CareQuality Commission

Good 🟢

North East London NHS Foundation Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RAT	Trust Head Office	Barking and Dagenham Older Adults Mental Health & Memory Service	RM10 9HU
RAT	Trust Head Office	Havering Older Adults Mental Health & Memory Service	RM1 4HP
RAT	Trust Head Office	Waltham Forest Older Adults Mental Health & Memory Service	E11 4HU

This report describes our judgement of the quality of care provided within this core service by North East London 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.

Summary of findings

Where applicable, we have reported on each core service provided by North East London NHS Foundation Trust and these are brought together to inform our overall judgement of North East London 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?	**Requires improvement** ●
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 rated community-based mental health services for older people as good because:

- Arrangements for safeguarding were clear with good systems in place to monitor and follow up concerns. Patient areas at Barking and Dagenham and Waltham Forest were clean and well-maintained. Staff had manageable caseloads and managers ensured that workloads were evenly distributed across the teams.

- Staff provided an effective service and the majority of care plans were personalised, up to date and reflected patient's views. Staff followed best practice by using National Institute and Care Excellence (NICE) guidance and participated in clinical audit. Patients had access to psychological therapies such as cognitive stimulation therapy and took part in post diagnosis groups. Staff were considerate of patients physical needs and used a variety of assessment tools when assessing for cognitive impairment. Teams had experienced staff who had access to good specialist training and managers appraised and supervised them on a regular basis. Teams worked well with other internal services and external agencies, such as GPs, the voluntary sector and local authorities.

- Staff were caring and interacted well with patients and carers. Patients and families were involved with their treatment and staff had addressed patient's individual needs. Staff encouraged patients to give feedback on services.

- The services were accessible and responded promptly to referrals. Staff engaged creatively with people who experienced more difficulty accessing services and had worked with the local community to make them aware of services. Teams had a wide range of information available for patients and environments at Barking and Dagenham and Waltham Forest were welcoming.

- Teams were well led and had the right meetings, policies and procedures in place. Staff felt senior managers were visible and that managers supported them. Memory services were accredited with the Royal College of Psychiatrists.

However:

- The environment at Havering was not fit for purpose and unwelcoming. Interview rooms at Havering and Barking and Waltham Forest did not have alarms which could compromise staff and patients safety. The environment at Barking and Dagenham did not have a dementia friendly environment.

- Risk assessments at Barking and Dagenham contained little detail in regards to risk management andfour out of the six the care plans we reviewed were either missing or out of date.

- Managers had difficulties in accessing information to monitor the quality of their services which were sourced from a large number of different systems. Records of supervision at Barking and Dagenham and Havering were unavailable for this reason.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- The environment at Havering was unsafe and not fit for purpose.

- Interview rooms at the Waltham Forest site did not have working alarms.

- At Barking and Dagenham, four out of the six risk assessments we reviewed contained irrelevant information and had little details on the management of risk.

However:

- Arrangements for safeguarding were clear with good systems in place to monitor and follow up concerns.

- All teams had rapid access to a psychiatrist when required and staff felt psychiatrists were flexible.

- Staff were up to date with the majority of mandatory training.

- Staff learnt lessons from incidents and made improvements where necessary.

- Staff had manageable caseloads and workloads were evenly distributed across teams.

Requires improvement ●

Are services effective?

We rated effective as good because:

- The memory services provided effective post diagnostic interventions and support for both patients and carers.

- There was good use of evidence based practice with a wide range of interventions available according to identified need.

- There was effective multi-disciplinary team working in teams.

- The services worked well with other services and professionals such as GPs and the voluntary sector.

- Staff carried out comprehensive patient assessments.

- At Waltham Forest, patients had access to a neuropsychologist and a geriatrician who worked at the service on a part time basis.

However:

Good ●

Summary of findings

- Some of the care plans we reviewed were missing or limited in detail.

Are services caring?   **Good** ●

We rated caring as good because:

- Carers and patients gave positive feedback for all teams and felt staff were friendly and supportive.

- Staff treated patients and carers with compassion and respect.

- Patients and carers were involved in all aspects of their care and decisions about their treatment.

Are services responsive to people's needs?   **Good** ●

We rated responsive as good because:

- Staff prioritised referrals and dealt with them in a timely manner. Staff promptly allocated patients to an appropriate staff member.

- Memory services were achieving the eight week dementia target from assessment to diagnosis.

- Staff took a proactive approach to re-engage with patients who missed appointments.

- Teams had a wide range of information available for patients.

- Staff knew the composition of the local population and were actively trying to engage with the community.

- Teams had integrated Alzheimer's society teams on site who helped patients with functional mental health problems.

- Services had received no complaints in the last 12 months.

However:

- Teams had occasional delays in discharging patients.

- The environment at Havering was sparse and unwelcoming for patients.

- The environment at Barking and Dagenham did not have a dementia friendly environment. Toilet seats were not multi coloured and floors were shiny which could impair dementia patient's cognitive functions.

Are services well-led?   **Good** ●

We rated well-led as good because:

Summary of findings

- Staff knew the trust's values and had implemented these into older adult community team objectives.

- Staff felt senior managers were visible in the organisation.

- There were clear governance processes in place to ensure continuous improvement.

- Teams were well led and staff were complimentary about their managers.

- All memory services were accredited into the Memory Service National Accreditation Programme run by the Royal College of Psychiatrists.

However:

- Managers had difficulties in accessing information to monitor the quality of services provided.

- Morale was mixed amongst teams.

- Some managers felt they did not have sufficient authority or resources to make decisions.

- Managers in the Barking and Dagenham and Havering teams were unable to provide records of supervision.

Summary of findings

Information about the service

We inspected three community mental health teams for older people providing specialist assessment, diagnosis, treatment and support. The teams were situated in the boroughs of Barking and Dagenham, Havering and Waltham Forest.

Each team was made up of psychiatrists, community psychiatric nurses, social workers, occupational therapists, psychologists, staff specifically trained to work with carers (called Admiral nurses) and administrative staff.

The service was offered to adults aged 65 and over with progressive memory problems, such as dementia and functional mental health problems, such as depression and anxiety. The majority of patients seen by the teams had dementia.

The teams worked using a multi-disciplinary approach and there was full integration between the memory services and the community mental health teams.

The teams worked closely with social care, GP's and voluntary organisations to ensure everyone received a holistic, comprehensive plan of treatment and care. Patients were seen in their own home or in outpatient's clinics.

The older people's community teams and memory services had not been inspected before.

Our inspection team

The inspection team was led by:

Chair: Helen McKenzie, Executive Director of Nursing, Berkshire Healthcare NHS Foundation Trust.

Head of Inspection: Natasha Sloman, Care Quality Commission (CQC).

Team leader: Louise Phillips, inspection manager, Care Quality Commission.

The team comprised a Care Quality Commission inspector, a nurse, a social worker, an occupational therapist and an expert by experience.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited three community teams and their integrated memory services.
- spoke with 17 patients and 28 relatives and carers who were using the service.
- spoke with three team managers and six clinical leads.

Summary of findings

- spoke with 33 other staff members; including doctors, nurses, social workers, psychologists, occupational therapists and administrators.
- attended and observed two multi-disciplinary meetings.
- joined care professionals for six home visits and clinic appointments.

- joined one service user meeting.
- Looked at treatment records of 20 patients.
- Looked at information received on 18 comment cards from patients and carers.
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- Had a tour of the premises at each location.

What people who use the provider's services say

We spoke with 17 patients and 28 carers. The feedback we received from carers and patients was overwhelmingly positive.

Patients we spoke with were happy with the care they received and felt they were involved in decisions about their treatment. They said staff treated them with dignity and respect and that they gave excellent advice and support.

Carers generally spoke very positively about the service they received. They said staff provided valuable information about diagnosis and involved them at all stages of treatment. They valued the support of the carer support groups available to them. Carers said that staff were polite, informative and compassionate.

Good practice

- All memory services were accredited in the Memory Service National Accreditation Programme (MSNAP) run by the Royal College of Psychiatrists.

- At Barking and Dagenham, the Memory service the clinical psychologist had brought in art and drama therapy to communicate with patients through music.

- Staff visited care homes on a monthly basis to give advice to care home workers on behavioural management techniques and this had reduced inappropriate referrals to the service.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that the premises used by staff and patients are safe.

- The trust must ensure safety alarms work and are present in interview rooms.

Action the provider SHOULD take to improve

- The trust should ensure risk assessments are monitored and updated when needed.

- The trust should ensure that team managers have access to information systems to support their management of the team.

- The trust should ensure care plans in the Barking and Dagenham team have a focus on recovery.

- The trust should ensure the environment at Barking and Dagenham is dementia friendly.

- The trust should ensure managers had sufficient authority and resources to make decisions about their service.

Care Quality Commission

North East London NHS Foundation Trust
Community-based mental health services for older people
Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Barking and Dagenham Older Adults Mental Health & Memory Service	Trust Head Office
Havering Older Adults Mental Health & Memory Service	Trust Head Office
Waltham Forest Older Adults Mental Health & Memory Service	Trust Head Office

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.

- The Mental Health Act (MHA) was not part of the mandatory training for staff and compliance rates are not collected. Teams requested training when needed.

- There was one patient subject to a community treatment order (CTO) in the Waltham Forest older adults community team. We did not manage to review CTO paperwork, which teams held on a different system.

- Staff were able to access psychiatrists and approved mental health professionals to undertake Mental Health Act assessments if required.

- Teams had access to advice from the MHA administrators from the trust.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- The Mental Capacity Act was part of the trust's mandatory consent to treatment training. The compliance rate for the community based mental health services for older people was 80%.

- Staff said that the social workers and doctors in the teams led on the Mental Capacity Act and that they would only be involved if they knew the patient. The staff that we spoke to demonstrated a good understanding of the five principles of the Act.

- Staff were aware of the MCA policy and how they could access it.

- . Where there was concern about a person's capacity staff carried out assessments. Staff had documented this clearly.

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

- At the time of the inspection, the environment at the Havering site was unsafe and not fit for purpose. The site had smoke alarms and fire extinguishers but there were concerns over staff safety in the event of a fire as the only fire escape route was out the window. Staff felt this would be difficult, especially for staff with mobility issues. The team had also raised concerns about a burglar alarm that did not work. The trust had added the environment as a risk to the borough wide and trust wide risk register and the team were moving to a different site in August. The manager reported environmental issues on the trust's electronic incident system. However as the team were moving there was no current plan about how the trust were managing health and safety at the site.

- Havering and Waltham Forest did not have panic alarms in the majority of interview rooms on site. At Havering the panic alarms did not work and the manager had added this to the borough risk register. At Waltham Forest only one room had a panic alarm. Staff had three personal alarms to share if they felt they were at risk. All interview rooms at Barking and Dagenham had panic alarms.

- Clinic rooms in all three boroughs were well equipped to carry out physical examinations. Staff ensured equipment such as portable blood pressure apparatus was serviced, calibrated and fit for purpose. Equipment at Waltham Forest did not have any visible stickers to show if it was clean. When we asked staff about this, they told us that they had a cleaning equipment book as stickers would fall off. When we reviewed the book, cleaning records were up to date.

- The environments at Barking and Dagenham and Waltham Forest were clean and well maintained. However, at Barking and Dagenham, staff showed us a list of cleaning tasks that they needed to complete on a daily or weekly basis. The environment was visually clean but there were no records to demonstrate that staff had regularly cleaned the environment.

- Teams had infection control leads and there were visible posters reminding staff of the safest way to wash their hands and minimise risk of infection.

Safe staffing

- The Waltham forest older adults mental health team comprised of eight nurses, six social workers and a social work assistant. The Waltham forest memory service comprised of five nurses, one occupational therapist, one GP link worker and one support worker. There was a team manager for both services, two occupational therapists, two support workers and administrators who supported both teams. There were vacancies for two nursing positions, an occupational therapist and two administrative staff. Agency staff covered the two nursing positions and one of the administrative positions. Recruitment was currently underway for all vacancies.

- The Havering older adults mental health team comprised of eight nurses, three social workers, three occupational therapists and two support workers. The Havering memory service comprised of seven nurses and two occupational therapists. The access team had one full time nurse and staff from the older adults and memory services supported on rotation. There were four consultants, three other doctors and two psychologists who worked across both services. An administrative manager and administrative staff supported the services. There were vacancies for one social worker which agency staff covered and a consultant post that was not covered. The consultants absorbed the vacant posts workload and recruitment was currently underway for all vacancies.

- The Barking and Dagenham older adults mental health team comprised of 7.8 WTE nurses, 3.8 social workers, one occupational therapist and one community care worker. The Barking and Dagenham memory service comprised of four nurses and an occupational therapist. The service had two consultants, four other doctors, one clinical psychologist and an assistant psychologist. There were no vacancies in the teams.

- The average caseload of staff in the older people's community mental health teams was 12-19. In Barking

Are services safe?

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

and Dagenham, the average caseload was 19. In Havering the highest was 12 with the lowest around four. At Waltham Forest the caseloads were between 16 and 22 at the time of the inspection. Team managers and clinical leads reviewed caseloads of staff to ensure they were fair and manageable. There were no waiting lists at any of the teams. Managers allocated patients to care co-ordinators at allocation meetings.

- Teams used locum staff to cover vacancies while recruitment for permanent staff took place. Cover arrangements for sickness and leave ensured patient safety.

- All teams had rapid access to a psychiatrist when required and staff felt psychiatrists were flexible.

- Staff were up to date with the majority of mandatory training. All areas of mandatory training were above 93% across teams with the exception of Mental Capacity Act training. Mental Capacity Act training had only recently become part of the trust's mandatory training and as a result only 80% of staff had completed the training. Managers had identified this and had arranged training for staff who had not yet completed it.

Assessing and managing risk to patients and staff

- Teams had a duty system that received and triaged referrals to ensure staff followed up urgent referrals quickly. The Havering team had a permanent duty worker who staff supported on a rota. At Barking and Dagenham and Waltham Forest, staff rotated shifts to cover duty. Named duty managers supported staff when needed.

- The majority of teams used an electronic patient record system to undertake risk assessments. The Havering memory services did not use the electronic patient record system for risk assessments. Staff highlighted risks in clinical letters as they felt the system was not suited for memory risk assessments. At the time of the inspection, staff were working on a way to assess risk for memory services on the electronic patient record system. The risk assessments we reviewed at Havering and Waltham Forest were comprehensive, detailed and well formulated. At Barking and Dagenham, risk assessments were mostly comprehensive and well formulated. Howeverfour out of the six risk assessments contained irrelevant historical information and had little details on the management of risk.

- When patients either did not attend or cancelled appointments, there was a robust system in place that supported staff to act quickly to establish whether the person was at risk.

- Staff had received training in safeguarding in adults and children. They knew how to recognise possible abuse and understood what constituted the need for a safeguarding alert to be made. Managers monitored the outcomes of safeguarding investigations and teams had a safeguarding lead who completed audits around safeguarding and liaised with local authorities. The manager at Barking and Dagenham described the work completed to make staff aware of the Care Act 2014 and the influence and implications it had on safeguarding. Staff felt processes were robust with corporate safeguarding teams and that they offered a good range of advice and training. All the teams worked closely with the local authorities when there were safeguarding concerns raised.

- The trust's lone working policy was under review at the time of the inspection and the trust policy was being tailored to individual services. Staff were aware of the lone working policy but had not always followed protocol. Managers had recognised this and implemented their own systems to ensure the safety of staff. For example at Havering, the manager had tested staff knowledge of the coded message and asked staff to speak to two of either the clinical lead, receptionist or manager to give updates on home visits if they were after 5pm. If staff were unable to return after five, they had to contact the clinical lead and the manager.

- Teams stored some medication on site in clinic rooms and clinical leads managed rotation and stock as well as ordering syringes and gloves. Staff collected the majority of medication at pharmacies or administered medication stored at patient's homes. Staff checked temperatures of clinic rooms and fridges on a daily basis to ensure the safe storage of medication. Staff at Barking and Dagenham used a lockable briefcase for the transportation of medication that care co-ordinators shared. Staff had sharps boxes for safe disposal of medication.

Track record on safety

Are services safe?

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

- There were two serious incidents reported within the last 12 months for all older peoples community mental health teams.

- A serious incident had occurred around communication with the home treatment team. Staff were using the electronic record system as a method of communication when it was unsuitable to do so. At Havering, a lack of communication around referrals had been identified. The trust had developed an action plan to follow correct referral procedures through email, paper and by fax. The manager had reinforced the importance of confirming if they had received a referral with staff.

Reporting incidents and learning from when things go wrong

- Managers were confident that staff knew how to report incidents and reported them appropriately.

- Staff reported incidents through the electronic incident reporting system and were able to describe recent incidents. We observed the discussion of learning from incidents in team meeting minutes and through staff who gave examples of recent incidents.

- Learning from incidents across the trust were shared at divisional performance and quality safety group meetings. Managers shared themes and outcomes of incidents with teams at multi-disciplinary meetings.

- Managers met with staff to discuss incidents. If an incident needed further investigation, managers sent debriefing email to clinical leads and passed on information to staff at business meetings. In the event of a major incident, managers would debrief staff on an individual basis.

- The trust gave staff support after incidents and there were staff debriefing sessions with multidisciplinary input if needed. Staff said they felt well supported after serious 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

- We reviewed 20 records and found that the assessments were comprehensive and completed in a timely manner.

- We reviewed 20 care plans on the electronic records system. The majority of care plans we reviewed were up to date, personalised and reflected patients views. Memory services used clinical letters for care plans and at Waltham Forest we observed that one patient was missing a care plan with another not updated since 2014. We did not find any evidence of review. In the Barking team, care plans varied with some more focused than others on strengths and recovery.

- Information was stored securely on the electronic records system. Staff knew how to access this and we observed that information was accessible and easy to find. Staff in the memory services uploaded clinical letters to the electronic records system.

Best practice in treatment and care

- Staff told us that national institute for health and care excellence (NICE) guidance was available at team bases and they were supported to follow best practice. Staff used NICE guidance for anxiety, depression and dementia as well as prescribing medication. When prescribing medication this included patient involvement, supporting and assessing adherence, reviewing patients regularly and good communication between healthcare professionals.

- Teams participated in clinical audits such as the national clinical audit for antipsychotic medication. Teams repeated the audit every two years as part of the accreditation process for memory services. The last audit had identified the need to improve recording and teams had developed new templates.

- Patients had access to psychological therapies. Teams offered psychological therapies recommended by NICE such as cognitive stimulation therapy. Waiting times to see psychologists varied from four to six weeks. Psychologists worked with staff when they discharged patients from psychology to continue therapeutic work.

- Staff conducted a 'living well' group which was a post diagnosis group for patients.

- Occupational therapists and social workers within teams offered support and advice to patients in relation to housing and benefits

- Staff monitored patients who were prescribed lithium and anti-psychotic medication; this included regular monitoring of blood pressure and pulse.

- Staff considered patients' physical health needs. The care plans we reviewed showed evidence that staff regularly reviewed patients physical healthcare. We observed doctors discussing physical health problems alongside mental health problems during an assessment in a memory clinic at Havering and the side effects of medication. Teams had a key performance indictor that required all patients to have received a physical health check in the last 12 months.

- Staff used a variety of recognised rating scales and assessment tools when assessing patients for potential cognitive impairment. These included the Montreal cognitive assessment and Addenbrooke's cognitive examination.

- Staff used health of the nation outcome scales to measure outcomes for patients.

Skilled staff to deliver care

- Teams had of a range of experienced staff in different disciplines including nurses, social workers, occupational therapists, doctors, psychologists, psychology assistants and recovery support workers.

- Some of the memory services had specialist dementia nurses, called Admiral nurses, who have expert practical and emotional care and support to carers and patients with dementia. At Waltham Forest, patients had access to a neuropsychologist and a geriatrician who worked at the service on a part time basis.

- Teams had social workers that were approved mental health professionals and had trained as safeguarding assessment managers and best interest assessors.

- Staff in all teams had completed an annual appraisal in the last 12 months. Teams had arrangements in place for supervision and staff knew the name of their supervisor. Managers directly supervised clinical leads, senior staff and administrators. Clinical leads provided supervision to nurses and social workers in the teams. Staff we spoke with told us they receive regular

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.

supervision, however the manager at Barking and Dagenham said monthly supervision did not always happen. When we asked for records of supervision, managers at Barking and Dagenham and Havering could not provide these records. Whilst staff told us they received supervision regularly there was no record of previous supervision sessions. The manager at Havering was new in post for three months and had no method of accessing past supervision records for review.

- Staff had access to additional specialist training. For example, a member of staff at Barking and Dagenham had completed a master's degree in advanced dementia care which the trust supported by giving time off to study. Care co-ordinators had also applied for training in cognitive stimulation therapy which the trust had recently made available. Staff identified training needs in appraisals and supervision which linked to individual and team objectives.

Multi-disciplinary and inter-agency team work

- The older people's community mental health teams and memory services held regular multi-disciplinary meetings. Teams had joint business meetings as well as individual team clinical meetings which reviewed referrals, caseloads and learning from incidents. Staff also met to look at ways to improve the quality of their services at development meetings on a monthly basis.

- Older adults community teams worked closely with older adults inpatient teams and managers or clinical leads attended the weekly bed management meetings. Staff used the meeting to discuss patients waiting to be discharged and other issues such as funding for placements.

- In the Barking and Dagenham team, staff worked closely with GPs in the borough to discuss feedback around pathways and give presentations. Examples of this included staff who visited GP surgeries to educate doctors about dementia and what is expected. Consultants across all teams in memory services did outreach work with GPs and had completed link work training with GPs. However, the manager in the Waltham Forest service felt that working with GPs was not what it should be and had identified leads to improve on this aspect of the service.

- Staff in the Barking and Dagenham team had set up consultation clinics at care homes in the borough to

discuss managing patient's complex needs. Staff visited homes on a monthly basis to give advice to care home workers on behavioural management techniques and this had reduced inappropriate referrals to the service.

- Teams worked with local voluntary sector organisations that helped patients with issues such as housing and benefits. In the Havering team, the Havering housing development had given the trust properties on the basis of filling them with tenants for a year. If the tenants were successful, they would remain in supported accommodation.. In the Barking and Dagenham team a worker from the Department of Work and Pensions would attend team meetings and provide staff with updates about benefits and disablement associations that they could refer patients to.

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

- The Mental Health Act was not part of the mandatory training for staff and compliance rates are not collected. Teams requested training when needed.

- There was one patient subject to a community treatment order (CTO) in the Waltham Forest older adults community team. We did not manage to review CTO paperwork, which teams held on a different system.

- Staff were able to access psychiatrists and approved mental health professionals to undertake Mental Health Act assessments if required.

- Teams had access to advice from the MHA administrators from the trust.

Good practice in applying the Mental Capacity Act.

- The Mental Capacity Act was part of the trust's mandatory consent to treatment training. The compliance rate for the community based mental health services for older people was 80%.

- Staff said that the social workers and doctors in the teams led on the Mental Capacity Act and that they would only be involved if they knew the patient. The staff that we spoke to demonstrated a good understanding of the five principles of the Act.

- Staff were aware of the MCA policy and how they could access it.

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.

- Where there was concern about a person's capacity staff carried out assessments. Staff had documented this clearly.

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

- Carers gave positive feedback for all teams and felt staff were friendly and supportive

- We observed good interactions between staff and patients that were caring, compassionate and respectful. Patients told us staff always greeted them when they arrived.

- We attended a cognitive stimulation group and post diagnostic support group in Havering. Staff interacted and engaged well with patients. Staff created a calm atmosphere and were responsive to the individual needs of patients. Patients felt the group was excellent and that staff were supportive.

- We observed a psychologist undertaking an assessment for cognitive function at Waltham Forest. The psychologist had a good understanding of the patient's needs and treated the patient with gentle encouragement and showed dignity and respect. The patients family was present throughout and they were fully engaged in the process.

- Feedback from patients in comment cards was all positive. Comments included excellent staff who gave good support and advice to families as well as them treating patients with dignity and respect.

- Staff addressed patients' individual needs and documented them in care plans.

The involvement of people in the care they receive

- Teams provided access to support groups for patients. The post diagnosis group we observed was well attended by patients.

- Staff involved carers in discharging planning. Staff invited carers to patient discharge planning meetings and signposted them to other sources of help when this was appropriate, including for an assessment of their needs as a carer. Staff send copies of the discharge care plan to carers as well as patients.

- Carer and patient representatives sat on interview panels and encouraged patients on how to offer feedback and the process for making a complaint or a compliment.

- Patients had access to support from an independent mental health advocate and an independent mental capacity advocate.

- Patients and carers were encouraged to give feedback about their care and treatment. Teams conducted surveys, one of which was the five by five survey. One survey was for carers and one was for patients and encouraged carers and patients to complete five questionnaires a month. Feedback was mostly positive. Managers fed feedback of surveys at team meetings as well as analysing these centrally.

- The teams responded to feedback by highlighting what people had said in surveys and what staff had done to address the concerns raised. 'you said, we did' boards were displayed in patient waiting areas reporting on the actions taken.

- Patient and carer surveys were available in waiting areas, where patients and carers could fill them in while attending appointments and posted them in boxes provided.

Are services responsive to people's needs?

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

Our findings

Access and discharge

- The services were accessible and responded promptly to referrals. Referrals to the older people's community mental health teams came mainly from GPs. Teams accepted referrals from all sources, which included from care homes and inpatient wards.

- When referrals came to the community teams, clinical leads reviewed them with duty and access staff. Staff screened and reviewed patient information for risks and determined if the referral was urgent or non-urgent. Urgent referrals were prioritised and where possible were seen and assessed within 24 hours. The trust had a target of 48 hours to assess urgent referrals. Teams were mostly meeting these targets. Crisis teams responded to urgent referrals out of hours.

- Non-urgent referrals were either allocated by managers or discussed in multi -disciplinary meetings within a week and, where appropriate, allocated to staff for assessment. The target time from the point of referral to the assessment of patients was two weeks. Teams were mostly meeting this target but delays sometimes occurred due to difficulties engaging with families and rearranging appointments.

- Older adults community teams signposted some new referrals to the memory services for assessment. Memory services received an average of 3 referrals every week. Memory services had a national target of 8 weeks from referral to diagnosis for patients referred to the memory service. At the time of the inspection teams had diagnosed 100% of cases within 8 weeks.

- Teams took a proactive approach to re-engage with people who did not attend appointments. Staff tried to contact patients over the phone, sent letters and in certain cases would do a cold call visit. If there were issues around capacity staff would contact a family member of the patients choice. Administrative staff contacted patients the day before appointments to remind them.

- Patients were encouraged to move on from community teams as they recovered. However, staff were flexible and responsive to individual needs. They recognised that they needed to support some patients for extended periods to prevent relapse and admission to hospital.

- Teams had occasional delays in discharging patients. Finding accommodation and placements as well as funding for identified needs were reasons for delays. Staff told us that some GPs were not keen on taking patients who would need ongoing depot injections as they remained in secondary mental health care. At Havering, staff were undertaking a piece of work which looked at exiting the pathway. They had found that the team had held many patients but nothing was happening. The team brought in a consultant to review patients and establish whether they needed continued care co-ordination or staff needed to discharge them either to GPs or brief intervention teams.

- Teams had a target to contact GPs who had made referrals within three days. All teams were meeting these targets.

The facilities promote recovery, comfort, dignity and confidentiality

- Teams had a full range of rooms and equipment to support treatment and care.

- The environment at Havering was sparse, tired and unwelcoming. Staff had made complaints about the temperature in the building, and at one point a technician was coming to fix the boiler every morning. This meant that the building was not heated in the morning. The manager had added the building as an environment risk to the risk register and the trust had plans to move the service in August.

- Waiting areas in the Barking and Dagenham and Waltham Forest teams were bright and welcoming. At the Barking and Dagenham team a member of staff offered patients waiting for appointments hot drinks and snacks. Receptionists at all teams we visited were polite and helpful with patients who came for appointments.

Are services responsive to people's needs?

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

- The environment at Barking and Dagenham did not have a dementia friendly environment. There was not a multi coloured toilet seat to assist visual impairment and the flooring was shiny which patients in the memory services could possibly perceive as wet.

- All teams had a wide range of accessible information for patients and carers. Teams displayed information leaflets for patients and carers on topics such as complaints, therapies, physical activities programmes and access to local services.

Meeting the needs of all people who use the service

- Teams had made adjustments in clinic environments for people requiring disabled access. Clinic sites were both accessible and had bathroom facilities appropriate for patients who used a wheelchair.

- Staff knew the composition of the local population and felt that patients using the service were not possibly representative of the local population. The patients who used the service tended to be predominantly white but staff had tried to engage black and minority ethnic (BME)groups. Staff conducted memory matters roadshows and visited different localities and shopping centres to engage the community. Staff worked with BME day centres and had tried outreach working at local spiritual centres.

- Teams had diverse staff groups and many were multi lingual and spoke different local languages. Staff could obtain an interpreter when they needed and could on request have information translated into other languages.

- Teams had integrated Alzheimer's society centres within buildings. Staff within the Alzheimer's society provided

patients with handbooks and provided leaflets for patients with mental health problems. Practitioners would refer patients to the Alzheimer's society and felt they did well and provided a lot of information to patients.

Listening to and learning from concerns and complaints

- The services had received no complaints in the last 12 months.

- Information leaflets explaining how to make a complaint were available in patient waiting areas. Information on how to contact patient experience teams were also on display.

- There was a clear process for managing complaints. Staff referred complaints on the electronic incident reporting system to the patient experience team. The patient experience team allocated complaints to managers for investigation. Managers discussed complaints with directors at divisional performance and quality safety group meetings and fed back outcomes to teams in multi-disciplinary meetings.

- Staff logged informal complaints on the electronic incident reporting system so the trust could identify themes and trends to inform learning.

- Staff told us that complaints, comments and other feedback from patients was discussed in team meetings to ensure that learning, where possible could be facilitated. Team managers provided examples of learning and service changes they had made in response to individual feedback.

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 knew and agreed with the organisations values and felt that objectives reflected the trust's vision. Staff spoke about how the values of putting the patient first worked well the trust.

- Staff were aware of the senior managers in the organisation and felt they were visible and supportive despite indications that's services might be restructured. .

Good governance

- There were clear governance systems in place to ensure continuous improvement in services. This included effective and structured meetings, as well as appropriate policies and procedures in place.

- Managers attended divisional performance and quality and safety group meetings on a monthly basis. Team managers, service managers, directors, human resource and finance leads attended the meeting. The meeting reviewed all aspects of service performance including serious incidents, complaints, appraisals, supervision, mandatory training, vacancies and patient surveys. Managers fed back actions and outcomes at multi-disciplinary meetings within teams.

- Managers received information regarding the performance of their services but had difficulties accessing the information. When we asked to see dashboards that had an overview of key performance indicators, supervision records and staffing, this was either unavailable or staff had difficulties using the tool. The manager at Havering had been in post since January and at the time of the inspection had not been given access to the dashboard. Information on the dashboard was lifted from the electronic patient record system, training data, information on incidents, complaints, patient feedback and data provided by human resources. However due to the difficulties using the dashboard, performance information was being derived from a number of different sources and it was difficult for managers to have a clear and up to date information. .

- Most managers felt they had sufficient authority and information to make decisions. However, some issues such as an unexpected growth in activities as well as financial constraints meant there were areas that they felt they did not have sufficient resources and authority.

- Teams had administrators who supported staff with a range of tasks. The difficulties in accessing the dashboard meant that managers relied the information being collected by administrators to monitor performance and make improvements where needed.

- Managers had systems in place to submit items to the trust risk register.

Leadership, morale and staff engagement

- Sickness rates were higher in the Barking and Dagenham older adults community team, with a rate of 5% in the last 12 months. Sickness rates were low in the Waltham Forest team at a rate of 1% for the older adults community team and memory service.

- Morale across the teams was mixed but had improved recently. Reasons given for low morale included turnover, loss of posts and an uncertainty about future changes in services.

- Staff felt well supported and were complimentary about managers. They were able to raise concerns with their line manager and felt listened to.

- There were no reported cases of bullying or harassment in any of the teams. Staff were aware of how to use the whistleblowing process.

- Staff and team managers told us there were opportunities for leadership development in the trust. The trust had a line manager development programme and some staff had completed leadership and management training courses.

- Staff worked well together and the multi-disciplinary meetings we observed had a varied input from many disciplines. Staff were positive about the teams they worked in and felt this was a strength of the service.

- Managers told us they explained to people when things went wrong. They supported staff to report incidents and mistakes. Staff told us the trust encouraged them to be open, transparent and admit mistakes.

Commitment to quality improvement and innovation

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.

- All memory services were accredited in the Memory Service National Accreditation Programme (MSNAP) run by the Royal College of Psychiatrists.

- At Barking and Dagenham memory service the clinical psychologist had brought in art and drama therapy to communicate with patients through music.

- Staff visited care homes on a monthly basis to give advice to care home workers on behavioural management techniques and this had reduced inappropriate referrals to the service.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for patients** Premises used by the Havering older adults mental health and memory service team were not safe to use for their intended purpose. The provider did not ensure the safety of equipment and that interview rooms had working safety alarms within its premises at Waltham Forest and Havering. This was a breach of regulation 12(2)(d)

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.