South Essex Partnership University NHS Foundation 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)
RWN20	Trust Head Office	Brentwood older people's CMHT	CM14 4SW
RWN20	Trust Head Office	Brentwood Dementia Services (South West)	CM14 4SW
RWN20	Trust Head Office	Brentwood older people's day team	CM14 4SW
RWN20	Trust Head Office	Basildon older people's CMHT	SS14 2BQ
RWN20	Trust Head Office	Basildon Dementia Services (South West)	SS14 2BQ
RWN20	Trust Head Office	Thurrock older people's CMHT	RM17 9SZ
RWN20	Trust Head Office	Dementia Services (South West)	RM17 9SZ

Summary of findings

RWN20	Trust Head Office	Castle Point & Rochford older people's CMHT	SS8 9EG
RWN20	Trust Head Office	Dementia Intensive Support Team (South West)	SS16 5NL

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

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 did not rate community-based mental health services for older people because we did not have sufficient evidence:

- The service operated safely, with adequate numbers of well trained staff, with a good understanding of safeguarding and the implementation of lone working policies and procedures.
- The people using the service had comprehensive holistic assessments, which demonstrated National Institute for Health and Care Excellence (NICE) guidance and best practice. People's care plans were person centred.
- There was clear evidence of the monitoring of key performance indicators (KPIs), national audits and peer review to ensure outcome measures.
- The teams were appropriately skilled, knowledgeable and motivated to deliver care and treatment for their patients. With staff having undertaken or been offered opportunities to develop further skills such as nurse prescriber, advanced practitioner or nursing training.
- People using the service were treated with kindness, dignity and respect and staff made sure that patients were at the centre of their interactions.
- Referrals into the service were effectively managed and there were no waiting lists in respect of referrals and assessments.
- Line managers were responsive, praised highly by staff and understood their responsibilities.
- There were clear vision and values which staff understood.
- There was a culture of openness and honesty across the service.

However:

- Electronic care records systems and processes in place were insufficient to ensure that people's care is managed safely. For example a female patient's documents were scanned into a male patient's care record. Scanned documents were not easy for staff to find. There was a delay in scanning pharmacy medication charts which impacted on accessibility for pharmacy staff. The trust were made aware of this and made improvements immediately.

Summary of findings

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

Are services safe?

- Electronic care records systems and processes in place were insufficient to ensure that people's care was managed safely. For example one female patient's documents were scanned into a male patient's care record. Scanned documents were not easy for staff to find. There was a delay in scanning pharmacy medication charts which impacted on accessibility for pharmacy staff.

However:

- The service had a good safety record with few incidents. Learning from incidents was fully imbedded within the teams.
- The service operated safely, with adequate numbers of well trained staff, a good understanding of safeguarding and the implementation of lone working policies and procedures.

Are services effective?

- The people using the service had timely and comprehensive holistic assessments, which demonstrated NICE guidance and best practice. People's care plans were person centred.
- There was clear evidence of the monitoring of key performance indicators (KPIs), national audits and peer review to ensure outcomes were measured.
- There was effective communication across the multi-disciplinary team with all disciplines contributing
- Staff were appropriately skilled, knowledgeable and trained to deliver care and treatment for people who use services. Staff had undertaken and were offered opportunities to develop further skills such as nurse prescriber, advanced practitioner to undertake nurse training.
- All staff were knowledgeable about the Mental Capacity Act and the impact this had on their work and consent/capacity assessments were included in care records.

Are services caring?

- Staff understood and respected people's individual needs and were observed to treat people with kindness dignity and respect during interactions.

Summary of findings

- Staff made sure that people were at the centre of their interactions.
- Carers and people using services were positive about the service.

Are services responsive to people's needs?

- Referrals into the service were effectively managed and urgent needs were prioritised.
- There were no waiting lists in respect of referrals and assessments.
- The services response to referrals was within their key performance indicators.
- There were staff employed specifically to support people and carers should they experience distress following diagnosis. Staff provided information packs to assist people's and carers' understanding of the available services.

Are services well-led?

- There were clear vision and values which staff understood.
- Staff were motivated, with high morale and job satisfaction. Staff felt respected and valued and comments by staff demonstrated staff had received training to support them in their roles.
- Line managers were praised highly and said to be very supportive. Managers demonstrated immediate responses to issues that arose and clearly understood their responsibilities.
- There was a systematic approach to audit and the sharing of outcomes from audit to staff.
- There was a culture of openness and honesty across the service.

Summary of findings

Information about the service

We visited four CMHTs; Brentwood, Basildon, Thurrock and Castle Point and Rochford based across South Essex. Older people's day teams, dementia services and a dementia intensive support service.

Community Mental Health teams (CMHT) for older adults deliver age appropriate, needs based person centred care, to people with both organic and functional illnesses. The teams work in partnership with primary care, social services, care providers and the voluntary sector to aid and maintain recovery, reduce admissions to hospital and support nursing or residential care in the least restrictive manner. The teams had a memory clinic that assessed, diagnosed and treated people with dementia. The CMHTs are comprised of community psychiatric nurses, occupational therapists, psychologists, approved social workers, support workers, psychiatrists and staff grade doctors. The teams undertake most of their work with people in their own homes which may include other types of residence, homes or centres.

Our inspection team

Our inspection team was led by:

Chair: Karen Dowman, Chief Executive Officer, Black Country Partnership NHS Foundation Trust.

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

Inspection Manager: Lyn Critchley, Inspection Manager (mental health) Hospitals CQC

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

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

We carried out an announced visit between 29 June and 3 July 2015.

During the inspection visit, the inspection team:

Summary of findings

- Visited four community mental health teams (CMHT) for older people; Brentwood, Basildon, Thurrock and Castle Point and Rochford , visited one dementia intensive support team, visited three dementia services and one older people's day team.
- Met with the managers or acting managers and operational managers.
- Met with a range of staff across disciplines at all sites including two consultant psychiatrists, two staff grade doctors, eight nurses, two specialist nurses, four social workers, one occupational therapists, one psychologist and one psychology assistant, two student nurses, three administration staff, two advanced practitioners and four support workers.
- Shadowed two home visits within CMHTs.
- Observed three multi-disciplinary team (MDT)/referral meetings within CMHTs.
- Observed two group work sessions at day therapy services.
- Spoke with three patients and two carers on the telephone or face to face.
- Looked at twenty five patient care records.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

People were complementary about the care they received from the community mental health teams and Dementia Intensive Support Team (DIST) service. We spoke with three people who used services and two carers, by phone, during visits and in a group. They felt involved in their care and treatment and staff working within the service were valued for their support.

As part of the inspection we left comment cards boxes at various locations across the trust for people to tell us their experiences of the trust. Unfortunately, these did not generate many responses.

Good practice

The clinical integration and shared office base between the older people mental health services and social services assisted with speed of new referrals and joint assessment for capacity decisions and a shared pathway for safeguarding. This was despite the lack of joined up communication between the different electronic care record systems.

There was an active post diagnostic service which included cognitive stimulation, carer education and support.

There was evidence of partnership working within the memory service which included representation from the Alzheimer's Society both at the monthly business meeting and also to support carers.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should ensure that the functionality of the group room at Sydervelt is reviewed as interruptions were observed during a group session held and the potential impact this had on the people participating in the session.
- The provider should ensure the electronic care records systems and processes are sufficient to ensure that people's care is managed safely. The provider should ensure all the information on peoples care and treatment is readily available to staff.

South Essex Partnership University NHS Foundation Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Brentwood older people's CMHT	Trust Head Quarters
Brentwood Dementia Services (South West)	Trust Head Quarters
Brentwood older people day team	Trust Head Quarters
Basildon older people's CMHT	Trust Head Quarters
Basildon Dementia Services (South West)	Trust Head Quarters
Thurrock older people's CMHT	Trust Head Quarters
Dementia Services (South West)	Trust Head Quarters
Castle Point & Rochford older people's CMHT	Trust Head Quarters
Dementia Intensive Support Team (South West)	Trust Head Quarters

Mental Health Act responsibilities

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.

Detailed findings

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

Mental Capacity Act and Deprivation of Liberty Safeguards

Overall we found the services adhering to the requirements of the Mental Capacity Act. All staff were knowledgeable about the Mental Capacity Act and the impact this had on their work and consent/capacity assessments were included in care records

- There was evidence on visits to people's homes that rights were discussed with carers and people directly using the service.
- People had access to advocacy services through a specific organisation used by the trust to provide advocacy services.
- Where people did not have capacity to make a decision, this was clearly assessed and recorded and these capacity assessments were decision based.
- Staff were able to advise actions they would take and who their safeguarding lead was for their service.

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

- Electronic care records systems and processes in place were insufficient to ensure that people's care was managed safely. For example one female patient's documents were scanned into a male patient's care record. Scanned documents were not easy for staff to find. There was a delay in scanning pharmacy medication charts which impacted on accessibility for pharmacy staff.

However:

- The service had a good safety record with few incidents. Learning from incidents was fully imbedded within the teams.
- The service operated safely, with adequate numbers of well trained staff, a good understanding of safeguarding and the implementation of lone working policies and procedures.

Our findings

Safe and clean environment

- All clinic rooms were clean and well maintained with the necessary equipment to meet the needs of patients.
- Cleaning records were up to date and staff adhered to infection control principles.
- All interview rooms did not have alarms. However, they were adequately risk assessed and managed.

Safe staffing

- The trust had estimated the number and grade of nurses required for the service. Caseloads for each community psychiatric nurse were within the Department of Health guidelines which recommend a safe caseload being no higher than 35. Caseloads were managed using a traffic light model (weighting tool) which allowed good management and reassessment of caseloads.
- There were good cover arrangements for sickness, leave and absences to ensure patient safety, with only one shift not covered by bank/agency during the three month reporting period.
- Staff had received mandatory training and where levels were below 75% this was owing to the small numbers of staff that made up each team. Staff were booked onto the next available training.

Assessing and managing risk to patients and staff

- Electronic care records systems and processes in place were insufficient to ensure that people's care was managed safely. For example one female patient's documents were scanned into a male patient's care record. Scanned documents were not easy for staff to find. There was a delay in scanning pharmacy medication charts which impacted on accessibility for pharmacy staff.
- Risk assessments and reviews were undertaken. However, the issues found with the electronic records system added pressure to this.
- Staff were able to respond quickly to any changes in people's health and there were no waiting lists for initial assessment. The service ran a duty system to allow prompt response to health changes.
- All staff had been trained in safeguarding and had a good understanding of how to raise and report safeguarding concerns or alerts. Staff worked to effective lone working practices.

Track record on safety

- The service had one serious incident within the last 12 months.

Reporting incidents and learning from when things go wrong

- All staff knew what and how to report incidents. There was an open and transparent approach to people who use services when things went wrong. Staff received feedback following any investigations and there was learning when things went wrong.
- Staff were de-briefed and supported after any serious incidents.

Are services effective?

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

- The people using the service had timely and comprehensive holistic assessments, which demonstrated NICE guidance and best practice. People's care plans were person centred.
- There was clear evidence of the monitoring of key performance indicators (KPIs), national audits and peer review to ensure outcomes were measured.
- There was effective communication across the multi-disciplinary team with all disciplines contributing
- Staff were appropriately skilled, knowledgeable and trained to deliver care and treatment for people who use services. Staff had undertaken and were offered opportunities to develop further skills such as nurse prescriber, advanced practitioner to undertake nurse training.
- All staff were knowledgeable about the Mental Capacity Act and the impact this had on their work and consent/capacity assessments were included in care records.

Our findings

Assessment of needs and planning of care

- All 25 care records examined were person focused/ centred. However, the information required by staff to deliver care when needed was not always available or accessible. There were clear problems between the different electronic recording systems and information transference from paper-based systems.

Best practice in treatment and care

- There was a comprehensive holistic assessment process. There was clear evidence of the monitoring of KPIs, national audits and peer review of audits to ensure outcomes were measured.
- The services followed a dementia pathway which was based on National Institute for Health and Care Excellence (NICE) guidance; this included cognitive stimulation therapy as part of the pathway. The services used a range of outcome measures which included Health of the Nation Outcome Scales.
- The memory service for Southend was accredited to the Memory Services National Accreditation Programme (MSNAP).

Skilled staff to deliver care

- There was access to a full range of mental health disciplines required for the patient group, which included psychiatrist, community psychiatric nursing staff, psychologists, occupational therapists, community psychiatric nurses, consultant psychologists, advanced nurse practitioners, social workers, medical secretaries and administration staff.
- Staff had received, and staff told us about the opportunities they had undertaken or been offered to develop further skills such as nurse prescriber and advanced practitioner or to undertake nurse training.
- Most staff felt supported and commented favourably on the team approach. Staff had received regular management supervision and appraisals were scheduled annually.

Multi-disciplinary and inter-agency team work

- Multi-disciplinary team (MDT) meetings were held regularly with effective communication and sharing of information noted between teams. Services worked together to plan ongoing care and treatment in a timely way through the multi-disciplinary (MDT) meetings. Care was co-ordinated between teams and services from referral through to discharge or transition to another service. MDT meetings were used to collaboratively manage referrals, risks, treatment and appropriate care pathways options. We observed very good multi-disciplinary working. There was strong working links and relationships between different professionals due to the effective working of the integrated teams. We observed a complex safeguarding referral being discussed and allocated to the social worker.

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

- Overall we found good systems in place to ensure that the MHA was being adhered to.
- Staff told us about how they could request an assessment under the MHA for people in the community.
- Staff were knowledgeable about the MHA and MHA was part of the regular audits undertaken. Staff were clear on how to access Independent Mental Health Advocate

Are services effective?

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.

(IMHA) advocacy services. There was evidence on visits to people's homes that people's rights were discussions with carers and people directly using the service. People had access to advocacy services through a specific organisation used by the trust to provide advocacy services.

Good practice in applying the Mental Capacity Act

- Staff had received training in MCA and had a good understanding of its principles. There were consent/ capacity assessments included in the care records for people using services and capacity to consent was done on a decision specific basis.

Are services caring?

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

Summary of findings

- Staff understood and respected people's individual needs and were observed to treat people with kindness dignity and respect during interactions.
- Staff made sure that people were at the centre of their interactions.
- Carers and people using services were positive about the service.

Our findings

Kindness, dignity, respect and support

- Staff understood and respected patients' individual needs and were observed to treat people with kindness, dignity and respect during interactions. Staff made sure that people were at the centre of their interactions.

The involvement of people in the care that they receive

- There were staff employed specifically to support patients and carers should they experience distress following diagnosis. Staff provided information packs to assist patients and carers understanding of the available services.

Are services responsive to people's needs?

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

Summary of findings

- Referrals into the service were effectively managed and urgent needs were prioritised.
- There were no waiting lists in respect of referrals and assessments.
- The services response to referrals was within their key performance indicators.
- There were staff employed specifically to support people and carers should they experience distress following diagnosis. Staff provided information packs to assist people's and carers' understanding of the available services.

Our findings

Access and discharge

- The Community Mental Health Teams (CMHTs) accepted referrals from in-patient wards, other trust services. There were no waiting lists in respect of referrals and assessments. The referral targets were met within the 18 week KPI target.

The facilities promote recovery, comfort, dignity and confidentiality

- There were a variety of rooms available for treatment and therapy. However, we noted that the facilities at Sydervelt meant that during group sessions there could be interruptions when staff needed access to computers, offices or medications. Which potentially interrupted the therapeutic value of the sessions for the people using that service.

Meeting the needs of all people who use the service

- Referrals into the service were effectively managed. They responded well to urgent patient needs. The services response to referrals was within their key performance indicators.
- Staff respected people's diversity and human rights. Attempts were made to meet individual needs including cultural, language and physical needs. Interpreters were available to staff if required.

Listening to and learning from concerns and complaints

- There were very few complaints about the service. Staff were aware of one complaint and any outcome. The manager shared learning from a complaint, which was also raised during a focus group with carers. The learning involved minor alteration of protocol for transportation of people using the service.

Are services well-led?

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

- There were clear vision and values which staff understood.
- Staff were motivated, with high morale and job satisfaction. Staff felt respected and valued and comments by staff demonstrated staff had received training to support them in their roles.
- Line managers were praised highly and said to be very supportive. Managers demonstrated immediate responses to issues that arose and clearly understood their responsibilities.
- There was a systematic approach to audit and the sharing of outcomes from audit to staff.
- There was a culture of openness and honesty across the service.

Our findings

Vision and values

- Throughout the service and across all staff disciplines, staff were clear about the trust's vision and values.

Good governance

- There was a culture of openness and honesty across the service. Key performance indicators assisted the service performance. The zone approach to case load management was described positively by staff in assisting the teams to manage the pressures across the community teams. Safeguarding procedures were in place and followed and we observed this during an MDT meeting.

Leadership, morale and staff engagement

- Line managers and senior managers were praised highly and said to be very supportive. Staff felt respected and valued. Managers responded immediately and clearly understood their responsibilities. Staff told us they received regular supervision and appraisals were to commence in line with the annual timeframe of the trust. Staff told us they were aware of the whistleblowing policy, knew how to use it and were confident if they needed to do it.

Commitment to quality improvement and innovation

- There was a systematic approach to audit and the sharing of outcomes from audit to staff.