

West London Mental Health NHS 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)
RKL14	Lakeside Mental Health Unit & Hounslow Community Services	Cognitive impairment and dementia community team	TW7 6AF
RKL79	Hammersmith & Fulham Mental Health Unit and Community Services	Cognitive impairment and dementia community team	W6 8NF
RKL53	St Bernard's and Ealing Community Services	Cognitive impairment and dementia community team (east)	W3 8PH

This report describes our judgement of the quality of care provided within this core service by West London Mental Health NHS 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.

Summary of findings

Where applicable, we have reported on each core service provided by West London Mental Health NHS Trust and these are brought together to inform our overall judgement of West London Mental Health NHS 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?

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:

- At our last inspection in June 2015, we found that nurse caseloads in Ealing and Hounslow were higher than the target of 60 set by the trust. At this inspection, we found that the trust had taken action, in partnership with other agencies, to develop the service. At this inspection, caseloads in Ealing and Hounslow had started to reduce due to the fact that cases were being transferred to five new link workers in Hounslow and seven new link workers in Ealing.
- All the CIDS teams operated from safe and suitable premises. The trust had improved the waiting area for patients and carers at Ealing east since our June 2015 inspection.
- Patients and carers were able to access information and leaflets in languages other than English. This had improved since our June 2015 inspection.
- CIDS teams were well staffed, with agency staff covering vacant posts. Permanent and agency staff were skilled and experienced. Managers ensured staff received one to one support and training to carry out their work role. Staff were positive about their work and the support received from their managers.
- Patients and carers were fully involved in assessments of need and care and treatment processes. Carers and patients gave us very positive feedback about the sensitivity and professionalism of staff. Carers spoke very highly about the support staff gave them. They

said staff treated them and patients with dignity and respect. Care and treatment plans complied with best practice guidance. The CIDS offered a range of psychosocial interventions to patients and carers. The service supported care homes in relation to managing behaviour which challenged staff.

- Staff knew how to recognise abuse and neglect. They raised safeguarding alerts when necessary. Staff understood and put into practice the key principles of the Mental Capacity Act.
- The Ealing and Hounslow teams were accredited by the Royal College of Psychiatrists in January 2016. The CIDS included a clinical trials unit. This helped to promote a learning culture within the service and enabled patients to participate in research if they wished.

However:

- Although nurse caseloads in Hounslow and Ealing CIDS had started to reduce, in some instances caseloads were still high, for example at 90 in one instance.
- The site used by the CIDS team at Hammersmith and Fulham was leased by the trust from another organisation. The trust had identified issues with the safety and suitability of the premises and was in communication with the owner of the property. However, at the time of the inspection there was not an agreed action plan in place to resolve these issues.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- At our last inspection in June 2015, we found that nurse caseloads in Ealing and Hounslow were higher than the target of 60 set by the trust. At this inspection we found that the trust had taken action, in partnership with other agencies, to develop the service through engaging new link workers. At this inspection we found caseloads in Ealing and Hounslow had started to reduce through the transfer of cases to link workers.
- In June 2015, we found the waiting area for patients and carers at Ealing east was not suitable. At this inspection, we found the trust had made improvements and all CIDS reception areas were appropriate for patients and carers.
- CIDS teams were well staffed with agency staff covering permanent vacancies.
- Staff thoroughly assessed risks to patients and took action to promote their safety.
- Staff understood how to implement procedures to safeguard adults and children.
- The trust had ensured staff had received mandatory training.

However:

- Further work was required by the trust to ensure that all nurse caseloads did not exceed the trust target of 60.
- The trust had identified safety issues at the site used by the Hammersmith and Fulham CIDS team which was leased from another organisation. At the time of the inspection, there was no agreed plan to resolve these issues.

Good



Are services effective?

We rated effective as **good** because:

- Assessments and care plans were comprehensive and person centred.
- Staff followed NICE guidance and appropriately involved carers in care and treatment.
- CIDS teams include a range of disciplines and multi-disciplinary work was effectively planned and carried out.

Good



Summary of findings

- Staff received support to carry out their work. The trust carried out annual appraisals of staff and identified and addressed their development needs.
- Staff fully complied with the legal requirements of the Mental Capacity Act.
- All staff used electronic record keeping systems.

However,

- Not all staff had received clinical supervision in line with trust targets.

Are services caring?

We rated caring as **outstanding** because:

- Patients and carers we met during the inspection said staff treated them with a high degree of dignity and respect. They said staff took the time to patiently explain assessments and interventions to them and offered them choices about care and treatment.
- Patients and carers said they felt staff responded promptly to their needs and provided excellent practical support and advice that reflected their holistic needs. For example staff were able to provide advice on accessing benefits and social care services that took into account their personal needs.
- We received a large number of positive comments about the sensitivity and caring attitude of staff describing how they went the extra mile. We observed that staff were able to effectively communicate with patients with cognitive impairment and involved them as much as possible in their care and treatment. They took the time to ensure they really understood the wishes of the patient and their carers.
- The service recognised and respected people's cultural, social and religious needs. Interpreters were used when needed and appointment times reflected the patients other arrangements for example religious festivals or family events.

Outstanding



Are services responsive to people's needs?

We rated responsive as **good** because:

- At our last inspection in June 2015, we noted an absence of written information for patients in languages other than English. At this inspection, written information was available in a range of languages. Staff used interpreters when required.

Good



Summary of findings

- Teams met targets in relation to the assessment of referrals and responded to urgent referrals appropriately.
- Staff took risk into account in relation to how they followed up patients who did not attend appointments.
- Staff responded to complaints.

However:

- The premises at Hammersmith and Fulham CIDS had a lift which was often out of order and rooms which were very hot in summer. The trust was in communication with the owner of the premises but there were no agreed actions in relation to resolving these issues.

Are services well-led?

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

- Staff had a good understanding of the trust values and told us how they put them into practice in their day to day work.
- Staff described leadership at both team and senior level as open and empowering. Staff had opportunities to progress their careers.
- The Ealing and Hounslow CIDS teams had successfully obtained accreditation from the Royal College of Psychiatrists.

Good



Summary of findings

Information about the service

- West London Mental Health NHS Trust provides a cognitive impairment and dementia community service (CIDS) for people living in three London boroughs: Hammersmith and Fulham, Ealing and Hounslow. Any patient over 18 can access the service but the majority of patients are aged over 65. Patients using the service have conditions such as Alzheimer's disease, vascular dementia, fronto-temporal dementia and dementia associated with Parkinson's disease.
- There are four CIDS teams. In Ealing there are two CIDS teams covering the east and west of the borough, in Hammersmith and Fulham there is one CIDS team covering the whole of the borough, as is the case in Hounslow. The staffing of each CIDS team varies, but team members include nurses, psychiatrists, administrative staff, psychologists and occupational therapists. All the teams have a lead clinician and a manager.
- Patients are referred to the CIDS team by their GP. There is an agreed referral pathway which includes the GP undertaking physical health screening tests of the patient.
- The CIDS teams have two main functions. Firstly, CIDS teams carry out the assessment of a patient's level of cognitive impairment and their mental health, physical health and social care needs, including the identification of any relevant carer's needs. Secondly, CIDS teams provide short-term and long-term treatment to patients with an identified need which can be appropriately met by a mental health professional. Patients receiving treatment from CIDS include patients who require a trial of medicines, patients with complex needs who require psychological interventions and patients where there are significant levels of risk with a poor response to prescribed treatments and interventions.
- We previously inspected the CIDS teams in June 2015. We found the CIDS teams to be fully compliant at that time.

Our inspection team

The team that inspected services in Hounslow consisted of an inspector and three specialist advisors: a nurse, a doctor and a specialist advisor who has specialist knowledge of the Mental Capacity Act.

The team that inspected services in Hammersmith and Fulham consisted of an inspector and two specialist advisors: a nurse and a doctor.

The team that inspected services in Ealing east consisted of an inspector and a nurse specialist advisor.

Why we carried out this inspection

When we inspected the trust in June 2015, we rated the community mental health services for older people with mental health problems as good overall.

After the inspection, we made no requirement notices but we did recommend a number of areas where the service could improve.

This inspection was to follow up the findings of the previous inspection.

Summary of findings

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited teams in Hammersmith and Fulham, Hounslow and Ealing east
- checked the safety and quality of the facilities used by each team
- observed how staff spoke with patients and carers

- spoke with seven patients who were using the service
- spoke with six carers of patients using the service
- spoke with the managers for each of the teams
- spoke with the clinical director of the cognitive impairment and dementia community service, (CIDS)
- spoke with 11 other staff members, including doctors, nurses, administrative workers, occupational therapists, and psychologists
- attended and observed three multi-disciplinary meetings
- observed three meetings staff held with patients about their care and treatment, including one home visit
- checked 16 patient records including risk assessments and care plans
- collected 61 comment cards completed by patients and carers of patients who were using the service
- read a range of policies, procedures and other documents relating to the operation and quality of the service

What people who use the provider's services say

Patients and carer feedback was very positive about the quality of service. We received 56 completed comment cards which had mainly been completed by carers of patients using the service. 53 of the 56 cards were positive about the service. Carers praised the attentiveness and understanding of staff. Many thought the support from CIDS staff had been essential in enabling them to continue with their caring role.

Carers anticipated that the initial assessment process would be stressful for patients but commented that staff were extremely patient and understanding. Carers reported that staff demonstrated a high level of

professionalism in the way they understood and treated patients with cognitive problems. Carers felt they were fully involved in discussions about treatment and care and staff listened to their views.

Carers were positive about the support available to them from CIDS directly and from services which CIDS staff had put them in touch with.

We received three negative comments. These were about staff changes, a lost appointment letter and the waiting list to join groups.

Good practice

- The CIDS clinical trials unit contributed to staff development by arranging regular learning events. The unit also gave carers and patients the opportunity to participate in research programmes if they wished.
- There were effective arrangements to provide peer support to carers through their engagement in groups provided by CIDS and other agencies.
- The trust's recovery college provided courses on dementia which were open to patients and carers.

Summary of findings

- The CIDS provided input to care homes for people with dementia. The service aimed to educate care home staff on psychosocial interventions to manage behaviour which challenged staff.
- In partnership with other agencies, the CIDS had developed the new link worker role in Ealing and Hounslow. This initiative aimed to increase capacity within the CIDS teams for new assessments whilst ensuring patients and carers received support.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that the CIDS continues to implement actions to ensure nurse caseloads comply with the trust target.
- The trust should ensure there are clear actions in place in relation to improving the safety and suitability of the premises used by the Hammersmith and Fulham CIDS.
- The trust should ensure that all staff receive supervision in line with trust policy.
- The trust should ensure that action is taken to ensure waiting times for assessments do not exceed the agreed target of six weeks.

West London Mental Health NHS 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
Cognitive Impairment and Dementia team (Hounslow)	Lakeside Mental Health Unit & Hounslow Community Services
Cognitive Impairment and Dementia team (Hammersmith & Fulham)	Hammersmith & Fulham Mental Health Unit and Community Services
Cognitive Impairment and Dementia team (East Ealing)	St Bernard's and Ealing Community Services

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.

- Training in the Mental Health Act (MHA) was mandatory for CIDS staff. The service had a compliance rate of 92%. Staff were able to explain to us the circumstances when it may be appropriate to use the MHA in relation to a CIDS patient. Managers told us that in practice the MHA was used infrequently. The CIDS team worked closely with other WLMHT services if a MHA assessment was required.
- There were no patients who were subject to a MHA community treatment order (CTO) in the CIDS.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Training in the Mental Capacity Act (MCA) was mandatory for CIDS staff. The compliance rate was 93% across the service. It was clear from our review of care records and from speaking with staff, patients and carers that CIDS staff fully complied with the MCA.
- The assessment of mental capacity was a key function of the CIDS and staff undertook such assessments appropriately. For example, there was evidence in patients' care records of staff making every attempt to identify any factors that could impact on such an assessment, such as the patient's physical health and level of education. Staff explained to us how they conducted assessments in such a way as to put the patient at ease and maximise their understanding of the process.
- Staff evaluated and documented each patient's mental capacity to understand and consent to the assessment process itself. Staff continuously assessed and documented the patient's mental capacity in relation to specific decisions about their care and treatment. For example, in relation to making decisions about medicines and about who information should be shared with.
- When staff had assessed that a patient was unable to make a decision they worked with those who knew the patient well, such as their relative or carer to make decisions in their best interests. Assessment and care plan documents included details of how decisions had been made.
- Staff said there was access to advice on the implementation of the MCA from a trust lead. Carers and relatives told us staff gave them advice on how to make applications for a Lasting Power of Attorney (LPA).

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

- At our last inspection in June 2015, we found that the reception space for patients of Ealing east CIDS team was very limited. We said the trust should take action about this. At this inspection, we confirmed that improvements had been made. We saw that additional suitable waiting space for patients was in use.
- Staff had access to alarms which they could use in an emergency. Where interview rooms were not fitted with alarms, for example, at the Hammersmith and Fulham CIDS team site, staff ensured they had their personal alarms with them. Checks had been carried out at regular intervals to ensure the alarms were working correctly and staff knew how to respond when the alarm went off. Reception staff told us they felt safe.
- All of the sites had controlled entry and exit procedures. Health and safety risk assessments of the premises had been carried out. At the Hammersmith and Fulham CIDS site, the trust had identified there were some issues with the safety of the building. For example, patients and carers could easily enter the staff areas from the waiting area as there was not a suitable lock on the staff room door. We saw evidence that the trust had recently contacted the landlord of the building about this. However, there was no timescale for the situation to be rectified.
- Clinic rooms and other areas of the premises at all of the CIDS team sites were clean and well-maintained. Equipment for monitoring the health of patients and equipment for use in an emergency was clean and fit for purpose. The trust had ensured checks of equipment had been carried out at the correct intervals.

Safe staffing

- The staffing arrangements for each CIDS teams varied in accordance with local commissioning arrangements. In relation to qualified nurses, all of the teams had vacancies. From trust data on 30 June 2016, the CIDS team with the highest vacancy rate of 43% was Ealing east, where the establishment level for qualified nurses

was seven and there were three vacant posts. On 30 June 2016, the CIDS team with the lowest vacancy rate of 29% was Ealing west, where the establishment level for qualified nurses was seven and there were two vacant posts.

- The trust had ensured nurse staffing levels were maintained in all the CIDS teams. Cover was provided by agency staff who were experienced in working with patients with cognitive impairment and dementia. For example, in Ealing east, at the time of the inspection, there were three vacancies for band six nurses which were all covered by agency staff who had all worked in the team for several months. Managers told us there were trust initiatives to recruit permanent qualified nursing staff and there were plans to interview potential new staff for the teams in the near future. They said it had been difficult in the past to attract enough candidates with the appropriate level of skills, knowledge and experience to fill all the vacancies.
- Data from the trust on the rate of staff sickness for permanent staff in the CIDS teams for the period 1 October 2015 – 30 September showed this to be comparatively low at between 1- 5%. In the period 1 October 2015 – 30 September 2016, the Hammersmith and Fulham CIDS team had the highest rate of staff turnover of 21% (two of ten staff having left employment). In Ealing west, CIDS team there was no staff turnover. Trust data for 30 June 2016 gave the vacancy rates for permanent staff of all disciplines in the CIDS teams as: Ealing east 9%, Ealing west 8%, Hammersmith and Fulham 11%, and Hounslow 13%.
- The trust recommended a maximum caseload of 60 per care co-ordinator. In June 2015, we found that nurse caseloads ranged from 80-130 in Hounslow and Ealing. We told the trust to ensure that caseloads for staff are manageable and reflect agreed levels. At this inspection we found that the trust, in partnership with other agencies in Hounslow and Ealing, had taken action to develop the service with the aim of reducing nurse caseloads. In both boroughs new 'link worker' posts had been established to provide additional support to

Are services safe?

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

patients and their carers when they were discharged to the GP. In Ealing there were seven link workers and in Hounslow there were five. The Hounslow CIDS team had also received funding for an additional nurse.

- At this inspection, we found that some nurse caseloads in the Hounslow and East Ealing team were still over 60. However, nurse caseloads had reduced since June 2015. The link workers posts were relatively new, in Ealing they had only started to take cases the month before the inspection. Managers were supporting staff to identify cases for transfer to link workers and had clear plans in place to achieve these transfers by March 2017. Additionally, managers were looking at other factors which impacted on the size of caseloads. For example, at Hounslow some nurses had larger caseloads because of the way work was allocated according to the patient's home address. The team was looking at new ways of allocating work to make caseloads more equitable. We spoke with staff in Hounslow and Ealing east who confirmed their caseloads were reducing. At the last inspection, we found the Hammersmith and Fulham CIDS team nurse caseloads were less than 60. We found them to be less than 60 at this inspection.
- All of the CIDS teams operated a duty service to ensure patients received a safe service. There was always a designated member of staff on duty whose main role was to triage new referrals to the team on the day they were received, clarify their urgency and ensure an appropriate response. Referrals were defined as urgent, priority or routine. For example, where there were concerns about high levels of risk, such as severe self-neglect or violent behaviour the duty worker was expected to alert their manager and formulate an urgent response. Staff gave us examples of how they liaised with the GP, patients and their families and other agencies to respond to urgent referrals.
- Staff said they were easily able to access advice or input from a psychiatrist.
- Compliance with mandatory training across the CIDS teams met the trust target of 90% as of 31 October 2016. Mandatory training included training on diversity, equality and dignity at work, Mental Capacity Act (MCA), mental health law and health and safety.
- All of the CIDS teams had robust systems to comprehensively assess risks to patients. We looked at 16 care and treatment records across the CIDS teams. Staff had completed detailed risk assessments. These had information about the individual risks to the patient's mental and physical health and risks of harm to the patient and others. Risk assessments were appropriately detailed and included information on risks which were particularly relevant to older patients with cognitive impairment. For example, they included details of the risk of self-neglect, risks of exploitation by others and risks of accidents in the home and the community. Staff had updated risk assessments appropriately after incidents and changes to patient circumstances.
- Staff explained to us how they gathered information on risks. For example, if the patient was unable to fully explain their circumstances due to their cognitive impairment, they ensured they spoke with someone who knew the patient well. In some cases staff made home visits to clarify whether there were issues such as trip hazards or fire risks. Occupational therapists in the teams were able to give expert advice on the management of risks and arranged for the installation of assistive technology when appropriate.
- Staff referred patients to social services if risks to the patient were such that they required support to care for themselves. Staff referred carers to social services so that they could access a carer's assessment.
- Staff completion of training in adult and children's safeguarding varied from 78-90% which was below the trust target of 90%. Staff we spoke with in all of the CIDS teams understood how to recognise and report abuse. Safeguarding was a standing item on the agenda for morning referral meetings and multidisciplinary meetings. Care records showed that staff had made referrals appropriately to safeguard adults and children. The trust reported that there were 57 safeguarding notifications raised by the CIDS teams in the period 1 October 2015 - 30 September 2016. Of these, 54 were adult safeguarding referrals and four were child safeguarding referrals. Most of the adult safeguarding referrals were about concerns in relation to possible neglect or exploitation of patients with cognitive impairment.

Assessing and managing risks to patients and staff

Are services safe?

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

- The trust had a standard that risk assessments and care plans for those patients subject to the care programme approach (CPA) should be updated every six months. Cases held by nurses were mostly non-CPA cases and the trust sent reminders to team managers when reviews were overdue. From our examination of case records, it was clear that the standard in relation to frequency of reviews was met unless there were circumstances that meant this was not possible; for example if a patient was unwell.
- Staff were able to respond quickly if they were alerted to a sudden deterioration in a person's health. Either the allocated worker or the duty worker ensured that there was liaison with other agencies such as the GP and social services to ensure the person's needs were assessed and met. For example, a patient's spouse rang the Ealing east CIDS team to say the patient had suddenly become more confused. The member of staff then rang the patient's GP to ask that the GP screen the patient for a possible infection. They also gave advice to the patient's spouse about additional sources of support.
- The trust had appropriate procedures in place in relation to lone working. These procedures were followed in all the CIDS teams. All the staff we spoke with told us they used these procedures to ensure they were safe. The trust had recently issued a new electronic personal alarm system which enabled lone workers to be tracked and promoted their safety. Staff were using this system and said they felt it would contribute to their personal safety.
- Medicines were not stored at CIDS team premises and staff did not administer medicines except in very rare circumstances. In Ealing east there was one case where a staff member administered medicine to a patient once

a month in their home. The staff member picked up the medicine from the pharmacy and followed trust procedures in relation to the transportation and administration of the medicine.

Track record on safety

- The CIDS service reported three serious incidents between 1 April 2015 and 31 March 2016. These comprised: one accident (a fire), an incident of suspected self-harm and a fall.
- We read a report on the investigation of the actions of the CIDS service in relation to the care of a patient where there had been a fire. The report had highlighted the fact that the CIDS team had not appropriately identified the risk of fire or the fact that there was not a smoke alarm installed in the patient's property. Since then the trust had taken action to promote fire safety awareness in the CIDS service through learning events and team discussion. A question on smoke alarms was added to risk assessments. Staff had also improved their liaison with the London Fire Service and were able to make direct referrals to the fire service for fire safety assessments and the installation of smoke alarms.

Reporting incidents and learning from when things go wrong

- Staff told us they were familiar with the trust's incident reporting procedures and knew how to report incidents.
- Staff said the trust promoted the reporting of incidents. They said managers reminded them to do so through team meetings and emails. Staff told us they were invited to learning events and received bulletins on the findings from the investigation of incidents which were discussed at team meetings. Staff told us they received appropriate de-briefing when incidents occurred.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- Care records demonstrated that the CIDS teams carried out comprehensive assessments. GPs followed an agreed pathway when making referrals to the CIDS which included screening for physical conditions which could account for cognitive impairment. The CIDS team then allocated the referral to a member of staff who carried out an initial assessment which included an assessment of the patient's mental state and cognitive function, their social situation and the identification of any disabilities and physical health needs. The member of staff arranged the location of the assessment after discussion with the patient and their carer. Staff made a home visit if the patient was unable to come to the office or if the referral indicated that an assessment of the patient's home circumstances was required. Staff always obtained information from a carer, family member or other person who knew the patient to ensure they obtained a full picture of the patient's circumstances.
- If the initial assessment was complex, the member of staff reported their findings to the multi-disciplinary team and there was discussion to clarify if further assessments were required. In some cases, staff referred patients for a brain scan or asked a psychologist to undertake a more detailed assessment of the patient's cognition.
- Once all the necessary assessments had been completed, the CIDS team invited the patient to meet with a psychiatrist for a diagnostic interview. After this interview, the team developed a care plan. The CIDS then sent a copy of the assessment and proposed care plan to the patient and their carer and to their GP.
- Assessments and care plans were detailed and person-centred. Assessments described the patient's cognitive functioning, including areas of strength and any difficulties they were experiencing, their current circumstances, and the diagnosis. Care plans explained any treatment offered to the patient and how the CIDS team would monitor the patient whilst they were

receiving treatment. In addition, the letter explained the support and advice offered by CIDS to the carer and gave details of any referrals which CIDS had made to social services and other agencies.

- If an assessment concluded that a patient did not meet the criteria for CIDS, this was explained to the patient and the GP.
- The CIDS had a 'did not attend' protocol on discharging patients who failed to engage with the service. This took into account the potential risks to the patient and specified the actions that should be taken to minimise risks. Care records showed that the CIDS took robust action to follow up on referrals when necessary. For example, staff made repeated home visits to try and assess the patient if the patient was known to be at risk.
- Staff used the trust's electronic recording system for all patient records. They said the system worked well and enabled them to easily access information. Staff said the recording system simplified case transfer between teams.

Best practice in treatment and care

- The CIDS operational policy dated June 2016, stated the service had been developed to ensure compliance with National Institute for Clinical Excellence (NICE) guidance. During the inspection, we confirmed from patient records and speaking with staff, that clinicians appropriately prescribed and monitored medicines for patients with dementia. For example, in line with NICE guidance, clinicians prescribed a medicine to some patients diagnosed with Alzheimer's disease. The CIDS teams ensured that patients prescribed this medicine received it at the correct dose. Tolerance to medication was clinically assessed over time with an annual blood test.
- There were nurse prescribers at the Hammersmith and Fulham and Ealing East CIDS service. Both nurse prescribers told us they were well supported by their clinical lead in relation to their prescribing practice.
- The CIDS service provided access to psycho-social interventions for patients and carers. All of the CIDS teams included psychologists who provided input in terms of group-work and one to one work with patients and informal carers. Additionally, the CIDS provided support to paid carers of older people with dementia

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.

through supporting staff in residential care settings. A nurse in the Hammersmith and Fulham team told us about how she worked with care home staff to develop their understanding of psychosocial factors in relation to managing behaviour which challenged staff. We found that the prescription of antipsychotics was low. When antipsychotics were prescribed there was a clear rationale and the situation was kept under review.

- The CIDS had appropriate links with partner agencies which ensured patients and carers were able to access the support and help they needed. Staff gave patients information about local resources, such as carers support centres and groups for people with dementia and their carers. Staff gave clear information to patients and carers about how to access help with welfare benefits and assistance from social services.
- CIDS assessed and managed the physical health needs of patients in conjunction with primary care services. The CIDS referral process included a physical health check by the GP. CIDS assessments and care plans included reference to the patient's physical health needs. Staff had a good knowledge of physical health factors in relation to older people with dementia. For example, care records showed, staff made referrals to the GP or dietician in the case of patients who were losing weight. Staff also talked with patients and carers about the importance of being alert to issues such as urinary tract infections (UTIs), so that carers could arrange for treatment from the GP as soon as possible. All of the care plans sent to patients and carers gave advice on keeping as well as possible through exercise and social stimulation.
- The CIDS teams used health of the nation outcome scales to measure the outcomes of the service.
- Clinical audits were carried out across the service. For example, there were had been an audit of referrals and outcomes in relation to patients under 65.

Skilled staff to deliver care

- All the CIDS teams were multidisciplinary. The staffing establishment varied from team to team, but all teams included nurses, occupational therapists, psychologists, psychiatrists and administrative staff.
- The 11 staff we spoke with across the CIDS told us students from various disciplines were often on

placement in the teams and this contributed to an ethos of learning and development. Staff said they were supported by the trust to develop their skills competence and knowledge. Staff told us the trust provided them with relevant training in relation to the care and treatment of patients with dementia. Staff said the fact that the CIDS also operated a dementia clinical trials unit meant there were regular local seminars and learning opportunities. Staff told us they had the opportunity to attend external conferences and courses. Staff stated that they were able to enhance their professional role through peer support and discussions with other professionals from across CIDS and the trust.

- Staff completed a trust induction and a comprehensive induction to their work role when they started work. For example, staff shadowed other workers to observe how they carried out assessments and interacted with patients and carers. Staff said senior staff supported them through one to one supervision sessions and senior clinical cover was always available to give them information and advice.
- We received data from the trust on the clinical supervision rates of staff (as of September 2016) for the CIDS teams. The trust has a clinical supervision target of 95% staff receiving clinical supervision every four weeks. The CIDS team Ealing east had the highest clinical supervision rate with 74%. The CIDS team Hounslow had the lowest with 47%. At Hounslow CIDS, sickness of the manager had recently impacted supervision rates. Staff at Hounslow told us they had recently received supervision and had a manager seconded to their site to provide day to day support.
- Supervision records we read across the CIDS teams were brief but covered staff well-being and development needs as well as an overview of current work and goals for future work. The rate of non-clinical staff who had received an annual appraisal in the CIDS was 97%. Appraisals covered the staff member's capabilities and competence in their work role and set out arrangements to meet any development needs.
- All medical staff had been revalidated during the previous twelve months

Multidisciplinary and inter-agency team work

- Regular and effective multidisciplinary team (MDT) meetings took place in all of the CIDS teams. All the

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.

teams held morning briefing meetings which were well-planned and chaired, with a standardised agenda which covered allocation and action planning on new referrals, adult and children's safeguarding issues, changes to risk and the transfer of cases from the team to primary care.

- The CIDs had appropriate links with other trust teams such as the crisis teams and the community mental health teams for people of all ages with functional mental health conditions. CIDS worked with partner agencies such as voluntary organisations for people with dementia and their carers, GPs, clinical commissioning group and the local authority. At a strategic level, this partnership work had been effective in terms of the development of the CIDS in Hounslow and Ealing. At all the CIDS sites we saw evidence of strong links with social services and other local agencies with the aim of ensuring that patients and carers received an appropriate and timely service.

Adherence to the MHA and the MHA Code of Practice

- Training in the Mental Health Act (MHA) was mandatory for CIDS staff. The compliance rate was 92% across the service. Staff were able to explain to us the circumstances when it may be appropriate to use the MHA in relation to a CIDS patient. Managers told us that in practice the MHA was used infrequently. The CIDS team worked closely with other WLMHT services if a MHA assessment was required.
- There were no patients who were subject to a MHA community treatment order (CTO) in the CIDS.

Good practice in applying the MCA

- Training in the Mental Capacity Act (MCA) was mandatory for CIDS staff. The compliance rate was 93% across the service. It was clear from our review of care records and from speaking with staff, patients and carers that CIDS staff fully complied with the MCA.
- The assessment of mental capacity was a key function of the CIDS and staff undertook such assessments appropriately. For example, there was evidence in care records of staff making every attempt to identify any factors which could impact on such an assessment, such as the patient's physical health and level of education. Staff explained to us how they conducted assessments in such a way as to put the patient at ease and maximise their understanding of the process.
- Staff evaluated and documented each patient's mental capacity to understand and consent to the assessment process itself. Staff continuously assessed and documented the patient's mental capacity in relation to specific decisions about their care and treatment. For example, in relation to making decisions about medicines and about who information should be shared with.
- When staff had assessed that a patient was unable to make a decision they worked with those who knew the patient well, such as their relative or carer to make decisions in their best interests. Assessment and care plan documents included details of how decisions had been made.
- Staff said there was access to advice on the implementation of the MCA from a trust lead. Carers and relatives told us staff gave them advice on how to make applications for a Lasting Power of Attorney (LPA).



Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Feedback from carers and patients was consistently positive about the way CIDS staff treated them. Carers and patients told us that staff were very patient and explained all aspects of the assessment and care planning process to them in a way which they could easily understand. For example, staff explained to a patient that an assessment could result in a diagnosis of dementia and asked them if they wanted to know their diagnosis. Patients and carers said staff put them at their ease and encouraged them to express their views and raise any concerns or questions they had. They said they experienced the assessment process as far more reassuring and supportive than they had expected. For example, we spoke with a carer and a patient immediately after their appointment with a doctor. They told us the doctor was very professional but also friendly. They said they felt as if the doctor had the patient and carer's best interests at the centre of their thoughts.
- Carers said that staff put them in touch with a wide range of support. For example, a carer told us about various courses and groups they attended including courses arranged by the WLMHT Recovery College. In another instance a patient explained how they had been asked if they wished to participate in the work of the CIDS clinical trials. They told us that it felt positive to be given the opportunity to participate in research and help others. Staff explained to us how they ensured they gave the opportunity both to the patient and the carer to speak to them privately about and concerns they wanted to raise in confidence.
- Some carers told us they had been in contact with the same staff at the CIDS for a number of years and their relationships with these staff were strong and positive. The new link worker system aimed to ensure that carers had an easy way of accessing support. We spoke with some patients and carers about their link workers. They told us they felt the link workers were knowledgeable and helpful.
- Care records and interviews with staff demonstrated that staff had ensured they were person-centred in their work. For example, staff told us that they were very

mindful of the importance of listening to patients and carers about the effects of the medicines prescribed. We saw records of careful discussion with patients and carers about the prescription and dose of medicines. In some instances the prescription of medicines had been discontinued because of feedback from patients.

- The CIDS fully took into account each patient's personal, cultural, social and religious needs. Referral forms asked for information on this and interpreters were arranged to assist where necessary. The service used a range of assessment tools to ensure that people were not unduly disadvantaged because of a lack of education or because of their cultural background. From care records, it was evident that staff took into account factors such as a patient's wish to follow their religion when planning appointment times.

The involvement of people in the care they receive

- The CIDS teams demonstrated a high level of commitment to working in partnership with carers and patients to plan person-centred care. Staff always involved carers in assessment and care if the patient consented to it or it was in the patient's best interests. A carer, or family member, as well as the patient, were copied into assessments and care plans once they had been developed.
- Care records and interviews with staff demonstrated that staff were person-centred in their work. For example, staff told us that they were very mindful of the importance of listening to patients and carers about the effects of the medicines prescribed. We saw records of careful discussion with patients and carers about the prescription and dose of medicines. In some instances the prescription of medicines had been discontinued because of feedback from patients. The interactions we observed between staff and patients confirmed that staff were skilled at maximising the participation of patients in discussions without patronising them or 'talking down' to them.
- Staff informed patients and carers about how to access a range of local advocacy services. In addition, people were given written information on advocacy services.



Are services caring?

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

- The trust had a well-developed system for involving patients in the recruitment of staff. Team managers told us this was arranged by the trust's HR department and patients provided valuable feedback which was used to help the selection process.
- People were asked for their feedback on the service through surveys which were organised centrally by the trust. We saw the feedback which had been collected which was very favourable about the service in terms of the helpfulness and kindness of staff.

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

- The CIDS was accessible to patients over 18, residing in Hammersmith and Fulham, Hounslow and Ealing with a cognitive problem which was likely to be indicative of a condition such as Alzheimer's disease, vascular dementia, fronto-temporal dementias and dementia associated with Parkinson's disease. The CIDS had an agreed referral pathway with GPs which specified the information CIDS required about the patient and the physical health checks they expected the GP to carry out prior to referral.
- Each CIDS team had a dedicated email referral address for the receipt of referrals. CIDS teams operated 9am to 5pm Monday to Friday. Carers told us they found the service to respond quickly to any calls they made. Staff gave carers details of services they could call out of hours.
- In all of the teams, urgent cases were allocated straight away but we were advised that there could be a wait which exceeded the standard of six weeks for some routine referrals. The trust advised us that in October 2016 Ealing west was the team with the longest waiting times for patients to be seen for a first assessment. The trust said the waiting time averaged nine weeks for non-urgent referrals. This led to a waiting list of 58 non-urgent referrals awaiting allocation to be seen. We were advised that the recent appointment of link workers would enable nurses to reduce their caseloads freeing up more time for initial assessments with the aim of reducing the waiting list.
- The trust supplied data for the CIDS on referral to assessment and assessment to treatment times between 1 July 2015 and 30 June 2016. This stated that the trust target of 63 working days from referral to assessment was largely met by all four CIDS teams.
- Patients and carers told us they were able to arrange appointments at a time which was convenient for them. They said they appreciated the fact that CIDS administrative staff reminded them about appointments through texts and telephone calls. They said CIDS seldom cancelled appointments and if they were cancelled they were told about it in advance. During our visits to the CIDS teams we observed that

appointments ran to time. Staff followed a 'did not attend' policy and took a risk-based approach in relation to decisions about discharging patients from the service. Patients who did not attend initial appointments were routinely discussed at multidisciplinary team meetings in order to determine the level of risk and plan the team's response.

- The CIDS had an operational procedure which clearly set out the remit of the team and explained how they would communicate with referrers about the progress of referrals. Care records we read confirmed the teams followed these procedures.

The facilities promote recovery, comfort, dignity and confidentiality

- At our last inspection in June 2015, we noted an absence of written information for patients in languages other than English. At this inspection reception areas at all team sites had a range of information on display for patients and carers, including information on advocacy services and how to complain. There was information available in languages other than English. At the CIDs Hounslow team there was a display screen which gave information about the service in several languages.
- The CIDS teams we visited were located in premises that were clean and spacious for staff and patients. Interview rooms were suitable and adequately sound proofed. At the Hammersmith and Fulham office staff told us that the lift was often out of order and the temperature of the offices was hard to control. We saw evidence that the trust was in communication with the landlord of the building about these issues but there were no agreed actions in place.

Meeting the needs of all patients who use the service

- All of the CIDS locations could be accessed by wheelchair users and people with mobility problems. In practice, staff said that they offered home visits to patients who may have difficulties travelling to the service.
- Staff ensured patients and carers received information in a language and format they could understand. Care records showed the CIDS teams obtained information from the referrer about the patient's preferred language and communication needs and tailored their interventions accordingly. The use of independent

Are services responsive to people's needs?

Good 

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

interpreters was routine and administrative staff supported clinical staff by booking interpreters. Staff told us that they could easily use telephone translation services and also book face to face interpreters when this was necessary. Staff could give patients a range of leaflets in different languages and arrange to have specific information and letters translated for patients and carers. At the CIDs Hounslow team there was a display screen in the reception area which gave information about the service in several languages.

Listening to and learning from concerns and complaints

- The trust received three formal complaints about the CIDS, with all three fully upheld, during the last 12

month period 1 July 2015 - 30 June 2016. No complaints had been referred to the ombudsman. Managers told us that formal and informal complaints in the service were infrequent and mainly about administrative errors, such as carers not receiving copies of care plans. Checklists were in place to assist staff in ensuring administrative errors were minimised.

- During the same time period the CIDS also received 16 compliments about the high standard of care they provided.
- Patients and carers we spoke with told us they knew how to make a complaint. They said they were aware they could raise any concerns with the manager of the service.

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 said that team objectives were focused on providing a person-centred service for patients and carers in line with trust values.
- Senior members of the trust management team had visited CIDS team sites.

Good governance

- The CIDS team managers reviewed information from the trust on their compliance with key performance indicators every month at a managers meeting. Managers had systems in place to track the progress of referrals and safeguarding cases. The trust ensured staff were supported to carry out their work role through mandatory training.
- Managers were aware of any difficulties in meeting the expected standards and were taking action to make improvements. For example, managers were taking steps to reduce the case loads of nurses. Managers said they were able to refer issues to the trust's risk register. Managers said the planned level of administrative support to the teams was sufficient. However, at the time of the inspection, sickness levels in the administrative team had impacted on some areas of performance, such as the sending out of letters to GPs. Managers were mitigating this through sharing out work across CIDS administrative staff.
- The CIDS clinical director linked worked strategically with commissioners, primary care and the local authority to develop services for patients with dementia. This had enabled developments to the CIDS, such as the link workers.
- Managers checked on the quality of record keeping. For example, managers read assessments to ensure they were appropriately comprehensive and person-centred.
- Managers told us they could carry out their day to day duties independently and effectively. They said their senior managers were helpful and supportive.

Leadership, morale and staff engagement

- Staff across the CIDS were positive about working for the trust. They said morale was good because the team culture was supportive and empowering. In Hounslow and Ealing, staff were optimistic about the new link workers. In Hammersmith and Fulham, staff told us that developments previously planned for the service had not gone ahead due to commissioner funding issues. Consequently, the team was not due to have additional link workers. Staff in Hammersmith and Fulham said morale in the team was good despite this. In the period 1 October 2015 - 30 September 2016, the permanent staff sickness rate was between 1% and 5% in the CIDS teams.
- There were no on-going bullying and harassment cases in the CIDS. Staff were familiar with the trust's whistleblowing procedures. Staff told us CIDS had an open culture and they would be able to raise any concerns they had without fear of victimisation.
- Staff had access to a range of leadership development training. We met staff who had made progress with their careers whilst working for CIDS.

Commitment to quality improvement and innovation

- The CIDS had an improvement development plan which had been developed in response to our previous inspection in June 2015. Managers and staff were familiar with the plan and the progress which had been made since the last inspection.
- Since the last inspection, CIDS in Ealing and Hounslow had received recognition of their quality through the Royal College of Psychiatrists Memory Services National Accreditation Programme (MSNAP). The programme ensures people with memory problems have access to high quality, person-centred care. Assessors consulted patients, carers, staff and GPs about the services, and found them to be of a high standard.
- The CIDS included a clinical trials unit based at Hounslow. Staff told patients and carers about the possibility of joining the 'dementia register' so they could be involved in research projects.