

Cambridgeshire and Peterborough NHS Foundation  
TrustCommunity-based mental  
health services for adults of  
working age

## 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)
RT113	CPFT at Fulbourn Hospital	Cambridge North Adult Locality Team	CB3 1PR
RT113	CPFT at Fulbourn Hospital	Cambridge South adult Locality Team	CB3 1PR
RT113	CPFT at Fulbourn Hospital	Fenland Adult Locality Team	PE13 3AB
RT113	CPFT at Fulbourn Hospital	Peterborough and Borders Adult Locality Team	PE2 7JU
RT113	CPFT at Fulbourn Hospital	Huntingdon Adult Locality Team	PE29 3RJ

# Summary of findings

RT113	CPFT at Fulbourn Hospital	CAMEO North Team	PE3 6AN
RT113	CPFT at Fulbourn Hospital	CAMEO South Team	CB21 5EE

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

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

- The teams worked to a lone working practice protocol. Staffing levels were safe and recruitment was in progress for vacancies. Staff were trained in and aware of safeguarding requirements and showed they used the referral process. Staff had received and were up to date with mandatory training. Caseloads were managed and re-assessed regularly and were discussed in supervision.
- There was an effective incident reporting system in place and there was learning from serious incidents. All staff knew how to report an incident.
- 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 during treatment. Outcome measures were used to evaluate the effectiveness of care and treatment. The teams were looking at how to implement other outcome measures for all disciplines. Medicines were managed safely and there was learning from medication incidents.
- Staff were respectful and caring when they spoke with people. People said they felt involved in their care planning and treatment and this was documented in the care record.
- Teams were meeting the five day standard for seeing urgent referrals and the eight weeks for routine referrals. Actual times for adult locality teams were 3-4 days for urgent and 3-4 weeks for routine. The Peterborough locality team provided extra clinics to address a large number of unmet referrals to ensure waiting time targets were met.
- Managers monitored performance and addressed any issues. Staff had received appraisals and said a new format had recently been introduced to improve structure. All staff said they could raise issues with their manager if required and action would be taken. Clinical and managerial supervision was taking place. Staff knew who the senior managers and executive directors were. Staff were aware of the trust's vision

and values and could describe them. They had met the chief executive and executive and non-executive directors. They said they felt supported by the board members and senior management. Staff said they had raised issues with the chief executive and felt they had been heard and action had been taken. Staff said morale had improved greatly over the last 12-18 months, since the trust had re-organised services and improved leadership and accountability.

However:

- There was no evidence medical equipment, such as weighing scales and blood pressure monitoring machines had been checked and re-calibrated according to the manufacturer's instructions. Apart from Peterborough locality where equipment had been recently calibrated.
- Buildings did not have alarm systems fitted in rooms where staff saw people. The Huntingdon team were in the process of fitting alarms. Wisbech and Peterborough locality teams had personal alarms for use in the building. The buildings for the early intervention teams (CAMEO), Huntingdon and Peterborough locality team also required re-decorating in areas. The buildings for the CAMEO teams and Huntingdon locality team did not provide sufficient space to see people. People had to travel distances for appointments at Wisbech because of geographical area. The south CAMEO team base had no separate reception in a shared building. People were escorted around the outside of the building to access the waiting room. The trust has an estate strategy to look at alternatives.
- 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.
- Consideration of mental capacity assessment was not always recorded.
- The early intervention teams had moved to a two year model of engagement from a three year model. The NICE (National Institute for Health and Care Excellence) recommendation is a three to five year model.

# Summary of findings

- There was no policy for failed visits or for when people did not attend appointments. Although staff were able to describe how they risk assessed and tried to engage with people.
- Staff reported a delay in referrals reaching the early intervention teams because of the introduction of the assessment and referral centre (ARC). Staff in the

locality teams also told us about the need to improve the ARC process. A review of the role of ARC was underway. Staff reported carers' assessments were taking four to six weeks unless urgent. Young carers were also assessed, working with CAMHS staff. Carers could access money from social care when eligible.

# Summary of findings

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

### Are services safe?

We rated these services as **good** for safe because:

- The teams worked to a lone working practice protocol. Staffing levels were safe. Recruitment was in progress for vacancies. Staff were trained in and aware of safeguarding requirements and showed they used the referral process. There was appropriate use of a locum psychiatrist to cover absence.
- All areas were clean and well maintained. Infection control information was on display Medicines were managed safely and there was learning from medication incidents.
- 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.
- Staff received mandatory training and monitoring of compliance was in place.

However:

- There was no evidence that medical equipment, such as weighing scales and blood pressure monitoring machines, had been checked and re-calibrated according to the manufacturer's instructions. Apart from Peterborough locality where equipment had been recently calibrated.
- Buildings at Cambridge did not have alarm systems fitted in rooms where staff saw people. The Huntingdon locality team were in the process of fitting alarms. Wisbech and Peterborough locality teams had personal alarms for use in the building. The buildings for the early intervention teams (CAMEO), Huntingdon and Peterborough locality team required re-decorating in areas. The trust had an estate strategy to look at alternatives.
- Not all staff were up to date with mandatory training.

Good



### Are services effective?

We rated these services as **good** for effective 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.

Good



# Summary of findings

- Staff were aware of and followed NICE (National Institute of Health and Care Excellence) guidance. Pathways and protocols evidenced NICE adherence. Outcome measures were used to evaluate the effectiveness of care and treatment. The teams were looking at how to implement other outcome measures for all disciplines. Staff were actively participating in clinical audits and local and national research.
- 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.
- New staff received a good induction into the trust and into their team. Staff received regular supervision and annual appraisal. They had access to mandatory training and training specific to their role, for example brief psychological interventions.
- 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 CAMEO team at Peterborough had no area for physical assessments to be carried out in their building.
- Consideration of mental capacity was not always recorded.
- The early intervention teams had moved to a two year model of engagement from a three year model. NICE (National Institute for Health and Care Excellence) recommend a three to five year model.

## Are services caring?

We rated these services as **good** for caring as because:

- Staff were respectful and caring when they spoke with people. Staff maintained confidentiality. Records were kept secure. Rooms were available for appointments and confidential conversations.
- 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.

**Good**





# Summary of findings

- Information on advocacy was available in waiting rooms. Teams had produced a welcome pack for people and their carers which contained relevant information about the services.

## Are services responsive to people's needs?

We rated these services as **good** for responsive because:

Good



- Teams were meeting the five day standard for seeing urgent referrals and the eight weeks for routine referrals. Actual times for locality teams were 3-4 days for urgent and 3-4 weeks for routine. The Peterborough locality team provided extra clinics to address a large number of unmet referrals to ensure waiting time targets were met. Staff were flexible about timing of appointments to meet the needs of people referred. For example arranging appointments outside working hours. There was access a psychiatrist when required.
- The specific needs of people referred were considered. For example cultural and disability needs. There was access to interpretation services when required. Staff expressed concern that people had to travel significant distances for appointments at Wisbech because of geographical area.
- 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.
- There was joint working with the child and adolescent mental health services when required, for example young people referred to the CAMEO teams from CAMHS and those transitioning into adult services.

However:

- The buildings for the CAMEO teams and Huntingdon locality team did not provide sufficient space in which to see people. The south CAMEO team base had no separate reception in a shared building. People were escorted around the outside of the building to access the waiting room.
- There was no policy for failed visits or for when people did not attend appointments. Although staff were able to describe how they risk assessed and tried to engage with people who did not attend appointments and we saw examples of this.
- Staff reported a delay in referrals reaching the early intervention teams because of the introduction of the assessment and referral centre (ARC). Staff in the locality teams also told us about the need to improve the ARC process. A review of the role of ARC was underway.

# Summary of findings

- Staff reported carers' assessments were taking four to six weeks unless urgent. Young carers were also assessed, working with CAMHS staff. Carers could access money from social care when eligible.

## Are services well-led?

We rated these services as **good** for well-led because:

- 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 chief executive and executive and non-executive directors. They said they felt supported by the board members and senior management. Staff said they had raised issues with the chief executive and felt they had been heard and action had been taken.
- Staff had received appraisals and said a new format had recently been introduced to improve structure. All staff said they could raise issues with their manager if required and action would be taken. Clinical and managerial supervision took place. Managers monitored performance and addressed any issues.
- Sickness rates were low, on average less than 4%; the highest was Peterborough locality team at 7%. 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; there were local risk registers in place.
- Staff said morale had improved greatly over the last 12-18 months, since the trust had re-organised services and improved leadership and accountability.

**Good**



# Summary of findings

## Information about the service

The community-based mental health services for adults of working age provides services to people living in Cambridgeshire and Peterborough who are experiencing moderate to severe mental health problems.

The service provides include: assessment and initial treatment advice, care plan developed with service user, pharmacological interventions and medication management, psychological therapies, mainly cognitive behavioural therapy and brief psychological interventions aimed at the specific disorder, support for carers and families, regular care plan reviews, information and support with employment and activities of daily living, advice on health and wellbeing, crisis planning and relapse planning.

The teams were based in Cambridge, Wisbech, Peterborough and Huntingdon. They are: Cambridge North adult locality team, Cambridge South adult locality team, Fenland adult locality team, Peterborough and Borders adult locality team and Huntingdon adult locality team.

The CAMEO (Cambridgeshire and Peterborough Assessing, Managing and Enhancing Outcomes) teams see people experiencing their first episode of psychosis, living in Cambridgeshire and Peterborough area; aged 14-35. They will not have been treated with therapeutic dose of antipsychotics for six months or more before referral and may be experiencing or suspected of experiencing psychotic symptoms.

These teams were based in Cambridge and Peterborough.

The trust had been inspected 12 times on unannounced visits and 15 Mental Health Act review visits since registration in 2009.

Community based mental health services for adults of working age had not previously been inspected.

## Our inspection team

Our inspection team was led by:

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

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

Inspection Manager: Lyn Critchley, CQC

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

The team that inspected the community-based mental health teams consisted of a CQC inspection manager, CQC inspector, a psychiatrist, a nurse and 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. They had prepared for our visit by gathering relevant information and availability of staff and service users to meet or speak with us.

## 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 patients at three focus groups.

We carried out an announced visit from 18 to 22 May 2015.

During the inspection visit, the inspection team:

- Visited seven community teams at six sites, looked at the quality of the environment, including the clinical facilities, and checked how staff were caring for patients.
- Spoke with 26 people who were using the service and 15 carers.
- Spoke with the managers for each of the teams.
- Spoke with 49 other staff members; including doctors, nurses, psychologists, occupational therapists, social workers, support workers and peer support workers.
- Interviewed the service manager with responsibility for these services.
- Attended and observed ten home visits and two multi-disciplinary meetings.
- Looked at 64 treatment records of patients.
- Carried out a specific check of the medication management in five 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 26 people who were using these services and 15 carers. People who used the service told us they were very happy with the care and service received. They said staff were respectful towards them. They said they were kept informed and involved in planning care. They said staff had provided good care and had responded quickly to changing need.
- Satisfaction survey results showed between 80 to 90% satisfaction in the care they received.

## Good practice

- There was a range of therapeutic and social groups available to help people who used the service, for example bi-polar group, hearing voices group. There were service user groups for people to discuss how the service could be improved.
- Extra clinics had been arranged to meet demand and ensure people were seen in a timely manner.
- Staff were flexible around when appointments were held to meet the needs of people who had other commitments such as work or family responsibilities.

# Summary of findings

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure medical devices are maintained, checked and re-calibrated according to the manufacturer's instruction.
- The provider should ensure buildings are suitable for staff and people who use the services.
- The provider should ensure staff have formalised guidance on what to do if people do not attend for appointments or there are failed home visits.
- The provider should enable medical staff to access blood results in a timely manner.
- The provider should review the length of the engagement of their early intervention model to ensure people who use the services receive the appropriate care.

## Cambridgeshire and Peterborough 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
Cambridge North Adult Locality Team	Cambridgeshire and Peterborough NHS Foundation Trust
Cambridge South adult Locality Team	Cambridgeshire and Peterborough NHS Foundation Trust
Fenland Adult Locality Team	Cambridgeshire and Peterborough NHS Foundation Trust
Peterborough and Borders Adult Locality Team	Cambridgeshire and Peterborough NHS Foundation Trust
Huntingdon Adult Locality Team	Cambridgeshire and Peterborough NHS Foundation Trust
CAMEO North Team	Cambridgeshire and Peterborough NHS Foundation Trust
CAMEO South Team	Cambridgeshire and Peterborough NHS Foundation Trust

#### 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 with 97% of staff being compliant with training and six staff (3%) overdue an update.
- Staff showed a good understanding of the act and particularly in relation to people on community treatment orders (CTO). There had been 45 people subject to a community treatment order from April 2014 to March 2015. There were 62 people subject to a CTO at the time of the inspection.

# Detailed findings

- Records showed up to date information about the treatment order and reading of rights to the individual.
- The use of the act was monitored by the trust's monitoring committee and regular audits were carried out and results shared. Action had been taken to address any identified concerns.
- When required staff said they could contact the approved mental health professional (AMHP) service to co-ordinate assessments under the Mental Health Act.

The work of the AMHPs within the teams was affected by their responsibilities as an AMHP, for example in the Cambridge locality teams we were told AMHPs worked two to three days as an AMHP which reduced their other work in the teams.

- Information about advocacy was available in waiting areas. Records showed the use of advocacy when required.

## 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, 94% were up to date with this training and 4% (12 staff) were overdue an update. 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 senior staff 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.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- All areas were clean and well maintained. Infection control information was on display.
- Buildings at Cambridge and Peterborough CAMEO did not have alarm systems fitted in rooms where staff saw people. The Huntingdon locality team were in the process of fitting alarms. Wisbech and Peterborough locality teams had personal alarms for use in the building. The buildings for the early intervention teams (CAMEO), Huntingdon and Peterborough locality team required re-decorating in areas. The trust had an estate strategy to look at alternatives.
- There was no evidence medical equipment, such as weighing scales and blood pressure monitoring machine had been checked and re-calibrated according to the manufacturer's instructions. Apart from Peterborough locality where equipment had been recently calibrated. In Huntingdon one machine had a sticker saying due for inspection April 2014, another machine had a sticker which said due August 2011. When staff were asked about the maintenance process they were unclear but thought the contract had recently been transferred to a different company.

### Safe staffing

- There had been a review of staffing level when the services were re-designed 18 months ago. Staffing in the teams was at establishment. Recruitment was in progress for a vacancy in the Huntingdon locality team and 2.5 vacancies in the Cambridge south locality team. The highest vacancy rate was in the Huntingdon locality team at 14%, recruitment was in progress. There was access to urgent appointments with a psychiatrist when needed.
- An agency nurse was being used to cover a secondment in the Cambridge south locality team ensuring continuity of care and patient safety. A locum psychiatrist in this team was used to cover for planned sickness and to allow another psychiatrist to undertake a research project.

- The average caseload was 25 per care co-ordinator for the locality teams and 15 for the early intervention teams. Caseloads were effectively monitored and discussed in supervision.
- Staff received mandatory training and, on average, 50% were up to date. The manager received regular reports on who was compliant and non-compliant to ensure staff booked onto training when required. The manager told us staff had booked on courses and had completed training, they still showed as red because of the timing of reports.
- According to information received from the trust the courses with the lowest compliance were the prevent training with 27 staff overdue and moving and handling training with 19 staff overdue, and the highest compliance was for Mental Health Act training with six staff overdue. The total number of clinical staff in community teams was an average of 30 staff per team. The team with the highest number of staff overdue was Peterborough locality team with 20 and the lowest was CAMEO north with eight people overdue one or more courses.

### Assessing and managing risk to patients and staff

- Risk assessments were undertaken for each person referred to the service and 88% of these were updated regularly. Eight records out of 64 had an out of date risk assessment with the oldest being dated April 2013. This was brought to the attention of senior staff during the inspection.
- Care plans included numbers to call out of hours and how to access services when needed.
- Staff were trained in safeguarding and knew how to make a referral when required. Safeguarding was discussed in supervision.
- There was a lone working policy in place and staff adhered to this. 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



# Are services safe?

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

was no 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 and escalated if required.

- Medicines were managed safely; for example records were kept up to date and unused medicines were disposed of correctly.

## Track record on safety

- In the last 12 months there had been 41 incidents involving people using community services, 19 unexpected deaths, 17 suspected suicides, three attempted suicides and three assaults on staff. There had been 12 incidents involving medication for example incorrect medication or incorrect dose given, missed doses. Seven of these incidents had been reported by CPFT staff where the error had been in relation to another agency e.g. GP, pharmacy and residential home. This indicated a good culture of incident reporting.

## Reporting incidents and learning from when things go wrong

- All staff knew how to report an incident. They were aware of the duty of candour placed on providers to inform people who use the services of any incident affecting them. Feedback from incidents and learning was discussed at team meetings. We saw minutes of meetings where learning had been shared.
- Learning was evidenced from a medication incident resulting in a change of practice for the CAMEO south team.
- Staff were offered a debrief after a serious incident. There had been a recent serious incident in one of the teams and staff had been supported during and after the investigation.

# 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

- Care records showed assessments were completed in a timely manner. Records contained up to date personalised information which was recovery oriented.
- Information was recorded on an electronic system and all staff involved in a person's care could access the system for up to date information.

### Best practice in treatment and care

- Physical healthcare needs of the person were considered and ongoing physical health monitoring was in place for those who needed it. For example people prescribed clozapine. There was information available to staff on physical healthcare. However the CAMEO team at Peterborough had no area for physical assessments to be carried out in their building.
- Individual care pathways were in place. The pathway protocols were designed to comply with NICE (National Institute for Health and Care Excellence) and were monitored at regular meetings to review the pathways.
- All teams had psychology input and people could access psychological therapies such as brief psychological intervention and cognitive behavioural therapy.
- Outcome measures were in place in all teams to rate severity and effectiveness of care and treatment.
- All teams actively participated in clinical audits and local and national research.

### Skilled staff to deliver care

- Teams consisted of psychiatrists, psychologists, occupational therapist, nurses and social workers plus support workers and peer support workers.
- Staff were experienced and qualified to provide the required care and treatment. Specific training was available to staff who needed it, for example taking blood samples or carrying out an ECG (Electro Cardio Gram). Cognitive Behavioural Therapy (CBT) training was available. There were non-medical prescribers in teams or staff in training to become one.

- Mandatory training included training on the care programme approach, infection control, fire safety, safeguarding, moving and handling, safe working, medicines management, basic life support, supervision, Mental Health Act and Mental Capacity Act training.
- Staff who had recently come to work in the teams told us they had received a good induction into the trust and into the team. Teams had an induction pack for new starters which contained relevant information needed. For example the pack contained information on booking annual leave. On the services provided by the team and on the pathways.
- Staff received regular supervision, both managerial and clinical. Clinical supervision groups were available to staff in all teams. All staff we spoke with said they had received an appraisal within the last year; appraisals were next due June 2015. The 2014 staff survey results for the trust showed an increase from 88 to 97% for staff who had received an appraisal in the last 12 months.
- There were regular team meetings where staff could discuss any clinical concerns.

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

- There were weekly multi-disciplinary team meetings held and we saw the minutes of these meetings and attended two such meetings.
- There was effective inter service working with teams joint working with other when needed. For example working with the crisis and home treatment teams when someone needed increased input and working with the Child and Adolescent Mental Health services (CAMHs) with someone aged under 18 who required further input through this transition.
- There were identified leads for dual diagnosis in the locality teams and Cambridge locality teams held a joint meeting monthly with local drugs and alcohol misuse services and housing.

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

- Staff received training in the Mental Health Act with 97% of staff being compliant with training and six staff (3%) overdue an update.
- Staff showed a good understanding of the act and particularly in relation to people on community

# 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.

treatment orders (CTO). There had been 45 people subject to a community treatment order from April 2014 to March 2015. There were 62 people subject to a CTO at the time of the inspection.

- Records showed up to date information about the treatment order and reading of rights to the individual.
- 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. The work of the AMHPs within the teams was affected by their responsibilities as an AMHP, for example in the Cambridge locality teams we were told AMHPs worked two to three days as an AMHP which reduced their other work in the teams.

- 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 Mental Capacity Act**

- Staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, 94% were up to date with this training and 4% (12 staff) were overdue an update. Staff showed a good understanding of mental capacity however capacity 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.
- The use of the act was monitored by the trust.
- There was information on display about advocacy in waiting areas.

# 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

- 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 staff were caring and respectful towards them.
- Confidentiality was maintained at all times

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

- Records showed people were involved in their care planning and there was a recovery focus to care planning.
- Carers told us they felt involved in their relative's care and praised staff for their work with their relative.
- People who used the services were involved in interviewing staff for vacant posts.
- People were able to give regular feedback on their care through questionnaires and surveys.
- People who used the services co-facilitated a hearing voices group in Cambridge.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- Teams were meeting the five day standard for seeing urgent referrals and the eight weeks for routine referrals. Actual times in the locality teams were 3-4 days for urgent and 3-4 weeks for routine. The Peterborough locality team provided extra clinics to address a large number of unmet referrals to ensure waiting time targets were met.
- The trust was not meeting the target for follow-up within seven days of discharge from inpatient. The percentage was 92% against the target of 97%, there was a plan in place to address this.
- People who used the service told us they could ring the emergency numbers provided and receive a good response.
- There were clear pathways in place detailing which pathway was suitable for which referrals.
- There was no policy for failed visits or for when people did not attend appointments. Although staff were able to describe how they risk assessed and tried to engage with people who had not attended.
- Staff were flexible about timing of appointments to meet the needs of people referred. For example arranging appointments outside working hours.
- Staff reported a delay in referrals reaching the early intervention teams because of the introduction of the assessment and referral centre (ARC). Staff in the locality teams also told us about the need to improve the ARC process. The trust was undertaking a review of the role of ARC.
- Staff reported carers' assessments were taking four to six weeks unless they were urgent. Young carers were also assessed, working with CAMHS staff.

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

- The buildings for the CAMEO teams and Huntingdon locality team did not provide sufficient space to see people. People had to travel distances for appointments at Wisbech because of geographical area. The south CAMEO team base had no separate reception in a shared building. People were escorted around the outside of the building to access the waiting room.
- There was a wide range of information leaflets available to people in the waiting areas and to give to people when required. These could be printed off in different languages from the trust's intranet.

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

- The specific needs of people referred were considered. For example cultural and disability needs. There was access to interpretation services when required, for example an eastern European telephone translation service.
- In the Huntingdon locality building advice had been sought regarding an evacuation plan for a wheelchair user who may be seen on the first floor, there was a lift available but it could not be used in an evacuation.

### Listening to and learning from concerns and complaints

- There had been 38 complaints in the last 12 months with 16 (42%) complaints upheld.
- The trust complaints officer provides a monthly report on complaints, identifying themes and actions. Learning from complaints was shared at team meetings where appropriate.
- An example of a recent complaint showed staff working with the complainant to resolve issues and arrange for further assessments.
- Information on how to complain was available for people who used the services. There were leaflets available and posters on display.

# 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 were aware of the trust's vision and values and could describe them. They were on display in all services visited.
- Staff knew who the senior managers and executive directors were. They had met the chief executive, executive and non-executive directors. They said they felt supported by the board members and senior management.

### 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 except for seven day follow-up.
- Teams could raise items for the risk register when necessary; there were local risk registers in place.
- Staff had received appraisals and said a new format had recently been introduced to improve structure. Clinical and managerial supervision was taking place.

### Leadership, morale and staff engagement

- Sickness rates were low, and were on average below 4%, the highest rate was in the Peterborough locality team with 7%. Poor attendance was addressed using the relevant policy and managers said they had received advice and support from human resources. We were given two examples of managers using the attendance policy with staff.

- All staff said they could raise issues with their manager if required and action would be taken. Staff were aware of the whistleblowing process and there had been eight whistle-blowers contacting the CQC over the last 12 months and another ten staff raising issues internally through the trust whistleblowing policy. The main theme was about staffing levels in the trust – none were specific to the community-based mental health services for adults of working age.
- In the 2014 staff survey 50% said they would recommend the trust as a place to work and 50% said they would recommend the trust as a place to receive care. Staff told us morale had improved greatly over the last 12-18 months, since the trust had re-organised services and improved leadership and accountability. Staff said they had raised issues with the chief executive and felt they had been heard and action had been taken.

### 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.
- There was a range of therapeutic interventions available on an individual and group basis, plus service user groups to discuss improvements to the service.