Good

East London NHS Foundation Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWKW2	Community Health Services and Mental Health Care for Older Persons Directorate	Tower Hamlets Community Mental Health Team for Older People Hackney Community Mental Health Team for Older People Newham Community Mental Health Team for Older People	E1 4DG E9 5LG E13 9AP
RWKW1	Luton and Bedfordshire Community Mental Health Services	Bedford Community Mental Health Team for Older People Luton Community Mental Health Team for Older People Mid Bedfordshire Community Mental Health Team for Older People	MK40 2NT LU5 5BB SG18 0PT LU5 5BF

Summary of findings

South Bedfordshire Community Mental Health Team for Older People

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

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

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

Summary of findings

Ratings

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

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

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated community-based mental health services for older people as **good** because:

- Staff were providing a safe service. Staff were aware of the risks for individual patients, medication was managed well and staff had a good understanding of safeguarding. Staff were mostly able to see patients in a timely manner and prioritised people who needed urgent support.
- Staff were consistently caring and showed warmth, kindness and respect to patients and their carers. They provided practical and emotional support. There was good evidence of patient and carer involvement in all aspects of their own care including the development of their care plans. Staff went the extra mile to care for patients in a holistic and person centred way. They were very mindful of peoples needs based on their religion, culture, disabilities and relationships. Training courses and accessible information was provided for patients and carers. The needs of carers were assessed and support groups were provided.
- Practice reflected current guidance and there was good access to a wide range of interventions. There was good use of outcome measures to monitor if services were effective. Audits that were specific to the service were carried out to provide assurance of robust care with improvements made where needed.
- Staff morale was very good. They were well supported with access to training, supervision and other opportunities to reflect and learn. Innovations to support staff such as the use of mindfulness were in place. There were opportunities for leadership training and career progression.
- The teams worked well with GPs, the local authorities and other local services and groups. This enabled patients and their carers to experience a more joined up service.
- Patients, carers, staff and external stakeholders were encouraged to give feedback through a range of mechanisms and these were used to make improvements.
- The quality improvement programme in the trust encouraged innovation and examples of this was seen across the services.

However:

- Whilst achieving targets for assessments and diagnosis for memory clinics were being robustly tackled with action plans in place, there was still work to do to consistently provide a responsive service especially across the Bedfordshire teams.

Summary of findings

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

Are services safe?

Good

We rated safe as **good** because:

- Arrangements for safeguarding were clear with good systems in place to monitor and follow up concerns.
- Staff had manageable caseloads and managers ensured that workload was evenly distributed across the teams. Patients did not wait to be allocated a care co-ordinator. Caseloads were actively managed and reviewed.
- Staff learnt lessons from incidents and made improvements where necessary.
- Staff carried out individual risk assessments on patients and put plans in place to address identified risks.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents.
- When staff were duty workers they did not have booked appointments with patients. This ensured that they could respond urgently to patients' needs. Patients would be visited by the duty worker in their home on the same day if required.
- All staff were aware of lone working policies and procedures. Staff practices regarding lone working were embedded in all of the services.

However:

- The first aid box in Tower Hamlets needed to be fully stocked.

Are services effective?

Good

We rated effective as **good** because:

- Care was provided by a range of experienced and qualified staff.
- There was good use of evidenced based practice with a wide range of interventions available according to identified need.
- The memory services provided effective post diagnostic interventions and support for both patients and carers.
- The services worked well with other services and professionals such as GPs and the voluntary sector.
- Staff carried out comprehensive patient assessments.

Summary of findings

- Staff undertook audits, including clinical audits and reviews of services.
- Staff were supported to deliver effective care and treatment through regular supervision and appraisal.
- Staff training needs were identified and training was in place to meet these learning needs.
- Staff were supported to maintain and further develop their professional skills and experience.
- Staff worked collaboratively to understand and meet the range and complexity of patients' needs.
- Staff had a good understanding of the Mental Capacity Act. They ensured that patients were involved in decisions and acted in their best interests when necessary.
- The teams ran a range of groups including cognitive stimulation therapy, gardening and walking groups.

However:

- There needs to be clear timescales for the remaining migration of the patient records onto the new system.

Are services caring?

Outstanding ☆

We rated caring as **outstanding** because:

- Staff treated patients and carers with care, kindness and respect.
- Staff offered practical and emotional support. This included access to training and on going support groups for carers.
- Patients and carers were involved in all aspects of their care and decisions about their treatment as part of the assessments and care planning.
- Patients and carers were positively encouraged to give feedback through feedback cards and online about the care they received and staff used this to make improvements to the service.
- Feedback from patients and carers was continually positive about the way staff treated people.

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- Staff were highly motivated and inspired to offer care that was kind and promoted patients' dignity.

Summary of findings

- Relationships between patients, carers and staff were strong, caring and supportive.
- Staff recognised and respected the totality of patients' and carers' needs for example their religion, culture and relationships.

Are services responsive to people's needs?

Requires improvement

We rated responsive as **requires improvement** because:

- Some patients referred to the memory services waited more than 6 weeks to receive a first appointment for an assessment and more than 18 weeks to receive a diagnosis. The teams were working to improve the responsiveness of the service overall but further progress was needed especially across the services in Bedfordshire.

However:

- Referrals were prioritised and dealt with in a timely manner. There were good pathways into the community mental health teams for older people and patients were promptly allocated to an appropriate staff member.
- All of the services were able to respond to urgent referrals the same day.
- Services researched and responded to the needs of a diverse local population in order to better meet their needs.
- Information on how to complain was clearly displayed in the services and staff knew how to handle complaints appropriately.

Are services well-led?

Outstanding

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

- The staff were aware of the challenges faced by community mental health services for older people, especially in terms of the growing numbers of people being referred for an assessment and diagnosis for dementia. The trust were working with commissioners to meet these needs and constructively facing the challenges of adapting their existing services.
- Staff were able to tell us the trust's values and how they applied these in their work.

Summary of findings

- Staff in all of the teams spoke highly of the leadership at a team and more senior level. Staff we spoke with felt senior managers and members of the executive team were visible, approachable and inspiring.
- Staff morale was high and there were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the open listening culture. Staff felt able to raise concerns.
- Staff felt well engaged in the work of the trust and able to introduce innovative ideas through the quality improvement programme. We were able to see these ideas being put into action. These were driving improvements across the teams.
- Staff also felt very well supported. They had access to leadership training and career progression. They also had regular supervision of a high quality.
- The teams all had access to good information, which enabled them to monitor trends and make improvements where needed. For example active recruitment was taking place to fill some vacant posts.
- All seven memory services were accredited to the Memory Service National Accreditation Programme (MSNAP).
- Staff ensured that they continuously obtained the feedback of patients, their families and carers, providing numerous accessible opportunities for them to give their comments and raise their concerns verbally, in writing and online. These were actively reviewed and changes made in response to the issues raised.

Summary of findings

Information about the service

We inspected seven community mental health teams including the diagnostic memory clinics for older people providing specialist assessment, diagnosis, treatment and support. The teams were situated in Tower Hamlets, Newham, City and Hackney, Luton, Bedford, Mid Bedfordshire and South Bedfordshire.

Each team was made up of psychiatrists, nurses, support workers, community psychiatric nurses, social workers, occupational therapists, psychologists, and administrative staff.

The community mental health teams are integrated mental health and social services teams which provide psychiatric and social care needs assessment, intervention and treatment. They aim to provide a high quality service to older people with mental health problems by engaging and supporting patients, carers and families.

The diagnostic memory clinic teams are multi disciplinary and they undertake initial assessment and diagnosis of dementia.

The community mental health services for older people had not been inspected before.

Our inspection team

The team that inspected community mental health services for older people over a two week period consisted of two CQC inspectors, two nurses, one occupational therapist and two consultant psychiatrists who all had experience of working in services for mental health services for older people.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all seven community mental health teams for older people and memory clinics, and looked at the quality of the environment and observed how staff were caring for patients
- spoke with fifty seven staff members; including nurses, psychiatrists, occupational therapists, support workers, clinical psychologists, dementia specialists, social workers and administrators
- attended and observed three multidisciplinary meetings, a dementia care team multidisciplinary team meeting and memory service post-diagnostic allocations meeting
- looked at thirty one care and treatment records of patients
- accompanied staff on eleven home visits to patients

Summary of findings

- spoke with eight patients and thirteen relatives and carers of people who were using the services
- spoke with ten team managers
- observed a new patient assessment
- looked at information received on fourteen comments cards from patients and carers.
- spoke with two managers from the Alzheimer's Society
- spoke with four service managers and the deputy director
- had a group discussion with the whole team for one service
- 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

The patients that we spoke with were happy with the care they received and felt that they were involved with decisions about their treatment. They said staff were caring, respectful and treated them with warmth and compassion. They described staff as diligent, courteous and interested in their wellbeing.

Carers generally spoke very positively about the service they received. They said that they were given information, involved in care planning and that staff were kind and caring. Carers said that staff were polite, responsive and treated them with dignity and respect. They felt that staff offered both practical and emotional support.

Carers expressed their appreciation of the support received from staff and how vital it was.

Carers felt that staff showed care and interest in the wellbeing of all of the family as well as the patient. One carer said that staff were always at the end of the phone and the carer felt able to discuss everything with them.

Common themes in the majority of comment cards we received were that staff were helpful, friendly and treated patients with respect, that the premises were safe and clean and that staff listened to patients carefully and with empathy. One comment made was that a patient did not feel listened to, another that appointments were not always on time and that an interpreter was slightly patronising.

Good practice

- City and Hackney staff had produced a welcome pack for patients and carers. It provided information about the service, referral pathways, key contacts and care packages. It provided a glossary which explained the meaning of terms used such as single point of entry. Within the pack were additional leaflets on the Mental Capacity Act, the Mental Health Act, Deprivation of Liberty Safeguards and the teams commitment statement on promoting independence.
- “Breakfast meetings” were held once a month at City and Hackney where professionals were invited to come and speak with staff. A stroke specialist gave a talk at the most recent meeting.
- Newham staff provided a dementia awareness training session to all new staff as part of their corporate induction to ELFT.
- Tower Hamlets staff had begun piloting a training session on supporting sexual expression in dementia.
- Tower Hamlets staff had developed their own East London cognitive assessment tool and had worked with a dietician to develop a malnutrition universal screening tool for use with patients in the community.

Summary of findings

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that waiting times for patients referred to memory clinics to attend a first appointment and to receive a diagnosis continue to be improved especially across the Bedfordshire services.

Action the provider SHOULD take to improve

- The trust should ensure all first aid boxes are fully stocked.
- The trust should ensure there are clear timescales in place for the migration of the patient electronic records to the new system.

East London NHS Foundation Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Tower Hamlets	Community Health Services and Mental Health Care for Older Persons Directorate
Hackney	Community Health Services and Mental Health Care for Older Persons Directorate
Newham	Community Health Services and Mental Health Care for Older Persons Directorate
Bedford	Luton and Bedfordshire Community Mental Health Services
Mid Bedfordshire	Luton and Bedfordshire Community Mental Health Services
South Bedfordshire	Luton and Bedfordshire Community Mental Health Services
Luton	Luton and Bedfordshire Community Mental Health Services

Detailed findings

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

Mental Health Act training via e learning was provided to staff as part of their induction when they joined the trust.

Doctors completed refresher training on the Mental Health Act every five years as required.

At the time of the inspection, six patients were subject to community treatment orders.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had completed training in the Mental Capacity Act 2005 even though this was not mandatory in the trust. Staff demonstrated a good understanding of the principles of the Act.

Good

Are services safe?

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

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

Our findings

Community mental health services for older people in East London

Safe and clean environment

- Interview rooms in all of the teams we visited were fitted with alarms so that staff could summon assistance if needed. However, in Hackney, the alarms were positioned near the doors, away from desks, which meant it would be difficult for staff to reach the alarm safely and quickly in an emergency. The alarms were tested weekly to ensure they were working.
- Patient waiting areas were visibly clean and well-maintained. There was hand cleaning gel available in all reception areas.
- There were pictures as well as written signs on doors, such as toilets. This helped patients identify the location of rooms in the services.
- The clinic rooms we visited were clean, well equipped and maintained to a high standard. First aid kits and and defibrillators were present and checked regularly in City and Hackney and Newham. It was not clear if this happened at Tower Hamlets as the first aid box was not properly stocked.

Safe staffing

- The team sizes, composition and staff management arrangements varied between the different boroughs based on commissioning arrangements and agreements with local authorities for the provision of social workers.
- Teams consisted of psychiatrists, psychologists, nurses, support workers, occupational therapists and social workers.
- Overall, the staff vacancy rate across the teams was 11%. The services were actively recruiting to vacant posts. The teams with the most vacancies were in City & Hackeny where in total there were five vacancies for nurses and two for occupational therapists. The trust were actively recruiting to those posts and used regular temporary staff to provide cover. There were sufficient arrangements in place to cover staff sickness and ensure patient safety.
- There were manageable caseloads of about 20-25 patients. There were no patients awaiting allocation of a care coordinator.
- Staff were able to access a psychiatrist quickly when they needed to.
- All teams had a duty system and a duty manager and worker was available every day. The team could respond promptly to urgent referrals and protocols for the operation of the duty system were in place.
- Staff told us they were up to date with their statutory and mandatory training. The compliance rate for mandatory training was over 90%..

Assessing and managing risk to patients and staff

- Patient records contained up to date risk assessments and crisis plans outlining what patients should do and who they should contact in an emergency. Crisis and contingency plans contained information on relapse indicators and warning signs. Risk assessments were reviewed monthly or sooner if circumstances changed. Staff regularly reviewed the risks affecting patients on their caseloads. Staff discussed high risk patients in weekly multidisciplinary meetings.
- Staff were aware of the lone working policy. Staff had code words and sentences to use to alert colleagues if they needed assistance in a patient's home. These were on display in team offices so that all staff were familiar with them. Staff took precautions to ensure that home visits were safe. This included two members of staff going together to assess patients not known to the service. Staff carried newly introduced personal alarms, which alerted staff in the team base when they were activated, for use in an emergency.
- Staff had received training in safeguarding adults and children. They provided several examples of safeguarding alerts raised by staff in response to concerns. Staff discussed safeguarding referrals in multidisciplinarymeetings. Minutes of multidisciplinary

Good

Are services safe?

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

meetings confirmed that staff tracked the progress of safeguarding referrals. Staff considered the safety needs of children living in households with or in contact with patients with dementia.
- Staff stored medicines safely and transported medicines in designated bags when they took medicines outside the office.

Track record on safety

- There were three serious incidents reported from February 2015 and January 2016 for all the older people's mental health community teams.
- An example of learning from an incident was the introduction of a "zoning" system whereby risks to patients were graded in colours ranging from green, amber and red. This helped staff identify the highest risk patients.

Reporting incidents and learning from when things go wrong

- All staff knew how to report an incident and the type of incidents they should report.
- Staff discussed incidents and lessons learned from them at team meetings. Staff gave examples of how they had learned lessons from incidents that had happened in other boroughs and made improvements in their own practices. The trust alerted staff to incidents that had taken place in other parts of the country that had relevance to their work.
- Staff were offered a de-brief after any serious incident occurred.
- Staff were aware of their duties in relation to the duty of candour.

Community mental health services for older people in Luton and Bedfordshire

Safe and clean environment

- Staff used interview rooms that were fitted with alarms so that they could summon assistance if needed.
- Patient waiting areas were visibly clean and well-maintained.
- The clinic rooms we visited in the Bedford and Mid Bedfordshire teams were clean, well equipped and maintained to a good standard. There was no clinic room at the Luton team location.
- On the day we visited the Bedford team base the fire alarm went off and it was not clear, as the building contained more than one team, who was taking the lead in coordinating the evacuation and the actions in response to this event. We were told during the inspection that action had been taken to improve the future response.

Safe staffing

- All teams had a manager and a range of other staff including occupational therapists, support workers, psychiatrists, community psychiatric nurses and social workers. Some teams had limited access to psychological input. The Mid Bedfordshire team had a part time psychologist. The Luton team did not have a psychologist on the team but could access psychological support for a patient if required. Staff told us that the trust was carrying out a review of psychological therapies in the Luton and Bedfordshire services.
- Arrangements for administrative staff support varied across the teams with some administrative staff being based at separate locations to the teams. A review of how administrative staff were organised was in progress.
- There were low rates of sickness under 2%, low staff turnover and no staff vacancies in three teams. There was one staff vacancy in the South Bedfordshire team.
- Staff had manageable caseloads. Information provided by the trust was that the average caseload for care coordinators in Bedfordshire was 27 and in Luton it was 16. There were no patients waiting for allocation to a care coordinator.
- All teams had good, well established duty systems with staff who understood this role. They could respond to crises and urgent referrals promptly. Psychiatrists keep slots free to respond to crises.
- Team managers regularly discussed and assessed caseloads during supervision.
- Staff were able to access a psychiatrist quickly when they needed to. Psychiatrists kept slots free to respond to crises if required.
- The Luton team had increased the number of psychiatrists in the team from one to three in the past six months. One psychiatrist now had responsibility for

Good

Are services safe?

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

liaison with care homes and provided four sessions per week to support care homes. This was a new initiative and these links were still being embedded into the work of the team.
- Staff were up to date with their statutory and mandatory training. Compliance rates were between 90 to 100%.

Assessing and managing risk to patients and staff

- Patient records contained up to date risk assessments and crisis plans outlining what patients should do and who they should contact in an emergency. Crisis and contingency plans contained information on relapse indicators and warning signs. Risk assessments were reviewed monthly or sooner if circumstances changed. Staff told us they regularly reviewed the risks affecting patients on their caseloads. Staff identified the patients who were high risk and they were reviewed in weekly multi-disciplinary meetings.
- Staff were aware of the lone working policy. Teams had newly introduced personal alarms, which alerted staff in the team base when they were activated, for use in an emergency.
- Staff had received training in safeguarding vulnerable adults. They provided several examples of safeguarding alerts raised by staff in response to concerns. Staff discussed potential safeguarding referrals in multidisciplinary team meetings. All teams had a safeguarding lead. The safeguarding lead in the Bedford team had undertaken investigator training as had all staff at Band 6 level in this team. Staff considered the safety needs of children living in households with or in contact with patients with dementia. We observed a home visit where a young person was present. Staff shared potential risk issues noted during the visit and discussed this with the team manager on their return to the office.
- Staff stored and transported and administered medicines safely in the teams we visited. The Luton team had moved to their current location in March 2016 and were storing medication temporarily in the inpatient ward adjacent to their offices. They planned to change this arrangement following the inspection.

Track record on safety

- There were no serious incidents reported over the last 12 months in any of the older people's mental health community teams.

Reporting incidents and learning from when things go wrong

- All staff knew how to report an incident and the type of incidents they should report.
- Staff discussed incidents and lessons learned from them at team meetings. The trust alerted staff to incidents that had taken place in other parts of the country that had relevance to their work.
- Staff were offered a de-brief after any serious incident occurred.
- Staff were aware of their duties in relation to the duty of candour. The Bedford team had recently had a presentation on duty of candour and felt it was beneficial.

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

Community mental health services for older people in East London

Assessment of needs and planning of care

- Staff had carried out comprehensive assessments of patients' needs. Where particular needs had been identified there were care plans in place to address these. Patients' physical as well as mental health needs were addressed. Care records were updated at least every six months and contained up to date information about patients. Care plans were detailed, person centred and holistic.
- The teams tried to reduce the burden of the assessment process on the patients and their families. Where appropriate the staff who carried out the triage assessment also carried out the dementia assessment. This meant patients and carers did not have to repeat this at the next appointment.
- In Tower Hamlets the team had developed their own cognitive assessment tool, which they considered was more effective for people whose first language was not English.
- The Tower Hamlets service had also worked with a dietitian to develop a malnutrition universal screening tool for use with patients in the community and this was called the Robinson clinic nutritional risk assessment.
- Staff considered and discussed the holistic needs of patients and carers, including their social and housing needs. Support workers supported patients to address issues related to social isolation, budgeting and shopping.
- Support workers made follow up telephone calls to patients who had attended the memory clinic twice a year to ask whether their needs had changed. The support workers gave feedback to the teams on the outcome of these calls.

Best practice in treatment and care

- Staff considered national institute for health and care excellence (NICE) guidelines when making treatment decisions. The memory clinics provided cognitive stimulation therapy groups for patients diagnosed with dementia in line with NICE guidance. Staff also offered a range of evidence based therapeutic interventions including cognitive analytic therapy, cognitive behavioural therapy and systemic approaches.
- Staff used a range of tools to measure outcomes for patients using the services. Staff used a range of measures to evaluate the effectiveness of group and individual work. For example, staff used health of the nation outcome scales, clinical outcomes in routine evaluation (CORE-10), a short measure of psychological distress for routine use in psychological therapies, and the patient health questionnaire (PHQ-9). Support workers in the Hackney community mental health team used the recovery star as a way of working with patients to identify their strengths and areas for improvement and consequently their recovery goals. The recovery star was also used to measure and demonstrate the progress made by patients.
- All of the services ran a number of groups for patients and carers. For example, staff provided a range of groups for patients including a gardening group, life skills group, cooking group, seated exercise and a dance group to help patients maintain and develop skills.
- Staff participated in audits. Staff were involved in team audits including medication, infection control, record keeping and risk assessments. These linked with quarterly audits organised by the lead clinician. The results of local and central audits were shared at team meetings to aid learning, development and improvement.

Skilled staff to deliver care

- All the teams had a full range of mental health professionals including nurses, social workers, occupational therapists, clinical psychologists and psychiatrists.
- Staff had completed an annual appraisal in the last 12 months.
- Supervision was carried out at least monthly. Staff said they received regular management supervision in line with trust expectations.
- Staff had access to clinical supervision. For example occupational therapists received clinical supervision from a senior occupational therapist. Temporary staff told us they received the same levels of supervision and

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.

training as permanent staff. In City and Hackney there was a high number of nurse vacancies which meant some nurses did not always receive their clinical supervision.
- The services provided reflective practice groups for staff that supported them in their work.
- New staff underwent an induction period before they started working independently. This introduced them to trust policies and procedures. New staff in the Newham memory service had received training and support to carry out dementia assessments. They had shadowed more experienced staff before conducting assessments independently and were supervised by a senior staff member.
- Staff undertook further training in order to develop their knowledge and skills. For example, staff had received training in working with people with sensory impairment and delivering end of life care. A psychologist had been seconded to a specialist service for adults experiencing post-traumatic stress disorder, to gain more experience to bring back to the team. Staff attended quarterly London memory network presentations on dementia related topics. One nurse had undertaken further training to become a nurse prescriber.

Multi-disciplinary and inter-agency team work

- Staff in all the teams described very good multidisciplinary team working. Teams met every week to discuss patient care and treatment. The integration of different professions into the multidisciplinary teams was positive and enabled a range of perspectives to be considered when providing patients' care and treatment options.
- The teams worked closely with partners in the voluntary sector. Staff from the Alzheimer's Society were co-located with the teams and workers attended referral meetings with the multidisciplinary teams. This helped facilitate patient referrals to the Alzheimer's Society for additional support. Some staff provided support to care home staff on how to care for people with dementia.
- Care co-ordinators worked closely with staff on the in-patient older people's wards and attended ward rounds on a regular basis.

Adherence to the MHA and the MHA Code of Practice

- Three patients were subject to community treatment orders in City & Hackney. The records were completed appropriately.
- Staff accessed psychiatrists and approved mental health professionals to undertake MHA assessments if required.
- Mental Health Act training was provided to staff as part of their induction when they joined the Trust. Doctors completed refresher training on the Mental Health Act every five years as required.

Good practice in applying the MCA

- Most staff had received training in the Mental Capacity Act 2005 and understood the implications of the legislation for their practice.
- Key points about the Act were displayed on the staff noticeboards so that they would be reminded.
- Staff described how they had involved carers and relatives in best interests meetings.
- Patients were asked for their consent for diagnostic tests for dementia. In a team meeting staff discussed an instance where a patient had refused to consent to the Addenbrooke's cognitive examination and did not wish to know about their extent of their memory problems. The person's wishes were respected by staff.

Community mental health services for older people in Luton and Bedfordshire

Assessment of needs and planning of care

- Staff had carried out comprehensive assessments of patients' needs. Where particular needs had been identified there were care plans in place to address these. Patients' physical as well as mental health needs were addressed. Care records were updated regularly and contained up to date information about patients. Care plans were detailed, person centred and holistic.
- Staff considered and discussed the holistic needs of patients and carers, including their social and housing needs. For example, in one care plan the patient had been supported to have a broken fridge repaired. There was evidence of good cross agency work such as liaison with meals on wheels and the housing department.

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.

- We observed a new patient assessment meeting. Relevant information was provided and physical and mental health issues were discussed. The opinions of the patient and carer were taken into account throughout the discussion.
- The trust was in the process of transferring patient records from a number of old systems onto a new patient record system. Staff said that all the required information could be located in either system. It was not clear when this process would be completed.

Best practice in treatment and care

- Staff used national institute for health and care excellence (NICE) guidelines when making treatment decisions. Presentations on NICE guidance, for example, dementia and depression were given by doctors at team meetings. Clinical leads had completed a gap analysis of NICE guidance recommendations to identify where changes in services needed to take place. Psychiatrists ensured their prescribing was in line with guidance and only prescribed anti-psychotic medication where all other options had been tried. Psychological therapies such as cognitive behavioural therapy were offered.
- The Mid Bedfordshire team ran a post diagnostic group for patients and carers. This group had a multi disciplinary approach. It covered issues such as medication, thoughts and feelings, maintaining independence, memory aids and support from the Alzheimer's society. Staff told us that the model used for this group would be on the Royal College of Psychiatrists memory service accreditation scheme website as a model of good practice.
- Clinical staff actively participated in clinical audits including the **prescribing observatory for mental health (POMH-**UK) audit. They were fully involved in national audits and disseminated learning to the teams.
- The teams also carried out some local service specific audits. For example, the Luton team had audited 100 referrals from GPs to the memory assessment clinics. The purpose of the audit was to identify if there were any gaps in information provided by GPs to the clinics. This identified that the teams needed to receive relatives contact details and so these findings were shared with referring GPs.
- Staff completed trust wide audits such as medication, care planning and infection control. The findings from these audits were discussed at team meetings to aid learning for all staff.

Skilled staff to deliver care

- All the teams were integrated with social services and had a range of mental health professionals including nurses, social workers, occupational therapists, support workers and psychiatrists.
- Staff had completed an annual appraisal in the last 12 months.
- Supervision was carried out at least monthly. Staff said they received regular supervision in line with trust expectations. All the teams had regular team meetings.
- The teams had reflective practice or peer support groups that supported staff in their work.
- Staff undertook further training in order to develop their knowledge and skills. For example, a staff member was planning to undertake a nurse prescriber course. This course was currently only available in London but they hope to make it available locally in the future. Another staff was being supported to undertake a best interests assessor course.
- New staff underwent an induction period before they started working independently. This introduced them to trust policies and procedures..
- Teams had a wealth of experience. For example, in the Mid Bedfordshire team there were five experienced community psychiatric nurses all of whom had been with the team for some time. Between them they had a range of skills and interests including supporting care homes, raising awareness of dementia, counselling and therapies.

Multi-disciplinary and inter-agency team work

- Staff in all the teams described very good multidisciplinary team working. Teams met every week to discuss patient care and treatment. The integration of different professions into the multidisciplinary teams was positive and enabled a range of perspectives to be considered when providing care and treatment options to patients and carers. Staff made clear decisions made about who was responsible for actions after the discussions were concluded. We observed interactions between all professionals was respectful.

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.

- The teams worked closely with partners in the voluntary sector. They had good links with the Alzheimers society and Age Concern.
- Staff had developed links with local care homes and staff had links with specific homes and provided information and support about dementia to the care staff.
- In Luton, GP practices were arranged in four clusters which equated to 36 practices. Staff presented a one hour lecture on dementia at a general practice meeting each week. Staff also worked with the rapid response team and the falls clinic in Luton.
- Care co-ordinators worked closely with staff on the in-patient older people's wards and attended ward rounds on a regular basis. We observed staff making flexible arrangements with a ward in-patient team to visit a patient who was being discharged.

Adherence to the MHA and the MHA Code of Practice

- Administrative support and advice on the Mental Health Act was available for staff..
- Training was provided on the Mental Health Act through annual updates.
- Approved mental health professionals provided training on community treatment orders (CTOs) to the teams. Three patients were subject to CTOs across the teams.

Good practice in applying the MCA

- All staff had received training in the Mental Capacity Act and understood how to apply the legislation in practice. This included seeking the consent of patients for treatment.

Outstanding ☆

Are services caring?

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

Our findings

Community mental health services for older people in East London

Kindness, dignity, respect and support

- We observed staff speaking respectfully to patients and carers, and showing warmth, kindness, compassion and concern for them during home visits. Staff showed empathy and genuine concern for patients and carers during team meeting discussions.
- Staff took the time to explain medication and other treatment options to patients and carers in a way they could understand. They checked the patient's understanding of what had been said.
- Staff recognised the importance of patients relationships with those who were close to them including family and friends. They were welcomed to all the appointments and the assessments and ongoing support carefully considered the needs of carers.
- We saw that staff were very respectful of patients religion and culture. For example we observed a home visit by a social worker accompanied by a bilingual support and recovery worker to a patient with cognitive impairment following a stroke. The patient's carer was also present. The interaction was inclusive, respectful and recovery focussed. The patient was fully involved in the discussion and decision about care. The staff were sensitive about the patient fasting as it was Ramadan. They were able to support the patient and carers to access culturally appropriate community services such as a day centre with Bengali speaking service users and staff.
- The staff also recognised that the patients and their carers might have other needs that would need to be addressed. This included other practical needs such as access to meals, help with transport and help with finances. The team would either directly make referrals or provide information on local third sector organisations who could help.
- We heard from patients and carers that they really felt that the care they received went beyond their expectations in terms of the care meeting their individual needs.
- The feedback from comment cards showed that patients and carers considered staff were helpful, friendly, treated patients with respect and listened to patients carefully and with empathy.
- Patients and carers also felt able to be more critical if they felt this was necessary. For example three comment cards contained comments that were less positive. One person mentioned an interpreter was slightly patronising and the another that the receptionist did not know the patients who were due to attend.

The involvement of people in the care they receive

- The services invited and listened to feedback from patients and carers. All three services had 'you said, we did' boards displayed in waiting areas. These highlighted feedback given to the services by patients and carers and the action taken by the staff team in response. For example, in Tower Hamlets patients said they were unhappy that the reading group had ended. The team responded by restarting the group.
- Staff had placed suggestions boxes in reception areas where patients and carers could post suggestions for improvements to the service and other feedback. The feedback was typed up and shared with the teams.
- In multidisciplinary team meetings we saw that staff always considered carers' needs and identified when carers should be offered a carers assessment.
- The memory clinic teams ran carers groups providing sessions over six weeks to help support and educate them about dementia and caring for someone with dementia. A carer described this group as very good where carers learnt about dementia with a focus on how carers could look after themselves. A further benefit was that carers got to meet and know other carers. This not only provided practical support but also recognised the emotional needs of patients and their carers.
- We observed patient and carer involvement in care planning. Care plans were organised with a section for patients comments about each aspect of their care. The patient and their carers were actively encouraged to say how they wanted the care to be provided. Staff carefully listened to ensure they understood their wishes.

Community mental health services for older people in Luton and Bedfordshire

Kindness, dignity, respect and support

Outstanding ☆

Are services caring?

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

- Staff spoke respectfully to patients and carers, and showed warmth, kindness, compassion and concern for them during home visits.
- When staff discussed issues with their manager or other members of the team they maintained a focus throughout of concern for the patient and family members and a desire to ensure positive outcomes.
- Staff consulted with patients and carers when updating care plans. Staff took the time to explain complex topics such as decisions about medication or on-going care arrangements. Staff took account of the patient privacy and dignity and offered reassurance to patients and carers. Patients and carers were encouraged to contribute to the care plans and staff took the time to listen and understand their views.
- The teams were very aware of the importance of relationships with friends and relatives. Patients were welcome to bring their carers with them to appointments. This support was recognised in the feedback from a carer who said they were supported when they felt overwhelmed and that staff were brilliant at involving family members. Another carer described staff as efficient and polite, that they are never in a rush and have time to listen.
- Staff were very sensitive about meeting the needs of patients in terms of their religion and culture. For example when visiting a Bangladeshi patient and their family, staff used leaflets in the appropriate language and other pictures to discuss ongoing support.
- Staff also recognised the need to support patients and carers with other practical arrangements. This was done through either making direct referrals or signposting people to other organisations who were able to help. Examples of this included help with transport to come to appointments.
- Patients continually said they were happy with the service and said that staff were diligent, courteous and provided a safety net.
- Comment cards described staff as kind and caring and that patients were treated with dignity and respect.

The involvement of people in the care they receive

- Staff had placed suggestions boxes in reception areas where patients and carers could post suggestions for improvements to the service and other feedback. An example of this was at the Mid Bedfordshire team where patients had fed back that they would like more information to help them manage their mental health. The action taken was that care coordinators and doctors talked with every person about their needs and how they could be met. The team also provided a wide range of information for patients in the waiting area to look at and take away. They encouraged patients to join local groups and services which promoted recovery. Patients also said they would like information about who to contact when worried or at times of crises. The team provided the out of hours contact number for additional support in times of distress. They also included the name of a staff member that the patient could contact in their care plan.
- The teams provided accessible electronic tablets at the team base which patients and carers could use to provide feedback about the service. These results were published.
- Teams provided carers packs that contained information about the services on offer. Carers groups were run to provide support and advice. The Luton team had designated a staff member to take the lead in engaging with carers. The work with carers recognised their need for practical and emotional support.

Are services responsive to people's needs?

Requires improvement

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

Our findings

Community mental health services for older people in East London

Access and discharge

- The community mental health for older people teams and memory clinics in Tower Hamlets, City and Hackney and Newham had a triage and single point of entry where all referrals were reviewed and then allocated to the correct team. Most referrals came from GPs. Patients who were identified as being a high risk had their assessment prioritised.
- All of the services were able to respond to urgent referrals. Referrals to the services were reviewed each day by a senior staff member. Where the referral was urgent, action was taken to see the patient as soon as possible. The patient could be seen the same day in all services. If required, this could be a home visit.
- At the time of the inspection the greatest challenge being faced by the community services for older people was their responsiveness to referrals to the memory clinics. The targets were that assessments should take place in 6 weeks and a diagnosis in 18 weeks.
- At the time of the inspection in Tower Hamlets memory clinic only 31% of patients received a first appointment for an assessment within 6 weeks and 42% received a diagnosis within 18 weeks. The teams in City & Hackney and Newham were performing better in terms of the percentage of patients receiving their first appointment within six weeks although were similarly missing the target in terms of timescales for diagnosis. Records of waiting times at the City & Hackney memory clinic showed that 87% of patients received a first appointment for an assessment within 6 weeks and 39% a diagnosis within 18 weeks. The waiting times at the Newham memory clinic were that 87% of patients received a first appointment within 6 weeks and 40% a diagnosis within 18 weeks.
- The memory clinics were facing a number of challenges of which the first was an increase in demand. For example in Tower Hamlets the memory clinic received 390 referrals in 2015/16, of which 384 were accepted. This was an increase in referrals of 66% (268 in 2014/15) over the previous year and therefore very much higher than the expected demand.
- Another issue being faced by the memory clinics were that a number of the referrals were very unlikely to have dementia. For example in Tower Hamlets a quarter of people referred in 2015/16 were aged under 65. This was a significant over-representation of people who were unlikely to have a diagnosable dementia, placing additional pressure on resources within the service. In response the service had undertaken educational work with referrers to provide advice and information on who the service could accept. Other issues that impacted on waiting times included waiting for interpreters.
- The trust was working closely with commissioners to address these waiting times. A lead manager was appointed in April 2016 to take responsibility for the administrative organisation and oversight of the three memory clinics to improve systems and reduce waiting times. A range of work was taking place to improve the situation. This included looking at staff roles, arranging for brain scans in a more timely manner, arranging additional feedback clinics. The expectation was that all patients would receive a first appointment within six weeks and a diagnosis within 18 weeks by September 2016.
- We checked the trusts progress in early August 2016. In terms of appointments in the first 6 weeks, Tower Hamlets had made significant improvements and nearly 90% of patients were meeting this target. Newham and City and Hackney had increased very slightly to around 88%. In terms of receiving a diagnosis in 18 weeks, Tower Hamlets had increased significantly to 94%, Newham was around 97% and City and Hackney had reached 84% which was still an improvement. Overall this represented good progress.
- Staff in the memory clinics did not always wait for a confirmed diagnosis of dementia before referring a patient to the dementia care teams if this was needed urgently.
- The community mental health teams for older people held a weekly multi-disciplinary meeting where the patient was discussed and a care coordinator allocated. The progress of each patient was monitored at these meetings. The community mental health team and the dementia care teams aimed to see patients for an assessment within 28 days. Information provided by the Trust was that a review of waiting lists indicated that where, this target was not met it was usually for reasons such as patients not engaging with the team (for example, not answering telephone calls or responding

Are services responsive to people's needs?

Requires improvement

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

to letters sent) or they expressed a preference to attend on a specific date which might be outside the 28 day period or family members/carers were required to attend with the patient and were only available at specific times and if the patient was abroad or in hospital.

- Staff told us that when patients did not attend an appointment they called them to find out why they did not attend and offered a second appointment. If they did not attend the second appointment staff contacted their GP to consider alternatives. The teams were flexible and carried out many assessments in patients' homes if this was easier for patients and carers. They also organised transport if required.
- Patients had access to psychological therapies. In City & Hackney, psychologists told us they had a waiting list of two months which had reduced from four months earlier in the year.
- Patients were encouraged to move on from the community teams as they recovered. However, staff were flexible and responsive to individual needs. They recognised that some patients needed to be supported for extended periods to prevent relapse and admission to hospital.
- Sometimes there were delays in discharging patients from the service. Delays were usually caused by difficulty finding appropriate accommodation or placements for patients and delays in obtaining funding for identified placements.

The facilities promote recovery, comfort, dignity and confidentiality

- Information leaflets on a range of relevant topics for patients and carers were displayed in patient waiting areas. These supported people to make decisions about their care and treatment.
- Waiting areas were welcoming. They were bright and well-lit. There were interview rooms available at all the team premises. These were adequately sound proofed. The sound proofing of interview rooms in the Newham offices had been improved following feedback from patients and carers that conversations could be heard in the waiting room. All consultation rooms in the Hackney offices were equipped with hearing loops. The waiting rooms and offices were adequately furnished. Waiting areas were equipped with a water dispenser so that people waiting could have a drink. People had access to toilet facilities while waiting for appointments.

Meeting the needs of all people who use the service

- All premises were accessible to people with mobility difficulties and those using wheelchairs. All interview rooms were on the ground floor. If patients had difficulty attending for appointments for any reason, staff would visit them at home.
- Information leaflets were available in different languages. For example, in Tower Hamlets information leaflets in Somali and Bengali were displayed in the patients waiting area. In Hackney information was provided in Turkish, a common local language. Staff could print information in different languages for patients. If information was not available in a particular language staff could request this. Staff teams were diverse and spoke a range of different local languages between them. During one home visit we observed the staff member was able to speak with the patient and their carer in their first language, which was not English, which helped ensure information about care and treatment was fully understood.
- When the teams received referrals of patients who did not speak English well staff would offer the patient a face to face interview with an interpreter present rather than try to use an interpreter during a telephone assessment. Staff said they could always find an interpreter when they needed one. Staff made time to speak with interpreters before assessments so that they could explain the purpose of the assessment. Staff discussed assessments carried out with the help of an interpreter in the Newham memory service allocations meeting. Staff in the Newham memory service reported that over half of the dementia assessments required an interpreter.
- The Addenbrooke's Cognitive Examination (ACE) assessment tool was available in other languages and staff used translated versions when appropriate. The ACE was also available in large print and amplifying head sets were used for people who did not hear well. This helped ensure the results of assessments were accurate and met people's individual needs.
- Staff were proactive in linking patients and carers with local community groups who could offer support to people from diverse backgrounds.

Listening to and learning from concerns and complaints

Are services responsive to people's needs?

Requires improvement

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

- Information about how to make a complaint was on display in patient waiting areas in all of the services we visited.
- In the 12 months prior to the inspection the teams in East London had received four formal complaints of which one had been upheld, two partially upheld and one was still open.
- Complaints and incidents were discussed in team business meetings and also at multi-disciplinary team meetings.

Community mental health services for older people in Luton and Bedfordshire

Access and discharge

- Team managers undertook an initial screening and risk assessment of every referral on a daily basis. All patients received a telephone call or face to face initial contact within 7 days of the referral. When an urgent referral was received, patients would be visited by the duty worker in their home the same day if required.
- When a referral was received by the memory clinics a member of the team carried out an initial triage assessment either by telephone or face to face. All patients in all memory clinics had received this initial assessment. This would identify if a patient needed an urgent appointment. It also looked at practical arrangements including whether the patient needed an interpreter or help with transport.
- Similarly to East London the memory clinics in Luton and Bedfordshire were struggling to meet their targets. In Luton, 93% of patients received a first appointment within 6 weeks and 53% of patients received a diagnosis within 18 Weeks. However, in Bedfordshire the number of people waiting for a first appointment for an assessment was much higher. The number of patients waiting for a first appointment was 93. The waiting time for the first appointment was just under 12 weeks.
- Action plans were in place which included staff obtaining brain scans for people in a more timely manner (which was more challenging in Luton) and reviewing patient files to ensure all information required was available. Nurses and doctors within the memory clinics had cleared their calendars for two weeks to complete appointments for people already referred. Similarly occupational therapists and psychologists were clearing their calendars for two weeks in order to prioritise memory clinic assessments. Administrators were also receiving training.
- We checked the trusts progress in early August 2016. In terms of appointments in the first 6 weeks, Luton had around 82% of patients being seen in this time. The Bedfordshire teams had very variable results. Mid Bedfordshire was around 88%, Bedford team was around 60% and South Beds was 34%. In terms of receiving a diagnosis in 18 weeks, Luton were achieving this for 100% of their patients. In Bedfordshire the results were variable with South Bedfordshire at 81%, Mid Bedfordshire at 47% and Bedford at 33%. An action plan for Bedfordshire was in place and included a number of actions such as implementing the revised care pathway and appointing more medical and administrative staff.
- The community mental health teams for older people were seeing patients within the agreed timescales. We observed a multidisciplinary meeting where people who had not attended appointments were discussed. Staff considered the wider issues in relation to patients who were difficult to engage and clear decisions were made about action required to enable patients to attend appointments. Staff told us that when patients did not attend an appointment they called them to find out why they did not attend and offered a second appointment. The teams were flexible and carried out many assessments and visits in patients' homes if this was easier for patients and carers.
- Patients were encouraged to move on from the community teams as they recovered. However, staff were flexible and responsive to individual needs. They recognised that some patients needed to be supported for extended periods to prevent relapse and admission to hospital.

The facilities promote recovery, comfort, dignity and confidentiality

- Information leaflets on a range of relevant topics for patients and carers were displayed in patient waiting areas. These supported people to make decisions about their care and treatment.
- There were a range of facilities available at each of the teams we visited. The Mid Bedfordshire team had clinic and interview rooms plus a large multi purpose room on the ground floor. Clinics were held at this location and

Are services responsive to people's needs?

Requires improvement

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

there were plans to further improve the facilities. These plans included redecoration, the replacement of window blinds, fitting new flooring and installing a window at the reception desk.

- The Luton team had moved to their current location in March 2016 and were located in the same premises as the in patient ward which promoted good links and communication. There was no clinic room and clinics were held elsewhere.
- The Bedford team was based in a large building where other community teams and services were also located. They could access a range of rooms on the ground floor and team offices shared with other teams were on the first floor. Staff had to "hot desk" when they visited the location and it could be difficult to find space particularly on days when meetings were organised for all teams. Psychiatrists and administrative staff were based elsewhere. There were plans under discussion to improve facilities for this team.

Meeting the needs of all people who use the service

- All premises were accessible for people with mobility difficulties and those using wheelchairs. All interview rooms were on the ground floor. If patients had difficulty attending for appointments for any reason, staff would visit them at home.
- A range of information leaflets were available in the patients waiting area. Staff could print information in different languages for patients. If information was not available in a particular language staff could request this.
- Staff were proactive in linking patients and carers with local community groups who could offer support to people from diverse backgrounds.
- The Mid Bedfordshire team ran anxiety management groups for patients and carers.

Listening to and learning from concerns and complaints

- Information about how to make a complaint was on display in patient waiting areas.
- The teams had very few complaints. Only four had been received in the previous 12 months and none had been upheld.
- Complaints and incidents were discussed in team business meetings and also at multi-disciplinary team meetings.

Are services well-led?

Outstanding ☆

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

Community mental health services for older people in East London

Vision and values

- Staff knew and understood the values of the organisation. They knew who the senior managers in the trust were. The service director for older people regularly spent time in the services.
- Staff working in the services, knew about the challenges from the local populations, such as the increasing numbers of people being diagnosed with dementia. The trust was working closely with commissioners to review and improve the services, especially the memory clinics. There was also close working with other third sector providers such as the Alzheimers Society to meet the needs of patients and their carers.

Good governance

- The standard of care plans, risk assessment and risk management were high across all of the services. All of the services, at different locations, provided high quality care to patients and carers. Care and treatment was provided in accordance with national guidance and best practice. In all of the services there was a continuous focus on patient safety. Systems were in place to ensure that the safety of individual patients was regularly discussed. All of the services were able to respond quickly when risks to patients safety increased. The services were all actively using feedback from incidents and complaints to make improvements where needed. Staff undertook a range of local audits, for example audits of the use of anti-psychotic medicines, waiting times for memory clinics, infection control and recording of consent and capacity discussions. The results were used to improve services. Risk registers were in place in all teams. These were discussed at monthly team meetings and this information was shared with the trust board.
- Staff had completed mandatory training and were receiving other training to support them to carry out their roles to a high standard. Staff spoke very positively about the quality of supervision that they received. Supervision structures were clear in each of the teams. Caseloads were managed and discussed during supervision.
- Managers had access to key information on the performance of their teams via a dashboard system. This included information for each team about risk assessments, numbers of home visits, the numbers of carers whose needs had been assessed; and the number of patients assigned a care co-ordinator as well as a range of other measures of performance. Team managers used this information to monitor performance and make improvements where needed. An example of this was that they were actively recruiting to fill vacant staff posts.

Leadership, morale and staff engagement

- Staff morale was high and staff described being proud of working in good, supportive and knowledgeable teams.
- Staff were very positive about the trust as an employer and the leadership from their directorate. They described the culture of the trust as open and said that incidents and mistakes were used as opportunities to improve. Several staff described a no-blame culture in the trust.
- Staff were aware of how to use the whistleblowing process. Staff were confident they could raise concerns and would be listened to by senior managers. Those staff who had raised issues with senior managers said they had received a positive response. Staff felt able to speak up about care related issues.
- Staff felt supported by line managers and colleagues. The trust provided forums for nurses and for social workers where staff could obtain peer support. Staff said they could obtain support when they needed it. All staff told us they felt valued and supported to undertake further training and development. They felt able to ask for support when they needed it.
- Staff in the older people's mental health teams were invited to 'listening forums' that were held between April and June 2016. These provided staff with the opportunity to meet with the clinical director deputy director and lead nurse.
- In Newham, the team had introduced mindfulness sessions once a week for staff as part of a quality improvement initiative.

Are services well-led?

Outstanding ☆

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.

- There were opportunities for staff development. An example was an administrative staff member who had accepted a six month secondment with increased responsibilities with support from senior managers to develop their career. Staff also had access to leadership training provided by the trust and staff were using these skills to improve their work and where appropriate look for promotions.

Commitment to quality improvement and innovation

- All three memory clinics had accreditation with the Memory Service National Accreditation Programme (MSNAP).
- The Hackney community mental health team for older people had implemented a quality improvement project aimed at making care programme approach meetings more recovery focussed. The project was supporting the development of recovery tools and resources. Staff were also working towards more personalised care planning. The language traditionally used in care plans was being changed so that it was more patient centred and more meaningful for patients. Recovery training sessions had been held with staff in the team.
- Another quality improvement project in progress was aimed at improving the referral process and waiting times to the memory clinics.
- A staff away day for all community mental health teams for older people in London, Luton and Bedfordshire was held in May 2016 to promote understanding and improve communication in the service overall.
- Psychologists were involved in research with couples where one partner had dementia. The research was looking at ways of improving communication by showing video recordings of interactions to the carer.
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Community mental health services for older people in Luton and Bedfordshire

Vision and values

- Staff knew and understood the values of the organisation. They knew who the senior managers in the trust were. The service directors for older people regularly sent time in the services.
- Staff working in the services, knew about the challenges from the local populations, such as the increasing numbers of people being diagnosed with dementia. The trust was working closely with commissioners to review and improve the services, especially the memory clinics. There was also close working with other third sector providers to meet the needs of patients and their carers.

Good governance

- The standard of care plans, risk assessment and risk management were high across all of the services. All of the services, at different locations, provided high quality care to patients and carers. Care and treatment was provided in accordance with national guidance and best practice. In all of the services there was a continuous focus on patient safety. Systems were in place to ensure that the safety of individual patients was regularly discussed. All of the services were able to respond quickly when risks to patients safety increased. The services were all actively using feedback from incidents and complaints to make improvements where needed. Staff undertook a range of local audits, for example audits of the use of anti-psychotic medicines, waiting times for memory clinics, infection control and recording of consent and capacity discussions. The results were used to improve services. Risk registers were in place in all teams. These were discussed at monthly team meetings and this information was shared with the trust board.
- There were good staff retention levels, low sickness levels and only one staff vacancy across the teams. Staff spoke very positively about the quality of supervision that they received. Supervision structures were clear in each of the teams. Caseloads were managed and discussed during supervision. Supervision and appraisals spreadsheets were used by managers as a monitoring tool. Staff signed supervision records and in one team staff signed assurance statements each month which confirmed that all care plan recording was up to date.
- Key performance targets were in place and regularly reviewed by team managers. Managers had access to key information on the performance of their teams via a dashboard system. Team managers used this information to monitor performance and make improvements where needed.
- There was an older adults network meeting every 4 months. All senior clinicians from across Luton and Bedfordshire attended this meeting.

Are services well-led?

Outstanding ☆

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.

Leadership, morale and staff engagement

- Staff were very positive about the trust and directorate as an employer. They described the culture of the trust as open and they felt senior managers were visible. An example of this was a visit from the chief executive of the trust to the Bedford team.
- Staff were aware of how to use the whistleblowing process. Staff were confident they could raise concerns and would be listened to by senior managers.
- Staff felt supported by line managers and colleagues. Staff said they could obtain support when they needed it. All staff told us they felt valued and able to ask for support when they needed it. The Bedford team had nominated the team manager for an award as they felt he offered excellent support.
- Managers were supportive of flexible working and monitored caseloads carefully to ensure staff did not become overworked.
- Staff morale was high and staff described being proud of working in good, supportive and cohesive teams.

Commitment to quality improvement and innovation

- All four memory clinics had accreditation with the Memory Service National Accreditation Programme (MSNAP).
- The South Bedfordshire team had facilitated research being conducted by a team of researchers led by the City University London. The aim of the research was to understand more about how people with type 2 diabetes and mental illness manage their diabetes.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Regulation 9 HSCA (RA) Regulations 2014** **Person centred care** The trust had not ensured care and treatment was appropriate and met the needs of patients. The memory clinics, especially in Bedfordshire, were not all completing assessments and giving a diagnosis for patients with dementia in a timely manner. This was a breach of regulation 9(1)