

Good



Plymouth Community Healthcare CIC

Community-based mental health services for older people

Quality Report

Local Care Centre
Mount Gould Hospital
Plymouth
Devon
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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)
1-297622270	Plymouth Community Healthcare CIC	Complex Dementia Team	PL4 7QD
1-297622270	Plymouth Community Healthcare CIC	Community Memory Service	PL4 7QD
1-297622270	Plymouth Community Healthcare CIC	Community Functional Team	PL4 7QD

This report describes our judgement of the quality of care provided within this core service by Plymouth Community Healthcare CIC, also known as Livewell Southwest. Where relevant we provide detail of each location or area of service visited.

Summary of findings

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 Plymouth Community Healthcare CIC and these are brought together to inform our overall judgement of Plymouth Community Healthcare CIC.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- Staff had completed mandatory training. Staff updated their mandatory training on an annual basis. Staff received supervision every 12 weeks, in line with the organisational policy and staff appraisals were up to date.
- All care records we reviewed had comprehensive, up to date risk assessments were in place. Staff updated risk assessments regularly. Staff had completed comprehensive assessments of all those using the service. Care plans were holistic, personalised and included a crisis plan.
- All staff were aware of safeguarding procedures, what would constitute a safeguarding alert and how to make a referral. Staff shared lessons across the whole service following incidents. Staff practice had changed as a result of learning from incidents.
- Psychological therapy was available to people using the service. People using the service had access to a psychiatrist for diagnosis and medicine reviews. The prescribing psychiatrist carried out high dose anti-psychotic monitoring. Staff considered the physical health care of people using the service.
- The staff team included nurses, physiotherapists, occupational therapists, psychologists and psychiatrists. Social workers were employed by the organisation, but they were not located within the team. In order to access social workers staff made referrals to the adult social care department of the organisation.
- The multidisciplinary team meetings were comprehensive and considered the needs of carers as well as those of people using the service. Staff from the Alzheimer's Society were based in the team office which ensured good relationships and joint working.
- Staff demonstrated a dedicated approach and put the needs of those using the service first. We observed staff demonstrating kindness, dignity and respect to all people using the service. Carers spoke very highly of

the service and reported that they felt consulted in care planning and treatment. Care records we reviewed showed that people using the service had an active role in the care they received.

- Staff completed assessments in a timely manner. Staff from both pathways were meeting the organisation's target waiting time of 18 weeks from referral to treatment. Staff saw urgent referrals within 24 hours, or sooner if required and responded promptly to any deterioration in the mental health of anyone using the service. Each team provided duty cover during working hours. The memory service pathway introduced additional memory assessment clinics to reduce the waiting list.
- The teams had good governance systems in place. For example, team managers had systems in place to ensure mandatory training was up to date, supervision and appraisals were completed within organisational timescales and incidents were reported and learnt from. The team manager had good administrative support.
- The complex dementia service was involved in research into diagnoses of Alzheimer's disease in people aged under 65 years old.

However:

- The functional team was on the organisation's risk register due to the high level of staff sickness. The manager had submitted a request to the executive team to recruit agency nurses to cover absences due to sickness.
- Social workers were not fully integrated into the service.
- Staff did not demonstrate knowledge of the organisation's values. Staff reported feeling disconnected and removed from the wider organisation.
- Staff reported the organisation made changes to the service without any form of consultation. Staff did not know when they would be moving to permanent premises.

Summary of findings

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

Are services safe?

We rated safe as good because:

- All care records we reviewed had an up to date and thorough risk assessment in place.
- Staff demonstrated a good understanding and awareness of safeguarding.
- All mandatory staff training was up to date and reviewed annually.
- Staff adhered to a robust lone working policy.
- Staff reported all incidents on the organisational incident reporting system and learning was shared across all teams.
- Staff responded promptly to any deterioration in the physical or mental health of anyone using the service.

However:

- The functional team was on the organisational risk register due to the issue of having high numbers of staff off work with long term sickness.

Good



Are services effective?

We rated effective as good because:

- Care plans were holistic, recovery focused, personalised and included crisis plans.
- Staff made referrals to the psychology service if appropriate.
- All teams had access to a psychiatrist when needed.
- Staff used outcome measures such as HONOS (Health of the Nation Outcome Scales).
- Staff appraisals were up to date and staff received regular supervision.
- Both teams included nurses, physiotherapists, occupational therapists, and support workers. Both teams had access to psychology and a psychiatrist
- Staff from the Alzheimer's Society were based in the team office which ensured good relationships and joint working.

However:

- Social workers were not fully integrated and were not based within the team despite being employed by the same organisation.

Good



Are services caring?

We rated caring as good because:

Good



Summary of findings

- Staff demonstrated a dedicated approach and put the needs of those using the service first.
- We received positive feedback from those using the service. People using the service told us that staff were flexible and kind and treated them with dignity and respect.
- Carers spoke highly of the service and felt consulted in decisions.
- People using services told us they knew what was in their care plan and records showed staff offered people a copy of their care plan.
- People using the service had the opportunity to give feedback on the service by way of questionnaires and community groups.

Are services responsive to people's needs?

We rated responsive as good because:

- Staff from both pathways completed assessments within the organisation's target time of 18 weeks from referral to treatment.
- Staff responded to and saw urgent referrals on the same day.
- Both pathways had a duty system to respond to the needs of those using the service.
- The memory service had introduced additional memory assessment clinics to reduce the waiting list.
- Staff gave people using services and their carers an information pack including details on diagnosis, treatment, carers information, advocacy and how to make a complaint.
- Staff were aware of the complaints procedure and any complaints were discussed at monthly team meetings.
- Both pathways had clear eligibility criteria for service provision.
- People using the service had access to the out of hours telephone service. Staff could refer people for out of hours visits if they had physical health issues.

Good



Are services well-led?

We rated well led as good because:

- Team managers had systems in place to ensure mandatory training was up to date and that supervision and appraisals were completed within organisational timescales.
- Team managers submitted items to the organisational risk register.
- Staff felt valued by their team manager.
- Staff were given protected time for continuous professional development.

Good



Summary of findings

However:

- Staff reported feeling disconnected and removed from the wider organisation.
- Staff reported that senior managers were not visible and did not often visit the team.
- Staff told us that the organisation made changes to the service without consulting them. The staff team did not know when they would be moving from their temporary accommodation.
- The functional team manager and deputy had increased caseloads to cover for the five members of staff off work with sickness.

Summary of findings

Information about the service

The older person's community health team comprised two distinct pathways and three separate teams. All three teams were co-located in the same building on the Mount Gould hospital site. The two pathways were the memory and complex dementia pathway and the functional pathway. Within the memory and dementia service there were separate teams for each function. The service had two managers for the two pathways and three deputy managers for each service.

Access to the service was via a single point of access. The multidisciplinary team for each pathway would discuss

the referral and offer the most appropriate form of treatment and support. The multidisciplinary team comprised mental health nurses, physiotherapists, occupational therapists, doctors, psychologists and support workers. Social workers were employed by the organisation, but were not located with the mental health teams. The teams also worked with the voluntary sector, such as the Alzheimer's Society, to provide positive support for people using services and their carers, ensuring that people were signposted to other services when appropriate.

Our inspection team

Our inspection team was led by:

Chair: Andy Brogan, South Essex Partnership Trust

Team Leader: Pauline Carpenter, Head of Hospital Inspection (mental health) Care Quality Commission

Inspection manager: Nigel Timmins, Care Quality Commission

The team included CQC managers, inspection managers, inspectors, Mental Health Act reviewers and support staff.

The inspection team that inspected this core service comprised a CQC inspector and two specialist advisors who were a social worker and a clinical psychologist.

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 three focus groups.

During the inspection visit, the inspection team:

- visited all three of the community services and looked at the quality of the environment;
- spoke with nine people who were using the service;
- spoke with three carers of people using the service;
- spoke with the managers or acting managers for each team;
- spoke with 11 other staff members; including doctors, nurses, physiotherapists and occupational therapists;
- observed one multidisciplinary team meeting;
- attended one community group for people using the service;

Summary of findings

- checked 17 care records of people using the 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

People who used the service told us that staff treated them with kindness, dignity and respect. They reported that staff were knowledgeable and informative. People using the service reported being involved in their care planning and staff had offered them a copy of their care

plan. People told us they felt staff listened to and understood them. They also reported that staff were flexible and would see them sooner than their next scheduled appointment if needed.

Carers we spoke with told us that they could not fault the service provided and they felt included and consulted in all decisions whenever appropriate.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should provide staff with the appropriate support and engage in change management approaches when reviewing the service.
- The provider should consult with staff regarding service developments and proposed moves.
- The provider should address the issue of the functional team having five staff members absent from work with long term sickness.
- The provider should review the working arrangements and locations of social workers with a view to fully integrate them into the service.

Plymouth Community Healthcare CIC

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
Complex Dementia Team	Plymouth Community Healthcare CIC
Community Memory Service	Plymouth Community Healthcare CIC
Community Functional Team	Plymouth Community Healthcare CIC

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 discussed issues of aftercare provision under the Mental Health Act at weekly multidisciplinary meetings and showed good understanding of the need to call for a Mental Health Act assessment.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where staff had needed to complete capacity assessments these were clear, time and decision specific, and clearly linked to best interests decisions. Staff demonstrated a good

understanding of this legislation and they had fully embedded and integrated it into their practice. We observed clinical discussions that showed good consideration of MCA and DoLS.

Are services safe?

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

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

Our findings

Safe and clean environment

- The service did not see people using the service at the premises. Staff saw people using the service either at home, or in outpatient clinic rooms shared across the organisation.
- Staff were based in temporary accommodation on the Mount Gould hospital site. The staff working areas were clean and well equipped with necessary equipment.
- There was a clinic room for storing medicines. The clinic room had a fridge to store medicines which staff checked daily.
- The service displayed posters advising on infection control and effective hand washing principles.

Safe staffing

- The complex dementia and memory pathway had no vacancies, the functional pathway was recruiting to their one vacancy. However, the functional pathway was operating with five staff members off with long term sickness. The full staff team, aside from the manager and deputy manager, comprised of two occupational therapists, four nurses and four support workers.
- The manager and deputy manager of the functional team covered the absences due to sickness and had divided the caseloads of those staff off sick between their own caseloads. This meant that the caseloads of the manager and deputy were higher than usual, although they had managed to maintain their management duties, for example supervision was still up to date.
- The functional team was on the organisation's risk register due to the issue of having a high level of staff absence due to sickness. The manager submitted a request to the executive team to recruit agency nurses to cover the current absences due to sickness, although this had yet to be approved at the time of inspection.
- The memory service had an overall caseload of 98, the complex dementia service team caseload was 104 and the functional service had a team caseload of 162. These caseloads were well managed by practitioners.

- Individual practitioner caseloads ranged from 10 people using the service to 36. This was in line with the Department of Health guidelines which recommended a safe caseload being no higher than 35.
- Managers for both pathways reviewed individual practitioner's caseloads regularly. Staff received supervision every 12 weeks, in line with the organisational policy.
- Staff had completed mandatory training. The corporate mandatory training included manual handling, safeguarding adults and children, and basic life support training. Staff updated their mandatory training on an annual basis. Compliance rates for corporate mandatory training for the service were 84%; this was above the provider rate of 82%.

Assessing and managing risk to patients and staff

- We reviewed 17 care records. All records had comprehensive risk assessments which staff updated regularly.
- Staff responded promptly to any deterioration in people's mental or physical health. We observed the duty process in action. The duty worker responded to a call and visited someone using the service that morning. Staff responded pro-actively which ensured that the person did not have to wait and was able to receive support promptly.
- Staff had reviewed waiting lists and reduced the number of people waiting to receive a service by introducing additional memory assessment clinics.
- All staff were aware of safeguarding procedures, what would constitute a safeguarding alert and how to make a referral. Staff safeguarding training was up to date. Staff safeguarding compliance rates were 93%.
- Most staff contact with people using services was in their own homes. Staff followed the lone working policy to protect their safety. Staff clearly documented in care records where they assessed risk to require two staff to carry out a home visit. Staff used the in/out board to indicate where they were and when they were due back. Contact numbers for staff were available.

Are services safe?

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

Track record on safety

- The service had a good track record on safety and had reported no serious incidents requiring investigation or adverse events in the six months prior to inspection.
- Team managers demonstrated an awareness of the process of reporting serious incidents to the organisation's risk team to investigate, who would then provide feedback and any learning.

Reporting incidents and learning from when things go wrong

- All staff were aware of which incidents should be reported and how to do so. Staff showed us the incident reporting system and we saw how staff used it appropriately to record incidents.
- Staff received feedback from the investigation of incidents and managers shared this from both pathways.
- Staff involved people using the service when appropriate in reviewing incidents. People using the service were kept informed and staff followed the duty of candour policy by informing people if they had made any errors that would have affected their care.
- There was an incident investigation team within the organisation who reviewed incidents and gave feedback to include learning points for all teams.
- Feedback from any incidents was an agenda item for team meetings.
- Staff practices had changed as a result of incidents. Staff recorded the capacity of people using the service more regularly as a result of an incident involving someone using the service who had physical health needs as well as mental health issues.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- Staff had completed comprehensive assessments for all those using the service. Staff completed assessments in a timely manner and both pathways met the organisational target time of 18 weeks from referral to treatment.
- Care plans included crisis plans and staff ensured people using the service knew how to access the out of hours telephone support line.
- Care plans were holistic, personalised and showed evidence of involving the person using the service. Care plans had a recovery focus where appropriate. Care plans had been offered to the person using the service and staff had clearly recorded if the person had a copy or not.
- Staff recorded assessments and care plans in secure electronic format. All staff had access to this system and there were paper files for back up. This ensured that information could be readily accessed and we saw no issues of information being stored in one record and not the other.

Best practice in treatment and care

- Psychological therapy was available to people using the service. Staff could refer to psychology for additional support if appropriate.
- The psychiatrists in the teams started the prescribing for people using the service; this was then passed to the person's GP when appropriate.
- We saw robust monitoring processes in place to minimise the prescribing of high dose anti-psychotic drugs. This was monitored by whoever was prescribing at the time. This could be either a GP or the psychiatrist from the service.
- Staff used outcome measures such as HONOS (Health of the Nation Outcome Scales) to measure the progress and effectiveness of treatments being delivered.
- Staff considered the physical health care of people using the service and we saw evidence of staff assessing and care planning for physical health care needs.

Skilled staff to deliver care

- The staff team included nurses, physiotherapists, occupational therapists, psychologists and psychiatrists. Social workers were employed by the

organisation, but they were not located within the team. In order to access social workers staff had to make a referral to the adult social care department of the organisation. Staff reported having to wait for social care involvement although the social work team did not operate a waiting list system. This could delay people using services access to social care. Staff stated that social work involvement could be provided more quickly in urgent cases.

- Staff received a thorough and comprehensive induction and mandatory training.
- Staff appraisals were up to date and dates had been booked for the forthcoming year. Staff received supervision approximately every six weeks in line with the provider's policy.
- Staff had opportunities for specialist training and the team managers had a budget to fund external training.

Multi-disciplinary and inter-agency team work

- The multidisciplinary staff team met weekly to discuss new referrals. We observed one multidisciplinary meeting which was comprehensive, holistic, considered carers needs as well as those using the service. All staff contributed to this meeting. Staff from all disciplines apart from social work attended.
- The team had links with external organisations including GP practices. Staff told us that links with social workers had not improved practice and were now no different from how they were prior to the social workers being employed by the organisation.
- Staff had good links with the inpatient service which was based on the same hospital site. The consultant covered both the wards and community services to ensure continuity of care for the patient if they moved from inpatient to community settings and vice versa.
- Staff from the Alzheimer's Society were based in the team office which staff reported ensured good relationships and joint working. Staff from the Alzheimer's Society reported that they were able to share knowledge with the dementia pathway staff; they had an awareness of what was available in the community to people using the service, and they could ensure continuity between the services. People using the service continued to receive support from the Alzheimer's Society after they had been discharged from the community team.

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.

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

- Staff completed consent to treatment and capacity assessments when required. Staff clearly and thoroughly documented this in the individual's care record.
- Staff had administrative support for matters relating to the Mental Health Act and the Code of Practice from a central support team.
- People using the service had access to advocacy if required. There were leaflets available at the outpatient clinic areas and staff routinely took leaflets out to people when on home visits.
- Staff were aware of the process of referring to the Approved Mental Health Professional for a Mental Health Act assessment. We observed staff having to do this during the inspection. This process worked as it should and the staff member was able to request a Mental Health Act assessment which went ahead later the same day.
- At the time of the inspection no one using the service was subject to a community treatment order.

Good practice in applying the Mental Capacity Act

- All staff had training in the Mental Capacity Act and were aware of the principles. Staff were aware of the provider policy and had access to this for reference.
- Staff completed capacity assessments during the initial assessment. Staff recorded individual's capacity in some of the care records we reviewed, but not in all. We reviewed 17 care records and staff had recorded capacity assessments in eight of these.
- Staff discussed issues of capacity at the weekly multidisciplinary meeting.
- Staff supported people using the service to make their own decisions. However if people using the service were assessed as lacking capacity, staff followed the correct guidelines in making decisions in their best interests. Staff involved carers and family members when best interest decisions were made. Staff clearly recorded and documented all best interests decisions meetings in care records.
- Staff knew where to get support and advice regarding the Mental Capacity Act from within the organisation.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- We observed staff demonstrating kindness, dignity and respect to all people using the service. We observed a community group facilitated by occupational therapists which was inclusive, respectful and caring.
- Staff demonstrated a dedicated approach and put the needs of those using the service first.
- We received positive feedback from people using the service. Carers spoke very highly of the service and reported that they felt consulted in care planning and treatment.
- People using the service said staff fully explained the assessment and treatment options as well as their care plan. People using the service said they had contact details for their named worker and the service.
- Staff demonstrated that they understood the individual needs of each person using services and maintained their confidentiality at all times.

The involvement of people in the care that they receive

- We reviewed 17 care records. These showed that people using the service had an active role in the care they received. Care records showed that staff offered people using the service a copy of their care plan. Staff recorded if a person had declined to have a copy of their care plan.
- Care plans covered a wide range of issues to reflect individual's needs.
- People using the service had the opportunity to give feedback on the service by way of questionnaires and at community meetings. Staff gave people using the service a questionnaire at the point of discharge to give feedback on the service they had received. Staff also used friends and family questionnaires to get the views of carers.
- Staff included carers' views in assessments and care plans. Carers had access to carers groups.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- Staff from both pathways met the organisational target waiting time of 18 weeks from referral to treatment. The average waiting time was seven weeks.
- The memory service pathway had introduced additional memory assessment clinics to reduce the waiting list. The waiting list reduced from 211 people waiting to less than 100 since the introduction of the additional clinics.
- Managers from all services triaged the referrals to decide on which service they required, and prioritised referrals depending on urgency and risk.
- Staff saw urgent referrals within 24 hours or sooner if required.
- The manager reported the service did not provide an out of hours crisis service for older people using services, unless they had a physical health condition. If the person using the service did not have a physical health need there was no provision for staff to see them at weekends, although the organisation provided an out of hours phone service. If someone had a physical health condition, such as an infection, staff from the community team referred them to the community crisis response team who arranged weekend care.
- Both pathways had clear criteria for which people would be offered a service. The managers and deputy managers from each pathway screened referrals weekly and referrals that needed further discussion were taken to the weekly multidisciplinary team meeting.
- Staff were flexible in the times they could see people using the service and changed times to suit the needs of the individual if required.
- Staff followed a did not attend policy and took a proactive approach to engaging with people using the service who missed or did not attend appointments.
- Staff offered people using the service a discharge questionnaire and used the responses to inform service

development. Due to the established links with the Alzheimer's Society staff were able to discharge people to the Alzheimer's Society to ensure care was maintained.

The facilities promote recovery, comfort, dignity and confidentiality

- The team had use of clinic rooms two afternoons each week. These were clean, well maintained and suitable to see people using the service.
- The clinic rooms had adequate sound proofing to ensure the confidentiality of people using the service.
- The waiting areas were clean and comfortable. Leaflets on treatments, local services and how to complain were available in the waiting areas.

Meeting the needs of all people who use the service

- Information leaflets were available in easy read form if required. Staff had access to interpreters if needed.
- Clinic rooms had disability access.

Listening to and learning from concerns and complaints

- The service reported one upheld complaint in the previous 12 months.
- Staff gave people using services information about the patient advice and liaison service and those we spoke with told us they knew how to make a complaint about the service.
- Staff told us they knew the complaints procedure and knew what to do if they received a complaint. Staff provided feedback to the complainant for each complaint they received.
- Staff received feedback from the organisation for any complaint they were involved in.
- Staff discussed any complaints received at their monthly team meeting. There were no ongoing complaints at the time of the inspection.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff knew who the senior managers were within the organisation, although staff reported that the senior managers did not visit the service often.
- Staff did not demonstrate knowledge of the organisation's values. Staff reported feeling disconnected and removed from the wider organisation.
- Staff maintained their own values within the service, although they reported not doing this as a reflection of the organisation's values. Staff were able to apply their own personal values of caring and respect to their role.

Good governance

- Team managers had systems in place to ensure mandatory training was up to date, supervision and appraisals were completed within organisational timescales and incidents were reported and learnt from.
- The team manager had good administrative support. Team managers had authority to allow staff to attend external training if appropriate.
- Staff submitted items to the organisational risk register. The manager of the functional service had submitted the team to the risk register due to the levels of absence due to staff sickness. The manager was waiting for a response from the executive team.
- Staff had reported the issue around the lack of social worker integration to senior managers. However, staff were not aware of any developments that might bring social workers to be co-located with the rest of the team.

Leadership, morale and staff engagement

- Staff were aware of the whistleblowing process and felt able to raise concerns without fear of victimisation.
- Staff reported no issues with bullying or harassment.
- Staff reported the organisation made changes to the service without consulting them. The service had recently moved to temporary accommodation without consultation or any reasons given from the senior management team. Staff did not know when they would be moving to permanent premises, or where these would be.
- Staff felt valued by their team managers, but not all felt valued by the organisation.
- Team managers encouraged staff involvement with service development.
- The functional team manager had followed the organisational process in addressing the issue of long term staff sickness. A request had been made to the executive team to be able to recruit agency staff to cover the absences.
- The manager and deputy manager were able to carry out management duties such as staff supervision despite having additional people on their caseloads. However the managers felt that they did not have enough time for team development due to the extra people they had on their caseloads.

Commitment to quality improvement and innovation

- The complex dementia service was involved in research into diagnoses of Alzheimer's disease in people aged under 65 years old.
- The service encouraged research in other areas, including Alzheimer's treatments, and staff were involved in memory services research taking place.