Good

South Essex Partnership University NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

Trust Head Office
The Lodge
The Chase
Wickford
Essex SS11 7XX
Tel: 0300 123 0808
Website: www.sept.nhs.uk

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWN20	Trust HQ	Basildon Community Mental Health Team and Assertive Outreach Team	SS16 5NL
RWN20	Trust HQ	Castle Point Community Mental Health Team	SS8 7AD
RWN20	Trust HQ	Southend Community Mental Health Team and Assertive Outreach Team	SS1 2LZ

Summary of findings

RWN20	Trust HQ	Brentwood Community Mental Health Team	CM14 4SW
RWN20	Trust HQ	Rayleigh Community Mental Health Team	SS6 8JQ
RWN20	Trust HQ	Thurrock Community Mental Health Team and Assertive Outreach Team	RM17 5TT

This report describes our judgement of the quality of care provided within this core service by South Essex Partnership University NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by South Essex Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of South Essex Partnership University NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We gave an overall rating for community based mental health services for adults of working age as **good** because:

- Staffing levels were safe, except for in the Rayleigh and Basildon teams which were small teams with staff off sick and maternity leave at the time of the inspection. Bank and agency staff were used to cover absence. Teams used bank and agency staff who knew the service wherever possible. Recruitment was in progress for vacancies. There was access to a psychiatrist when needed. The teams were multi-disciplinary consisting of psychiatrists, psychologists, nurses, social workers, occupational therapists and support workers. There was effective working with other agencies and services.
- Caseloads were managed and re-assessed regularly and were discussed in supervision. Staff received regular supervision and annual appraisal. All staff said they could raise issues with their manager if required and action would be taken.
- The environment in the team buildings was clean but some were in need of redecoration, for example Thurrock, although some work had started. Infection control information was on display. There was a system in place for reporting required estates work.
- Risk assessments were recorded and updated regularly. Comprehensive assessments were completed in a timely manner. Care records showed personalised care which was recovery oriented. Physical healthcare needs were considered during assessment and treatment. The records for people who were subject to a community treatment order were up to date and contained all relevant information. Staff had received training in the mental health act. Staff demonstrated an understanding of mental capacity and had received training.
- There was an effective incident reporting system in place and there was learning from serious incidents. All staff knew how to report an incident and de-briefs were offered. Staff were aware of their responsibilities in relation to the duty of candour. Teams responded to and learned from complaints. Local resolution was tried wherever possible. If the complaint needed escalating the complaints department was informed, who then monitored compliance. Regular reports on complaints were received in teams from the patient advice and liaison service.
- Staff were trained in, and aware of, safeguarding requirements and showed they used the referral process. Staff received, and were up to date with, mandatory training. They had access to training specific to their role, for example brief psychological interventions, cognitive behavioural therapy and recording of an electrocardiogram.
- Staff were aware of, and followed NICE (National Institute for Health and Care Excellence) guidance. Outcome measures were used to evaluate the effectiveness of care and treatment.
- Staff were respectful and caring when they spoke with people. Carers said staff were very caring. There was positive feedback from people who used the services and their carers. People said they felt involved in their care planning and treatment and this was documented in the care record.
- The specific needs, for example cultural and disability needs, of people were considered. Work was underway at Thurrock to improve access to the building. There were interpretation services available when required.
- Rooms were available for confidential discussion/ reviews.
- Information leaflets were available on a variety of topics for example how to complain, services available.
- Staff were aware of the trust's vision and values and could describe them. Staff knew who the senior managers and executive directors were. They had met the executive and non-executive directors. They felt well supported by associate directors.
- Sickness rates were low in seven of the nine teams, poor attendance was addressed using the relevant policy and managers said they had received advice and support from human resources.

However:

- There was no monitoring of medicines stock in the Basildon team; the manager addressed this by the end

Summary of findings

of the week of the inspection. The teams at Basildon and Rayleigh did not have secure bags to transport medication when visiting people at home. Two out of 15 medication charts checked had incorrect dates.

- At Basildon there were not enough rooms available for staff to use for one to ones or confidential staff interviews.
- The personal alarm system and lone working practice were not fully embedded in Southend teams (recovery and wellbeing and assertive outreach team).
- The locality teams did not have direct access to the system providing results of blood tests, which might cause a delay in clinicians being able to adjust medication or arrange for further tests if required. Some psychiatrist could access the system but not all.
- The electronic record systems caused staff anxiety. They reported there was a risk that information was missed and there was duplication. There were two systems in use and information was held in both. The trust was in the process of rolling out the one system.
- Managers did not receive reports on time from referral to first face to face contact. The target was 14 days.
- In the community mental health teams no appointments were offered outside of working hours (for someone who is in work).
- Managers reported the human resources processes, for example disciplinary cases, took a long time to complete/resolve.
- Staff did not feel a recent productivity project took into account all the work staff do in teams.

Summary of findings

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

Are services safe?

Good

We rated safe as **good** because:

- The teams worked to a lone working protocol. Personal alarms were in use and there was a change of devices in progress with the trust moving to a new supplier. Interview rooms were fitted with alarms.
- Staffing levels were safe, except for in the Rayleigh and Basildon teams which were small teams with staff off sick and maternity leave. Bank and agency staff were used to cover absence and teams used staff who knew the service wherever possible. Recruitment was in progress for vacancies. There was access to a psychiatrist when needed.
- Staff were trained in, and aware of, safeguarding requirements and showed they used the referral process. Staff received, and were up to date, with mandatory training.
- All areas were clean but some were in need of redecorating. At Thurrock, some work had started to improve the environment. Infection control information was on display. There was a system for reporting required estates work.
- Caseloads were managed and re-assessed regularly and were discussed in supervision.
- Risk assessments were recorded and updated regularly.
- There was an effective incident reporting system in place and there was learning from serious incidents. All staff knew how to report an incident and de-briefs were offered. Staff were aware of their responsibilities in relation to the duty of candour.

However:

- There medicines stock in the Basildon team was not monitored. However, the manager addressed this by the end of the week of the inspection. The teams at Basildon and Rayleigh did not have secure bags to transport medication when visiting people at home. Two out of 15 medication charts checked had incorrect dates.
- The team at Southend (recovery and wellbeing and assertive outreach teams) did not consistently follow a signing in and out process so increasing the risk the remaining staff would not know where they are in case of an incident. The personal alarm system was not fully embedded. In the clinic room the panic button was inaccessible, the sink taps not suitable and the sharps box was on the floor.
- In Basildon there were not enough rooms for staff to use for staff one to ones or confidential staff interviews.

Summary of findings

Are services effective?

Good

We rated effective as **good** because:

- Comprehensive assessments were completed in a timely manner. Care records showed personalised care which was recovery oriented. Physical healthcare needs were considered during assessment and during treatment. Outcome measures were used to evaluate the effectiveness of care and treatment.
- Staff followed NICE (National Institute for Health and Care Excellence) guidance.
- Feedback mechanisms were in place for people and carers to comment on the services.
- The teams were multi-disciplinary consisting of psychiatrists, psychologists, nurses, social workers, occupational therapists and support workers. There was effective working with other agencies and services.
- Staff received regular supervision and annual appraisal. They had access to mandatory training and training specific to their role, for example brief psychological interventions, electrocardiogram.
- The records for people who were subject to a community treatment order were up to date and contained all relevant information. Staff had received training in the mental health act.
- Staff demonstrated an understanding of mental capacity and had received training.

However:

- The locality teams did not have direct access to the system providing results of blood tests, which might cause a delay in clinicians being able to adjust medication or arrange for further tests if required.
- The electronic record systems caused staff anxiety. They reported there was a risk that information was missed and there was duplication. There were two systems in use and information was held in both. The trust was in the process of rolling out the use of the one system.

Are services caring?

Good

We rated caring as **good** because:

- Staff were respectful and caring when they spoke with people.
- There was positive feedback from people who used the services and their carers.

Summary of findings

- People said they felt involved in their care planning and treatment and this was documented in the care record.
- Staff maintained confidentiality.
- Information on advocacy was available in waiting rooms.
- Carers said staff were very caring and had received, or been offered, a carer's assessment

Are services responsive to people's needs?

Good

We rated responsive as **good** because:

- The specific needs of people, for example cultural and disability needs, were considered. Work was underway at Thurrock to improve access to the building. There were interpretation services available when required.
- Teams responded to and learned from complaints. Local resolution was tried wherever possible. If the complaint needed escalating the complaints department was informed, who then monitored compliance. Regular reports on complaints received in teams from the patient advice and liaison service.
- There were drop in sessions held at the team base in Basildon by a local housing association, for people to receive help with benefits or housing advice.
- Staff re-arranged duty to support people; for example to be present when a person was having work done to their home.
- There was an effective policy for failed visits, missed appointments and non-responders.
- Teams which had been centralised were localised again owing to feedback from service users, for example, teams were centralised to Basildon then re-located to Thurrock.
- Rooms were available for confidential discussion/reviews.
- Information leaflets were available on a variety of topics for example how to complain, what services were available. Information was on display advising about keeping hydrated in hot weather.

However:

- In the community teams no appointments were offered outside of working hours (for someone who is in work).

Are services well-led?

Good

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

- Managers monitored performance locally and addressed any issues. Staff had received appraisals. All staff said they could raise issues with their manager if required and action would be taken. Supervision was taking place.

Summary of findings

- Staff were aware of the trust's vision and values and could describe them.
- Staff knew who the senior managers and executive directors were. They had met the executive and non-executive directors. They felt well supported by associated directors.
- Sickness rates were low in seven of the nine teams. Poor attendance was addressed using the relevant policy and managers said they had received advice and support from human resources.
- Teams could raise items for the risk register when necessary.
- Morale in eight of the nine teams was high.

However:

- Staff did not feel a recent productivity project took into account all the work staff do in teams.
- Morale was low in the Rayleigh team related to the staffing issues and feeling isolated.
- Managers reported the human resources processes (disciplinary cases) took a long time to complete/resolve.

Summary of findings

Information about the service

Assertive Outreach Teams

The assertive outreach service employs a whole team approach that is specifically tailored to meet the needs of the most severely mentally ill clients in the community who find it difficult to maintain contact with services and, as a result, have a history of relapse and hospital admissions. The team's aim is to maximise individual's strengths and abilities and acknowledge the limitations and problems imposed by their disorder.

These teams were based at Grays (Thurrock), Southend-on-Sea and Basildon.

First Response Teams

The community mental health teams were split into two teams. The first response teams see newly referred people for assessment, who treated people for a period of up to six months. The teams had daily support from "therapy for you", the talking therapy service, the crisis team and regular liaison with the drug and alcohol teams.

These teams were based at Rochford (South East Essex), Grays (Thurrock), Brentwood, and Basildon (South West Essex).

Recovery and Wellbeing Teams

The recovery and wellbeing teams provided long term support and care planning across health and social care. They helped people access resources to enable their recovery through community based ongoing assessment and treatment. The team also provided support to their GP, family and carers.

These teams were based at Basildon, Brentwood, Castle Point, Rayleigh, Grays, and Southend-on-Sea.

The community teams have not been inspected previously.

Our inspection team

Our inspection team was led by:

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

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

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

The team which inspected the community-based mental health teams consisted of two CQC inspectors, two psychiatrists, three nurses, an occupational therapist and a social worker all of whom had recent mental health service experience and an expert by experience who had experience of using mental health services.

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

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited nine community teams at six sites and looked at the quality of the environment and observed how staff were caring for people.
- Spoke with 47 people who were using the service and five carers.
- Spoke with the managers for each of the teams.
- Spoke with 81 other staff members; including doctors, nurses, psychologists, occupational therapists and social workers.
- Attended 15 home visits.
- Attended and observed group sessions, a team meeting and a multi-disciplinary meeting.
- Looked at 31 treatment records of people who use the service.
- Carried out a specific check of the medication management in three teams.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 47 people who used the service and five carers.

- There was positive feedback from people who used the services and their carers.
- People said they felt involved in their care planning and treatment and this was documented in the care record.
- Carers said staff were very caring and had received, or been offered, a carer's assessment.
- The trust scored about the same as other, similar trusts in the CQC Community Mental Health Patient Experience Survey 2014, no areas were worse than or better than the expected.

Good practice

- The drop-in sessions for helping people with benefits or housing were very well used and appreciated.
- Staff re-arranged off duty to support people at specific times when they needed it, for example when having a kitchen upgraded.
- Teams were able to contact the British transport police if someone who used the service was missing and they would alert train drivers in the area to slow down if there was a risk of self-harm.
- The Basildon teams had appointed staff with particular expertise in drug and alcohol misuse services, who were providing training and support to other staff and liaising with drug and alcohol services.
- The Rayleigh team ran carer groups which offered additional support and information which was well received by carers.
- Southend was the Royal College of Psychiatrists' Psychiatric team of the year in 2014 for working age adults, for their work in medicines adherence - maintaining adherence programme.

Summary of findings

Areas for improvement

Action the provider SHOULD take to improve

- The trust should review the use of rooms at Basildon as there were not enough rooms available for staff to use for one to ones or confidential staff interviews.
- The trust should ensure safe practices are embedded across all teams. The personal alarm system and lone working practices were not fully embedded in Southend teams (recovery and wellbeing and assertive outreach).
- The trust should ensure all relevant staff have access to the system for medical test results.
- The trust should mitigate the risk of losing information from the electronic records system.
- The trust should ensure human resources processes are completed in a timely manner.

South Essex Partnership University NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Basildon Community Mental Health Team and Assertive Outreach team	Trust HQ
Castle Point Community Mental Health Team	Trust HQ
Southend Community Mental Health Team and Assertive Outreach Team	Trust HQ
Brentwood Community Mental Health Team	Trust HQ
Rayleigh Community Mental Health Team	Trust HQ
Thurrock Community Mental Health Team and Assertive Outreach Team	Trust HQ

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.

- Staff received training in the Mental Health Act but the trust did not provide data on numbers of staff who had received training.

Detailed findings

- Staff showed a good understanding of the Act and particularly in relation to people on community treatment orders (CTO). There were on average from 50 to 55 people on a CTO per month for the last 14 months, an average of 14 per team for April and May 2015.
- One CTO panel had been adjourned in June because the responsible clinician report had not been adequate. The panel was due to be re-convened once the report had been re-submitted.
- Records showed up to date information about the treatment order and reading of rights to the individual. One record did not have the section papers scanned in to the electronic system, when this was pointed out to the manager they dealt with it straightaway and arranged for the papers to be scanned in. Assurance was given that staff had known the person was on a section.
- The use of the Act was monitored by the trust's monitoring committee and regular audits were carried out and results shared.
- Staff said when required they could contact the approved mental health professional (AMHP) service to co-ordinate assessments under the Mental Health Act. AMHPs were able to take time back when they had worked out of hours.
- Information about advocacy was available in waiting areas. Records showed the use of advocacy. People told us they knew how to access advocacy.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, 90% were up to date with this training, except for the assertive outreach team at Thurrock with 83% up to date. Staff showed a good understanding of mental capacity.
- Staff said they would seek advice from seniors when needed. Training had been provided in teams by team social workers.
- There was information on display about advocacy in waiting areas. People told us they knew how to access advocacy if needed.

Good

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safe as **good** because:

- The teams worked to a lone working protocol. Personal alarms were in use and there was a change of devices in progress with the trust moving to a new supplier. Interview rooms were fitted with alarms.
- Staffing levels were safe, except for in the Rayleigh and Basildon teams which were small teams with staff off sick and maternity leave. Bank and agency staff were used to cover absence and teams used staff who knew the service wherever possible. Recruitment was in progress for vacancies. There was access to a psychiatrist when needed.
- Staff were trained in, and aware of, safeguarding requirements and showed they used the referral process. Staff received, and were up to date, with mandatory training.
- All areas were clean but some were in need of redecorating. At Thurrock, some work had started to improve the environment. Infection control information was on display. There was a system for reporting required estates work.
- Caseloads were managed and re-assessed regularly and were discussed in supervision.
- Risk assessments were recorded and updated regularly.
- There was an effective incident reporting system in place and there was learning from serious incidents. All staff knew how to report an incident and de-briefs were offered. Staff were aware of their responsibilities in relation to the duty of candour.

However:

- There medicines stock in the Basildon team was not monitored. However, the manager addressed this by the end of the week of the inspection. The teams at Basildon and Rayleigh did not have secure bags to transport medication when visiting people at home. Two out of 15 medication charts checked had incorrect dates.
- The team at Southend (recovery and wellbeing and assertive outreach teams) did not consistently follow a signing in and out process so increasing the risk the remaining staff would not know where they are in case of an incident. The personal alarm system was not fully embedded. In the clinic room the panic button was inaccessible, the sink taps not suitable and the sharps box was on the floor.
- In Basildon there were not enough rooms for staff to use for staff one to ones or confidential staff interviews.

Our findings

Safe and clean environment

- The environment in the team buildings was clean but some were in need of redecorating. At Thurrock, some work had started to improve the environment. Infection control information was on display. There was a system for reporting required estates work. In Basildon there were not enough rooms for staff to use for one to ones or confidential staff interviews.
- Personal alarms were in use and interview rooms were fitted with alarms. The trust was moving to a new provider of personal alarms. However, the personal alarm system was not fully embedded in Southend teams (recovery and wellbeing and assertive outreach teams). The team at Southend did not consistently follow a signing in and out process so increasing the risk the remaining staff would not know where they are in case of an incident.
- Clinic rooms were available in all teams for physical healthcare and monitoring. The panic button was inaccessible in the clinic room at Southend. The sink taps were not suitable and the sharps box was on the floor.

Safe staffing

- Staffing levels were safe, except for in the Rayleigh and Basildon teams, which were small teams with staff off sick and on maternity leave. Bank or agency staff were used to cover absences and teams used staff who knew the service wherever possible. There was access to a psychiatrist when needed. A recent productivity study

Good

Are services safe?

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

had been undertaken and changes to staffing levels had been suggested as a result. The team with the highest number of vacancies was Southend recovery and wellbeing team with 3.5 vacancies out of an establishment of 21. Recruitment was in progress for any vacancies, the trust acknowledged this as the main challenge.

- The highest sickness rate was 18% at Thurrock assertive outreach team and 11% at Thurrock recovery and wellbeing team. The sickness rate for Southend assertive outreach was 9%, the remaining teams were below 6%, with south west first response team at Basildon having 0% sickness and recovery and wellbeing at Brentwood having 0.7%.
- Caseloads were managed and re-assessed regularly and were discussed in supervision. The size of the teams varied. The average caseload per team was 227 for the first response teams. Each lead professional had around 20 cases. The average per team for the recovery and wellbeing teams was 324, with around 33 per care co-ordinator. The average for the assertive outreach teams was 84.
- Staff received, and were up to date with, mandatory training.

Assessing and managing risk to patients and staff

- Risk assessments were recorded and updated regularly. Plans were changed when a person's needs changed. There was little evidence in the records of people being asked about making advance decisions about their care, for example what they wanted to happen if they deteriorated but we saw contact cards used to record the fact there was an advance decisions for people to carry with them.
- There was no monitoring of medicines stock in the Basildon team. However, the manager addressed this by the end of the week. The teams at Basildon and Rayleigh did not have secure bags to transport medication when visiting people at home. Two out of 15 medication charts checked had incorrect dates.
- Staff adhered to the lone working policy. The duty person each day ensured all staff were safe if they had been on a visit and were not scheduled to return to base before going off duty. There was a policy in place to guide staff what to do if there was a failed visit or someone did not attend an appointment. All staff were able to describe how they would risk assess the situation and escalated if required. The manager at Basildon first response team monitored new referrals and identified those needing follow-up if they did not respond or not attend for appointments.
- Staff were trained in, and aware of, safeguarding requirements and showed they used the referral process.

Track record on safety

- In the last 12 months there had been a total of 372 incidents involving people using community services, these included 47 deaths (which includes natural causes, unexpected deaths of patients previously known to services and overdoses), 44 self-harm, 34 non-physical assault and 14 physical assaults. Of the 47 deaths 13 meet the serious incident criteria.There had been 16 incidents involving medication for example incorrect medication or incorrect dose given, missed doses. Other incidents included slips, trips and falls, security issues and poor communication. These numbers indicated a good culture of incident reporting. The trust was in the middle 50% of reporters (National Reporting and Learning System 2014) in the current comparable cluster of trusts.

Reporting incidents and learning from when things go wrong

- There was an effective incident reporting system in place and there was learning from serious incidents shared at team meetings. All staff knew how to report an incident. De-briefs were offered following serious incidents. The 2014 NHS staff survey results show that the fairness and effectiveness of incident reporting procedures and staff agreeing they would feel secure raising a concern at work are both better than the national average.
- Staff were aware of their responsibilities in relation to the duty of candour. There was an incident at the Southend team during the visit, the incident was handled well but a delay in the police responding will be looked into by the manager who said the response from police was usually good.

Are services effective?

Good

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

Summary of findings

We rated effective as **good** because:

- Comprehensive assessments were completed in a timely manner. Care records showed personalised care which was recovery oriented. Physical healthcare needs were considered during assessment and during treatment. Outcome measures were used to evaluate the effectiveness of care and treatment.
- Staff followed NICE (National Institute for Health and Care Excellence) guidance.
- Feedback mechanisms were in place for people and carers to comment on the services.
- The teams were multi-disciplinary consisting of psychiatrists, psychologists, nurses, social workers, occupational therapists and support workers. There was effective working with other agencies and services.
- Staff received regular supervision and annual appraisal. They had access to mandatory training and training specific to their role, for example brief psychological interventions, electrocardiogram.
- The records for people who were subject to a community treatment order were up to date and contained all relevant information. Staff had received training in the mental health act.
- Staff demonstrated an understanding of mental capacity and had received training.

However:

- The locality teams did not have direct access to the system providing results of blood tests, which might cause a delay in clinicians being able to adjust medication or arrange for further tests if required.
- The electronic record systems caused staff anxiety. They reported there was a risk that information was missed and there was duplication. There were two systems in use and information was held in both. The trust was in the process of rolling out the use of the one system.

Our findings

Assessment of needs and planning of care

- Comprehensive assessments were completed in a timely manner. The 31 care records reviewed showed personalised care which was recovery oriented. Physical healthcare needs were considered during assessment and during treatment. Physical health for people receiving antipsychotic medication was carried out at the clinics, for example clozapine clinic.
- The electronic record systems caused staff anxiety. They reported there was a risk that information was missed and there was duplication. There were two systems in use and information was held in both. The trust was in the process of rolling out the one system.
- Teams used one of two approaches, for example, Basildon first response team had designated staff to assess new referrals, whereas Thurrock team combined the assessor role with care co-ordinator role.

Best practice in treatment and care

- Staff were aware of and followed NICE (National Institute for Health and Care Excellence) guidance. The care pathways evidenced NICE adherence.
- The Health of the Nation Outcome Scores (HoNOS) was used in eight out of the nine teams to evaluate the effectiveness of care and treatment. Southend team had not fully embedded HoNOS.
- Audits were carried out on a variety of topics, including infection control, records, and physical health.

Skilled staff to deliver care

- The teams were multi-disciplinary consisting of psychiatrists, psychologists, nurses, social workers, occupational therapists and support workers. There was effective working with other agencies and services.
- Staff received regular supervision and annual appraisal. Compliance for appraisals for non-medical staff was 100% except for the assertive outreach team at Thurrock which was 67%. They had access to training specific to their role, for example brief psychological interventions, electrocardiogram. Brentwood and Basildon had non-medical prescribers; other teams were considering training staff.

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.

Multi-disciplinary and inter-agency team work

- Team meetings and multi-disciplinary meetings (clinical meetings) were carried out weekly and we saw the minutes of these meetings and attended one meeting. Staff from the crisis teams attended review meetings to ensure sharing of information and good transition between services. We observed effective multidisciplinary discussion.

Adherence to the MHA and the MHA Code of Practice

- Staff received training in the Mental Health Act but the trust did not provide data on compliance with training.
- Staff showed a good understanding of the Act and particularly in relation to people on community treatment orders (CTO). There were on average from 50 to 55 people on a CTO per month for the last 14 months, an average of 14 per team for April and May 2015.
- Records showed up to date information about the treatment order and reading of rights to the individual.
- The trust's monitoring committee monitored the use of the Act and carried out regular audits and shared results with teams.
- Staff said when required they could contact the approved mental health professional (AMHP) service to co-ordinate assessments under the Mental Health Act. AMHPs were able to take time back when they had worked out of hours.
- Information about advocacy was available in waiting areas. Records showed the use of advocacy. People told us they knew how to access advocacy.

Good practice in applying the MCA

- Staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. 90% were up to date with this training, except for assertive outreach team at Thurrock with 83% up to date. Staff showed a good understanding of mental capacity. However, capacity assessment consideration was not always evident in the care records.
- Staff said they would seek advice from seniors when needed. Training had been provided in teams by team social workers.
- There was information on display about advocacy in waiting areas. People told us they knew how to access advocacy if needed.

Good

Are services caring?

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

Summary of findings

We rated caring as **good** because:

- Staff were respectful and caring when they spoke with people.
- There was positive feedback from people who used the services and their carers.
- People said they felt involved in their care planning and treatment and this was documented in the care record.
- Staff maintained confidentiality.
- Information on advocacy was available in waiting rooms.
- Carers said staff were very caring and had received, or been offered, a carer's assessment.

Our findings

Kindness, dignity, respect and support

- Staff were respectful to people who used the services and their carers. We saw staff were responsive to need and using skilled interventions to encourage people to consider their care.
- People told us that staff were caring and respectful towards them.
- Staff maintained confidentiality when discussing people's care. Managers monitored staff attitude through supervision and observation.

The involvement of people in the care they receive

- There was positive feedback from people who used the services and their carers. Carers said staff were very caring and had received, or been offered, a carer's assessment.
- Feedback mechanisms were in place for people and carers to comment on the services, for example through surveys and comment cards and verbally with staff.
- People said they felt involved in their care planning and treatment and this was documented in the care record
- Information on advocacy was available in waiting rooms.

Are services responsive to people's needs?

Good

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

Summary of findings

We rated responsive as **good** because:

- The specific needs of people, for example cultural and disability needs, were considered. Work was underway at Thurrock to improve access to the building. There were interpretation services available when required.
- Teams responded to and learned from complaints. Local resolution was tried wherever possible. If the complaint needed escalating the complaints department was informed, who then monitored compliance. Regular reports on complaints received in teams from the patient advice and liaison service.
- There were drop in sessions held at the team base in Basildon by a local housing association, for people to receive help with benefits or housing advice.
- Staff re-arranged duty to support people; for example to be present when a person was having work done to their home.
- There was an effective policy for failed visits, missed appointments and non-responders.
- Teams which had been centralised were localised again owing to feedback from service users, for example, teams were centralised to Basildon then re-located to Thurrock.
- Rooms were available for confidential discussion/ reviews.
- Information leaflets were available on a variety of topics for example how to complain, what services were available. Information was on display advising about keeping hydrated in hot weather.

However:

- In the community teams no appointments were offered outside of working hours (for someone who is in work).

Our findings

Access and discharge

- There was an effective policy for failed visits and non-responders. Staff could describe how they would risk assess a person who had not responded to the initial letter or had not attended for an appointment.
- Teams which had been centralised were localised again owing to feedback from service users – e.g. were centralised to Basildon then re-located to Thurrock and Brentwood.
- Trust data showed that for April and May 2015 96% and 97% of people in all the first response teams were seen within 14 days.According to data provided by the trust the first response teams screened people referred within two days on average, recovery and wellbeing teams saw people for treatment within a day of initial assessment.
- In the community teams no appointments were offered outside of working hours (for someone who is in work), but staff saw people at home or elsewhere if needed.
- The team saw 97% of people discharged from inpatient care within seven days, the national average is 97%.
- One person who used the service told us they had felt unsupported during the time between being seen by the crisis team and being seen by the first response team. They had rung the crisis team but had not been put through to anyone who could help and was advised to go to the accident and emergency department if necessary.

The facilities promote recovery, comfort, dignity and confidentiality

- Rooms were available for confidential discussion/ reviews with people who used the services.
- Information leaflets were available on a variety of topics for example how to complain and what services were available. The leaflets were available in different languages if required. Information was on display advising about keeping hydrated in hot weather.

Meeting the needs of all people who use the service

- The specific needs of people, for example for people's cultural and disability needs, were considered. Work was underway at Thurrock to improve access to the building. A plan was in place at the Basildon building to ensure the safety of people in a wheelchair who were seen on the first floor, for example a safe point had been identified for staff to wait with the person in case of a fire, the safe point had been assessed by the fire officer to determine adequate fire door protection. There were interpretation services available when required.
- There were drop in sessions held in the team base at Basildon by a local housing association, for people to

Are services responsive to people's needs?

Good

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

receive help with benefits or housing advice. A number of group activities were available in the teams at Basildon and Brentwood; these were run by an occupational therapist.
- Staff re-arranged duty to support people; for example to be present when a person was having work done to their home.

Listening to and learning from concerns and complaints

- Teams responded to and learned from complaints. Local resolution was tried wherever possible. If the complaint needed escalating the complaints department was informed, who then monitored compliance. Regular reports on complaints received in teams from the patient advice and liaison service.
- There had been 76 complaints in the last 12 months with 33 (43%) upheld. Two had been referred to the health ombudsman and one of these had been upheld. There were six under investigation at the time of the inspection.
- Learning from complaints was shared at team meetings where appropriate. Information on how to complain was available for people who used the services. There were leaflets available and posters on display. People said they knew how to complain but some said they feared repercussions if they did. One example of a complaint given to us by staff was about poor communication when a relative had been referred to a service outside the trust, the doctor contacted the parent and apologised, contact was maintained after this.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

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

- Managers monitored performance locally and addressed any issues. Staff had received appraisals. All staff said they could raise issues with their manager if required and action would be taken. Supervision was taking place.
- Staff were aware of the trust's vision and values and could describe them.
- Staff knew who the senior managers and executive directors were. They had met the executive and non-executive directors. They felt well supported by associated directors.
- Sickness rates were low in seven of the nine teams. Poor attendance was addressed using the relevant policy and managers said they had received advice and support from human resources.
- Teams could raise items for the risk register when necessary.
- Morale in eight of the nine teams was high.

However:

- Staff did not feel a recent productivity project took into account all the work staff do in teams.
- Morale was low in the Rayleigh team related to the staffing issues and feeling isolated.
- Managers reported the human resources processes (disciplinaries) took a long time to complete/resolve.

Our findings

Vision and values

- Staff were aware of the trust's vision and values and could describe them. Posters were on display in all team buildings.
- Staff knew who the senior managers and executive directors were. They had met the executive and non-executive directors. They felt well supported by associate directors.

Good governance

- There were good governance arrangements in place to monitor performance and clinical care. Performance measures were in place and targets set for key elements of the service. The teams were meeting these. Monthly dashboards were produced for managers and disseminated within teams. Managers monitored performance locally and addressed any issues; they accessed systems to inform them of compliance against mandatory training, supervision and appraisal. All staff said they could raise issues with their manager if required and action would be taken. There was learning from incidents and complaints. Safeguarding processes were followed by staff.
- Teams could raise items for the risk register when necessary.

Leadership, morale and staff engagement

- There was leadership training available to staff. Teams were caring and supportive towards each other.
- Staff did not feel a recent productivity project took into account all the work staff do in teams.
- Morale in eight of the nine teams was high. However, morale was low in the Rayleigh team related to the staffing issues. Staff felt isolated and felt their concerns were not listened to.
- Managers reported the human resources processes (disciplinary cases) took a long time to complete or resolve. For example we were told one member of staff had been going through a disciplinary process for over three years.
- Sickness rates were low in seven of the nine teams, poor attendance was addressed using the relevant policy and managers said they had received advice and support from human resources.
- In the latest friends and family test results (April 2015) 67% of staff trust wide would recommend the trust as a place to work and 78% would recommend the trust as a place to receive care.

Commitment to quality improvement and innovation

- All teams were actively involved in research to look at making improvements to the care they provided. Extra clinics had been arranged to meet increased demand.
- Action was taken on feedback from people on how to improve services.