

Community Links (Northern) Ltd

Aspire

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

The service provided safe care. Clinical premises where patients were seen were safe and clean. Staff were able to give each patient the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.

Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.

The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received, supervision and appraisals. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.

Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

The service was easy to access. The criteria for referral to the service did not exclude patients who would have benefitted from care.

The service was well led and most governance processes ensured that procedures relating to the work of the service ran smoothly.

However:

Staff were not up to date with all of their mandatory training.

The ligature risk assessment was out of date.


Staff caseloads were higher than advised for an early intervention psychosis service.

Not all care plans had been reviewed within the required timescales set by the service.

Staff found the recording system difficult to navigate and some of the information needed for management purposes was not easy to access and sometimes inaccurate.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Good 	Our rating of this service stayed the same. We rated it as good because: See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Aspire

Aspire is an independent community mental health service based in Leeds, West Yorkshire. Its provider is Community Links Ltd. Community Links Ltd delivers both mental health and adult social care services. Aspire works with young people and adults from 14 to 65 years old who have experienced their first episode of psychosis. This Early Intervention in Psychosis service works intensively with its patients for up to three years before they are discharged back into primary or other secondary care services. Staff at Aspire deliver care within the community and in patients' homes, as well as their office base. The service provides medical and psychosocial interventions. The service has a registered manager. The service has been commissioned to deliver early intervention services as an independent provider and covers the whole of the Leeds region. Aspire works closely with the local trust and stakeholders.

This service is currently registered to carry out the following regulated activity:

Treatment of disorder, disease or injury

In January 2019 we rated the service as good across all five domains and good overall.

What people who use the service say

Patients shared very positive feedback about the service. Patients told us that staff were supportive and respectful. They told us that they usually saw the same workers which was important to them. Patients told us they benefitted from the service and from the variety of groups that were on offer. Carers also told us staff communicated well with them and they found the staff were supportive and the service was beneficial to their loved one.

How we carried out this inspection

During our inspection we spoke with seven patients and three carers. We spoke with 12 staff members including managers, team leaders, care coordinators, nurses, therapists, a non-medical prescriber and a psychiatrist. We reviewed seven patient records and six prescribing cards. We also attended a multi-disciplinary meeting and observed a group. We reviewed a range of policies and documents and obtained feedback from the commissioner for the service.

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

Outstanding practice

We found the following outstanding practice:

As part of the services adventure therapy, staff and nine patients took part in a national sailing project. Aspires leg of the journey involved sailing from Hartlepool to Ipswich. Patients provided extremely positive feedback about how the experience had improved their lives and benefited their recovery.

Summary of this inspection

Areas for improvement

Action the service MUST take to improve:

The service must ensure that all staff have completed and are up to date with the training that is required for them to carry out their roles. Regulation 18(2)(a)

Action the service SHOULD take to improve:

The service should ensure that care plans are reviewed within the timescales set by the organisation.

The service should consider reducing caseloads in line with Early Intervention guidance.

The service should ensure that any required safety assessments such as the ligature risk assessment are up to date and relevant to the needs of the service.

The service should ensure that recording systems are effective, and that staff are able to easily access and input the required information to carry out their roles.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Community-based mental health services for adults of working age

Good 

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Community-based mental health services for adults of working age safe?

Requires Improvement 

Our rating of safe went down. We rated it as requires improvement.

Safe and clean environment

All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff completed and regularly updated most risk assessments for the building and removed or reduced any risks they identified. There was an up-to-date fire risk assessment and a building risk assessment, however the ligature risk assessment was not up to date.

The ligature risk assessment for the premises was out of date and the actions in the assessment for reducing the risk of a person ligaturing were unclear. A ligature is an item that can be placed around the neck for the purposes of strangulation. However, staff had received ligature risk training, there were ligature cutters on the premises, and staff identified and monitored patients who were at risk of ligaturing. We highlighted the issue with the ligature risk assessment and managers produced a new ligature risk assessment, which was clear and comprehensive, whilst we were on inspection.

All interview rooms had alarms and staff available to respond.

All clinic rooms had the necessary equipment for patients to have thorough physical examinations. The clinic room was clean and tidy, and staff made sure equipment was well maintained, clean and in working order.

All areas were clean, well maintained, well-furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control guidelines, including handwashing. Some Covid measures were still in place, staff wore masks in line with the provider's policy and took regular Covid tests.

Community-based mental health services for adults of working age

Good 

Safe staffing

The service had enough staff, who knew the patients, to keep them safe from avoidable harm. However, staff were not up to date with all their mandatory training. The number of patients on the caseload of the teams, and of individual members of staff was higher than the recommended guidance for an early intervention service.

Nursing staff

The service had enough nursing and support staff to keep patients safe. However, caseloads were higher than recommended for an early intervention service. The recommended caseload for an early intervention service was 15. The average caseload at Aspire was 18 and some staff had caseloads of 25. Managers assessed caseloads regularly and amended these where necessary. Managers had recently recruited new staff which had started to have an impact on reducing caseloads.

The service had reducing vacancy rates. The service had two care coordinators and one employment specialist vacancy at the time of our inspection.

The service had low rates of bank and agency nurses and nursing assistants. The service was not using any agency workers at the time of our inspection.

Managers made arrangements to cover staff sickness and absence.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Training requirements were in place for agency staff and managers considered the type of work agency staff undertook to minimise disruption to patients.

The service had a turnover rate of 22%. We were told that this was mainly due to staff progressing in their careers and obtaining new jobs.

Managers supported staff who needed time off for ill health. Sickness levels were low at 3 %.

Managers used a recognised tool to calculate safe staffing levels.

Medical staff

The service had enough medical staff. There were two psychiatrists, one who worked full time and one who worked three days a week. The team also had a full-time speciality doctor. Medical staff were managed by the local Trust. Psychiatrists were based on site and staff could access support from a psychiatrist quickly.

Mandatory training

Staff had not kept up to date with all their mandatory training. Overall training compliance was at 78%. However, there were eight courses that had low compliance figures including a drugs dosage course that had expired for all relevant staff, medicines protocol at 43% and conflict management and mental capacity training at 65%.

Community-based mental health services for adults of working age

Good 

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

Although managers monitored mandatory training and alerted staff when they needed to update their training, the system was unclear and confusing. The service used multiple different training providers and staff were expected to carry out different processes to provide evidence for which training they had completed. In addition, staff who did not need to complete training such as those who were not eligible for training and those on maternity leave had been included in the training figures. This meant that it was unclear if the training figures were accurate. The manager had identified the issues with the training and had an action plan to improve the system and ensure all staff had undertaken appropriate training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff followed good personal safety protocols.

Assessment of patient risk

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments were completed within 72 hours of the initial assessment

Staff used a recognised risk assessment tool.

Staff recognised when to develop and use crisis plans and advanced decisions according to patient need.

Management of patient risk

Staff responded promptly to any sudden deterioration in a patient's health. When staff had concerns about patients, they put these on the red board, which was a board which contained the names of patients who staff felt were at increased risk. Patients on the red board were discussed daily at the multi-disciplinary team meeting and the team devised and implemented plans to reduce identified risks and respond to any concerns.

Staff followed clear personal safety protocols, including for lone working. Staff used an app on their phone to help managers identify where they were at a given time and when they were due to finish a session. Staff could attach an alert to a patient's record, if there were concerns about staff safety, and measures were put in place to reduce risk.

Safeguarding

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

Staff received safeguarding training on how to recognise and report abuse. It was unclear if the level of training was in accordance with the intercollegiate guidance which set appropriate levels for safeguarding training. The training was recorded as level one which is below the recommended level, however managers told us the training was the equivalent of level two safeguarding training outlined in the intercollegiate guidance. The hours completed correlated with level two, but it was unclear if the content covered was at this level. Managers received a higher level of safeguarding training.

Community-based mental health services for adults of working age

Good 

Staff kept up to date with their safeguarding training.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff attended safeguarding meetings including children in need and Multi Agency Risk Assessment Conference meetings where required.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had up to date safeguarding adult and safeguarding children policies which contained clear guidance, information, and pathways for managing safeguarding concerns. The organisation also had senior safeguarding leads who staff can contact for safeguarding advice.

Staff access to essential information

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

Patient notes were comprehensive, and all staff could access them. However, staff told us that the electronic system for storing patient records was not easy to use.

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

Records were stored securely. All staff had a laptop and phone and completed information governance training.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients could raise concerns about their medicines and these would be considered and reviewed.

Staff completed medicines records accurately and kept them up to date. We reviewed six prescription charts which were all up to date and completed accurately.

Staff stored and managed all medicines and prescribing documents safely. Medication was stored in a locked cupboard within the clinic room. Staff recorded room temperatures and fridge temperatures daily.

Staff learned from safety alerts and incidents to improve practice.

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute of Clinical Excellence guidance.

Community-based mental health services for adults of working age

Good 

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff raised concerns and reported incidents including serious incidents and near misses in line with provider policy.

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

Managers debriefed and supported staff after any serious incident.

We reviewed three incident reports. Managers investigated incidents thoroughly. There was a clear, up to date policy for managing incidents which was followed when reviewing incidents.

Although family and carers were contacted, and an apology given following a serious incident, we did not see evidence that patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. For example, the service reviewed and amended the care plan, risk assessment and case note audit process following a serious incident review.

Are Community-based mental health services for adults of working age effective?

Good 

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

Assessment of needs and planning of care

Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop individual care plans. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. However, care plans were not always updated within the required timescales.

Community-based mental health services for adults of working age

Good 

Staff completed a comprehensive mental health assessment of each patient. Staff used the Comprehensive Assessment of At Risk Mental States tool to complete the assessment which is a recognised assessment tool for early intervention in psychosis teams. There was an element of flexibility in the assessment process. If the outcome of an assessment was unclear, staff could provide a period of extended assessment for up to six months.

Staff made sure that patients had a full physical health assessment and knew about any physical health problems. Patients received a physical health check at least yearly.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were personalised, holistic and recovery orientated.

Staff did not always review and update care plans when patients' needs changed. We looked at seven care plans and found two that had not been updated in line with the providers timescales. One was four months out of date and the other was two months out of date. Staff were required to update care plans on a yearly basis or when patients' needs had changed. However, relevant, up to date information was recorded in the patient's notes and risk assessment.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. Staff worked with staff from the Child and Adolescent Mental Health Service when they received a referral for someone who was under 18. There was a clear protocol in place for working with patients under the age of 18.

Staff delivered care in line with best practice and national guidance from relevant bodies including National Institute of Clinical Excellence and schizophrenia and psychosis guidance.

Staff made sure patients had support for their physical health needs, either from their GP or community services. Staff monitored seven risk factors associated with cardio metabolic health, which included Body Mass Index, blood glucose levels and blood pressure and smoking and provided interventions such as supporting patients to stop or reduce smoking, where concerns were identified. The service used a record system which was also used by GPs and hospitals which meant that staff could monitor patients' health in collaboration with other physical healthcare services.

Staff supported patients to live healthier lives by supporting them to take part in programmes or giving advice. The service offered healthier lifestyle groups such as football, swimming and boxing. The service had also linked in with a triathlon agency which provided training sessions for the patients involved.

The service had a dedicated employment specialist who supported patients to access employment. The service had employed a worker who supported patients through the early stages of the employment process, to help support patients to develop skills and routines that would help them to obtain and maintain employment.

Community-based mental health services for adults of working age

Good 

Patients could also participate in adventure therapy which is an evidence-based recovery intervention which offered impactful and challenging experiences combined with support. As part of the services adventure therapy, staff and nine patients took part in a national sailing project. A key leg of the journey involved sailing from Hartlepool to Ipswich. We saw some extremely positive patient feedback about how the experience benefited their lives and their recovery.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

Staff used technology to support patients. For example, staff recorded information about their job roles on Instagram and staff were then able to show patients the information when undertaking assessments. The service also lent out some laptops and mobile phones to patients during the pandemic. This enabled patients to maintain contact with the service through online therapy sessions.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The service had a full programme of audits in place and staff carried out some audits in a group and used this as a learning opportunity. Managers used results from audits to make improvements.

Skilled staff to deliver care

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

The service had access to a full range of specialists to meet the needs of each patient.

Managers mostly made sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. However, not all staff were up to date with all their training.

Managers gave each new member of staff a full induction to the service before they started work. New staff had opportunities to shadow staff and were initially given low caseloads to give them an opportunity to become familiar with the service.

Managers supported staff through regular, constructive appraisals of their work. The service had 100% appraisal completion rate for the previous year.

Managers supported staff through regular, constructive clinical supervision of their work. Staff received combined management and clinical supervision every 4 weeks and were also offered psychological formulation supervision. Supervision completion rates were at 89%.

Managers made sure staff attended regular team meetings and gave information to those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service supported staff to develop their skills and progress in their careers, for example the service supported a care coordinator through a two-year course to become a Cognitive Behavioural Therapist. Staff also had lunchtime learning sessions and managers facilitated opportunities for staff to share their skills and knowledge with each other.

Community-based mental health services for adults of working age

Good 

Managers made sure staff received any specialist training for their role which included training to support patients who were hearing voices and venepuncture training.

Managers recognised poor performance, could identify the reasons and dealt with these.

Managers recruited, trained and supported volunteers to work with patients in the service. There was one volunteer at the service at the time of our inspection. The service had procedures in place for recruiting, training and supporting volunteers.

Multidisciplinary and interagency team work

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Multi-disciplinary team meetings were held four days a week and attended by a range of professionals including nurses, occupational therapists, medics and therapists. We observed a Multi-disciplinary meeting which was thorough, effective and provided an opportunity to discuss patient concerns in detail.

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

Staff had effective working relationships with other teams in the organisation and external teams and organisations. Managers attended meetings with other organisations to share information and ensure effective working between the organisations, for example team leaders had regular meetings with the crisis team and the Child and Adolescent Mental Health Service team.

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

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

Staff received training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Aspire staff accessed support from Mental Health Act administrators at the local Trust who were the service's commissioners.

Staff followed clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes.

Community-based mental health services for adults of working age

Good 

For patients subject to a Community Treatment Order, staff completed all statutory records correctly. We reviewed the records for one patient who was on a community treatment order. The appropriate paperwork was in place and the patient had had their rights read at the required intervals.

Care plans clearly identified patients subject to the Mental Health Act and identified the Section 117 aftercare services they needed.

Staff did not complete regular audits to make sure they applied the Mental Health Act correctly. Audits were carried out by the Mental Health Act administrators at the local Trust and staff used these audits. However, managers were in the process of reviewing this and there was a plan in place for managers at the service to audit Mental Health Act paperwork.

Good practice in applying the Mental Capacity Act

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

Staff received training in the Mental Capacity Act, but not all staff were up to date with this training Staff had a good understanding of at least the five principles.

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

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

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff carried out a capacity assessment when they had concerns about patient's capacity. Staff also worked closely with workers from the Child and Adolescent Mental Health Service when there were concerns about the capacity of a patient under 18.

Are Community-based mental health services for adults of working age caring?

Good 

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

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for patients. Patients told us that staff were respectful and that they saw the same worker which helped to provide consistency for them.

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

Community-based mental health services for adults of working age

Good 

Staff supported patients to understand and manage their own care treatment or condition. Patients told us they were given information about the different treatment options available and supported to make their own choices about what was best for them.

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

Patients said staff treated them well and behaved kindly. Patients described staff as wonderful, really caring, and told us they were really happy with the care that was provided.

Staff understood and respected the individual needs of each patient. Patients told us they felt that their mental and physical health had improved whilst they had been working with the service.

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

Staff followed policy to keep patient information confidential.

Involvement in care

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

Involvement of patients

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

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Staff considered patients' communication needs and considered how they could best communicate with people. The service used interpreters where required and had some easy read leaflets. Staff had also made some pre-recorded videos to share some basic information with patients.

Staff involved patients in decisions about the service, when appropriate. The service had fortnightly patient involvement meetings.

Patients could give feedback on the service and their treatment and staff supported them to do this. Most patients told us they had had the opportunity to give feedback about the service, either in their one to one sessions, or through surveys. Staff carried out exit questionnaires with patients to gather their feedback. Staff also hosted feedback events where they encouraged patients to have a say on their care.

Staff supported patients to make advanced decisions on their care if appropriate. For example, some patients had wrap plans which included a section on what they would like to happen if they were no longer able to make a decision.

Staff made sure patients could access advocacy services. The service had links with a local advocacy service.

Involvement of families and carers

Community-based mental health services for adults of working age

Good 

Staff supported, informed and involved families or carers. Staff worked closely with families and carers and the service had family therapists and a family link worker. Staff offered education and support sessions to help families and carers increase their understanding of psychosis. In some cases, the family had a separate worker from the patient which enabled support to continue to be given to the family and carers and to maintain confidentiality when the patient did not want information to be shared.

Staff helped families to give feedback on the service.

Staff gave carers information on how to find the carer's assessment. Staff linked in with the local carers organisation for Leeds and could support carers to access this service if they required a carers assessment.

Are Community-based mental health services for adults of working age responsive?

Good 

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

Access and waiting times

The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff followed up patients who missed appointments.

The service had clear criteria to describe which patients they would offer services to. The service provided a service to anyone between the ages of 14 and 65 who was suspected of having or was having a first episode of psychosis. If a patient was assessed as not having psychosis, staff wrote to them explaining the reasons for the judgement and they were signposted to other appropriate support services.

The service met provider target times for seeing patients from referral to assessment and assessment to treatment. The target time from referral to triage was 14 days. The service had the same timescales to see all patients and did not take on urgent referrals.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. Staff actively engaged with all patients and took an assertive engagement approach. Staff tried to contact people who did not attend appointments and offer support. This included telephone contact, home visits and contacting families and carers.

Patients had some flexibility and choice in the appointment times available. The service was open between 9 a.m. and 6 p.m. but support could be given outside of those times if required, for example a member of staff accompanied a patient to an evening group they wished to attend.

Staff worked hard to avoid cancelling appointments and when they had to, they gave patients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed patients when they did not.

The services duty workers could respond to any urgent needs straight away. Patients could contact their worker by phone during working hours. The team ensured patients had numbers to contact for out of hours support.

Community-based mental health services for adults of working age

Good 

The service did not have a waiting list.

Staff supported patients when they were referred, transferred between services, or needed physical health care. Staff prepared patients who were being transferred and offered a period of shared care where necessary to help ease the transition for the patient.

The service followed national standards for transfer.

The facilities promote comfort, dignity and privacy

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

The service had a full range of rooms and equipment to support treatment and care. The service had a range of interview rooms and a larger room for groups, such as drama therapy. The space was clean and well maintained. Staff arranged to meet most patients off the premises either at home or within the community.

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

Meeting the needs of all people who use the service

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

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The service was accessible to patients requiring disabled access. Staff considered patients communication needs and made appropriate adaptations, such as the use of interpreters and signers and had arranged socially distanced non mask wearing sessions for a patient who needed to lip read. Staff had been working with a local autism service on plans to provide a low stimulus, autism friendly room.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Although, we saw that information was available on how to complain several patients told us they had not received this information.

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

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

Listening to and learning from concerns and complaints

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

Patients, relatives and carers did not always know how to complain or raise concerns. Some patients and carers told us they did not know how to raise concerns, however there was information displayed at the service on how to make a complaint and patients and carers told us they felt they could speak to their worker if they had a concern or complaint.

Community-based mental health services for adults of working age

Good 

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

We reviewed two complaints. Staff knew how to acknowledge complaints and patient's received feedback from managers after the investigation into their complaint had been completed. There was a complaints procedure in place and there were clear guidelines to support managers to investigate complaints.

Managers investigated complaints and identified themes. These were reviewed and discussed at the managers meeting.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Staff supported patients to make a complaint and patients could complain anonymously if they felt uncomfortable complaining.

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints that were upheld was shared with staff at the business meeting. The service used compliments to learn, celebrate success and improve the quality of care.

Are Community-based mental health services for adults of working age well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Staff knew who their senior managers were and told us they visited the service. Managers were visible in the service and staff told us they were supportive. At the time of our inspection the service had an interim registered manager. The service had appointed a new manager who was in post and was in the process of applying for registered manager status with the Care Quality Commission.

The provider had a management mentoring scheme which was open to any member of staff who wished to pursue a management career.

Vision and strategy

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

Staff were aware of the providers values which were people, integrity, collaboration and passion. These were on display around the building and embedded in the providers Performance and Development Reviews. The provider had a strategy in place for 2019-2024 which consisted of four aims which were: create together; be a great place to work; innovate and influence and building sustainable futures. The service focused on a different aim each year and was focusing on being a great place to work this year.

Community-based mental health services for adults of working age

Good 

Staff were involved in the development of the strategy and staff attended an annual conference each year. The leadership team also met once a quarter and this included looking at the providers values.

Culture

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

Staff told us that they felt really supported in their jobs and that the service was a really positive place to work. Staff received recognition and positive feedback for the work they did which was shared in team meetings.

The service had a strong focus on inclusion. For example, the provider had a Black and Minority Ethnic network and also Lesbian, Gay, Bisexual and Transgender (LGBT+) networks which aimed to provide a supportive and inclusive environment for employees. The provider had also carried out an in depth and ongoing piece of work on anti-racism and staff received anti-racism training.

There were opportunities for career progression, for example the service supported non-registered staff to go through a preceptorship.

Governance

Our findings from the other key questions demonstrated that governance processes operated reasonably effectively at team level and that performance and risk were managed well.

The service was commissioned by the local Trust, and some aspects of the service were handled by the Trust, for example the Trust employed and supervised the medics on the team and staff accessed support from the Trust's Mental Health Act team. The provider for the service was Community Links and this was a subsidiary organisation of Inspire North.

The service used a mix of systems, policies and procedures from each of the different organisations. Some of the systems were not easy to use. for example, staff told us the recording system could be difficult to navigate. Managers had provided a range of training sessions to help staff with this system.

In addition, information required for management purposes was not always available in a format that was easy to use. Information was stored in different places and contained inaccuracies. For example, training data included staff who were not eligible for certain courses and required staff to carry out different processes to record their attendance at different training. This meant that training data was not always accurate.

Care coordinators were split into two teams covering different areas of Leeds. All other staff worked across the whole team.

The service had a series of managerial level meetings which included the clinical leads meeting, managers meetings, meetings with the services commissioners and operational meetings. These linked into a monthly business meeting which was open to all staff. The service also had a range of meetings which were for specific groups of staff within the team including the psychological therapies, meeting, the recovery team meeting and the senior workers meeting.

Community-based mental health services for adults of working age

Good 

The provider had a whistleblowing policy in place.

Management of risk, issues and performance

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

The service had a risk register which contained a range of risks. All risks had mitigating actions, review dates and staff who were responsible for monitoring and managing the risks.

Information management

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

Staff received information governance training and understood how to keep information secure. Managers carried out a range of audits to monitor performance and discussed these at the managers meeting. Managers took action if they had concerns about staff performance. Managers monitored a range of key performance indicators and put plans in place to address issues, when these were not met.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Staff worked with a range of other local providers to provide patients with a comprehensive service. This included the local Child and Adolescent Mental Health service and the crisis service. Staff also linked in with community projects such as the triathlon agency which enabled them to offer a range of opportunities for patients. The service identified needs within the local population and sought to meet those needs.

Managers provided regular opportunities for staff to feedback on the service.

Learning, continuous improvement and innovation

Aspire was involved in research projects which included a project which looked at patients' experiences of being detained under the mental health act and a project looking at pharmacogenetic testing in first episode psychosis, which involved looking for common genetic causes or psychological triggers to finding the cause of mental ill health. The service had obtained funding to train 18 staff in the open dialogue approach. This is a Scandinavian approach which uses an in-depth talking process and is less medication focused.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staff had not kept up to date with all their mandatory training. There were eight courses that had low compliance figures including one course that had expired for all relevant staff. The system for monitoring staff training did not work effectively and meant the training monitoring figures were not accurate.</p>