

North London NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

Camden and Islington NHS Foundation Trust
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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)
TAF01	St Pancras Hospital	Adult ADHD (Attention deficit hyperactivity disorder)Team	NW1 0PE
TAF01	St Pancras Hospital	Camden Assertive Outreach Team	NW1 0AS
TAF01	St Pancras Hospital	Complex Depression Anxiety and Trauma Team	NW1 0PE
TAF01	St Pancras Hospital	Early Intervention Team	NW1 0AS
TAF01	St Pancras Hospital	Intensive Support Team	NW3 5NU
TAF01	St Pancras Hospital	Islington Mental Health	NW1 0PE

Summary of findings

		Assessment & Advice Team/ Camden Mental Health & Advice Team	
TAF01	St Pancras Hospital	North Camden Recovery & Rehabilitation Team	NW3 5NU
TAF01	St Pancras Hospital	Veterans and Traumatic Stress Mental Health Team	NW1 0PE

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

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

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

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 have not rated this service, as we only do this once we have completed a comprehensive inspection. We did not rate the trust following its comprehensive inspection in May 2014 because it was part of a pilot. We will rate the service following its next comprehensive inspection.

We found that the trust had made good progress in ensuring staff working in the community service had a good understanding of the Mental Capacity Act. Although there was still some teams where the learning was not fully embedded, the trust was now meeting this standard.

We also found that

- Risks to service users were monitored through multidisciplinary meetings and service users requiring extra support were effectively identified. Most records showed good assessment and care planning, although some records were not always accurate or fully up-to-date.

- Most staff felt confident in being able to raise concerns, although some staff told us they would be less confident. Learning regarding incidents took place at a local team level.
- Most staff had received regular formal supervision and were finding this helpful. Supervision levels recorded in the Early Intervention service were lower.
- People using the service felt respected by staff. The majority described the staff as caring and friendly.

However

- Staff morale in North Camden Recovery and Rehabilitation Team was low. Staff were concerned with the size of their caseloads.
- Staff had not always recorded that they had checked fridge and clinic room temperatures at all sites.

Summary of findings

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

Are services safe?

We have not rated this service for safe. We will rate the service following its next comprehensive inspection.

We found that

- Risks to service users were monitored through multidisciplinary meetings and service users requiring extra support were effectively identified.
- Staff knew how to report incidents and most felt able to do so without fear of recrimination.
- Learning regarding serious incidents took place at a local team level.

However

- Not all patient risk assessments and management plans were up to date.
- Staff had not always recorded that they had checked fridge and clinic room temperatures at all sites.

Are services effective?

We have not rated this service for effective. We will rate the service following its next comprehensive inspection.

We found that

- Staff understanding of and recording of the Mental Capacity Act 2005 had improved.
- Most records showed good assessment and care planning, although some records were not always accurate or up to date.
- Service users were given additional support to achieve some of their recovery goals and were supported by assistant practitioners to do this.
- Most staff had received regular formal supervision and were finding this helpful. Supervision levels recorded in the Early Intervention service were lower.

However

- Some records did not clearly record the rationale for decisions. For example, one person's medication had also been increased to beyond British National Formulary recommended limits and there was no record as to why this had happened.

Summary of findings

Are services caring?

We have not rated this service for caring. We will rate the service following its next comprehensive inspection.

We found that

- Most care plans showed that service users, and their families where appropriate, had been involved in developing the care plan.
- People using the service felt respected by staff. The majority described the staff as caring and friendly.
- Interpreters were used to support service users whose first language is not English.

Are services responsive to people's needs?

We have not rated this service for responsive. We will rate the service following its next comprehensive inspection.

We found that

- Service users were prioritised based upon their need and risk.
- Staff were flexible wherever possible and appointments could be made to suit the patient.
- Staff actively monitored and supported service users who did not attend their appointments.
- Complaints were responded to appropriately, although not all people using the service were aware of the trust's formal complaints process.

However

- There were waiting lists for some psychological therapies.

Are services well-led?

We have not rated this service for well-led. We will rate the service following its next comprehensive inspection.

We found that

- Most staff felt well supported by managers.
- Most staff felt confident in being able to raise concerns, although some staff told us they would be less confident.
- Staff were aware of the trust's values and were committed to them.

However

- Staff morale in North Camden Recovery and Rehabilitation Team was low.

Summary of findings

Information about the service

Camden and Islington NHS Foundation Trust adult community-based services provide assessments and support services for adults coming into contact with mental health services for the first time. They also provide services for people who have complex depression, anxiety, trauma and personality disorder needs and require longer term support.

- During this inspection we inspected the following teams:-
- Camden Islington Early Intervention teams. The teams provide assessment and management for people who have presented to specialist mental health services with a first episode of psychosis. The services are for those aged over 17.5. Those referred over the age of 65 will be considered on a case by case basis.
- Camden Assertive Outreach Team. This team provides support for adults with a history of psychotic disorders and complex needs who may have had difficulty working with other teams or services and who may have had many admissions to hospital. The team works with those aged 18-65 years of age.
- Camden Intensive Support Team. This team provides support to Camden residents. It provides individuals with intensive support and can meet people up to three times a week. Appointments are offered both within the community and also at the office location. This team can support individuals up to a period of two years.
- North Camden Rehabilitation and Recovery Team. This team supports people who have been diagnosed with a psychotic disorder (including bipolar). They

provide assessment and medication. Those who are with the service for over three months are provided with a care programme approach. The service is for people aged 18 and above, who live in the borough of Camden.

- Camden and Islington Mental Health Advice and Assessment Teams. These teams provide a range of support including initial assessment for people aged over 18 who are experiencing mental health problems and may require specialist services. The service is provided by two teams who work with Camden or Islington residents respectively. The team provide a triage service to assess the support people may require. Initial appointments are offered within 15 days.
- Complex Depression Anxiety and Trauma Team. The team provides assessments and formulates treatment plans. The service is for people aged over 18. The service provides both psychological and medical interventions.
- Veterans and Traumatic Stress Mental Health Team. The service provides evidence-based psychological treatment for people aged over 18 with post-traumatic stress disorder (PTSD).
- Adult ADHD (attention deficit hyperactivity disorder) Team. The clinic provides services to people aged over 18 who have a documented history of ADHD or have completed an initial screening questionnaire to confirm eligibility for the service or present symptoms that reasonably warrant an assessment for ADHD. The clinic provides both medication and psychological therapies.

Our inspection team

The team was comprised of: An inspection manager, six inspectors, a psychiatrist and an expert by experience.

Summary of findings

Why we carried out this inspection

- We inspected these services to find out whether improvements had been made within community teams for adults of working age since our last inspection in May 2014.
- During the 2014 inspection, we found that there was a breach of regulations. The trust were in breach of Regulation 18 HSCA 2008 (Regulated Activities), Regulations 2010, Consent to care and treatment. The trust did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people or where that did not apply, for establishing and acting in accordance with people's best interests.
- In addition to reviewing progress against this breach, we also reviewed other key lines of enquiry. We did not review all key lines of enquiry comprehensively. We will do this at our next comprehensive inspection.
- We have not yet rated the trust. We will do this following its next comprehensive inspection.

How we carried out this inspection

To see whether improvements had been made in key areas since the inspection in May 2014 we focussed on the five key questions:

- 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. After the inspection we also asked the trust to provide us with additional information to enable us to make our judgements.

During the inspection visit, the inspection team:

- visited eight teams across three sites.
- spoke with 20 people who were using the service.
- spoke with one carer.
- spoke with the managers for each of the teams.
- spoke with 45 other staff members including doctors, nurses and social workers.

We also:

- looked at 31 treatment records of service users.
- looked at a range of policies, procedures and documents relating to the running of the services.

What people who use the provider's services say

All of the service users we spoke with said that they received good care and treatment by staff. They were highly complimentary about the staff that supported them. Service users said that the staff took an interest in their well-being and they felt involved in their care. Service users' privacy and dignity were respected by staff.

The majority of people we spoke with were unaware of the complaints process. However, most people using the service thought they would be able to find out how to complain if they needed to. Most people told us that they had not had any cause to complain but felt confident that they would be listened to if they did complain.

Good practice

There was nothing specific to note.

Summary of findings

Areas for improvement

Action the provider MUST take to improve

The provider MUST ensure that

Following risk incidents, risk assessments and management plans are always updated.

Action the provider SHOULD take to improve

The provider SHOULD ensure that

- All staff receive regular supervision.
- Staff caseloads are monitored to ensure they are manageable.
- Continues its work to promote staff engagement, so that staff feel able to raise issues or concerns without fear of reprisals.

North London NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Adult ADHD (Attention deficit hyperactivity disorder)Team	St Pancras Hospital
Camden Assertive Outreach Team	St Pancras Hospital
Complex Depression Anxiety and Trauma Team	St Pancras Hospital
Early Intervention Team	St Pancras Hospital
Intensive Support Team	St Pancras Hospital
Islington Mental Health Assessment & Advice Team/ Camden Mental Health & Advice Team	St Pancras Hospital
North Camden Recovery & Rehabilitation Team	St Pancras Hospital
Veterans and Traumatic Stress Mental Health Team	St Pancras Hospital

Mental Capacity Act and Deprivation of Liberty Safeguards

- The inspection in August 2014 found that the trust did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people or where that did not apply, for establishing and acting in accordance with people's best interests.
- The trust had undertaken a training programme in the Mental Capacity Act 2005.
- Staff's understanding of assessing people's capacity to make decisions had improved. Most staff were now recording discussions regarding capacity and consent.

Detailed findings

For example, we reviewed five records of the Advice and Assessment Team during this inspection. Capacity and consent was discussed and the contents of that discussion was clearly recorded.

Are services safe?

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

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

Our findings

Safe and clean environment

- All of the services had alarm systems. Staff were aware of the protocol regarding what action they should take when the alarms were pressed.
- All sites where patients were being seen were clean. However, the cleaning audits for the Greenland Road site were not available on the day of the inspection. The cleaning audit for the Hoo had not been updated for the month of August 2015.
- The clinic rooms at Greenland Road and the Hoo were clean and tidy. The air conditioning in the clinic room at Greenland Road was broken and the room was hot. Room temperatures were not being routinely recorded. The windows could not be opened due to privacy issues. Two staff at the Hoo stated that the clinic room was too small for two staff and a service user to be in there at the same time.
- Appropriate equipment was available for patients' physical health checks. The Greenland Road site did not have a blood glucose monitoring machine, however, this had been ordered.

Assessing and managing risk to service users and staff

- The quality of risk assessments varied. We reviewed 28 risk assessments. Most were detailed and thorough. They addressed all of the identified risks and had clear plans to manage these risks. There was clear evidence of service user involvement in these plans. However, two of the risk assessments from the North Camden Recovery and Rehabilitation Team and two from the Camden Assertive Outreach Team were not up-to-date. This meant that staff were not fully aware of the risks.
- Staff monitored the risk of people. Staff reviewed the risks associated with individuals using the service through daily handover meetings. For example, the Islington Early Intervention Team discussed service users for whom there were specific concerns, new referrals and support that needed to be given to children and families.
- Home visits to service users were logged using movement boards or an office diary. This ensured that

office based staff were aware of their colleagues' whereabouts and could raise the alarm in a timely manner. Where there were additional risks, home visits were undertaken by two staff.

- Medicines were managed well in services. They were stored securely. There was enough stock of all of the medicines and they were within their expiry date. However, the fridge temperature records at the Greenland Road site were not routinely completed. The temperature had not been routinely recorded between February 2015 and August 2015. At the Hoo the records were up to date.
- Service users' needs were monitored through a variety of multi-disciplinary meetings. During these meetings risk was reviewed to identify whether there had been any change, which allowed staff to prioritise service users whose risks had changed. New referrals were discussed to ascertain whether an urgent appointment was required. The needs of the wider family were also reviewed. The Islington Early Intervention Team, Camden Assertive Outreach Team and the Camden and Islington Assessment and Advice Teams used a colour coding system to identify those service users who needed to be prioritised.
- Camden and Islington Assessment and Advice Team were split between two boroughs. Where service users needed a priority assessment, they could be seen by staff in either team, which reduced the waiting times.
- The Early Intervention Team had a process to re-engage service users who did not attend appointments. This included ringing the individual, offering new appointments and liaising with other services involved with the service user. The case would be closed after three months if the individual had not come to the attention of other services.

Safe Staffing

- Most teams we visited had sufficient staff to support people using the service.
- Staff in some teams felt under pressure due to workload. For example, during team meetings, staff in the North Camden Recovery and Rehabilitation Team had raised concerns about staffing vacancies and caseload size and the impact it was having on the service.

Are services safe?

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

- North Camden Recovery and Rehabilitation Team had four current vacancies. There were two vacant Band 6 nursing posts. There were also two vacant social work posts, which were being covered by temporary staff.
- The Complex Depression, Anxiety and Trauma team had had a number of vacancies during the previous year. These had been covered by Bank and Agency staff on longer term agreements whilst full time staff were recruited. At the time of the inspection three care co-ordinators and two part time psychologists had been recruited and would be joining the team.
- The trust had a recruitment plan in place to ensure that all vacancies are filled by 2016. The use of agency staff had been stopped in a number of teams. Staff in these teams said that they felt had absorbed the additional work that had arisen due to staff vacancies. However, staff expressed concern that this situation was not sustainable.

Reporting incidents and learning from when things go wrong

- When serious incidents occurred a thorough investigation took place. Following the investigation an action plan was made to address the learning identified.
- Four serious incident reports were reviewed. Three from North Camden Recovery and Rehabilitation Team and one from the Complex Depression and Anxiety Team. Each report had an in-depth analysis of what had gone wrong. Common themes were improving risk assessments and care plans. There were also clear dates by which the lessons learned would be shared with community based teams.
- The trust had recently undertaken a Thematic Review into serious incidents. The review had recommended that the trust had monthly open problem solving workshops. The trust had incorporated these within its monthly divisional quality forums. Serious incidents were discussed at a local level within teams.

Are services effective?

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

- Comprehensive assessments of service users' needs were undertaken by the teams. These assessments and care plans were recorded and stored electronically. Thirty one treatment records were reviewed.
- Staff had not always ensured care records were up to date. The North Camden Recovery and Rehabilitation Team's care records were not all up to date. Two of the eight records we reviewed had risk assessments that were out of date. (The trust's protocol is that risk assessments should be reviewed at least every twelve months, or sooner should someone's circumstances change.) In another case, the service user's mental state had deteriorated significantly. The risk review had not been updated and the risk was still categorised as being "low". Another patient had shown improvement. The risk assessment had not been updated to reflect this. The individual's medication had also been increased to beyond British National Formulary recommended limits and there was no record as to why this had happened.
- Service users were supported and encouraged to move forward when they felt well enough and could be helped to find jobs and training opportunities. Nine care records we reviewed contained service user focused information on how to support the individual with activities including employment and education. Camden EIS were piloting the individual placement support model as a way of supporting service users into employment or training.
- People were referred to specialist services where appropriate. For example, referrals were made to the Personality Disorder Service, welfare benefits and housing providers.
- Staff were supporting people using a recovery based model. For example, the Camden Assertive Outreach Team was producing care plans that had "sub plans" attached to them. These "sub plans" focused on specific areas of recovery and service users were supported by the assistant practitioner to achieve these recovery goals. Areas worked on included smoking cessation, improving physical health and improving money management. Service users had appointments with the care co-ordinator as well as the assistant practitioner who focused on specific welfare recovery goals.

Best practice in treatment and care

- Psychological therapies offered were in accordance with those recommended by the National Institute for Care and Health Excellence (NICE). However, there were sometimes long waiting lists for these therapies.
- The Early Intervention Team were following NICE guidance for those service users with psychosis.
- The Camden Assertive Outreach Team were looking at strategies to ensure that service users physical health was monitored routinely. The team were developing a spreadsheet to track individuals who required an annual health check.

Skilled staff to deliver care

- The ADHD team had a two psychology vacancies (one post had been frozen and was not being recruited to. The other post was recruited to shortly after the inspection). There was one band 8 psychologist who offered two psychology sessions per week. There was a waiting list for psychology. Forty people were on the waiting list at the time of the inspection.
- There was high staff turnover in the Complex Depression and Anxiety Team and also in the North Camden Recovery and Rehabilitation Team. Staff said that the changes in staffing was unsettling and caused stress.
- Staff had the opportunity to discuss areas of concern during supervision. Most staff said that the supervision processes were helpful. The trust monitored supervision through a balance scorecard process which recorded the percentage of staff who had received both practice supervision and line management supervision where applicable.
- There were high percentages of supervision across all teams, except Islington EIS which recorded supervision across both areas as 30% for the period January – March 2015.

Good practice in applying the Mental Capacity Act

- The inspection in August 2014 found that the trust did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people or where that did not apply, for establishing and acting in accordance with people's best interests.
- The trust had undertaken a training programme in the Mental Capacity Act 2005.

Are services effective?

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.

- Staff's understanding of capacity had improved. We reviewed five records of the Advice and Assessment Team during this inspection. Capacity and consent was discussed and the contents of that discussion was clearly recorded.
- Staff showed an understanding of their responsibilities under the legislation. They considered issues of capacity and consent and recorded this appropriately.

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

- All twenty people using the service we spoke with told us that the staff treated them with respect. The majority described the staff as caring and friendly. One service user stated that the Complex Depression and Anxiety Team had supported them to get rehoused. Another service user stated that the Veterans and Traumatic Stress Team had arranged transport to enable them to attend their initial assessment.
- Service users in the Veterans and Traumatic Stress clinic were particularly pleased with the care they had received. For example, one person stated that the support he had received had helped to turn his life around.
- Fourteen service users recalled that they had been given written information about mental health conditions, medication, psychological therapies and helplines. One service user received information verbally due to his low literacy.
- Staff we spoke with used respectful language when discussing the people using the service and showed concern for their welfare. They appeared to have a good understanding of their specific needs and had a person centred approach.

The involvement of people in the care they receive

- Sixteen of the 21 people using the service we spoke with said that they were included in the care they received. The remainder did not always feel fully included. The majority felt they were offered some choices in relation to their care and treatment. One female service user stated that they had specifically requested a female clinician and this request had been accommodated.

- Staff were clear that people who use services should be involved in their treatment and that plans should be personalised. Plans we reviewed showed people had been involved in their development. However, it was not clear from the treatment records that service users had always been offered a copy of their plan. Some of the service users we spoke with told us they had not been offered or given a copy of their care plan.
- The trust was using people who had accessed the service to feedback to staff. Two service users (one from the ADHD clinic and the other from the Complex Depression and Anxiety Team) had taken part in forum discussions. One service user from the Post Traumatic Stress clinic had been invited to give a talk to psychiatrists about their experience of post traumatic stress and its effects on veterans.
- Camden Assertive Outreach, Complex Depression and Anxiety and North Camden Recovery and Rehabilitation Teams employed vocational workers, assistant practitioners and welfare workers. These workers provided additional support to individuals to help them to achieve specific aspects of the individual's care plan. Three treatment plans were reviewed that the involvement of an assistant practitioner. The treatment plans were focused on improving the service user's physical health, debt advice and liaison with social care. The plans were person centred and designed to promote recovery.
- All teams routinely provided interpreters for service users whose first language was not English. Interpreters were available to support service users in both one to one and group sessions. This meant that service users were able to have a better understanding and be better involved in their care and treatment.

Are services responsive to people's needs?

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

Our findings

Access and discharge

- Some people were on waiting lists to access teams. The ADHD clinic had a 4-12 month waiting list for assessment and psychology appointments due to high numbers of referrals and staff vacancies. The clinic had projected that they would receive 360 referrals this year but had not been funded for these high numbers of referrals. The team had looked at how best to support service users whilst they waited and made referrals to other services if appropriate.
- The Islington Early Intervention Service had a waiting list to see new referrals. The trust had set a target that new referrals should be seen within five days. The recent audit indicated that newly referred individuals waited an average of 11 days for the first appointment.
- Islington Early Intervention Service's caseloads had increased when the age limit for service users had changed. This team had 20-30 service users who had been with the team for over three years. The time limit for working with this team was three years. The team had experienced difficulties in transferring the cases to other teams. The transfer/discharge process was described as being "lengthy" by a member of staff.
- The Complex Depression and Anxiety team had a 9-12 month waiting list for psychology. There was a vacancy for a 0.5 psychologist. Psychological treatments were part of the core model of care and were provided for those whose needs were too complex to be addressed through the Increasing Access to Psychological Therapies programme. Service users were provided with information with self-help whilst they waited for an appointment. They could also have a duty appointment if required.
- All the people we spoke with told us staff responded to quickly and appropriately if they had a concern. People using the service had access to the 24 hour emergency number. Two service users stated that they had used the service and had described the support they had been given as being "very helpful".
- Staff at the Complex Depression and Anxiety Team said there were difficulties with the telephone and service users were going through to the voicemail system despite the service being open and available to take

calls. This had been raised with management but the situation had not been resolved. To overcome this staff had been giving out their direct line number to service users.

The facilities promote recovery, comfort, dignity and confidentiality

- Private rooms were available for staff to meet with people. None of the teams expressed any concerns regarding accessing rooms where they could see service users. There were sufficient interview rooms at the Greenland Road site and also at the Camley Centre.
- The interview rooms at the Camley Centre were spacious and comfortable.
- Information on local services was on display in waiting areas at team premises.

Meeting the needs of all people who use the service

- Staff were flexible in the times they saw people for appointments. This was so service users could attend college or work.
- Individuals with mobility issues and who used wheelchairs could access most community team venues and consultation rooms were available on the ground floor. At the St Pancras site the Camley Centre was used. The Camley Centre was newly built and specifically designed to meet the needs of service users and staff and offered good interview spaces that were comfortable and accessible.
- There were also opportunities to visit service users in their homes or at other suitable venues across both boroughs. North Camden Rehabilitation and Recovery Team were unable to do undertake home visits for depot administration due to staffing difficulties. Service users were informed of this decision in April 2015 and advised that the situation would be reviewed once there were more staff.
- Staff were able to obtain interpreters when they needed them to facilitate appointments with service users who did not speak English or were not confident in English.
- For service users who are visually impaired the service had sent large print letters and ensured that members within the team had been signposted to resources to educate them around visual impairment.
- Staff were culturally aware and understood the needs of their local communities. The trust had good links with a local Imam who was able to provide specific advice and

Are services responsive to people's needs?

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

guidance when required. We reviewed a treatment plan which clearly evidenced an appropriate culturally sensitive approach which involved the whole family and community elders.

Listening to and learning from concerns and complaints

- Information regarding the complaints process was displayed at the St Pancras site and in the reception area at Greenland Road. Most people we spoke to did not know how to make a complaint using the formal process. Despite this, all of them felt comfortable to raise concerns with their care co-ordinator and felt that they would be listened to.
- The staff we spoke to said that they would listen to any concern or complaint raised by a service user and would deal with it either themselves or pass it on to a member of the management team.
- We looked at the outcome of two concerns received by the North Camden Recovery and Rehabilitation team and the Early Intervention Team by service users respectively. Neither of these individuals had used the trust's formal complaints procedure (one complainant was unaware that there was a formal process). Each had raised their concerns at a local level. Both concerns were dealt with by a member of the relevant team. We found that the service user's concerns were taken seriously and responded to promptly. The service users were provided with an individualised response to their complaint and an apology had been offered. Information regarding learning was shared locally with the relevant care co-ordinators.
- Complaints were a standard agenda item on the team meeting agenda for the Intensive Support Team and learning points were identified.
- Dealing with informal complaints from service users and carers at a local team level and not recording them centrally meant other staff teams might miss the opportunity to learn from them.

Are services well-led?

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

- The trust had values which included being caring, respectful, kind, welcoming and professional. Staff were aware of these and expressed commitment to delivering them. Some staff told us that it was hard to deliver these fully given staffing pressures.

Good governance

- Staff's formal knowledge with regards to the duty of candour varied. Staff had not yet all received training in the Duty of Candour. For example, the Early Intervention Team described their approach to the duty of candour as 'a learning process'. However, most staff were aware of the importance of being open and transparent. The manager gave an example of how they had been transparent and open with a service user when something had gone wrong.
- The Early Intervention Team had been looking at other ways to gather feedback regarding the service being offered. This team had tried to set up service user forums at the office base but found that they were poorly attended. They were working in collaboration with community based third sector organisations as they wanted to ensure the service users had a voice.
- The trust had processes to collect patient feedback on a routine basis. For example, at the Greenland Road site an iPad was provided. However, staff commented that it was not used regularly.
- The ADHD clinic had undertaken an anonymous service user feedback survey between January 2015 and April 2015. They had received 28 responses with the majority of service users expressing high levels of service user

satisfaction with the service they received at that particular clinic. Service users accessing the Traumatic Stress Clinic were asked for regular feedback during their clinic appointments.

- Team managers were monitoring the performance of teams through regular audits and performance information.

Leadership, morale and staff engagement

- Staff were positive about their team managers and felt that they were supportive.
- Most staff felt confident in raising concerns. Although three staff at North Camden Recovery and Rehabilitation Team told us they were afraid to raise concerns in case it led to them being blamed or bullied.
- Staff morale in the North Camden Recovery and Rehabilitation Team was low. Ten staff described high levels of stress due to the workload and the demands being placed on the service. Staff were tearful in interviews. Staff comments included that they were "overwhelmed" and about to reach "capacity". Staff had average caseloads of c 30. Most felt that, given the level of service user need and other tasks they had to complete, this was too high.

Commitment to quality improvement and innovation

- Early Intervention Team staff were reviewing the findings of a study called the 'Circle Study – Cutting Down or Quitting Cannabis' which was being run by a London university.
- The ADHD team were reviewing the efficacy of the work being undertaken by using Barkley Adult ADHD Rating Scale IV. This was a pre and post outcome measure.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 CQC (Registration) Regulations 2009
Statement of purpose

The provider had not ensured that care and treatment was always provided in a safe way for service users. Following risk incidents, not all risk assessments and management plans had been updated.

This was a breach of regulation 12 (1) (2) a