

**Good** **Cambridgeshire and Peterborough NHS Foundation  
Trust**

# Mental health crisis services and health-based places of safety

## 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)
RT13	Trust headquarters	Crisis resolution and home treatment team - Peterborough	PE3 9GZ
RT13	Trust headquarters	Crisis resolution and home treatment team Health-based place of safety - Cambridge	CB21 5EF
RT13	Trust headquarters	Crisis resolution and home treatment team - Huntingdon	PE29 3RJ

# Summary of findings

RT13	Trust headquarters	Liaison Psychiatry Service - Addenbrookes Hospital	CB2 0QQ
RT13	Trust headquarters	Liaison Psychiatry Service - Peterborough City Hospital	PE3 9GZ
RT13	Trust headquarters	Advice and Referral Centre (ARC)	PE2 7JU

This report describes our judgement of the quality of care provided within this core service by Cambridgeshire and Peterborough 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 Cambridgeshire and Peterborough NHS Foundation Trust and these are brought together to inform our overall judgement of Cambridgeshire and Peterborough 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

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 gave an overall rating for mental health crisis services and health-based places of safety as good because:

- The trust had set safe staffing levels and these were followed in practice. Cover arrangements for sickness, leave and vacant posts meant people who used the service could be kept safe.
- Risk assessments were undertaken at initial assessment and updated regularly. Lone working protocols were in place. Incidents were reported and learning from such incidents was used to improve the service.
- Comprehensive holistic assessments and care plans were completed and reviewed in a timely manner.
- Multi-disciplinary teams and inter-agency working were effective in supporting people who used the service.
- Staff were experienced, received supervision, appraisals and specialist training for their role. Staff were trained in and had a good understanding of the MHA and MCA.
- Staff treated people who used the service with respect, listened to them and were compassionate. They showed a good understanding of people's individual needs.
- Target times for assessment were set and met. This meant urgent referrals were seen quickly by skilled professionals. Proactive steps were taken to engage with people who found it difficult or were reluctant to engage with mental health services.
- People who used the service knew how to complain. Concerns and complaints were handled appropriately and findings acted upon.

- Good governance arrangements were in place, which supported the quality, performance and risk management of the services. Key performance indicators were used to gauge performance.
- There was effective team working and staff felt supported by this. Staff knew how to use the whistleblowing process and could submit items to the risk register.
- There was a commitment to quality improvement and innovation.

However:

- Some medication was not signed in or out when delivered by staff to people living in their own home and some medication was not transported using secure bags or cases.
- Some areas in the health-based place of safety could not be observed. Staff were aware of these and had taken mitigating action to ensure people who used the service were observed at all times. Facilities in the health-based place of safety did not promote privacy and dignity.
- People using the services provided by the CRHT teams had limited access to psychological therapies and there were no psychologists working within the teams.
- Interpreters were available but there could be a delay in accessing them in a crisis.
- Staff's knowledge of the organisation's values and vision was inconsistent.

# 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 trust had set safe staffing levels and these were followed in practice. Recruitment was in progress for vacancies. Cover arrangements for sickness, leave and vacant posts meant people who used the service could be kept safe.
- There was rapid access to a psychiatrist when required.
- Risk assessments were undertaken at initial assessment and updated regularly.
- Staff had received and were up to date with appropriate mandatory training. Staff were trained in safeguarding and knew how to make an alert when appropriate.
- Lone working protocols were in place. Incidents were reported and learning from such incidents was used to improve the service.

However:

- Some medication was not signed in or out when delivered by staff to people living in their own home and some medication was not transported using secure bags or cases.
- Some areas in the health-based place of safety could not be observed. Staff were aware of these and had taken mitigating action to ensure people who used the service were observed at all times.
- Staffing for the health-based place of safety was dependent on bank and agency staff at the time of the inspection. Agency staff received an induction but they did not have specialist training for the role. Plans were in place to recruit to new dedicated posts for the health-based place of safety.

Good



### Are services effective?

We rated effective as good because:

- Comprehensive holistic assessments and care plans were completed and reviewed in a timely manner. Interventions included support for housing, employment and benefits.
- A good range of psychological therapies was offered in liaison psychiatry.
- Multi-disciplinary teams and inter-agency working were effective in supporting people who used the service.

Good



# Summary of findings

- Good coordination between the trust's electronic record system and those systems used by the acute hospitals meant that information needed to deliver care was readily available for appropriate staff.
- Staff were experienced, received supervision, appraisals and specialist training for their role. Staff were trained in and had a good understanding of the MHA and MCA.

However:

- People using the services provided by the CRHT teams had limited access to psychological therapies and there were no psychologists working within the teams.

## Are services caring?

We rated caring as good because:

- Staff treated people who used the service with respect, listened to them and were compassionate. They showed a good understanding of people's individual needs.
- People were involved in their care and treatment and were aware of their care plans.
- Staff encouraged people to involve relatives and friends in care planning if they wished.
- Information on how to access advocacy was available for people who used the service.

Good



## Are services responsive to people's needs?

We rated responsive as good because:

- Target times for assessment were set and met. This meant urgent referrals were seen quickly by skilled professionals.
- Proactive steps were taken to engage with people who found it difficult or were reluctant to engage with mental health services.
- Facilities, particularly in the liaison psychiatry service based in Addenbrooke's hospital, promoted recovery, dignity and confidentiality.
- A good range of information was available for people in appropriate languages.
- People who used the service knew how to complain. Concerns and complaints were handled appropriately and findings acted upon.

However:

- Interpreters were available but there could be a delay in accessing them in a crisis.

Good



# Summary of findings

- Facilities in the health-based place of safety did not promote privacy and dignity.

## Are services well-led?

We rated well led as good because:

- Good governance arrangements were in place, which supported the quality, performance and risk management of the services.
- Key performance indicators were used to gauge performance.
- Team Managers had sufficient authority to manage the service effectively.
- There was effective team working and staff felt supported by this.
- The trust's procedure 'Stop the line' was used effectively to address concerns raised by staff.
- Staff knew how to use the whistleblowing process and could submit items to the risk register.
- There was a commitment to quality improvement and innovation.

However:

- Staff's knowledge of the organisation's values and vision was inconsistent.
- The morale of some staff was low because of the proposed reorganisation of the CRHT teams.

**Good**





# Summary of findings

## Information about the service

The crisis resolution and home treatment teams (CRHT) provided support to adults who were experiencing a severe mental health problem, which could lead to an inpatient admission to a psychiatric hospital. The teams aimed to help people manage and resolve their crisis through assessment and treatment in their home environment, as an alternative to hospital admission. The teams also supported people being discharged from hospital. The Cambridge North and Cambridge South CRHT teams were based at Fulbourn Hospital in Cambridge. The North CRHT team had two sub teams based in the Cavell Centre in Peterborough and the Newtown Centre in Huntingdon. Referrals to the CRHT teams from general practitioners and other professionals were received and processed by the Advice and Referral Centre (ARC) based in Peterborough.

The health-based place of safety was based in Fulbourn Hospital Cambridge. The trust had recently closed the health-based place of safety based in the Cavell Centre in Peterborough.

The Liaison Psychiatry services provided assessment, diagnosis and treatment for emotional and psychiatric problems for patients attending general hospitals. Teams were based at Addenbrooke's Hospital in Cambridge, Peterborough City Hospital in Peterborough, Papworth Hospital in Cambridge and Hinchingbrooke Hospital in Huntingdon.

Cambridgeshire and Peterborough NHS Foundation Trust had been inspected 12 times since registration with CQC. Mental health crisis services and health-based places of safety had not previously been inspected.

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Steve Trenchard, Chief Executive, Derbyshire Healthcare NHS Foundation Trust

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

**Inspection Manager:** Lyn Critchley, CQC

The team included CQC managers, inspection managers, inspectors, Mental Health Act reviewers, support staff and a variety of specialist and experts by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected the mental health crisis services and health-based places of safety consisted of CQC inspectors, a Mental Health Act reviewer, a psychiatrist, nurses, a social worker and an expert by experience who had experience of using mental health services.

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 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?

# Summary of findings

- 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 at focus groups.

During the inspection visit, the inspection team:

- Visited the crisis resolution and home treatment teams based at the Cavell Centre, Fulbourn Hospital and Newtown Centre, the advice and referral centre and the health-based place of safety at Fulbourn Hospital. We also visited the Liaison Psychiatry services based at Addenbrooke's Hospital and Peterborough City Hospital.
- Spoke with 12 people who used the service and one carer of a person who used the service.
- Spoke with 53 staff members; including doctors, nurses, support workers, social workers and managers.
- Attended and observed three visits by staff to people who used the service with the prior permission of those involved.
- Observed telephone based assessment procedures.
- Attended and observed five handover meetings.
- Held discussions with approved mental health professionals (AMHP).
- Looked at 21 care records of people who used the service.
- Carried out a specific check of the medication management in the crisis resolution and home treatment teams that we visited.
- 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

People we spoke with were positive about the support provided to them and they praised the staff. They told us staff treated them with respect, listened to them and were compassionate. They said they were involved in their care and treatment and were aware of their care plans.

People told us that appointments ran on time and they were kept informed if there were any unavoidable changes. They told us they often saw different members

of staff due to the nature of the service. Most said that this did not concern them and some felt that this added to the service as they had the opportunity to see people with different skills and style.

People we spoke with knew how to raise concerns and make a complaint. They felt they would be able to raise a concern should they have one and believed that staff would listen to them.

## Areas for improvement

### Action the provider SHOULD take to improve

- The trust should ensure that medication is transported securely.
- The trust should ensure people using the service have access to psychological therapies.
- The trust should ensure that facilities in the health-based place of safety promote privacy and dignity.
- The trust should review the availability of interpreters.

## Cambridgeshire and Peterborough NHS Foundation Trust

# Mental health crisis services and health-based places of safety

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
North crisis resolution and home treatment team - Peterborough	Trust headquarters
Cambridge North and Cambridge South crisis resolution and home treatment team Health-based place of safety	Trust headquarters
North crisis resolution and home treatment team - Huntingdon	Trust headquarters
Liaison Psychiatry Service - Addenbrooke's Hospital	Trust headquarters
Liaison Psychiatry Service - Peterborough City Hospital	Trust headquarters
Advice and Referral Centre	Trust headquarters

#### 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.

Information from the trust showed that 85% of staff in the CRHT teams and ARC had received training in the Mental Health Act (MHA). Staff we spoke with were knowledgeable

# Detailed findings

about the Mental Health Act and Code of Practice. They were aware of their responsibilities for the application of the MHA although the CRHT teams were not working with anyone subject to a community treatment order (CTO).

We found that the relevant legal documentation was completed appropriately for those people detained under section 136 in the health-based place of safety in those records reviewed. Staff, including approved mental health professionals (AMHP), were clear about the procedure and processes involved if a person required assessment under the MHA.

People detained under section 136 were given information, verbally and in writing, about their rights and the process of assessment. Forms devised for the assessment under section 136 contained a check that this information was given. AMHPs we spoke with told us that detained people they met had already been informed of their rights.

People detained under section 136 were usually transported to the health-based place of safety by police rather than by ambulance.

Regular meetings took place between the trust, AMHP service and the police to review issues at an operational level.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Information from the trust showed that 97% of staff in the CRHT teams and ARC had received training in the MCA. Staff we spoke with were aware of the MCA and the implications this had for their clinical and professional practice.

We looked at 21 care records and found capacity assessments had been completed appropriately.

# 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

- All areas we visited were clean and well maintained.
- Staff in the crisis resolution and home treatment teams (CRHT) had personal attack alarms that were used when interviewing people who used the service in Cambridge and Peterborough. Staff said that when the alarm was used, staff responded quickly.
- Areas of potential environmental risk had been identified in all the services we visited.
- Some areas in the health-based place of safety could not be observed. Staff were aware of these and had taken mitigating action to ensure people who used the service were observed at all times. Resuscitation equipment and emergency medication was available.

### Safe staffing

- The trust had set staffing levels for all the services visited. Staffing in the CRHT teams had improved following a successful recruitment programme. The North CRHT team had recruited three nurses recently and the only remaining vacancies were two newly created senior nursing posts and recruitment was in progress. Cambridge North CRHT team had one vacancy for a nurse and Cambridge South CRHT team had a vacancy for one qualified nurse and one unqualified worker. Recruitment for these posts was underway. The Advice and Referral Centre (ARC) had one vacancy for a nurse and had plans in place to cover three anticipated vacancies.
- Managers told us they were able to allocate additional staff if more staff were required for some shifts. Staff told us they could respond promptly to the needs of the people who used the service and there were sufficient staff to ensure their safety.
- Cover arrangements for sickness, leave and vacant posts ensured patient safety. We reviewed the staff rotas for the weeks prior to our inspection and saw that staffing levels were in line with the levels and skill mix determined by the trust as safe. Bank staff provided by

the trust's temporary staffing department, and overtime for existing staff in the teams, were used to cover any vacant shifts in CRHT teams and ARC. Bank staff knew the service and were given an induction and written guidance.

- Rapid access to a psychiatrist was available when required.
- The commissioners and the trust had recently decided to recruit designated staff for the health-based place of safety. Plans were in place to recruit to these posts but staffing was dependent on bank and agency staff at the time of the inspection. Twelve shifts were being filled by agency staff during the week of the inspection and some shifts at the end of the week had not yet been filled. Agency staff received an induction from the duty nursing officer using the section 136 information and protocols folder but they did not have specialist training for the role. The trust's incident reporting system showed that the health-based place of safety had been closed to admissions on eight occasions during the six months before this inspection. Staff told us that these incidents were almost always due to staff shortages.
- There were no vacancies for existing posts in the liaison psychiatry service. Recruitment to newly created posts as a result of expansion of the services, such as in Peterborough, was in progress.
- Staff received mandatory training such as basic life support, fire safety and infection control. Training records showed on average 62% of staff in the services were up to date with all mandatory training. Managers received regular reports on the number of staff attending training and told us that the figures were not always up to date and staff had booked on training.

### Assessing and managing risk to patients and staff

- The case records we reviewed showed that staff had undertaken a risk assessment at the initial assessment and then reviewed and updated this when required. Care plans were in place to address the identified risks

# Are services safe?

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

- We observed that staff taking telephone call referrals completed an initial risk assessment and had immediate access to a qualified member of staff if appropriate.
- Risk levels for people who used the service were discussed at handover meetings in order to detect any increases and take prompt action. Staff demonstrated a good understanding of the needs and assessed risks of people who used the service.
- Staff had received training in safeguarding and staff we spoke with knew how to recognise and report a safeguarding concern. This included the trust's 'Stop the line' procedure where staff were able to alert senior staff if they had immediate concerns about patient safety or the quality of care provided. For example, managers and staff told us that a member of staff in the North CRHT team had used this procedure when they were concerned about staffing levels and the number of referrals in the team. Staffing numbers had been increased as a result.
- Good personal safety protocols, including lone working practice, were used to reduce the risks to staff. Principles and practice guidance on worker safety, including visits to people in their own home, were given to staff. Staff we spoke with were positive about the lone working practices which they felt increased their safety.
- Staff had received training in physical interventions to manage violent and challenging behaviour and were aware of de-escalation techniques.
- Medicines were stored and disposed of safely. Some medication was not signed in or out when delivered by staff to people living in their own home and some medication was not transported using secure bags or cases.

## Track record on safety

- Information provided by the trust showed that in the last 12 months there had been nine serious incidents relating to the CRHT teams, three in ARC and five in liaison psychiatry. The findings from the reviews of these incidents had been used to improve safety. Examples included protocols for referring people from liaison psychiatry to services provided by other mental health trusts and the introduction of task sheets for staff in CRHT teams.

## Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to report incidents and were able to describe what should be reported.
- We saw that service governance meetings were used to discuss feedback from incidents. Team meetings were used to feedback to staff from investigations of incidents both internal and external to the service.
- Staff told us that they were de-briefed and supported after a serious incident. Some staff told us they had been involved in the investigation of incidents and the development of service improvements made as a result of those incidents.

# 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.

## Our findings

### Assessment of needs and planning of care

- The needs of people who used the service were assessed and care was delivered in line with their individual care plans. We looked at 21 care records for people using the service. We saw that care plans were regularly reviewed, considered all aspects of the person's circumstances and were centred on them as an individual. People we spoke with gave us examples of how their individual needs were met.
- All information needed to deliver care was recorded on an electronic record system that operated across the trust. All staff involved in a person's care could access the system. There was good coordination between the trust's electronic record system and those systems used by the acute hospitals. This meant that information needed to deliver care was readily available for appropriate staff.

### Best practice in treatment and care

- People using the services provided by the CRHT teams had limited access to psychological therapies and there were no psychologists working within the teams.
- Our review of records showed that people's physical health needs were considered in assessments. Where physical health concerns were identified, care plans were put in place to ensure the person's needs were met.
- We saw that interventions provided by the CRHT teams included support for housing, employment and benefits and that these issues were considered as part of the assessment and care plans.
- A good range of psychological therapies was offered in liaison psychiatry. Outcome measures were used routinely to assess and improve the quality of the liaison service. Examples included length of stay and admissions rates to the acute hospital.
- All services we visited actively participated in clinical audits, and local and national research.

### Skilled staff to deliver care

- Teams consisted of staff from a range of professional backgrounds including nursing, medical, occupational therapy, and social work. There were no psychologists working within the CRHT teams.
- Staff were experienced and qualified. Specific training was available for staff where appropriate. Managers had access to the electronic training records for their service. This allowed them to oversee their progress in completing their training.
- New staff had a period of induction before being included in the staff numbers on a shift. This included attending a corporate induction and a period of shadowing experienced staff.
- Staff were regularly supervised and appraised. Staff we spoke with told us they had managerial supervision and had access to clinical supervision. All felt that there was good ad hoc supervision on a daily basis during the shift and in handover meetings. All staff we spoke with said they had had an appraisal in the last 12 months. Information from the trust showed an increase from 88% to 97% of staff who had received an appraisal in the last 12 months.
- There were regular team meetings and staff told us they found these useful to reflect on practice and discuss any issues, concerns or good practice.

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

- Different professionals worked together to assess and plan people's care and treatment. Staff told us there was effective team working within the service. Care plans included advice and input from different professionals involved in people's care.
- We observed five handover meetings and found they were effective in sharing information about people and reviewing risks and progress in delivering their plan of care.
- We saw effective inter-agency working in assessing and supporting those people detained under section 136 at the health-based place of safety. Local approved mental health professionals (AMHP) were based close to the section 136 suite and staff told us the AMHP often visited the detained person before any formal assessment began, going through information about the section 136



# 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.

process. There were effective links between the AMHP team and the wider hospital nursing team. Managers of two of the CRHT teams were AMHP trained and AMHPs worked within the teams.

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

- Information from the trust showed that 85% of staff in the CRHT teams and ARC had received training in the Mental Health Act. Staff we spoke with were knowledgeable about the MHA and Code of Practice. They were aware of their responsibilities for the application of the MHA.
- We found in the records we reviewed that the relevant legal documentation was completed appropriately for those people detained under section 136 in the health-based place of safety. Staff, including AMHPs, were clear about the procedure and processes involved if a person required assessment under the MHA.
- People detained under section 136 were given information, verbally and in writing, about their rights

and the process of assessment. Forms devised for the assessment under section 136 contained a check that this information was given. AMHPs we spoke with told us that detained people they met had already been informed of their rights.

- People detained under section 136 were usually transported to the health-based place of safety by police rather than by ambulance.
- Regular meetings took place between the trust, AMHP service and the police to review issues at an operational level.

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

- Information from the trust showed that 97% of staff in the CRHT teams and ARC had received training in the MCA. Staff we spoke with were aware of the MCA and the implications this had for their clinical and professional practice.
- We looked at 21 care records and found capacity assessments had been completed appropriately.



# 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 spoke with 12 people who used the service and one carer of a person who used the service. All but one person who used the service were very positive about how staff behaved towards them. People told us staff treated them with respect, listened to them and were compassionate.
- We attended and observed three visits by staff to people who used the service and observed telephone based assessments of people. Staff treated people who used the service with respect and communicated effectively with them. They showed the desire to provide high quality and responsive care.

- When staff discussed people who used the service in handover meetings or with us, they discussed them in a respectful manner and showed a good understanding of their individual needs. They were aware of the requirement to maintain confidentiality at all times.

### The involvement of people in the care that they receive

- People who used the service told us they were involved in their care and treatment and were aware of their care plans. They said they were able to discuss their medication and its use. People were encouraged to involve relatives and friends in care planning if they wished.
- Information was available for people who used the service on access to advocacy.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- Target times for assessment were set and met. This meant urgent referrals were seen quickly by skilled professionals. The CRHT teams were meeting their set target of assessment within 24 hours from referral. Information from the trust indicated that most people were assessed within four to six hours from referral and that 96.06% of admissions to acute wards were gate-kept by CRHT teams between October and December of 2014. Referrals were initially triaged by ARC and promptly referred through to the CRHT teams.
- Liaison psychiatry had set targets that had been agreed with the acute hospitals that commissioned their service. Targets were being met. For example, the liaison psychiatry service in Addenbrooke's hospital had a target of assessing patients within one hour in an emergency and within four hours as a routine referral. Information from the trust showed that 98% of patients were assessed within target.
- We observed that people were given a degree of choice in the times of appointments on the first contact by the service following a referral.
- The CRHT teams took a proactive approach to engaging with people who found it difficult or were reluctant to engage with mental health services.
- People who used the service provided by CRHT teams told us that appointments ran on time and they were kept informed if there were any unavoidable changes. They told us they often saw different members of staff due to the nature of the service. Most said that this did not concern them and some felt that this added to the service as they had the opportunity to see people with different skills and style.
- AMHPs told us that they were generally able to get section 12 doctors to attend in a timely way for assessment at the health-based place of safety although this could be delayed if a specialist doctor or interpreter was required. We saw from case records that the AMHP and doctor attended within three hours as recommended in the Code of Practice.

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

- The CRHT teams had facilities to see people in their premises. ARC did not see people in their premises.
- The dedicated office space, equipment and facilities used by the liaison psychiatry service in Addenbrooke's hospital had been rated as excellent by the Psychiatric Liaison Accreditation Network (PLAN) of the Royal College of Psychiatrists. Plans were in place to further improve the waiting area for people who used the service.
- There was only one assessment room at the health-based place of safety and the trust had recently closed its other health-based place of safety in Peterborough due to concerns regarding safety. At times the one assessment room could be in use when another person was placed under S136. This could result in people being admitted under S136 to police custody suites and acute hospitals. Managers told us that this was being monitored by the multi-agency group.
- Facilities in the health-based place of safety did not promote privacy and dignity and did not meet aspects of the Royal College of Psychiatrists guidance. The toilet for use by the patient was located off the entrance hallway rather than off the assessment room. There was no shower facility. On the day of our visit there was no furniture in the assessment room other than a bed and there was no clock visible from the assessment room to help avoid disorientation in time. The assessment room and corridor could be seen into from the neighbouring ward which compromised the privacy of the occupant. There was limited space with relatively narrow corridors and a small office.

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

- Staff had access to translation services and interpreters to help assess and provide for the needs of people using the service. Staff told us there could be a delay in accessing these in a crisis.
- Good use was made of the 'leaflet factory' to provide information leaflets in languages spoken by people who used the service.

# Are services responsive to people's needs?

Good 

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

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

- Information from the trust showed that six complaints had been made with the last twelve months about CRHT North of which five were upheld. One complaint had been made about CRHT Cambridge North, which was not upheld. Four complaints had been made about CRHT Cambridge South, of which two had been upheld. One complaint had been made about ARC, which had been upheld. Three complaints had been made about Liaison Psychiatry at Addenbrooke's hospital, of which one was upheld.
- Information about raising concerns and complaints was available to people who used the service and their carers. Information was also available on the trust's website. This information could be made available in different languages.
- People who used the service told us they knew how to raise concerns and make a complaint. They felt they would be able to raise a concern should they have one and believed that staff would listen to them.
- Staff told us they tried to address people's concerns informally as they arose. Staff we spoke with were aware of the formal complaints process. We saw managers could access the trust's electronic record of complaints and that such complaints were investigated and the trust formal process was followed.
- Learning from complaints was discussed with staff at team meetings and in supervision.

# 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's knowledge of the trust's values and vision was inconsistent. These were displayed in the services we visited but some staff felt senior managers should make more effort to communicate directly with them.
- Staff told us they had regular contact with their immediate managers and occasional contact with the service manager. They knew who the most senior managers were in the organisation and many had met the chief executive.

### Good governance

- Good governance arrangements were in place, which supported the quality, performance and risk management of the services.
- Key performance indicators and other indicators were used to gauge the performance of CRHT teams, ARC and liaison psychiatry.
- The use of, and assessments within, the health-based place of safety were being monitored by a multi-agency group. We heard that different agencies hold different figures for frequency of use of section 136. Staff and other agencies told us terms of reference for this group were being reviewed along with the section 136 policy.
- Managers told us that they had enough time and autonomy to manage the service. They also said that, where they had concerns, they could raise them.
- Staff confirmed they could submit items to the risk register. There were local risk registers in place.

- Clinical and managerial supervision was taking place and staff had received appraisals.

### Leadership, morale and staff engagement

- A review of the CRHT teams was underway during our visit. The morale of some staff was low due to the proposals and some staff did not feel that they had been listened to by the trust.
- All staff we spoke with were very positive about team working and the mutual support they gave one another. They felt supported by their managers.
- Staff we spoke with knew how to use the whistleblowing process.
- The 'Stop the line' procedure had been used effectively to address concerns raised by staff.

### Commitment to quality improvement and innovation

- There was a commitment to quality improvement and innovation. The trust had participated in a number of national quality improvement programmes. The Liaison Psychiatry service at Addenbrooke's hospital had been rated as excellent by the Psychiatric Liaison Accreditation Network (PLAN) of the Royal College of Psychiatrists. CRHT North, covering Huntingdon and Peterborough, and CRHT Cambridge had both been accredited by the Home Treatment Accreditation Scheme of the Royal College of Psychiatrists, with CRHT North accredited as excellent.
- The trust was participating in the Mental Health Crisis Care Concordat with their partners and had developed an action plan to improve services that was being monitored regularly.