

Good 

Navigo Health and Social Care CIC

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)
1-243099827	The Gardens	The community mental health functional team	DN33 2BA
1-243099827	The Gardens	The admiral nursing service	DN33 2BA
1-243099827	Eleanor Centre	The community mental health and memory service	DN32 9EA

This report describes our judgement of the quality of care provided within this core service by NAViGO Community Interest Company. 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 NAViGO Community Interest Company and these are brought together to inform our overall judgement of NAViGO Community Interest Company.

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated NAViGO Community Interest Company as **good** because:

- The service structure included patient and staff members who were involved in making decisions regarding the organisation through member votes, this included setting the organisations vision and values at an annual meeting. As a result, all the staff we spoke to knew the organisations vision and values.
- Patients records were all held on a central electronic recording system enabling all staff to access the relevant information for the patients they were supporting.
- Staff were seen to be kind and respectful when supporting patients and carers. We saw evidence that staff performed regular physical health checks with patients, staff referred patients to a GP if they had any concerns.
- Risk assessments were up to date and staff regularly reviewed and updated them. Assessments contained crisis plans, including what actions to take and where to get support. We saw evidence that the service had a process in place to respond in times of crisis.
- The care plans were holistic and included a pen picture summarising the individual needs of the patient. They also covered a range of needs including mental health, physical health and wellbeing, medication, housing, spiritual needs, and patient strengths. Patients and carers were involved in decisions around the care provided and staff recorded their views in the care plan.
- The service provided a range of therapeutic interventions in line with The National Institute for Health and Care Excellence (NICE) guidance including Cognitive behavioural therapy and Dialectical behaviour therapy. One member of staff in the memory service received training in Cognitive Stimulation Therapy.
- We saw evidence of capacity assessments within patient records including evidence of best interest decisions being made and communicated where patients did not have the capacity to make a decision.
- Where staff completed capacity assessments, we saw evidence that staff had assessed patient's ability to understand, retain, use and weigh up the information necessary to make a decision.
- The service offered access to complimentary therapy including reiki and sleep therapy for patients and carers
- The service assessed new referrals within 10 days of a referral; or four hours for emergency referrals. Where this was not possible, there was a process in place to enable the home treatment team to complete the initial assessment. at the time of the inspection there were no waiting lists for assessment or treatment. staff provided care under a multidisciplinary framework, staff held regular multidisciplinary meeting and we saw evidence that the teams worked well together.
- The memory service has achieved a rating of excellent under The Memory Services National Accreditation Programme (MSNAP).
- The service had processes in place to listen to staff patients and carers including staff representation at board meetings and managers attendance at team meetings. The service had an effective complaints process and all the patients and carers we spoke to knew how to make a complaint.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- The process of medication reconciliation at the Eleanor Centre was not robust, placing staff and patients at risk
- There was no key holding process in place for the medication cabinet; the service locked the key to the cabinet in a key safe the key to which was stored in an unlocked draw.
- The process for disposing of the sharps box, for used syringes, was not in line with Hazardous Waste Regulations.

However:

- The service had completed risk assessments on all patients as part of their initial assessment. Staff regularly reviewed and updated these based on the individual circumstances of the patients. Each contained a crisis plan and the service had an effective process to ensure it could respond to patients who contact the service in a crisis.
- Staff demonstrated an understanding of the organisations safeguarding procedures including where to get advice and when to escalate a concern.

The service had a robust process for reporting, investigating and learning from incidents

Requires improvement



Are services effective?

- The service was able to offer a comprehensive range of assessments for both mental and physical health and provided a range of therapeutic interventions including cognitive behavioural therapy and complementary therapies.
- The service has an electronic recording system for patient records. This meant that staff across different disciplines are able to access and add to the patient records promoting effective multi-disciplinary working across the service.
- The service held regular multidisciplinary team meetings where staff could discuss patients care and progress.
- 93 per cent of staff had received supervision within the last six weeks.
- staff recorded detailed capacity assessments.

Good



Are services caring?

- Staff were seen to be kind and respectful to patients.
- Patients were actively involved in developing their care plans.

Good



Summary of findings

- Family and carers were involved in the patients care plan when appropriate and the service offered support to carers in their own right.

Are services responsive to people's needs?

Good



- The service assessed new referrals within the target of 10 days or four hours for emergency referrals.
- The service does not have a waiting list for assessment or treatment.
- Patients have a crisis plan and the service is able to respond to patients needs in an emergency.
- Patients and carers are aware how to make a complaint and the service has a process to investigate and learn from complaints.

Are services well-led?

Good



- Staff knew the organisations vision and values.
- Senior managers regularly attended team meetings to provide updates and listen to staff feedback.
- Staff could become members of the organisation and have a voice in setting the organisations objectives at an annual vote.
- Staff representatives attended board meetings and acted as a conduit between the board and staff teams.

Summary of findings

Information about the service

The community older people's services were part of the older people's mental health services provided by NAViGO. The service provided support in the community from bases at The Cedars situated at the Gardens site within Diana Princess of Wales Hospital in Grimsby; and the Eleanor Centre, Grimsby.

The community older people's services were made up of several specialist teams operating Monday to Friday, from 9am to 5pm. The teams we inspected were:

- The functional team based at the Cedars which provided support in the community for older adults with a functional mental health diagnosis like psychosis and depression.

- The admiral nurses team, a service, also based at the Cedars, provided expert practical and emotional care and support for patients with organic illness like dementia, as well as their family and carers.

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Complimentary therapists, the occupational therapy team and the care home liaison team were also based at the Cedars.

The last inspection of the older adults service was an unannounced routine inspection on 24 January 2014. All standards were met by the older adults service and there were no compliance actions.

This is the first inspection of community services for older people with mental health problems using the CQC's new methodology.

Our inspection team

Our Inspection Team was led by Patti Boden, Inspection Manager, Hospitals Directorate North East, Care Quality Commission.

The team inspecting the Community based mental health services for older adults was consisted of one Inspector, one community mental health nurse and one social worker.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited three older peoples community mental health services across two locations and looked at the quality of the office environment
- accompanied staff on five visits and observed how staff were caring for patients
- spoke with six patients who were using the service
- spoke to six carers for patients who were using the service

Summary of findings

- spoke with the managers for each of the services
- spoke with 14 other staff members; including nurses, social workers and occupational therapists
- interviewed the senior operational manager with responsibility for these services.
- looked at ten treatment records of patients
- carried out a specific check of the medication management at the community mental health memory service
- looked at a range of policies, procedures and other documents relating to the running of the service.

We also:

- collected feedback from nine patients using comment cards

What people who use the provider's services say

Patients and carers spoke highly of the staff and the level of care provided. They felt involved in making decisions

about their care and felt that the staff listened to their views. They told us they felt someone was always at the end of the phone and that staff would always respond quickly to any concerns.

Good practice

The service has previously achieved an excellent rating under the Memory Services National Accreditation Programme (MSNAP) scheme.

We saw evidence that the teams within the community older people service worked in an integrated means giving the impression of being one team providing support to the patients.

Areas for improvement

Action the provider **MUST** take to improve

Navigo must ensure that:

- there is an effective process in place with regards to medication monitoring at the Eleanor Centre
- medication is stored safely at the Eleanor Centre
- there is provision for the safe disposal of sharps at the Eleanor Centre in line with Hazardous Waste regulations.

Navigo Health and Social Care CIC

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
The community mental health functional team,	The Gardens
The admiral nursing service	The Gardens
The community mental health and memory service	Eleanor Centre

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 NAViGO Community Interest Company.

Only 60% of staff had received training on the Mental Health Act. However, we found that staff had a good understanding of the Mental Health Act (MHA) and were adhering to the code of practice and the guiding principles.

Patients and their carers understood their rights and staff explained the services available to them. There were good links with the independent advocacy service that provided support and advice for patients. The organisation undertook regular audits of the MHA.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had a good understanding of the Mental Capacity Act (MCA) and had all received training on the Act. Patients were assumed to have capacity however where there were concerns we saw evidence that staff had assessed capacity before consent to treatment had been obtained.

We saw evidence of where best interest's decisions had been made.

Are services safe?

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

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

Our findings

Safe and clean environment

The older adults community service provided support in the community from bases at The Cedars situated at the Gardens site within Diana Princess of Wales Hospital in Grimsby, and the Eleanor Centre, Grimsby.

Appointments and clinics were generally held at patients own homes or in community venues such as GP surgeries. Staff had used meeting rooms at the Eleanor centre to facilitate some appointments at the request of patients. Staff used portable personal alarms when they were using the meeting rooms with patients.

Both venues were well maintained and the corridors were clutter free, the buildings were cleaned daily by the Tukes service. Tukes was a local cleaning company provided in partnership with NAVIGO. We saw evidence of a recent infection control audit, which demonstrated a high level of compliance.

Safe staffing

The teams were made up of care coordinators from various disciplines including nurses, social workers, occupational therapists and support workers. Staff worked office hours which were usually 9am to 5pm.

The functional team which supported patients with functional mental health conditions like depression and psychosis comprised:

1 Team Leader

1.75 whole time equivalent band 6 Care Coordinator

1 band 5 Care Coordinator

2.5 whole time equivalent Support Workers

The Admiral Nurses team comprised:

1 Team Leader

3.5 whole time equivalent band 6 Care Coordinator, including one vacancy

1 Carers Support Worker

1 Dementia Development Worker

The Memory Service comprised:

2 team leaders

13 band 6 Care Coordinator including 2 vacancies

5 band 5 Support Worker

Across the service, sickness levels were low with less than one per cent absence rate in the specialist teams and 1.5% absence rate in the memory service. The teams managed absence by a process of covering within the teams by prioritising visits and rescheduling those, which were not urgent. Where it was not possible to cover a priority visit, a referral would be made to the home treatment team to complete the visit.

The service utilised a similar process to cover crisis calls from patients or their carers. Staff offered support over the phone first. Then arranged a visit if needed. Where the team were unable to provide crisis support on the same day a referral would be made to the home treatment team to provide support.

The service used very few bank or agency staff because they had support from the home treatment team.

Average caseloads varied across the teams; the Functional and Admiral Nursing teams had an average caseload of 36 and 50 respectively. Staff in the Memory Service carried an average caseload of 75 which was felt to be high, though reflected national trends. Team Leaders in the memory service reviewed caseloads in supervision and identified where these could be reduced.

Staff attended mandatory training including Safeguarding Adults, Mental Capacity and DICES risk assessment tool, developed by the Association for Psychological Therapies. Across the service, the average mandatory training completion rate was 80%.

Assessing and managing risk to patients and staff

The service utilised the DICES risk management system, which was accredited by the Association for Psychological Therapies. The system was based on an initial risk-screening tool followed by more specific tools identified as being appropriate for each individual. The service used the initial screening tool and the older person's tool as standard risk assessments.

Are services safe?

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

The risk assessments we saw were all in date and there was evidence that staff regularly reviewed the assessments and updated these as individual circumstances changed. We also saw evidence of risk assessments being reviewed as part of a Care Programme Approach (CPA) review for patients.

The risk assessments we saw contained a crisis plan, including details of actions to take and where to get support.

All staff we spoke to demonstrated an understanding of the safeguarding processes within the service including how to escalate concerns and raise an alert. Staff could name the safeguarding lead within the service and were aware of the local single point of access system, including how to contact the safeguarding team.

The service had a lone working policy and utilised a buddy system for staff going out on visits in the community. All staff had been issued with a mobile phone and all were aware of the 'emergency' phrase should a member of staff be concerned for their safety.

The service completed regular physical health checks with patients including blood pressure and electrocardiogram recording. Where concerns were identified these are passed on to the GP.

Patient's medication was managed in the community through their own GP and pharmacy. However, the service managed the initial titration of medication where this was necessary. We saw evidence of letters sent to the GP by the psychiatrist following changes made to medication during outpatient's appointments. These included information around risks to the patient.

The memory service maintained an antipsychotic register for patients who were prescribed antipsychotics and we saw evidence that this was reviewed regularly and the risks assessed.

The memory service had some patients who had their medication delivered to the service from the pharmacy. Staff delivered the medication to the patients as part of their routine visits. This medication was stored in a locked cabinet in a locked store room. However, there was no key holding process in place and the keys to access the room and cabinet are stored in a key cabinet the key to which was kept in an open drawer. This practise was unsafe and placed staff and patients at risk.

The pharmacy delivered medication in a sealed packet. The process in place for medication reconciliation relied on the provision of a second label from the pharmacy detailing the contents of the package. Staff did not check the label against the content of the packages and were unable to confirm the correct medication had been received.

The memory service had one patient who was prescribed a depot injection. We found a sharps box on top of the medication cabinet, used to dispose of syringes. Staff informed us there was an agreement to take the box to the Konar ward at the Gardens for disposal when full.

There was not a system in place to monitor and record temperatures within the room and the room did not have any means to control the temperature of the room to ensure it was at a safe temperature for the storage of medication.

The British National Formula (BNF) guidance available with the medication stock was from 2006, however a current BNF was available in a consultant's office.

Track record on safety

The service had not had any serious incidents in the last 12 months. However all the staff we spoke to were able to describe the process for learning from serious incidents and how this was shared across the service.

Reporting incidents and learning from when things go wrong

The service reports incidents through the Datix incident reporting system.

The staff we spoke to were able to explain the incident reporting system and the process for learning from incidents, and investigations. We saw evidence of the regular lessons learned emails that were circulated across the service. We also saw team meeting minutes demonstrating lessons learned were discussed as a regular agenda item.

We saw evidence of discussions within team meetings around the services responsibility under the duty of candour. The staff we spoke to could discuss the services responsibilities under the duty of candour and demonstrated an understanding of the process

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

The service utilised a range of assessment tools including the care programme approach (CPA) assessments, DICES risk assessment tools, the mini mental state examination (MMSE) the addenbrookes cognitive examination (ACE) and mental capacity assessments.

We reviewed 10 care records all of which contained detailed assessments and holistic care plans. Care plans were set out in a format that identifies needs, intervention, outcome and frequency. Patients had signed all the care plans we saw and there was evidence that staff were completing capacity assessments and gaining consent from patients.

The care plans examined all included a pen picture summarising the individual needs of the patient. Care plans were seen to be holistic and covered a range of needs including mental health, physical health and wellbeing, medication, housing, spiritual needs and patient strengths.

The service used the Silverlink electronic records system to store and maintain records. The system incorporated a backup drive to maintain clients records in the event of system failure. The memory service still maintained some paper files, which staff were in the process of transferring to Silverlink. These files were stored securely in a locked room in the administration office.

Best practice in treatment and care

The service prescribed medication in line with NICE guidance and we saw evidence that the service maintained an antipsychotic register for patients with dementia who took antipsychotic medication. Both the antipsychotic register and client records provided evidence that the service regularly reviewed the use of medication and sent letters to the patients GP to inform them of the outcome.

Patients had access to psychology support who provided cognitive behavioural therapy and dialectical behaviour therapy. One member of staff in the memory service had received training in cognitive stimulation therapy, which they provided in a group setting over a period of several weeks.

The care records provided evidence of on-going physical health checks including electrocardiogram, blood pressure and heart rate. Local GP surgeries completed annual health checks.

Staff told us the service followed commissioning for quality and innovation guidance and used patient reported experience measures and patient reported outcome measures to monitor patient outcomes and service quality.

The memory services national accreditation programme (MSNAP) accredited the memory service. The memory service had achieved a rating of excellent for their previous reviews under the scheme.

The service completed regular audits of care plans and risk assessments and discussed the results and action plans within team meetings and supervisions.

Skilled staff to deliver care

The teams consisted of care coordinators from various disciplines including nurses, social workers, occupational therapists and support workers.

The service had three consultants who provided outpatient clinics and reviews in patients own homes or in community services. The consultants attended weekly multidisciplinary meetings.

Occupational therapy and psychology were available following an initial assessment and an internal referral to request support.

The service employed a Reiki therapist who provided treatment to patients and carers who are interested in exploring alternative therapies. The service also employed a sleep therapist to support patients to develop a healthy sleep pattern. The functional team who supported patients with a functional mental illness like psychosis or depression received training from the sleep therapist enabling them to support patients in the community.

The service employed two support workers who were in developmental roles and received support to attain a qualification as a nurse or social worker to progress in to a care coordinator role.

We saw evidence that staff received regular supervision, 93% of the staff within the service had received supervision within the last six weeks, one of the staff who had not received a recent supervision had recently returned to their post from placement

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.

Multi-disciplinary and inter-agency team work

Staff told us the teams had a morning meeting to discuss the daily work allocations and visits. Each team had regular multidisciplinary team meetings (MDT) attended by psychiatrists, psychology and occupational therapy staff alongside care coordinators and support workers for that team. Staff would attend MDT meetings for another team if the patient was transferring between teams. MDT meetings ensured all disciplines working with patients were able to share information and review the care.

We reviewed minutes of three multidisciplinary team meetings which demonstrated comprehensive discussions around patient care plans and treatment.

Senior managers regularly attended team meetings to provide updates on service developments. We saw evidence of regular team meetings being held including discussion around team issues and issues across the service.

Teams worked closely together across the older people's service. We saw patient records, which contained progress notes completed by both the functional team and the home treatment team. We spoke to staff from the different teams including staff from the therapy team all said the teams work well together and shared information through use of the electronic recording system. There was seamless transition between all the teams within the older people's service.

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

Only 60% of the staff had attended mandatory mental health awareness training. Nonetheless, we found that the staff we spoke to had a good understanding of the Mental

Health Act (MHA) and were adhering to the code of practice and the guiding principles. Staff in the memory service informed us they had received training around the Mental Health Act within continuous professional development (CPD) sessions to keep up to date.

The service had a contract with Cloverleaf to provide Advocacy. All staff we spoke to were aware of how to access Advocacy for patients who lacked representation.

The services Mental Health Act office provided support to ensure appropriate records were completed for patients who were subject to the Mental Health Act.

Good practice in applying the Mental Capacity Act

100% of staff had attended Mental Capacity Act basic awareness training course and 89% had attended further Mental Capacity Act training.

The service had three qualified best interest assessors within the team all of whom took part in a rota to actively complete deprivation of liberty assessments.

All staff we spoke to were able to demonstrate an understanding of the principles of the Mental Capacity Act and its relevance to the patients.

We saw evidence of capacity assessments within patient records with evidence of best interest decisions being made and communicated where patients did not have the capacity to make a decision.

We saw evidence that staff had assessed patient's ability to understand, retain, use and weigh up the information necessary to make a decision when a capacity assessment was completed.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

We accompanied staff on five visits and observed genuine caring interactions between staff and patients. Staff engaged with patients in a respectful manner.

We observed staff take their time with patients and complete assessments as a means to both engage and empower the patient through adapting questioning to suit the needs of the patient.

We spoke to six patients and six carers, all said staff cared, and felt staff treated them with dignity and respect. One carer said the staff 'are more like a friend of the family'.

CQC comments cards were completed by nine patients and carers: nine had positive comments and one card contained a negative comment regards 'having a different doctor at each appointment'.

The involvement of people in the care that they receive

We reviewed 10 care records, all showed evidence of patient involvement where possible in initial assessment,

care planning, risk assessment and on-going treatment. We saw evidence that patients' capacity to consent was assessed and where appropriate they had signed their care plans.

All carers we spoke to said they felt involved in the care planning and treatment of their relative, and said staff sought their views and listened to them.

We saw evidence of care programme approach reviews, which included the views of both the patient and their carer where appropriate. The care programme approach is a process which is used to plan a patient's care and identify the support each service will provide.

We accompanied staff on home visits and observed staff interactions involving both the patient and carers in discussions around care plans and current progress.

The Admiral Nursing service provided support specifically to carers of patients with dementia; we reviewed one care record for the Admiral nursing service, which demonstrated active involvement of the carer in planning to meet their support needs.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

Staff completed assessment of new referrals within ten days and emergency referrals within four hours. If the service was unable to complete an emergency assessment within this time they made a referral to the home treatment team to complete the assessment within the four hours.

The service did not have a waiting list for treatment and commenced a level of treatment following the first assessment. Staff referred patients for psychiatry, psychology, occupational therapy and complimentary therapy services following assessment depending on the patients assessed needs.

Patient records contained action plans for use in the event of an emergency which included how to access out of hours support. Staff were able to tell us what they would do if a patient called the service requesting support. Staff would in the first instance offer telephone support and arrange a visit at the earliest opportunity. If a visit was required on the same day which the service was unable to facilitate staff would make a referral to the home treatment team.

All patients we spoke to felt staff were very responsive and provided help in a crisis. One patient said staff were 'always there when I need them'. Patients and carers said the service rarely cancelled appointments and that they felt more comfortable receiving the service in their home.

The team leaders we spoke to all described the process the service would take to re-engage patients who had not attended an appointment. This included follow up by phone in the first instance followed by a letter and visiting the patients home if necessary.

The facilities promote recovery, comfort, dignity and confidentiality

The service strived to provide support to patients in their own homes. The memory service at Eleanor Centre had meeting rooms where staff could meet patients if this was a preferred option, though they were rarely used. Eleanor Centre had access and disabled facilities in the waiting area. The Cedars was a single story building with disabled access.

Meeting the needs of all people who use the service

We saw evidence of a range of leaflets on the service, available treatments, and how to make a complaint that were available for staff to give to patients. Staff informed us that the service had access to an interpretation service if this was required and that they could obtain leaflets in alternative formats if needed.

Staff were able to describe the makeup of the local population.

Listening to and learning from concerns and complaints

The service had not received any formal complaints over the last 12 months. Staff we spoke to were able to describe the process for responding to both formal and informal complaints. The service has a process in place to share the learning from complaints. The team discuss learning from complaints within team meetings.

Staff we spoke to highlighted the importance of providing feedback to patients following the receipt of complaints.

The patients and carers we spoke to informed us they knew how to make a complaint and felt the service would listen if they did.

The service had a patient experience lead who actively sought the views of patients and senior managers and had monthly meetings to monitor complaints.

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

The organisations objectives were set each year following a meeting with the provider's members including staff and patients who voted to set the objectives. Team objectives were set against the organisational objectives. The staff appraisal process also reflected these objectives.

All the staff we spoke to were able to summarise the organisations vision and values and to summarise these as 'provide a service we would want our relative to use'.

Staff were able to name the senior managers in the organisation and we saw evidence that the senior managers attend team meetings regularly to provide updates on the organisation and answer staff questions.

Good governance

The organisation had a practice and clinical governance committee who met monthly to review clinical audits, Health and Safety, comments and complaints.

The service held weekly management meetings where team leaders could discuss issues and share learning.

Governance processes were in place to enable team leaders to monitor the service and provide information to senior managers. An example of this is the ability to complete a range of audits on patient records through the electronic recording system including checking care plans had been completed fully and consent had been sought.

We saw evidence of recording processes to monitor staff training and absence rates.

Leadership, morale and staff engagement

The team leaders were an active part of the team and all carried a small caseload. Staff reported that team leaders were available to provide support and guidance.

The staff we spoke to were all aware of the whistleblowing process and all said they would be happy to raise concerns if they had any.

The memory service had an absence rate of 6%, the team leaders informed us this was exacerbated due to a previous long-term absence and current figures place the rate at 1.5%. The absence rate across the rest of the service was less than one per cent. The teams managed absence by a process of covering within the teams by prioritising visits and rescheduling those, which were not urgent.

One member of staff told us they felt the high case load in the memory service was an issue and had affected team morale, however the team leaders tried to manage this as best as they could by regularly reviewing staff caseloads to identify cases which could be discharged.

Commitment to quality improvement and innovation

The service followed commissioning for quality and innovation (CQUIN) guidance to promote best practise. The memory services national accreditation programme (MSNAP) accredited the memory service. The memory service had achieved a rating of Excellent for their previous reviews under the scheme.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not have a robust process for the reconciliation and monitoring of medication at the Eleanor Centre.

The service did not have a robust process to ensure medication was stored securely at the Eleanor Centre

This was in breach of Regulation 12(2)(g)

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The process in place at the Eleanor Centre for the disposal of the sharps box stored on the premises did not meet the requirements of the Hazardous Waste Regulations

This was in breach of Regulation 12(2)(h)