Leicestershire Partnership NHS Trust

Mental health crisis services and health-based places of safety

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services effective?	**Inspected but not rated**
Are services responsive to people's needs?	**Inspected but not rated**

Our findings

Mental health crisis services and health-based places of safety

Inspected but not rated

We carried out this unannounced focused inspection of adult liaison psychiatry services as part of a system wide inspection of Urgent and Emergency Care provision in the Leicester, Leicestershire and Rutland Integrated Care System. Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, the Care Quality Commission undertook a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective and timely care.

Adult liaison psychiatry services are provided by Leicestershire Partnerships NHS Trust (LPT), the mental health trust in the Leicester, Leicestershire and Rutland Integrated Care System. Adult liaison psychiatry services are delivered by the mental health trust across three acute hospital sites at Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital. At this inspection, we looked at adult liaison psychiatry services at the Leicester Royal Infirmary site. We looked at how the adult liaison psychiatry service affected patient flow, admissions to hospital and discharges from the Leicester Royal Infirmary hospital as part of the system wide healthcare.

The adult psychiatric liaison service provides assessment and treatment for adults between the ages of 16 to 65, who experience mental health problems in the context of physical illness. Adult liaison psychiatry is categorised under Mental Health Core service of Mental Health Crisis and Health Based Places of Safety (HBPoS), as it is provided by the mental health trust, Leicestershire Partnership NHS Trust.

This was a focused inspection. We did not rate this inspection. We looked at the domains of safe, effective and responsive and we did not inspect all of the key lines of enquiry. We did not inspect the whole core service.

We inspected adult psychiatric liaison services as part of Mental Health Crisis and Health Based Places of Safety core service. We did not inspect the following areas of this core service:

- Crisis Resolution and Home Treatment teams (CRHT)
- Health Based Places of Safety.

We did not rate this service at this inspection. The previous rating of requires improvement remains. We found:

- Staff working for the adult psychiatric liaison team developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients.
- Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- The service did not exclude patients who would have benefitted from care. The team engaged with patients who found it difficult or were reluctant to engage with mental health services.
- There was a full complement of staff with no vacancies.
- All areas were very clean, fresh smelling and fit for purpose. All assessment rooms had good visibility.

Our findings

- Staff we spoke with were proud to work within the adult psychiatric liaison team and proud to show us the work they did and the service they provided. They were constantly looking at ways to improve their work and the patient experience of the service.

However, we noted one issue that could be improved:

- We found the average wait times for patients presenting with a mental health crisis or specific mental health needs were between 1.5 hours and 1.9 hours. This was because the EDU 'batch' refer sending four or five referrals at a time rather than when they arrive. We were aware the local commissioning groups had not set targets for wait times.

How we carried out the inspection

We spoke with six members of staff including matrons, team leaders and mental health practitioners and reviewed all the assessment areas the adult psychiatric liaison team uses. We reviewed data and documentation including three patients' care records and risk assessments.

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

What people who use the service say

We did not speak to any patients using the service at the time of the inspection.

Is the service safe?

Inspected but not rated

Safe and clean environments

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

All interview rooms had strip alarms around the walls and staff were available to respond. The team had access to a 'high risk' room suitable for conducting assessments which was located within the Emergency Department. It had two doors which opened outwards, had a strip alarm system, had an observation panel to a staff room which had a roller shutter.

Staff were able to cordon off medical equipment to make the room free of ligature points, furniture or fittings that can be used to cause harm. We observed the roller shutter being used to make an assessment room safer.

All areas were clean, well maintained, well-furnished and fit for purpose. We observed staff cleaning areas and the corridors and rooms were visibly clean and fresh smelling. Rooms were minimally furnished and had weighted seating which made it safer for patients.

Staff followed infection prevention and control guidelines, including handwashing. We observed staff using hand sanitising gel before and after episodes of care and when entering or leaving rooms.

Our findings

Safe staffing

The service had enough staff, who received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe.

The service had a full complement of staff and did not have any vacancies for substantive roles.

The service used bank nurses when necessary and these were familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had recently recruited a pharmacist and were about to advertise a number of additional roles to add to the team and enhance service delivery. These roles consisted of a drug and alcohol worker, domestic violence specialist and four care managers.

The service had low turnover rates and had some staff that had returned to the service after previously finding employment elsewhere. Staff we spoke with said they enjoyed working within the service and felt a sense of pride about the high standard of care they delivered to patients.

Managers supported staff who needed time off for ill health and levels of sickness were low.

Managers used a recognised tool to calculate safe staffing levels. Staff we spoke with said they were able to do their jobs and support each other during a shift.

Medical staff

The service had enough medical staff. They had three consultant psychiatrists, one registrar, one GP trainee and one care trainee.

Managers could use locums when they needed additional support or to cover staff sickness or absence. Managers made sure all locum staff had a full induction and understood the service.

The service could get support from a psychiatrist quickly when they needed to. There was an out of hours duty rota for medical staff and staff we spoke with said they did not have any problems accessing medical support when required.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The compliance for staff who have completed mandatory training was above 75%. The service participated in a monthly team teaching programme facilitated by different professional services and had completed a variety of training including meeting the needs of transgender patients, delirium and meeting the needs of older adults and understanding chronic fatigue training.

Our findings

The mandatory training programme was comprehensive and met the needs of patients and staff and this was monitored by managers and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. Staff followed good personal safety protocols.

Assessment of patient risk

Staff completed risk assessments for each patient on admission to the acute hospital or arrival into the emergency department, using a recognised tool, and reviewed this regularly, including after any incident. We looked at three risk assessments and they were collaborative, comprehensive and looked at historical and current risks and included a detailed management plan.

Management of patient risk

Staff responded promptly to any sudden deterioration in a patient's health. We saw evidence of referrals to other agencies for health concerns and staff followed these up.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with their safeguarding training. The team had a compliance rate of 97% for safeguarding children and 100% for safeguarding adults training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. We saw evidence of this in care records and risk assessments we reviewed.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff we spoke with gave us examples of this and we saw evidence of effective inter-agency working.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with knew how to make a referral and could give us examples of when they had done so and we saw evidence of this in care records and risk assessments we viewed.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Our findings

Staff working for the adult psychiatric liaison team kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Adult psychiatric liaison staff would soon be able to access University Hospital Leicester information technology systems which will mean they can acquire all the patients' records from other healthcare departments across the trust.

Referrals to the adult liaison psychiatry team were made either using a telephone call or an email.

Records were stored securely. All records we looked at were easily accessible, up to date and complete.

Is the service effective?

Inspected but not rated

Assessment of needs and planning of care

Staff assessed the mental health needs of all patients. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient. The assessments we reviewed were thorough, collaborative, diagnostic and therapeutic.

Staff made sure that patients had a full physical health assessment and knew about any physical health problems. They worked with the physical health team at the Bradgate Mental Health Unit to support patients with complex health care needs.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. The care plans we viewed were collaborative, therapeutic and recovery oriented.

Care plans were personalised, holistic and recovery orientated. We could see evidence of patient and carer input in the care plans we viewed.

Skilled staff to deliver care

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

The service had access to a full range of specialists to meet the needs of the patients they saw. The service had identified specialist workers who would enhance the skill mix and knowledge of the team and these posts were due to go out to advert. The additional posts going out to recruitment included a pharmacist, drug and alcohol worker, a domestic violence specialist, and four care navigators.

Our findings

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work. The appraisal compliance rate for the adult psychiatric liaison team was 75%.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. The management supervision rate was 80%.

Managers supported medical staff through regular, constructive clinical supervision of their work. All clinical staff had monthly supervision with their clinical supervisor and staff we spoke with said they were able to access this more often if required. All staff had access to fortnightly reflective practice meetings and fortnightly peer supervision across all pathways.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff we spoke with said that training and development of staff was prioritised by managers, and they were actively encouraged to share learning and skills with each other.

Managers made sure staff received any specialist training for their role. Staff identified specialist training that they thought would enhance their knowledge and the service and this was delivered using a mixture of external training providers or specialist organisations.

Multi-disciplinary and interagency team work

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

Staff held daily multidisciplinary meetings to discuss patients and improve their care. This was well attended by a wide variety of staff.

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

The adult liaison psychiatry service had effective working relationships with other teams in the acute hospital and within the mental health trust. Staff would attend wards, assess patients and provide care and treatment for mental health needs or if required would facilitate safe discharge to other services. We saw evidence of this in patient records we reviewed.

The adult liaison psychiatry service had effective working relationships with external teams and organisations. Staff we spoke with gave us an example of a patient whose mental health deteriorated whilst visiting the area from Scotland and staff admitted them, managed their needs and liaised with their local service until they could safely be transported there to ensure continuation of safe care and treatment.

Our findings

Is the service responsive?

Inspected but not rated

Access and discharge

The adult psychiatric liaison service was available 24-hours a day and was easy to access – including through a dedicated telephone line. The referral criteria did not exclude patients who would have benefitted from care. Staff followed up people who missed appointments.

The service had clear criteria to describe which patients they would offer services to and did not have a waiting list.

The average wait for urgent referrals to be seen in January 2022 was 1.7 hours, February 2022 was 1.9 hours and 1.5 hours in March 2022. Commissioners for the service had not set a target of time they want referrals to be seen in. Staff we spoke with said the delay in seeing referrals was because the emergency department sent them in bulk of four or five at a time as opposed to sending each referral when it came in. The adult psychiatric liaison service had highlighted this to senior managers.

Ward assessments had a 24-hour target to be seen within and in January 2022 this was the compliance rate of this was 81%, February 2022 was 78% and March 2022 was 85%.

The team tried to engage with people who found it difficult, or were reluctant to seek support from mental health services. In the case of patients who were not referred on to other services, staff followed them up with either an appointment or a telephone call.

Staff supported patients when they were referred, transferred between services or needed physical health care. Staff we spoke with gave us examples of seamless transfer between services and we saw evidence in care records we reviewed of timely referral and access to physical health care.

Staff worked collaboratively with University Hospital Leicester and the physical health team at the Bradgate Mental Health Unit to manage patients with complex health care needs.

The service had a frequent attender nurse who consistently managed and supported patients in the local community who were repeated attenders at emergency departments around the country to ensure consistency of care and treatment.

There was a monthly frequent attenders meeting held with the frequent attenders' nurse, along with staff from the East Midlands Ambulance Service, University Hospital Leicester, mental health liaison team including an advanced practitioner and consultant psychiatrist in attendance.

Staff had daily discussions with the bed management team to look at admissions and ensure a seamless transfer of care.

Staff participated in partnership group meetings with University Hospital Leicester, Leicestershire Partnership Trust, East Midlands Ambulance Service and the Police to look at patient journeys through the system. This group also facilitated a system wide incident review when required.

Our findings

Facilities that promote comfort, dignity and privacy

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

The service had a full range of rooms and equipment to support treatment and care. Rooms were safe and suitable for complex patients to be seen in.

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

Our findings

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust Should take to improve:

Core service: Mental health crisis services and health-based places of safety

The trust should ensure that they address the referral process to ensure waiting times are not hindered by 'bulk' referrals.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and one other CQC inspector.