Avon and Wiltshire Mental Health Partnership NHS Trust

Community-based mental health services of adults of working age

Inspection report

Bath NHS House
Newbridge Hill
Bath
BA1 3QE
Tel: 01249468000
www.awp.nhs.uk

Date of inspection visit: 21, 22 and 23 February 2023
Date of publication: 05/05/2023

Ratings

Overall rating for this service	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires Improvement**

Our findings

Community-based mental health services of adults of working age

Requires Improvement 

Avon and Wiltshire Mental Health Partnership NHS Trust provides community-based mental health services for adults of working age across Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. The trust has 2 mental health assessment and recovery teams and 9 recovery teams, which cover 6 localities. The service offers people with identified mental health needs a range of assessments, community-based treatments, psychological support and interventions, medication, and advice.

The last comprehensive inspection of the community-based mental health services for adults of working age was in May 2016. The service was rated good overall with a requires improvement rating in the safe domain. Following this inspection, the trust were issued with a breach of Regulation 12 (safe care and treatment) and were told it must put a system in place for monitoring uncollected medication from the community team bases.

In December 2020, there was a focussed inspection of the Wiltshire and Swindon teams. Following this inspection, the trust was told to improve people's risk assessments and risk management plans by ensuring they are updated in response to new or changing risks, which was a breach of Regulation 12 (safe care and treatment).

We carried out this focused inspection because we had concerns about the quality and safety of services. There had been a significant increase in serious incidents with recurring themes including management of medication. There was a concern that teams were not learning from incidents, and we were concerned there was a risk that further serious incidents would occur.

We visited 6 teams:

- Bath and North East Somerset (BaNES) recovery team
- North Bristol assessment and recovery team
- South Bristol assessment and recovery team
- South Gloucestershire recovery team
- Swindon recovery team
- North Somerset recovery team.

The community mental health teams were previously rated good overall in May 2016.

Our rating of services went down. We rated them as requires improvement because:

- The service did not always use robust systems and processes to administer, record and store medications. Staff did not always complete medicines records accurately or keep them up to date, which could lead to people not receiving the right medication, at the right time. We found examples where staff had administered medication to people with an expired prescription. In North Bristol, there was an excessive amount of medication being stored that should have been collected or disposed of.

Our findings

- The service did not have robust governance processes in relation to medicines management. There were no formal audit processes in place to ensure the trust had oversight that medication was being prescribed, administered, recorded and stored correctly.
- Managers and senior staff did not have oversight of the clinic rooms. There was no accountability or clear lines of responsibility for the management of medicines. There were no clear processes to check that staff were safely administering, recording and storing medication. Managers were unaware of staff's competency in medication management as issues were not being identified.
- Teams did not share learning across the service, between or within their localities or trust wide. This meant that learning and actions taken following incidents and complaints were not being shared higher than local level, which could have prevented incidents or complaints occurring in other areas.

However:

- The issues identified at the previous two inspections had improved. All teams, except North Bristol, now had an effective process in place for monitoring medication that had not been collected by people. All teams had improved risk assessment and management plans; staff now updated them regularly and following new and changing risks.
- Staff treated people with compassion and kindness and understood the individual needs of people. They actively involved people and families and carers in care decisions. People spoke highly of their care co-ordinators. People described their care co-ordinators as kind, brilliant, friendly and caring.
- Staff developed recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers where appropriate. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the people.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

How we carried out the 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 the service.

During the inspection we:

- Toured the premises that each team was based and completed checks on the safety of the environment,
- Spoke with 6 people who were using the service,
- Spoke with 5 relatives of those using the service,

Our findings

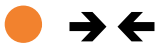
- Interviewed 7 team managers, 1 early intervention manager, 4 service managers and 1 associate director of operations,
- Interviewed 43 staff members including five consultant psychiatrists, one specialist registrar doctor, 12 senior practitioners, nine community mental health nurses, four recovery navigators, one non-medical prescribing nurse, one recovery outreach support and engagement nurse, one student nurse from the early intervention team, two mental health wellbeing practitioners, one assistant psychologist, one personality disorder specialist, one clinical psychologist, one head of therapy, one social worker, one principle social worker and one trainee multiple-professional approved clinician,
- Attended 8 meetings including 1 high needs meeting, 4 team meetings, 1 cluster meeting, 1 crisis meeting and 1 clinically ready for discharge meeting,
- Reviewed 42 records relating to the care and treatment of people
- Reviewed 560 prescription and medication charts
- Completed a check of each clinic room, including medication stock and
- Reviewed a range of policies, procedures and other documents relating to the running of the service.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

Everyone who provided feedback spoke positively about the care and treatment they received from their community mental health team and care co-ordinators. People described their care co-ordinators as kind, brilliant, friendly and caring. However, many commented that due to staff shortages and high caseloads, co-ordinators move on from the service too quickly and that they are not as “hands-on” as they used to be.

Is the service safe?

Requires Improvement 

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean environment

Most clinical premises where people received care were safe, clean, well furnished, well maintained and fit for purpose.

Most clinic rooms had the necessary equipment for people to have thorough physical examinations. The clinic room in North Bristol did not have an examination couch, which meant people requiring a depot medication had to receive this injection standing up.

Staff made sure most of the equipment was well maintained, clean and in working order. However, we found that in North and South Bristol the defibrillator was not being consistently checked, and the weighing scales in South Bristol was last calibrated in 2020.

Our findings

The trust estates team completed environmental assessments of the premises and removed or reduced any risks they identified.

All interview rooms had alarms and staff available to respond.

All areas were well maintained, well-furnished and fit for purpose.

In most teams there were up to date cleaning records, premises were clean, and we observed contracted domestic staff performing duties during the inspection. However, there were ongoing issues in the South Gloucestershire base with the cleaning company, who did not provide a satisfactory service.

Staff followed infection control guidelines, including handwashing.

Safe staffing

The service had staff, who knew the people and received basic training to keep them safe from avoidable harm. The number of people on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each person the time they needed. However, some teams had significant vacancies, which meant some people experienced a delay in being allocated a care co-ordinator.

Nursing staff

The service had enough nursing and support staff to keep people safe. Each team's caseload ranged between 15 to 30 depending on job role and grade. All managers and staff told us that caseloads were rarely increased to above 30 people to ensure staff were not overburdened and could provide each person on their caseload enough time and support.

The service had varying vacancy rates across teams. Eight of the 11 teams had a vacancy rate for registered nurses of more than 30%. The South Bristol team had the highest vacancy rate for registered nurses, which was 52%, the second highest was the Bath and North East Somerset (BaNES) team which had 48% vacancies and the third highest was Swindon team at 44%. The trust was working hard to recruit to these vacant posts.

The service was using bank and agency staff to cover vacancies whilst recruiting to the vacant posts. However, managers did not always make arrangements to cover staff sickness and absence. We were told by staff and people that cover was only sought after staff were off for three weeks or more. Some teams used duty cover to check in with people whose care co-ordinator was off, but this typically only involved a welfare phone call. This meant that some appointments were missed.

Managers made sure all bank and agency staff had a full induction and understood the service before taking on a caseload.

The service had varying staff turnover rates. Some teams had reducing staff turnover for example North East Wiltshire, West Wiltshire and Bristol Central & East. Some teams had increasing staff turnover rates. For example, staff turnover in Wiltshire Sarum had significantly increased between August 2022 and January 2023, from 8% to 24%. Some teams had fluctuating staff turnover, for example the South Gloucestershire North team turnover rates rose from 21% in August 2022 to 34% in December 2022 but in January 2023 turnover rates had decreased to 29%.

Managers supported staff who needed time off for ill health.

Our findings

Most teams had low sickness levels, below 3.5% as of January 2023. However, Bristol South, South Gloucestershire South, and Wiltshire Sarum teams had sickness rates of between 5% and 7.4%.

Medical staff

The service had enough medical staff.

Managers could use locums when they needed additional support or to cover staff sickness or absence.

Managers made sure all locum staff had a full induction and understood the service.

The service could get support from a psychiatrist quickly when they needed to. The average wait to see a psychiatrist was approximately two weeks, the majority of psychiatrists said they would see someone more urgently if requested.

Medical staff we spoke with said they had good access to junior doctors.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The lowest compliance was basic resuscitation training, which had remained between 78% and 77% between August 2022 and January 2023. We were told that staff were booked onto upcoming courses.

The mandatory training programme was comprehensive and met the needs of people and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to people and staff

Staff assessed and managed risks to people and themselves well. They responded promptly to sudden deterioration in a person's health. When necessary, staff worked with people and their families and carers to develop crisis plans. Staff followed good personal safety protocols. Most teams monitored people on waiting lists to detect and respond to increases in level of risk.

Assessment of person risk

Staff completed risk assessments for each person at the point of assessment, using a recognised tool, and reviewed this regularly, including after any incident.

Staff used a recognised risk assessment tool.

Staff could recognise when to develop and use crisis plans and advanced decisions according to person need. Crisis plans we reviewed were comprehensive and included relevant contact details and signposting.

Management of person risk

Most teams monitored their waiting list to determine changes in peoples' level of risk and responded when risk increased. This meant duty staff made welfare phone calls at a frequency determined by trust policy, such as weekly for those risk rated as red until a care co-ordinator was allocated. The majority of teams had a relatively small waiting list of between 0 and 29 people.

The majority of teams monitored waiting lists in line with a recently implemented waiting list protocol standards and timeframes. However, at the time of the inspection the BaNES team had a significant waiting list of 135 people, and were

not monitoring their waiting list in line with this protocol. We were told they were unable to do this due to staffing shortages and not having capacity to free up staff time. This meant that the team would be unable to respond to people's changes in risk level. However, following the inspection, we were provided with evidence that waiting lists were now being assessed and monitored.

Staff responded promptly to any sudden deterioration in a person on their caseload's health. All staff told us they discussed caseloads during both group and individual supervision. We observed daily meetings where caseloads requiring discussion or intervention were discussed.

Staff told us they would undertake joint visits with the crisis team when required.

The service had a duty rota where staff attended to calls from people who required support. Out of these hours, the trust's response line attended to any concerns. Calls requiring follow up were transferred to the relevant staff member for review. Staff demonstrated a good understanding of the duty process.

We attended a crisis team meeting where person risks were discussed and observed good collaboration between the teams to manage the best interest of the person.

Staff followed clear personal safety protocols, including for lone working. Staff explained the process of informing other staff prior to leaving for appointments.

Safeguarding

Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with their safeguarding training. Staff we spoke with said they had received safeguarding level three training for both adults and children.

Staff could give examples of how to protect people from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff kept detailed records of people's care and treatment. Records were clear and up to date. However, not all person records were easily accessible to all staff providing care.

Person notes were comprehensive but stored in different places in the electronic records system. This meant that not all staff could access them easily for example, new staff including agency staff could spend a significant amount of time looking through a person's record to gather all necessary up to date information.

Our findings

When people transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely using an electronic records system.

Medicines management

The service used systems and processes to safely prescribe medication and staff regularly reviewed effects of medications on each person's mental health and physical health. However, we observed that some teams were not following safe processes in medicines management including a lack of robust systems and processes to administer, record and store medications.

Staff did not always complete medicines records accurately or keep them up to date, which could lead to people not receiving the right medication, as prescribed. For example, in North Bristol there were 15 medication and prescription charts that contained errors. Some contained out of date prescriptions but the medication chart on the reverse showed that medication had still been administered. For example, one person's prescription had expired in June 2022 but had received 7 depot medications since. Some had omissions but no rationale for the missed dose. For example, 1 person had not had their depot medication administered since December 2022, but the medication chart did not document that staff had attempted administration but was refused. Some charts were not being consistently completed. For example, a person who was prescribed a fortnightly depot medication had not had the last 7 administrations recorded on their chart, but a review of their electronic person record saw they had received their medication. One person's chart showed their depot medication was 3 weeks overdue but there were no entries on their electronic person record to show they had received their medication. Staff were unable to confirm if their medication was overdue or if it had been administered. Some charts were for people who were no longer receiving their medication from the team, for example those who had been admitted to hospital.

In South Bristol, the majority of the 30 prescription and medication charts reviewed needed archiving and had medications which were no longer required. Some charts were poorly written which meant it was not clear when a person had received their medication. For example, a chart for a person on a monthly depot injection had 2 entries in January 2023 but a check of the electronic record showed the second date was meant to refer to February 2023. There were also three medication charts that contained expired prescriptions and examples where a depot medication had been administered, as confirmed on the electronic person record, but the chart had not been signed to show it had been administered. In South Gloucestershire there were several expired prescription charts, but people were being administered medication up to six months later.

The majority of teams stored medication safely and appropriately. However, in the North Bristol team we found an excessive amount of medication being stored which could lead to confusion and staff administering the wrong medication to someone. There were 21 bags of medication that were issued to people over a month prior to the inspection that had not been collected or disposed of. Some of the medication was issued as late as April 2022. We also found 23 unused depot injections that were being stored but the people they had been issued to no longer required them. This medication should have been disposed of. There were also three large bags containing clozapine, an anti-psychotic medication which can require hospital admission if doses are missed, that had stickers stating not to issue to people past specific dates. The dates on the stickers were prior to the inspection but staff were ignoring the stickers and taking medication to deliver to people in the community. There was also 14 pregabalin tablets that had been unaccounted for since January 2021 in the controlled drugs cabinet and two bottles of expired medication in an unlocked medication fridge. We raised these at the time of the inspection to the team manager and senior practitioners who were unaware of the issues.

Our findings

Staff learned from safety alerts and incidents to improve practice. For example, staff from the early intervention team at BaNES recovery service had been supporting the recovery team with a clinic improvement project linked to medicine management and physical interventions. The project looked at documented evidence while ensuring equipment was correctly installed and operated safely according to requirements. Staff said that since the review, the function of medicine management had improved with less incidents identified.

However, managers only shared learning within their own teams and not with other teams or trust wide. This meant that staff were unable to learn from each other's incidents and meant that similar incidents had occurred which could have been prevented. We observed four team meetings during the inspection and heard similar medication incidents being discussed. When we raised this, teams were unaware that other teams had also recently had similar incidents and were not aware what actions they had taken to prevent similar incidents occurring again.

Staff followed systems and processes to prescribe safely and reviewed each person's medicines regularly and provided advice to people and carers about their medicines. Staff followed national practice to check people had the correct medicines when they were admitted, or they moved between services.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each person's medicines on their physical health according to National Institute for Health and Care Excellence (NICE) guidance.

Reporting incidents and learning from when things go wrong

Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave people honest information and suitable support. Managers investigated incidents and shared lessons learned with the whole team but not the wider service. This meant that teams were not able to learn from one another's incidents, which could prevent the same incident occurring in other areas.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with trust policy.

Staff reported serious incidents clearly and in line with trust policy.

The service had no never events.

Staff understood the duty of candour. They were open, transparent and gave people and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident

Managers investigated incidents. Medical staff told us they attended mortality reviews and had been trained to complete incidents' root cause analysis.

Some staff told us they received feedback from investigation of incidents but only from their own team. Some staff told us they often did not receive the investigation outcome reports and their recommendations. Feedback and learning was not shared across the service or trust.

Our findings

Staff met locally to discuss the feedback and look at improvements to person care. We observed lessons learnt being discussed following a medicine incident at BaNES team meeting. However, staff said, and the meeting agenda confirmed that incidents from other teams or across the trust were not discussed.

There was evidence that changes had been made as a result of feedback.

Is the service effective?

Good  

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the mental health needs of all people. They worked with people and families and carers where appropriate to develop individual care plans. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each person.

Staff made sure that people had a full physical health assessment where appropriate, for example if people were on a medication that required physical heath monitoring and knew about any physical health problems.

Staff developed a care plan for each person that met their mental and physical health needs.

Care plans were personalised, holistic and recovery orientated however staff did not always regularly review care plans. Of the 42 records we reviewed, a significant number of care plans had not been reviewed within the past 12 months as per trust policy but care plans and details in person records demonstrated that the care and treatment people were receiving was still applicable to the care plan content.

Best practice in treatment and care

Staff provided a range of treatment and care for people based on national guidance and best practice.They ensured that people had good access to physical healthcare. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff delivered care in line with best practice and national guidance and provided a range of care and treatment suitable for the people in the service. This included groups such as dialectical behavioural therapy and problem solving. Some teams were able to offer eye movement desensitisation and reprocessing therapy (EMDR).

People under the assessment and recovery teams could also be referred to the psychology therapy team to provide a 12-week structured clinical management (SCM) course. SCM enables staff to work effectively with people with a personality disorder with an emphasis on problem-solving, effective crisis planning, medication review and assertive follow-up if appointments are missed.

Our findings

Staff made sure people had support for their physical health needs, either from their GP (General Practitioner) or community services.

Staff used recognised rating scales to assess and record the severity of person conditions and care and treatment outcomes, such as Health of the Nation Outcome Scales (HoNOS). This is a method of measuring the health and social functioning of people with severe mental illness enabling clinicians to build up a picture over time of their people' responses to interventions.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. For example, the National Clinical Audit of Psychosis (NCAP). NCAP aims to improve the quality of care that NHS mental health trusts in England provide to people with psychosis. The Swindon team took part in a quality improvement initiative to evaluate their depot clinic.

Managers used results from audits to make improvements.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of people under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of each person. The teams comprised of team leaders, senior nurse practitioners, care co-ordinators which were a mixture of registered nurses and support workers, occupational therapists, psychologists, consultant psychiatrists and doctors. Some teams also included social workers, recovery navigators and mental health wellbeing practitioners. Some staff had individual specialisms such as trauma, emotionally unstable personality disorder and substance misuse.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the people in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. We spoke with new staff who were undertaking e-learning training. They said they felt fully supported and had been assigned a mentor who would help them during through the process.

Staff told us that managers supported them through supervision and appraisals of their work. However, clinical supervision compliance across the majority was teams was low. For example, less than 70% of clinical staff across 8 of the 11 teams had received clinical supervision in January 2023. These statistics were consistent in the six months prior to the inspection. South Gloucestershire North, Swindon, Wiltshire NEW and North Somerset teams had compliance rates of over 80% in January 2023.

Staff at BaNES recovery service had peer supervision every fortnight. Senior managers said they were looking at having more psychology input to support staff during supervision. This continued to be a work in progress.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. There was a clear framework of what was being discussed to ensure that essential information, such as learning from local incidents and complaints were shared and discussed. The service had processes to share information around health and safety concerns, training compliance and updates to ways of working.

Our findings

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff we spoke with said there was ample prospects to develop their skills further. Some said they had been encouraged to do the preceptorship programme which had given them the opportunity to increase their knowledge.

Therapy staff at BaNES recovery service had a training process to support staff with their understanding of psychosis. This was in line with the National Institute for Care and Health Excellence (NICE) guidelines to improve care through early recognition and treatment, and by focusing on long-term recovery. This also included checking for coexisting health problems and providing support for family members and carers.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss people and improve their care. We attended three multi-disciplinary meetings which were well planned and organised.

Staff made sure they shared clear information about people and any changes in their care, including during transfer of care.

Staff had effective working relationships with other teams in the organisation. Staff worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. Recovery and assessment teams had good multidisciplinary working between the early intervention (EI) team and the psychological therapies service (PTS) who were often co-located with the teams. The teams also had good working relationships with the inpatient mental health teams and the crisis teams. Staff described excellent working relationships with their colleagues, which contributed to the overall effectiveness of the service.

Consultant psychiatrists shared the role of covering the service and had good links to the local hospitals and GPs (General Practitioner).

Staff had effective working relationships with external teams and organisations, such as local authorities, housing officers, substance misuse services, the local food banks, and citizens advice bureau.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.

Good practice in applying the Mental Capacity Act

Staff supported people to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for people who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

Our findings

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act.

Staff gave people all possible support to make specific decisions for themselves before deciding a person did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a person needed to make an important decision.

When staff assessed people as not having capacity, they made decisions in the best interest of people and considered the person's wishes, feelings, culture and history.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated people with compassion and kindness. They understood the individual needs of people and supported people to understand and manage their care, treatment or condition.

Staff were kind, respectful, and responsive when caring for people.

Staff gave people help, emotional support and advice when they needed it.

Staff supported people to understand and manage their own care treatment or condition.

Staff directed people to other services and supported them to access those services if they needed help.

People told use their care was focused on their individual needs.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards people and staff.

Staff followed policy to keep people's information confidential.

Involvement in care

Staff involved people in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that people had easy access to independent advocates.

Involvement of people

Staff involved people and gave them access to their care plans.

Our findings

Staff made sure people understood their care and treatment (and found ways to communicate with people who had communication difficulties).

Staff involved people in decisions about the service, when appropriate.

People could give feedback on the service and their treatment and staff supported them to do this. Staff at North Bristol and BaNES team said that obtaining person feedback was often difficult. The recovery team at BaNES were looking at introducing a quick response (QR) code. A QR code is frequently used to track information and to obtain feedback.

Two staff at Swindon recovery service were assigned each month to send out forms to 10 people each to obtain feedback. A QR code was also available for feedback by people of this service.

Staff supported people to make advanced decisions on their care.

Staff made sure people could access advocacy services.

Staff informed and involved families and carers appropriately.

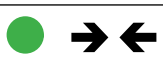
Involvement of families and carers

Staff supported, informed and involved families or carers.

Staff helped families to give feedback on the service.

Staff gave carers information on how to find the carer's assessment.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

The service was easy to access. Its referral criteria did not exclude people who would have benefited from care. Staff assessed people who required urgent care promptly but some people who did not require urgent care were waiting too long to start treatment. Staff followed up people who missed appointments.

The service had clear criteria to describe which people they would offer services to and offered people a place on waiting lists. Team referrals were received either by a primary care liaison service (PCLS) or a single point of access team, depending on locality, which triaged referrals and completed initial risk screening and assessments.

The service did not always meet trust target times for assessment to treatment. Due to some teams having significant vacancies and staff sickness, this meant that some people experienced a delay in being allocated a care co-ordinator and therefore had a significant wait before receiving care and treatment from the service. Trust policy stated that people should be allocated a care co-ordinator within eight weeks, if risk rated as green, four weeks if risk rated as amber and

two weeks if risk rated as red. West Wiltshire and North East Wiltshire teams had the lowest wait of zero days. Bristol South, Bristol North and South Gloucestershire South had the longest waits of 110, 94.5 and 88 weeks respectively, with average wait times of 10, 11.2 and 9.5 weeks respectively. Swindon team had the longest average wait time of 13.5 weeks. All teams, except BaNES, were actively monitoring their waiting lists and caseloads to reduce wait times.

In North Somerset there was significant wait to receive psychological therapy input. The average wait was between one and three years. This was because there was only one psychologist in the team.

Staff had strategies to engage with people who found it difficult, or were reluctant, to seek support from mental health services. This included contacting people using various routes such as letter, text message or by arranging face to face or virtual appointments.

Staff contacted people who did not attend appointments and offered support and options to reschedule.

The service had processes to manage people that did not attend their appointments. Staff explained the procedure undertaken which involved initially sending a text message or making a phone call. This was followed up by staff attending the person's residence. Should they be unsuccessful they would send a letter or arrange a welfare/police visit.

People had some flexibility and choice in the appointment times available.

Staff worked hard to avoid cancelling appointments and when they had to, they gave people clear explanations and offered new appointments as soon as possible.

Appointments ran on time and staff informed people when they did not.

Staff supported people when they were referred, transferred between services, or needed physical health care.

The service followed national standards for transfer.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported people's treatment, privacy and dignity.

The service had a full range of rooms and equipment to support treatment and care.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

Meeting the needs of all people who use the service

The service met the needs of all people – including those with a protected characteristic. Staff helped people with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs.

Staff made sure people could access information on treatment, local service, their rights and how to complain.

Our findings

The BaNES team had access to the Individual Placement and Support (IPS) team. The service provides opportunities for teams to support their people to secure jobs. This may involve intensive individual support, a job search followed by placement in paid employment.

The service provided information in a variety of accessible formats so the people could understand more easily.

The service had information leaflets available in languages spoken by the people and local community.

Managers made sure staff and people could get hold of interpreters or signers when needed.

The Bristol North assessment and recovery service were undertaking a pilot which looked at the health and wellbeing of people. This was in line with the British Society of Lifestyle Medicine (BSLM). This looked at key areas which included; healthy eating, mental wellbeing, healthy relationships, physical activity, minimising harmful substances and sleep. Staff told us they were initially looking at a cohort of 12 people and a group room has been sourced so the project could commence in April 2023.

The therapy staff at the BaNES team were using virtual reality to manage psychosis in some patients. Staff told us they had used the therapy to support people in going to the shop or stepping onto a bus.

Staff at Swindon recovery service could provide people who were experiencing food poverty with food vouchers. They could also text the information to the foodbank. Staff described how they worked with the local homeless team for those people of no fixed abode. They worked closely with the person's GP to maintain continuity. Staff also linked with the Harbour project which offered support to anyone in Swindon who was either currently claiming asylum or had refugee status. They provided help, advice and practical support so that people could rebuild their lives in an unfamiliar country.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

People, relatives and carers knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and people received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. However, themes and learning from complaints was not shared service or trust wide. For example, the North Bristol and Swindon teams had received a similar complaint and took similar actions to address the issues raised. We observed the Swindon's team meeting where they discussed the learning from this complaint, but they were unaware the North Bristol team had received a similar complaint prior to this. If learning had been shared across teams then this may have prevented the complaint being raised in the Swindon team and because it had not been shared service-wide, other teams may receive a similar complaint in future.

Staff protected people who raised concerns or complaints from discrimination and harassment.

People received feedback from managers after the investigation into their complaint.

Our findings

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles.

Team and service managers had a good understanding of the services they managed. Staff spoke highly of their team leaders and many commented they had seen improvements in the service since they had taken over from previous managers. This was particularly the case in North Bristol and BaNES. Most leaders were visible in the service and approachable for people and staff. Staff stated that managers were supportive and provided clear guidance. However, some staff said they did not know who the senior management team were and were unaware of any visits from the chief executive officer (CEO) or board members.

Vision and strategy

Staff knew and understood the trust's vision and values and how they were applied to the work of their team.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in their daily work and provided opportunities for development and career progression. This included, apprenticeships, leadership courses and stand-alone training modules to support the needs of people.

Staff were attentive to the needs of people. The attention to detail when talking with people was evident. Staff explained the importance of compassion, care and candour when supporting people.

Staff understood the whistleblowing process for raising concerns and felt comfortable in approaching their manager.

Staff felt they were treated fairly and said that although morale at times fluctuated due to system pressures and the acuity of some people, they all worked well as a team.

Staff told us there was a positive culture and they were able to share their views without fear of reprisals.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team or service level.

Our findings

There was no formal audit process in place to monitor the medicines management in the teams. The pharmacy technicians completed audits, but team managers had not been given or had requested a copy to follow up any actions and issues identified.

Managers and senior staff did not have oversight of the clinic rooms and medication management in their teams and there was no accountability or clear lines of responsibility. There were no clear processes to check that staff were safely administering, recording and storing medication. Managers were unaware if staff were competent in medication management as issues were not being identified.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Team leaders had access to a performance dashboard that was based on the Care Quality Commission's key lines of enquiry.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Learning, continuous improvement and innovation

The Swindon team had gained accreditation from the Royal College for Psychiatrists for community mental health services (ACOMHS). The accreditation programme works with staff to assure and improve the quality of community mental health services and their carers.

The medical team in the North Bristol team were undertaking a project to review and reduce the waiting time for those with an attention deficit hyperactivity disorder (ADHD). ADHD is a condition that affects people's behaviour. The consultant at Bristol North assessment and recovery centre had undertaken ADHD assessment training which was based on the Diagnostic Interview for ADHD in adults (DIVA) framework.

Our findings

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

Community-based mental health services for adults of working age

- The trust must ensure that there are robust systems and processes to administer, record and store medication. The trust must ensure that prescription and medication charts are accurate and up to date. The trust must also ensure that the North Bristol team promptly dispose of all uncollected or no longer required medications to prevent keeping excessive stock. Regulation 12 (safe care and treatment).
- The trust must ensure that there are robust governance processes in place to highlight areas for improvement, risk and errors such as regular audits in relation to the clinic rooms and medication management. This includes a process for picking up issues with staff competency when errors are made in relation to medication. Regulation 17 (Good governance).
- The trust must ensure there is clear oversight and responsibility for the management of the clinic room and medication stored on site. Regulation 17 (Good governance).

Action the trust Should take to improve:

Community-based mental health services for adults of working age

- The trust should ensure that the electronic recording system is efficient and ensure vital information such as care plans and risk assessments are easy to access.
- The trust should ensure that teams share learning from incidents and complaints across the service to ensure learning is shared widely, not just at a local level.
- The Trust should review the cleaning schedule for the South Gloucestershire team base and ensure the contractual arrangements meet the needs of the staff and people.
- The trust should improve people's access to the psychology provision in North Somerset.
- The trust should ensure that the North Bristol team have all clinical equipment needed to deliver treatments to people.

The trust should ensure that managers make timely arrangements to cover for absent staff.

Our inspection team

The team that inspected the service comprised a CQC (Care Quality Commission) lead inspector, and 4 other CQC inspectors. The team also comprised two specialist advisors who had professional experience of working in community mental health teams and one expert by experience who has lived experience of using mental health services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation