the service but who had difficulty attending appointments or acknowledging their need for help.
- Information about services were available, and interpreters were readily available when required.
- Staff knew how to respond to complaints. There had been very few formal complaints in this service in the past year.

However information about the service was not available in other languages and was being delivered to the clinics.

Our findings

Access and discharge

- The service had target times from referral to assessment and from assessment to treatment. These varied slightly from team to team but were generally within four weeks from referral to initial triage/assessment and from nine weeks from assessment to diagnosis and treatment.
- Teams were often able to see people well within these times, although there could be delays between assessment and diagnosis, often for reasons outside the control of the team. For example, the Hammersmith and Fulham team sometimes experienced delays in relation to MRI scans at Charing Cross Hospital - they were currently reviewing their service level agreement with them.
- Teams were able to see urgent referrals within 24 hours and non-urgent referrals within an acceptable time. There were longer waiting times for people waiting for a review.
- Out of hours requests were dealt in the first instance by a trust wide 24 hour helpline and the adult crisis team.

One person we visited who was using the service showed us the number they had to call if there was a problem. They said the service always responded promptly when they needed help.

- The service took active steps to engage with people who found it difficult or were reluctant to engage with mental health services. The manager at West Ealing gave an example of a GP referring a couple who subsequently denied any memory issues. The team pursued the matter more thoroughly with the GP, established there was a problem, and were then able to provide necessary help to the couple.
- The team took a proactive approach to re-engaging with people who did not attend appointments. This usually involved home visits, after checking the referral with the GP. The manager at Hounslow said that they had a lot of people who missed appointments. To help alleviate this, they phoned to remind people prior to the appointment. If appointments were missed, the service would follow up with home appointments, as people were less likely to miss these.
- The team was flexible in meeting people's needs in respect of appointment times. This was most clearly reflected in the fact that teams were prepared to undertake home visits where people found it difficult to attend the clinic, or where there other valid reasons to do an assessment in the person's own home.
- One of the very few negative comments we had from feedback was from people using the Hammersmith and Fulham service who were concerned at having appointments postponed every now and then.
- At Hounslow, there was a duty worker. They were able to 'step in' and continue an appointment if a nurse could not, for sickness or other reasons.

The facilities promote recovery, comfort, dignity and confidentiality

- Interview rooms were sufficiently sound proofed to maintain confidentiality.
- Reception areas were welcoming and suitable for their intended use, with comfortable seating, pictures and posters on walls. The clinic at Hounslow, was welcoming, clean, light and airy, although the chairs

Are services responsive to people's needs?

Good 

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

were low and not particularly suitable for older people. There was good disabled access, with automatic doors, but there was limited parking nearby. This had been a source of complaint from users of the service.

Meeting the needs of all people who use the service

- There was good access for people using the service, with clear signage, and a welcoming, dementia friendly environment.
- Although there were informative leaflets available, these were almost exclusively in English, with little provision or explanation in other languages. It was notable, in Hounslow, for example, that whereas the welcome signage and reception area had information in several languages in the adult community services, this was not the case in the memory service. Managers told us leaflets were due to be printed in a variety of languages, and should have arrived.
- The staff spoke a wide range of languages and were usually able to meet language needs of people using the service. At West Ealing, for example, one community support worker was able to communicate with users of the service in five different languages. Interpreters were also available.

Listening to and learning from concerns and complaints

- People using the service generally knew how to complain and receive feedback. People we spoke with who used the service told us they knew how to complain but had no cause to. Some people told us they were not sure how to complain but would find out if they ever needed to. One person who used the service told us of a complaint they had made. That had been

made three years ago in West Ealing. They said their complaint was addressed and they had been happy with the service ever since. We accompanied a nurse on a visit to a person living alone. The nurse was very thorough in asking if there was anything at all they were unhappy about.

- The manager at Hounslow told us of the most recent complaint there, several months ago, regarding one of the doctors in the clinic. This was investigated and concluded that it was a communication issue connected with IT and lack of administrative support at that time. Administrative support had since been improved.
- Staff know how to handle complaints appropriately. A health professional at East Ealing told us they had not received any complaints in the time (over a year) they had worked for the trust. They said would take complaints to team meeting or handovers to discuss, and was aware that the trust had a complaints procedure and a complaints department to handle complaints.
- A clinician at West Ealing told us the only concerns they were aware of was around communication and lack of administrative support resulting in letters not always going out in a timely manner. They said this had been resolved with improved administrative support.
- Although not strictly a complaint, one clinician told us the regular carers group had fed back they preferred 'memory loss' to terms such as 'dementia' and 'cognitive impairment.' The clinician said they tried to be aware of and incorporate this view in their responses to carers.

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.

Summary of findings

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

- Staff worked in ways that reflected the trust's visions and values.
- Senior managers had become more 'visible' to teams.
- Teams were able to submit items of concern to the trust risk register.
- There was commitment to innovative research, such as the clinical trials unit and the dementia research register.
- There was a positive atmosphere in all teams, with low sickness and turnover. Staff consistently cited good team work and support as a factor in high morale.

Our findings

Vision and values

- Managers were able to tell us what the trust's values were. More importantly than being able to recite the trusts stated values, staff showed they were thoroughly at one with them in their work, working together as a team to provide a person-centred, caring, quality service.
- Staff knew who the most senior managers in the organisation were. Staff spoke favourably of the clinical director for the service. A manager commented that, since the appointment of the clinical director, the service was now more 'bottom up' and senior managers were more visible to teams. One clinician we spoke with commented that there had been 'lots of changes in the past 18 months.' They said that communication between senior managers was good but that this had not yet translated to ground level. They said that working well with the inpatient wards was still a work in progress.

Good governance

- The staff working in the teams used all the trust systems well for example, training, following policies and procedures, participating in audits

The provider used key performance indicators and other information to measure the performance of the team. These included the waiting times, staffing information and completion of patient information.

- Team managers had sufficient authority and access to administrative support. They were able to raise issues of concern with their line managers and put the case for additional staff.
- Staff had the ability to submit items to the trust risk register. Items were submitted to the risk register by individual teams. Items put on the risk register from West Ealing included the high caseloads. The manager reported that they had also raised the transport difficulties for some patients and this was being addressed.

Leadership, morale and staff engagement

- Staff told us there was a positive atmosphere within the team with no incidents of bullying and harassment. Staff consistently spoke of the stress of high caseloads, but felt lucky in having excellent teams and colleagues.
- Staff knew how to use whistle-blowing process and felt able to raise concerns without fear of victimisation. The overwhelming response we had from staff we spoke with was that they knew how to raise concerns, but had never had to do so.
- Morale and job satisfaction was high in teams, as shown by the number of staff in West Ealing, who had worked in the same area for the trust for many years.
- Staff were extremely positive about their teams and management support. Nurses, support workers and clinicians all spoke highly of each other and the support and professionalism offered by each other. This was evident in discussions with all staff and in team handovers we observed.

Commitment to quality improvement and innovation

- There was use of improvement methodologies and technology to support people's independence and well-being. We saw examples of bed alarms and door sensors being used to help maintain people safely in

Are services well-led?

Good 

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their own homes. The clinical director told us a GPS (global positioning system) had recently been trialled effectively by the service. They were now looking for funding from the trust to use this more widely.

- The teams at East and West Ealing and Hounslow had applied for accreditation from the memory services national accreditation programme. When we visited they had just started on the process.
- There was a clinical trials unit based at Hounslow. People using the service were asked if they wished to be on the dementia research register. If they agreed, they

would then be contacted to see if they were agreeable to be part of specific trials and surveys. One clinician told us of research they were involved in regarding mental health issues with cognitive impairments compared with dementia.

- At Hammersmith and Fulham there was an eco-therapy group that started as a nature therapy group and aimed to incorporate nature and the environment in work with people with dementia. This was part of a national research programme and findings would feed into this.