Good

East London NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

Trust Headquarters
9 Alie Street
London
E1 8DE
Tel: 0207 655 4000
Website: www.elft.nhs.uk

Date of inspection visit: 13 - 24 June 2016
Date of publication: 01/09/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWK62	Adult Mental Health Services - City and Hackney Directorate	North Hackney community mental health and recovery team	N16 0LN
RWK62	Adult Mental Health Services - City and Hackney Directorate	South Hackney community mental health and recovery team	E2 9AG
RWK46	Adult Mental Health Services - Newham Directorate	Newham assessment and brief treatment team	E7 8QR
RWK46	Adult Mental Health Services - Newham Directorate	Newham recovery team - north	E7 8QR
RWK61	Adult Mental Health Services - Tower Hamlets Directorate	Bethnal Green community mental health team/assessment and recovery service	

Summary of findings

RWK61	Adult Mental Health Services - Tower Hamlets Directorate	Stepney and Wapping community mental health team/ assessment and recovery service	E1W 3AB
RWKW1	Luton and Bedfordshire Community Mental Health Services	Luton Central community mental health team	LU1 2PJ
RWKW1	Luton and Bedfordshire Community Mental Health Services	Luton East community mental health team	LU1 2PJ
RWKW1	Luton and Bedfordshire Community Mental Health Services	Luton West community mental health team	LU1 2PJ
RWKW1	Luton and Bedfordshire Community Mental Health Services	Ampthill community mental health team	MK45 1AB
RWKW1	Luton and Bedfordshire Community Mental Health Services	Bedford East community mental health team	MK40 2NT
RWKW1	Luton and Bedfordshire Community Mental Health Services	Dunstable community mental health team	LU6 1LP
RWKW1	Luton and Bedfordshire Community Mental Health Services	Leighton Buzzard community mental health team	LU7 1HJ

This report describes our judgement of the quality of care provided within this core service by East London 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 East London NHS Foundation Trust and these are brought together to inform our overall judgement of East London NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service	Good 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Outstanding 

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

Contents

Summary of findings

Overall summary

We rated community-based mental health services for adults of working age as **good** because:

- The services were well led. Staff, patients and carers all felt appropriately engaged. In Luton and Bedfordshire a large and challenging programme of change was being well managed.
- Staff morale was positive and staff told us that they were involved in developing the service to improve outcomes for patients. Staff also had opportunities for career progression.
- Staff were clear about their team role and how they managed the patient journey from acceptance by the CMHT to discharge to primary care.
- Patients told us they were treated with respect and involved in developing their support.
- There were good links with primary care and key partners such as the police and housing organisations in each locality.
- Staff supported patients with their physical health and innovative practice such as health pods in team bases were supporting this work.
- CMHT staff were skilled and experienced and could develop recovery orientated care plans which drew on local resources to ensure patients received effective support.
- Staff caseloads were manageable and staff said leadership and support in the trust was good.
- Staff were flexible and responsive to support patients to engage with their services. They were prepared to see people at appropriate times and locations to help them attend appointments.
- Teams had access to clear information, showing trends and identifying when improvements needed to take place. Teams also made good to use of learning from patient feedback, complaints and incidents to reflect on and improve services.

However:

- In Newham North recovery team, staff record keeping in relation to medicines required improvement.
- The CMHT premises for some CMHTs in Bedfordshire were not suitable for patients and staff.
- In Luton, the CMHTs needed to ensure that record keeping on the outcome of referrals was improved.
- In Luton, services for people with very complex needs required development.

Summary of findings

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

Are services safe?

Good

We rated safe as **good** because:

- CMHTS were well staffed.
- There were no waiting lists and caseloads were manageable.
- Staff assessed risks to people and took action to promote their safety.
- Staff understood how to implement procedures to safeguard adults and children.
- The trust had ensured staff had received mandatory training.
- Staff understood how to report adverse incidents. The trust ensured staff learnt lessons and made improvements in response to adverse incidents.

However:

- Staff at Newham recovery team north had not always recorded what action was taken when people did not receive their scheduled depot injection which increased the risk of errors in medicines administration.
- Staff in Luton did not always follow procedures to keep themselves safe when using interview rooms. In Dunstable, staff did not follow health and safety procedures in relation to escorting people from the premises.

Are services effective?

Good

We rated effective as **good** because:

- Care plans were comprehensive, personalised and recovery focused.
- Staff consider NICE guidance when making treatment decisions.
- Teams include a range of disciplines and multi-disciplinary work was effectively planned and carried out.
- Staff received support to carry out their work. The trust carried out annual appraisals of staff and identified and addressed their development needs.
- Staff understood and complied with the legal requirements of the Mental Health act and Mental Capacity Act.
- All staff had access to electronic record keeping systems .

However:

Summary of findings

- In Luton, CMHT staff had not ensured that records were always kept up to date in relation to the outcome of referrals. There was a risk that patients may not have received appropriate follow up.

Are services caring?

Good

We rated caring as **good** because:

- Patients and carers we met during the inspection said staff treated them with dignity and respect.
- Patients told us they were involved in planning their care and support.
- Carers are involved appropriately in assessments and review meetings in line with the wishes of the patient.

Are services responsive to people's needs?

Good

We rated responsive as **good** because:

- Teams met targets in relation to the assessment of referrals and urgent referrals were responded to appropriately.
- Staff followed up patients who did not attend appointments.
- Staff responded to people's complaints.
- The teams met the diverse needs of the people in their local area.

Are services well-led?

Outstanding

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

- The trust strongly promoted its vision and values. Staff had an excellent understanding of the trust values and told us how they put them into practice in their day to day work.
- The CMHTs were part of geographically arranged directorates, which enabled strong links with the local communities, commissioners, primary care and other third sector providers. This ensured that the mechanisms were in place to meet the needs of people using the services and was leading to improvements where needed.
- Teams had access to well-presented management information, that enabled them to see trends and recognise in a timely manner when improvements needed to take place.
- There was good morale across the teams with people enjoying working for the trust. Staff in Luton and Bedfordshire commented about the positive improvements which had taken place.

Summary of findings

- Leadership at the locality level and more senior levels was described by staff as open and empowering. Staff had genuine opportunities to make progress with their careers.
- Staff were enthusiastic about the trust's quality improvement initiatives and keen to improve and develop aspects of the services they provided. Quality improvement work was already leading to positive changes in the East London services.
- The teams involved patients in their work, interviewing staff and receiving feedback through surveys and complaints. The trust were extending their links with different equality groups in Luton and Bedfordshire. These led to improvements taking place.
- The services strived for continuous improvement. Some CMHTs had begun the process of obtaining accreditation from the Royal College of Psychiatrists.

Summary of findings

Information about the service

East London NHS Foundation Trust (ELFT) provides a range of community based mental health services for people of working age in east London and Luton and Bedfordshire. The services are provided by community mental health teams (CMHTs) which aim to provide specialist secondary care to patients whose mental health needs cannot be met in the primary care setting. The staffing of each CMHT varies but team members include nurses, support workers, social workers, psychiatrists, psychologists and occupational therapists.

Each CMHT links with a group of primary care GP practices and local authority and mental health services in their local area. People who present with relatively chronic and complex mental health needs are managed under the care programme approach (CPA) which aims to ensure the person receives co-ordinated care to promote their recovery. People who do not require intensive support are seen by a psychiatrist or other health specialist from within the CMHT for outpatient support.

Patients are referred to CMHTs by their GP and a range of specialist mental health services, including in-patient wards. CMHTs aim to provide input for a limited period and refer patients back to primary care when their mental health has improved; although it is recognised that some people will need longer term treatment, care and monitoring provided by the CMHT.

The CMHTs provided by the trust aim to support patients to recover their mental wellbeing by:

- Providing expert mental health assessment, diagnosis and treatment
- Promoting recovery, resilience and social inclusion
- Delivering care in the least restrictive manner possible and within the frameworks of the Mental Health Act and Mental Capacity Act
- Working in partnership with primary care
- Working in partnership with patients and carers
- Working closely with in-patient wards to continuously improve joint working and timely, safe and seamless discharge

In East London, the trust provides a service to the residents of City & Hackney, Newham and Tower Hamlets. In City & Hackney, there is a single point of referral and two community mental health recovery teams. In Newham, there is a single point entry referral assessment and brief treatment team and two community mental health recovery teams. In Tower Hamlets, there are four community mental health assessment and recovery teams.

The trust has provided community mental health services in Luton and Bedfordshire since April 2015. In Bedfordshire, there are six community mental health assessment and recovery teams. In Luton, there are currently three co-located assessment and recovery teams. In January 2017, the service in Luton is due to be reconfigured into four teams in two separate locations.

We inspected these services provided by the trust in East London :

- Hackney North community mental health and recovery team
- Hackney South community and recovery team mental health team
- Newham assessment and brief treatment team
- Newham recovery team - north
- Bethnal Green community mental health team/ assessment and recovery service in Tower Hamlets
- Stepney and Wapping community mental health team/assessment and recovery service in Tower Hamlets

We inspected these services provided by the trust in Luton and Bedfordshire:

- Luton Central community mental health team
- Luton East community mental health team
- Luton West community mental health team
- Ampthill community mental health team
- Bedford East community mental health team
- Biggleswade community mental health team
- Dunstable community mental health team
- Leighton Buzzard community mental health team

The CQC has not previously inspected any of these services.

Summary of findings

Our inspection team

The team that inspected services in East London consisted of an inspection manager, two inspectors, and three specialist advisors: one specialist advisor was a nurse, one specialist advisor was a psychiatrist and one specialist advisor was a social worker.

The team that inspected services in Luton and Bedfordshire consisted of an inspection manager, an inspector, and four specialist advisors: one specialist advisor was a nurse, one specialist advisor was a psychiatrist, one specialist advisor was a psychologist and one specialist advisor was a 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 provider:

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients through telephone calls made by an expert by experience who had personal knowledge of community based services for peoples with mental health needs. We attended five user groups to ask for feedback.

During the inspection of services in East London, the inspection team:

- Visited six teams.
- Spoke with the managers for each of the teams.
- Checked the quality and safety of the premises used by each team.
- Observed how staff cared for patients.
- Spoke with 11 patients who were using the service and 4 carers of patients.
- Spoke with 37 staff, including employment advisers, doctors, nurses, occupational therapists, psychologists and social workers.
- Read 23 staff supervision records and ten appraisal records.
- Attended and observed four multi-disciplinary meetings.
- Observed nine meetings staff held with patients about their care and treatment.
- Checked 34 patient records including medicines records, risk assessments and care plans and information on community treatment orders.
- Collected 11 comment cards completed by patients who were using the service.
- Read a range of policies, procedures and other documents relating to the operation of the service.

During the inspection of services in Luton and Bedfordshire, the inspection team:

- Visited seven teams.
- Spoke with the managers for each of the teams.
- Checked the quality and safety of the premises used by each team.
- Observed how staff cared for patients.
- Spoke with 11 patients who were using the service and three carers of patients.
- Spoke with 39 staff, including employment advisers, administrative staff, doctors, nurses, occupational therapists, psychologists and social workers.
- Read 25 staff supervision records and twelve appraisal records.
- Attended and observed six multi-disciplinary meetings.

Summary of findings

- Observed 12 meetings staff held with patients about their care and treatment.
- Checked 37 patient records including medicines records, risk assessments and care plans and information on community treatment orders.
- Collected five comment cards completed by patients who were using the service.
- Read a range of policies, procedures and other documents relating to the operation of the service.

What people who use the provider's services say

- Patients who we spoke with during the inspection said CMHT staff had supported them to recover their mental health and feel more positive about their lives.
- Patients told us staff arranged for them to get with help with finding employment and encouraged to them to take up new activities.

Good practice

- CMHTs in Hackney had developed a quality initiative with the input of patients on making care plans more recovery focused.
- At Dunstable CMHT, supervision records were particularly comprehensive covering staff well-being and development needs as well as a detailed caseload review.
- In the East London teams there were arrangements in place for staff to encourage patients to have appropriate physical health checks. At the CMHT sites there were 'pods' which could be used by patients to check their weight and blood pressure prior to their appointment with their psychiatrist.
- Teams where flexible about appointment times when this was necessary to meet people's needs. For example, the Hackney South CMHT provided an assessment service to homeless people during the evenings at a local shelter.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that staff fully complete medicines administration charts in all CMHTs to reduce the risks of errors in medicines administration.
- The trust should ensure there are robust arrangements in all CMHTs to ensure there are adequate records on the outcome of referrals to ensure patients receive appropriate follow up.
- The trust should review the systems for the use of alarms at the Luton CMHT premises to keep lone workers safe.

East 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
North Hackney community mental health and recovery team	Adult Mental Health Services - City and Hackney Directorate
South Hackney community mental health and recovery team	Adult Mental Health Services - City and Hackney Directorate
Newham assessment and brief treatment team	Adult Mental Health Services - Newham Directorate
Newham recovery team - north	Adult Mental Health Services - Newham Directorate
Bethnal Green community mental health team/ assessment and recovery service	Adult Mental Health Services - Tower Hamlets Directorate
Stepney and Wapping community mental health team/ assessment and recovery service	Adult Mental Health Services - Tower Hamlets Directorate
Luton Central community mental health team	Luton and Bedfordshire Community Mental Health Services
Luton East community mental health team	Luton and Bedfordshire Community Mental Health Services
Luton West community mental health team	Luton and Bedfordshire Community Mental Health Services
Ampthill community mental health team	Luton and Bedfordshire Community Mental Health Services

Detailed findings

Bedford East community mental health team	Luton and Bedfordshire Community Mental Health Services
Biggleswade community mental health team	Luton and Bedfordshire Community Mental Health Services
Dunstable community mental health team	Luton and Bedfordshire Community Mental Health Services
Leighton Buzzard community mental health team	Luton and Bedfordshire Community Mental Health Services

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Staff in all the teams we visited had a good understanding of the Mental Health Act (MHA) and the MHA Code of Practice in relation to their practice in a CMHT.
- The trust had effective administrative arrangements and patient record auditing processes in place to ensure legal requirements were met in relation to community treatment orders (CTOs). Any deficiencies found by the audits were swiftly actioned. Staff were easily able to access expert advice in relation to the Mental Health Act.
- Patient records included the required CTO documentation and evidence that patients had their rights explained to them.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had a good understanding of the principles of the Mental Capacity Act (MCA).
- Staff had access to support in relation to MCA issues from colleagues and MCA leads in their local area.
- Staff were able to explain how they followed the principles of the MCA in relation to complex decisions and potential safeguarding issues.

Good

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

East London

Safe and clean environment

- Staff the east London community mental health teams (CMHTs) were working in a safe environment. Interview rooms were fitted with alarms that staff could use in an emergency. Checks had been carried out at regular intervals to ensure the alarms were working correctly and staff knew how to respond when the alarm went off.
- Buildings had controlled entry and exit procedures. Health and safety risk assessments of the premises had been carried out. Reception staff told us they felt safe.
- Clinic rooms and other areas of the premises were clean and well-maintained. We observed that staff followed the trust's infection control procedures. Appropriate measures were in place, such as the provision of gloves and hand gels.
- Equipment for monitoring the health of patients and equipment for use in an emergency was clean and fit for purpose. The trust had ensured checks of equipment had been carried out the correct intervals.

Safe staffing

- The trust routinely monitored the vacancy rates of qualified nurses and nursing assistants in community services. All of the East London CMHTs we visited were well-staffed. For example, at the time of the inspection, in the Hackney North CMHT, there were no vacancies for qualified nurses. There was a vacancy for a support worker which was due to be filled by a newly recruited permanent staff member in July 2016.
- The sickness rate averaged 4% across the trust in March 2016. Some of the teams we visited had a rate which was higher than this because members of staff were long-term sick. Team managers told us that they were able to use agency staff when there was long-term sickness so the service could operate safely. Staff confirmed that the teams were well-staffed. The trust had sickness monitoring procedures which managers said were useful in terms of supporting staff to return to work after a period of sickness.
- Staff consistently described their caseloads as manageable. The average case-load was around 25 per care co-ordinator in all the teams. Case-loads were managed through regular supervision and review and there were no waiting lists for a care-co-ordinator. Newly appointed staff and recently qualified staff told us they had protected caseloads.
- All of the teams operated a duty service to ensure patients received a safe service. Care co-ordinators covered duty on a rotational basis; so that there was always a member of staff available to respond to any urgent concerns. During the inspection, we observed that duty staff responded promptly and effectively when they were alerted to concerns about a person's well-being and made immediate arrangements for a home visit or other intervention. Staff said they were easily able to access advice or input from a psychiatrist.
- Compliance with mandatory training averaged over 80% in all of the teams.

Assessing and managing risk to patients and staff

- All of the teams had robust systems to comprehensively assess risks to patients. We looked at 34 care and treatment records across all of the East London teams. Staff had completed detailed risk assessments. These had information about the individual risks to the person's mental and physical health and risks of harm to the person and others. Staff had updated risk assessments appropriately after incidents and changes to patient circumstances.
- Staff had ensured that each person had a crisis plan with details of what they should do if they felt their mental health had suddenly deteriorated. Crisis plans had standard information on the local emergency contact lines and emergency facilities. Staff told us that they were aiming to develop more personalised crisis plans with patients. In some teams, we saw some instances where it was evident that staff had worked with the patient to identify and record exactly what would help them in the event of a crisis, in terms of contact with their family, for example.
- The trust had a standard that risk assessments and care plans for those patients subject to the CPA should be updated each six months. Team managers had access

Good

Are services safe?

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

to information on compliance with this standard which showed that it was met unless there were circumstances that meant this was not possible. Staff told us they were easily able to see from the IT system when CPA reviews were due which enabled them to ensure that team performance standards were met.

- Staff responded quickly when there was a sudden deterioration in a person's health. For example, we observed that a member of staff at Stepney and Wapping CMHT immediately arranged to visit a person after receiving a telephone call from a relative expressing concern about their well-being.
- Staff completion of mandatory training in adult and childens safeguarding varied from 80-100%. Staff we spoke with in all of the CMHTs understood how to recognise and report abuse. In Tower Hamlets CMHTs, staff could access a local authority funded worker who was based within the Stepney and Wapping team with the specific brief of supporting the children of parents with mental health needs.
- Safeguarding children and adults was a standing item on the agenda for multidisciplinary meetings. We observed that childrens safeguarding issues were discussed during an observation of an interview with a patient. Care records showed that staff had made referrals appropriately to safeguard adults and children. Information from the trust gave the number of safeguarding alerts raised by the CMHTs between 1 April 2015 and 31 March 2016 this varied from 1 in the Newham north CMHT to 19 in the Hackney north CMHT.
- We reviewed the information held by teams on the progress of safeguarding cases. We noted that there were some inconsistencies in the administrative arrangements for dealing with safeguarding cases between the teams. However, after speaking with staff and reviewing patient records we were satisfied that safeguarding issues were appropriately dealt with in all the teams.
- The trust had appropriate procedures in place in relation to lone working. These procedures were followed in the east London CMHTs and in addition, there were local protocols for staff. All the staff we spoke with told us they used these protocols to ensure they were safe. The trust had recently issued a new electronic personal alarm system which enabled lone workers to be tracked and promoted their safety. Staff had just started to use this system and said they felt it would contribute to their personal safety.
- We checked the arrangements for the storage of medicines at each team site. We found that medicines were stored securely and at the correct temperature. We reviewed a sample of medicines administration records for patients who were attending the depot clinics at each site. These were generally well completed. However, in the Newham north recovery team, six of the 17 depot prescription charts had not been fully completed when a patient had not attended or refused their depot medicine. This increased the risk of errors in medicines administration.
- Staff sometimes administered medicines to patients in their own homes. Staff followed trust procedures and transported medicines safely.

Track record on safety

- The trust collected data on serious incidents in two ways. In the period 1 May 2015 to 5 April 2016, across all of the trust's CMHTs, 21 incidents were classified as incidents requiring national reporting via STEIS, the Strategic Executive Information System. The CMHTs accounted for a third of all the trust's STEIS incidents. Fourteen of these 21 incidents related to self-harm or suicide. The trust reported 40 serious incidents across all of the CMHTs in the period 1 February 2015 to 31 January 2016, 27 of which were classified as 'unexpected death or severe harm of one or more patients, staff or members of the public.'
- Staff were aware of their duties in relation to the duty of candour. For example, in Hackney North CMHT the team manager had visited a person to apologise to them and explain how a medicine error had occurred.
- Managers used the learning from incidents to make improvements. For example, following an incident, the Stepney and Wapping CMHT manager had immediately arranged for the position of alarm bells in the interview rooms to be reviewed.

Reporting incidents and learning from when things go wrong

- Staff told us they were familiar with the trust's incident reporting procedures and could easily report incidents.

Good

Are services safe?

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

- Staff said the trust promoted the reporting of incidents. They said they were reminded to do so through emails and team meetings. They told us they were invited to learning events and received bulletins on the findings from incidents which were discussed at team meetings. Staff told us they received appropriate de-briefing when incidents occurred. Information was produced centrally by the trust and learning events were held to ensure staff were aware of the findings from investigations.

Luton and Bedfordshire

Safe and clean environment

- All of the teams were sited in buildings which were clean and had controlled entry and exit procedures. Health and safety risk assessments of the premises had been carried out.
- Not all the interview rooms used by the Luton and Bedfordshire teams were fitted with alarms that staff could use in an emergency. For example, in Charters House, the building used by the Luton CMHTs and the Dunstable CMHT site there were no fixed alarms and the local procedures stated staff should take a personal alarm into the interview room. During the inspection, we observed that this did not always occur at the Luton site. We saw evidence that managers at these sites had regularly reminded staff to take personal alarms into the interview rooms. At the Dunstable CMHT site, we observed that a person was not escorted by a member of staff through the building to the exit. This was in contravention of the local procedure for managing health and safety risks. Staff told us they were regularly reminded to implement these procedures.
- At the Dunstable CMHT site, refurbishment work was taking place and there were appropriate contingency arrangements in place to ensure the premises were safe whilst the building and maintenance works were carried out.
- We observed that staff followed the trust's procedures in relation to infection control. Staff had access to gloves and hand gel.
- Equipment staff used to monitor the health of patients and equipment for use in an emergency was clean and fit for purpose. It was evident that checks of equipment had been carried out the correct intervals.

Safe staffing

- The trust did not routinely monitor the vacancy rates of qualified nurses and nursing assistants in community services. All of the Luton and Bedfordshire CMHTs we visited were well-staffed.
- The sickness rate averaged 4% across the trust in March 2016. Staff told us that staff were seldom off sick unless it was for a serious reason. Managers followed the trust's procedures to manage sickness.
- Staff in the Luton and Bedfordshire CMHTs consistently described their caseloads as manageable and said the CMHTs were well-staffed. The average case-load was around 30 per care co-ordinator in all of the teams. Case-loads were managed through regular supervision and review and there were no waiting lists for a care-co-ordinator. Newly appointed staff and recently qualified staff told us they had protected caseloads. Staff told us that, since the trust took over the provision of the Luton and Bedfordshire CMHTs, overall caseloads were reducing and becoming more manageable.
- The teams operated a duty service to ensure patients received a safe service. Care co-ordinators covered duty on a rotational basis so that there was always a member of staff available to respond to any urgent concerns. Staff said they were easily able to access advice or input from a psychiatrist.
- Compliance with mandatory training averaged over 80% in all of the Luton and Bedfordshire CMHTs.

Assessing and managing risk to patients and staff

- All of the Luton and Bedfordshire CMHTs had robust systems to comprehensively assess risks to patients. We looked at 37 care and treatment records across these CMHTs. Staff had completed detailed risk assessments with information about the individual risks to the person's mental and physical health and risks of harm to the person and others. In most instances, staff had updated risk assessments appropriately after incidents and changes to patient circumstances. For example, in Dunstable CMHT following a recent incident, staff had up dated a person's progress notes and linked this to the risk assessment. This meant anyone accessing the risk assessment would have up to date information.
- The trust had a standard that risk assessments, and care plans for patients subject to a CPA, should be updated

Good

Are services safe?

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

each six months. Team managers had access to information on compliance with this standard which showed that it was met unless there were circumstances that meant this was not possible.

- Each person had a crisis plan with details of what they should do if they felt their mental health suddenly deteriorated. Crisis plans had standard information on the local emergency contact lines and emergency facilities.
- Staff said they were able to respond quickly when there was a sudden deterioration in a person's health. They said they often responded on the same day and could easily ask a psychiatrist for input and advice.
- Staff completion of mandatory training in adult and childens safeguarding varied from 80-100%. Staff we spoke with in all of the CMHTs understood how to recognise and report abuse. Safeguarding children and adults was a standing item on the agenda for multidisciplinary meetings and we spoke with staff who arranged adult safeguarding meetings and attended childrens safeguarding meetings. Care records demonstrated that staff had followed safeguarding procedures.
- The trust gave us information on adult safeguarding concerns relating to the CMHTs from 1 April 2015 to 31 March 2016. This showed adult safeguarding concerns ranging from 18 at Leighton Buzzard CMHT to 44 at Luton East CMHT in this period.
- The trust had appropriate procedures in place in relation to lone working. Staff followed these procedures and in addition there were local protocols for staff. All the staff we spoke with told us they used these protocols to ensure they were safe. For example, in certain situations they visited in pairs to mitigate the risk. The trust had recently issued a new electronic personal alarm system which enabled lone workers to be tracked and promoted their safety. The implementation of this was just starting at the time of the inspection.
- We checked the arrangements for the storage of medicines at each team site and found that medicines were stored securely and at the correct temperature. We reviewed a sample of medicines administration records for patients who were attending the depot clinics at each site. These were well completed.
- Staff sometimes administered medicines to patients in their own homes. Staff followed trust procedures and transported medicines safely.

Track record on safety

- The trust collected data on serious incidents in two ways. In the period 1 May 2015 to 5 April 2016, across all of the trust's CMHTs, 21 incidents were classified as incidents requiring national reporting via STEIS, the Strategic Executive Information System. Tie CMHTs accounted for a third of all the trust's STEIS incidents. Fourteen of these 21 incidents related to self-harm or suicide. The trust reported 40 serious incidents across all of the CMHTs in the period 1 February 2015 to 31January 2016, 27 of which were classified as 'unexpected death or severe harm of one or more patients, staff or members of the public. The trust reported 40 serious incidents across all of the CMHTs in the period 1 February 2015 to 31 January 2016, 27 of which were classified as 'unexpected death or severe harm of one or more patients, staff or members of the public.
- Staff were aware of their duties in relation to the duty of candour. Staff told us they were open with patients in terms of their care and treatment and apologising to patients if any mistakes were made.
- Managers used the learning from incidents to make improvements. For example, we saw a briefing that was sent to the Luton Central CMHT which included the learning from serious incidents which had occurred. These reports highlighted areas of good practice and some areas for improvement such as in recording practice. Staff told us the learning from incidents was highlighted at business meetings and MDTs.

Reporting incidents and learning from when things go wrong

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

Are services effective?

Good

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

Our findings

East London

Assessment of needs and planning of care

- For patients who were subject to CPA, staff had carried out a comprehensive assessment of needs within the target of 28 days in most instances and care plans were in place. Staff told us they aimed to involve patients in developing recovery focused care plans. We saw examples in each team of highly personalised care plans with detailed information about how the person's individual needs would be met. In addition, in some cases, staff had supported patients to develop recovery plans which enabled them to develop an understanding of their mental health needs and develop wellness plans to improve their wellbeing. Some teams, such as South Hackney community mental health and recovery team, had seen very significant increases in referrals in the year previous to the inspection which had impacted on their performance in relation to assessment times. The manager of this team told us that the trust were supporting them to address this through further development of the recovery model within the team and ongoing work with primary care to ensure timely discharges from the team.
- Staff were familiar with the trust's electronic recording system. They said the system worked well and enabled them to easily access information when case responsibility for patients transferred between teams.

Best practice in treatment and care

- Staff had access to national institute for health and care excellence (NICE) guidance on the trust intranet. Clinicians we spoke with demonstrated a good knowledge of NICE guidance. Trust pharmacists visited the CMHT sites to check that prescriptions complied with relevant guidance.
- Psychological therapies, as recommended by NICE, were available to patients across the east London services. Waits for psychological therapy when referrals were made internally in the CMHTs varied across the East London teams. Overall, the majority of patients waited less than 12 weeks. The longest waits were in City and Hackney and Newham. The CMHT monitored patients for risks whilst they were awaiting psychological therapies and were developing group therapy initiatives to reduce waiting times.
- Staff were able to assist patients in relation to employment through accessing specialist resources. For example, the Tower Hamlets individual placement and support service provided personalised assistance to people to return to work. Patients we spoke with were very positive about the assistance they had been offered with finding employment.
- There was a range of resources available across East London to help people in relation to finding accommodation and retaining a tenancy. For example, there were floating support services which worked closely with people to assist them with housing issues. Staff in CMHTs were clear about how they could assist people to access help with benefits by referring them to local advice agencies.
- CMHTs assessed and managed the health needs of patients in conjunction with primary care services. There were arrangements in place for staff to encourage patients to have appropriate physical health checks. At the CMHT sites there were 'pods' which could be used by patients to check their weight and blood pressure prior to their appointment with their psychiatrist. Care plans included reference to physical health needs and staff recorded discussions they had held with patients to offer assistance with smoking cessation and weight management. For patients subject to CPA, care co-ordinators had recorded that GPs had been requested to carry out an annual physical examination. In Newham recovery team north, there were strong links between the team and local community exercise groups. Staff worked with patients to engage them in physical activities as part of the care planning process. Staff in the two Hackney CMHTs said they supported patients to join the City and Hackney wellbeing network which worked with people to make positive changes in their lives.
- Where patients required specific physical health checks, such as blood tests, because of the medicines they were prescribed, psychiatrists had liaised with the patients' GP to ensure the appropriate medical monitoring occurred.
- All the teams used health of the nation outcome scales to measure the outcomes of the service.

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.

- A wide range of audits were carried out across the service. For example, there were trust wide audits of patient records and medicines audits. In addition, CMHT staff had undertaken evaluations of aspects of the service provided to patients. For example, at Hackney South CMHT the manager had undertaken a gap analysis in relation to North and South Hackney CMHTs' response to domestic violence. Following the gap analysis, actions were in the process of implementation which included further awareness raising and training for staff on domestic violence issues.

Skilled staff to deliver care

- All the East London teams were multi-disciplinary. Staffing establishments varied from team to team, but included nurses, support workers, psychologists, psychiatrists and social workers. In Newham, the local authority had withdrawn all local authority staff from the trust's mental health services.
- The 37 staff we spoke with across the East London CMHTs told us students from various disciplines were often on placement in the teams and this contributed to an ethos of learning and development.
- Staff said they were supported by the trust to develop their skills competence and knowledge. We spoke to managers of services who said they had been began their career with the trust at a basic grade level and had been supported over several years to develop their professional and management skills. Staff told us they felt the trust ensured they were equipped with the skills to carry out their job role effectively. They said there was a good range of mandatory training courses, the opportunity to attend external conferences and courses, and assistance for clinical staff to enhance their professional role through specialist training, mentoring and peer support.
- Staff told us they had completed a trust induction and a comprehensive induction to their work role when they started to work at the CMHT. For example, staff told us they had the opportunity to shadow other workers when they first started work. Staff said senior staff supported them through one to one supervision sessions and senior cover was always available to give them information and advice.
- Staff received clinical supervision every four to six weeks. Supervision records were comprehensive, covering staff well-being and development needs as well as caseload review. It was evident that supervisors had supported staff to manage complex situations and meet timescales in terms of completing assessments and review. We saw some good examples of supervisors reviewing case records and advising staff on making care plans more personalised and recovery focused.
- Staff said they had received an annual appraisal of their work performance which included feedback from their manager on their performance and a personal development plan. Completion of appraisal across the trust's community mental health teams was 81% in May 2016.
- All medical staff had been revalidated during the previous twelve months.

Multi-disciplinary and inter-agency team work

- Regular and effective multi-disciplinary team (MDT) meetings took place in all of the East London CMHTs. During the inspection we observed four MDTs. These were well-planned, with a clear agenda which covered areas such as allocation and action planning on new referrals, adult and children's safeguarding issues, discharge plans for patients who were in hospital, changes to risk and the transfer of cases from the team to primary care.
- Each team had strong links with the ward which admitted patients from their area. A manager or team representative attended bed management meetings at the ward to ensure that there was early identification of new patients for allocation to the CMHT. Additionally, care-coordinators attended ward rounds when a patient who was allocated to them was admitted, in order to ensure the patient could be safely discharged as soon as possible. Teams also had links with crisis teams and home treatment teams.
- The trust had well-developed arrangements with commissioners to support primary care to provide effective support to patients who would otherwise require secondary care support. For example, there were mental health primary care nurses who worked with both GP practices and the CMHT to ensure patients could be safely transferred to primary care. Prior to the inspection we hear from GPs in East London that they had excellent access to named psychiatrists which enabled them to manage patients within primary care.

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.

- Trust services in East London were organised in borough directorates. Staff told us that this facilitated partnership working with the local authority in relation to issues such as the implementation of the Care Act and the provision of support for carers, adults and children's safeguarding and housing issues.

Adherence to the MHA and the MHA Code of Practice

- Training in the Mental Health Act (MHA) was not mandatory for CMHTs but in practice awareness of issues relevant to community teams was well-embedded. In most teams there were staff that acted as approved MHA practitioners who were able to advise their colleagues on MHA issues.
- At each team site, we checked a sample of patient records for patients who were subject to a MHA community treatment order (CTO), this totalled 10 of such records in all. The reason for the decision to implement a CTO was clearly recorded. All of these CTO records had been audited in April 2016 by the trust's East London MHA office to ensure legal requirements were met and there was a record that the patient had been informed of their rights. In some instances, the CTO audit had identified that remedial action was required by the CMHT to ensure the patient had been informed of their rights. By the time of the inspection, the required follow up actions had been implemented.
- An independent MHA advocate service was available to patients and staff had informed patients about it.

Good practice in applying the MCA

- Training in the Mental Capacity Act (MCA) was not recorded as mandatory training by the Trust. Staff we spoke with told us they had received training on the five statutory principles of the MCA. We were given several examples in different teams of how staff had assessed people's capacity to understand specific decisions, such as decisions in relation to management of their finances.
- Staff said there was access to advice on the implementation of the MCA from trust leads and the local authority. Staff from the Hackney south CMHT had taken a case to the Court of Protection in order to safeguard the rights of a patient who lacked mental capacity.

Luton and Bedfordshire

Assessment of needs and planning of care

- All of the Luton and Bedfordshire CMHTs carried a case load of patients, some of whom were subject to the care programme approach (CPA). For patients who were subject to CPA, staff had carried out a comprehensive assessment of needs within the target of 28 days in most instances and care plans were in place. Staff told us they aimed to involve patients in developing recovery focused care plans. We saw examples in each team of highly personalised care plans with detailed information about how the person's individual needs would be met. In addition, in some cases, staff had supported patients to develop recovery plans which enabled them to develop an understanding of their mental health needs and develop wellness plans to improve their wellbeing.
- The trust had implemented the introduction the electronic recording system used in East London to the Luton and Bedfordshire CMHTs in the eight months prior to the inspection. Staff were still familiarising themselves with the system and the trust has arranged for training and floor-walkers to be available to assist staff. Staff told us the new system worked well and enabled them to easily access information when case responsibility for patients transferred between teams.
- The trust had identified that there were risks associated with the implementation of the new system. During the inspection we identified two instances in Luton east where it was unclear how referrals had been followed up because full information about the outcome of a referral had not been entered onto the IT system. We clarified that people were not at risk as result of this during the inspection. Locality mangers in Luton were due to undertake a check of records to ensure they were fully accurate which would be completed by the end of July 2016.

- Staff had access to paper files and historic electronic information which enabled them to have appropriate information about people's previous contact with mental health service.

Best practice in treatment and care

- CMHT staff in Luton and Bedfordshire had access to national institute for health and care excellence (NICE) guidance on the trust intranet. Clinicians we spoke with demonstrated a good knowledge of NICE guidance. Trust pharmacists visited the CMHT sites to check that prescriptions complied with relevant guidance.

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.

- Psychological therapies, as recommended by NICE, were available to patients across the Luton and Bedfordshire services. Waits for psychology input varied. Waiting times were longest in Bedfordshire. For example in Bedford east CMHT, a third of patients had waited over 18 weeks for psychology input. This was due to recent staff turnover which the trust was addressing through the active recruitment of psychology staff.
- Patients across Luton and Bedfordshire were assisted in relation to employment through a specialist employment service. We met with workers from this service at the Luton site who explained to us how they supported individual patients. Patients we spoke with were very positive about the assistance they had been offered.
- The CMHTs worked with a range of agencies across Luton and Bedfordshire to help people in relation to finding accommodation, retaining a tenancy and claiming welfare benefits. The CMHTs had good links with housing organisations and the police. The Luton CMHTs were providing input into a new street triage project in central Luton. This meant mental health professionals could provide immediate spot advice to police officers who were dealing with people with possible mental health problems.
- CMHTs assessed and managed the health needs of patients in conjunction with primary care services. There were arrangements in place for staff to encourage patients to have appropriate physical health checks. Care plans included reference to physical health needs and staff recorded discussions they had held with patients to offer assistance with smoking cessation and weight management. For patients subject to CPA, care co-ordinators had recorded that GPs had been requested to carry out an annual physical examination.
- Where patients required specific physical health checks, such as blood tests, because of the medicines they were prescribed, psychiatrists had liaised with the patients' GP to ensure the appropriate medical monitoring occurred.
- All the teams used health of the nation outcome scales to measure the outcomes of the service.
- A wide range of audits were carried out across the service. For example, there were trust wide arrangements audits of patient records and medicines audits.

Skilled staff to deliver care

- All the Luton and Bedfordshire teams were multi-disciplinary. Staffing establishments varied from team to team, but included nurses, support workers, psychologists, psychiatrists and social workers.
- Staff told us students from various disciplines were often on placement in the teams and this contributed to an ethos of learning and development.
- Staff said they were supported by the trust to develop their skills, competence and knowledge. They said there was a good range of mandatory training courses, the opportunity to attend external conferences and courses, and the opportunity for clinical staff to enhance their professional role through specialist training and peer support. Staff said they felt that their options for development had improved since the trust had taken on the provision of the CMHTs. For example, we met a member of staff who was due to undertake a new role as a secondment opportunity.
- Staff told us they had completed a trust induction and a comprehensive induction to their work role when they started to work at the CMHT. For example, staff told us they had the opportunity to shadow other workers when they first started work. Staff said senior staff supported them through one to one supervision sessions and senior cover was always available to give them information and advices.
- Staff received clinical supervision every four to six weeks. In the Dunstable CMHT, supervision records were particularly comprehensive covering staff well-being and development needs as well as a detailed caseload review. It was evident that supervisors had supported staff to manage complex situations and meet timescales in terms of completing assessments and review. We saw some good examples of supervisors reviewing case records and advising staff on making care plans more personalised and recovery focused.
- Staff said they had received an annual appraisal of their work performance which included feedback from their manager on their performance and a personal development plan. Completion of appraisal across the trust's community mental health teams was 81% in May

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.

2016. Some of the staff we spoke with were involved in the trust's mentorship scheme and told this had helped them with their personal growth and their career progression. We spoke with staff who were in the process of having training on the trust's quality improvement (QI) process. They said they were keen to develop QI within their own teams.

- All medical staff had been revalidated during the previous twelve months.

Multi-disciplinary and inter-agency team work

- Regular and effective multi-disciplinary team (MDT) meetings took place in all of the Luton and Bedfordshire CMHTs. During the inspection we observed five MDTs. These were well planned with a clear structure which covered areas such as case allocation and action planning on new referrals, adult and children's safeguarding issues, discharge for patients who were in hospital, changes to risk and the transfer of cases from the team to primary care.
- Each team had links with the ward which admitted patients from their area. A manager or team representative attended bed management meetings at the ward to ensure that there was good liaison and the early identification of new patients for allocation to the CMHT. Additionally, care-coordinators attended ward rounds when a patient who was allocated to them was admitted, in order to ensure the patient could be safely discharged as soon as possible. Teams also had links with crisis teams and home treatment teams.
- Since April 2016, the trust has developed new arrangements to enhance the interface between the CMHTs and primary care. Primary care link workers were now in post to joint work cases and facilitate step down from CMHTs to primary care and step up from primary care to the CMHT. In Bedfordshire, the primary care link workers also provided an assessment and brief intervention service.
- Trust services in Luton and Bedfordshire were organised on a locality basis, with CMHTs linked to a group of GP practices. Staff told us there was good partnership working with local agencies such as the council and police.
- In Luton, staff told us that there were currently difficulties in providing adequate support to people with very complex needs and personality disorders. They said the trust was intending to develop new short intervention services for these patients.

Adherence to the MHA and the MHA Code of Practice

- Training in the Mental Health Act (MHA) was not mandatory for CMHTs but in practice awareness of issues relevant to community teams was well-embedded and staff told us they had received training on the MCA and had discussions within the team about the implementation of the MCA .
- At each team site we checked a sample of patient records for patients who were subject to a MHA community treatment order (CTO), this totalled eight records in all. CTO records had been checked on a regular basis by the trust's Luton and Bedfordshire MHA office to ensure legal requirements had been met. There was a record that the patient had been informed of their rights.
- An independent MHA advocate service was available to patients and staff had informed patients about it.

Good practice in applying the MCA

- Training in the Mental Capacity Act (MCA) was not recorded as mandatory training by the Trust. Staff we spoke with told us they had received training on the five statutory principles of the MCA. We were given several examples of how staff had assessed people's capacity to understand specific decisions, such as decisions in relation to management of their finances.
- Staff said there was access to advice on the implementation of the MCA from trust leads and the local authority. In the Dunstable CMHT, a member of staff championed awareness of the MCA within the team. They explained to us how the team had embedded the key principles of the MCA into their work with patients. They gave us examples of how the principles had been used when working with patients on safeguarding issues.

Good

Are services caring?

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

Our findings

East London

Kindness, dignity, respect and support

- Prior to the inspection, we asked people in contact with the East London CMHTs for their views at listening events and also through telephone interviews. We got a varied response from people in terms of their of the attitude and behaviour of staff. Most people told us that CMHT staff had been helpful and sensitive to their needs. Other people reported that staff in the service were difficult to contact on the telephone and not very responsive in relation to helping them with their health and social needs.
- During our inspection, we observed nine consultations across the East London teams and made general observations of interactions between people and reception staff. We found staff were polite and friendly towards patients. When we spoke with individual staff and attended meetings, we found that staff demonstrated sensitivity and understanding when describing the needs of patients. They were able to explain how they worked flexibly with patients to ensure they received appropriate practical and emotional support.
- Patients told us that staff were respectful towards that and felt that staff were responsive in relation to their individual needs.
- Assessments of need and care plans took into account patients' preferences in relation to how they wished to be supported, for example with regard to how they wished to be addressed and how they wished to be contacted.
- Staff we spoke with had a good understanding of how to protect confidentiality. Records were kept securely.

The involvement of patients in the care they receive

- Patients consistently told us they were involved in decisions about their care. The care records we reviewed confirmed this. Patients who were subject to CPA had personalised and comprehensive care plans. These were recovery focused and aimed to ensure that people were encouraged to be as independent as possible. We observed four CPA review meetings which patients attended and contributed their views of their care. Staff took people's views into account. For example, at a CPA review a patient requested changes to their medicines and staff agreed a plan with them about how to begin a process to change their prescription.
- Care records demonstrated that staff had talked with patients about their views on the involvement of their family, friends and informal carers in their support. Relatives and carers were involved in care planning and six monthly CPA reviews in accordance with people's wishes. Staff were clear about the processes for ensuring that carers received all the assistance they were entitled to. The arrangements for this varied from team to team. For example, in the Hackney north and south CMHTs, staff supported carers to receive an assessment of their needs and access services via the local carers centre. Carers we spoke with during the inspection told us staff listened to them and appropriately involved them in care planning.
- Where a patient on CPA had an informal carer, there was a target for the care-coordinator to contact them each month. Staff in the Hackney north and south CMHTs explained how this target was monitored using the IT system. They said it was an effective target in terms of enabling early intervention if a patient was becoming unwell.
- People were easily able to access a range of advocacy services. Staff understood how to support people to access an advocate. In addition, people were given written information on advocacy services.
- The trust had a well-developed system for involving patients in the recruitment of staff. Team managers told us this was arranged by the trust's HR department and patients provided valuable feedback which was used to help the selection process.
- People were asked for their feedback on the service through surveys which were organised centrally by the trust. We saw the feedback which had been collected which was generally favourable.

Luton and Bedfordshire

Kindness, dignity, respect and support

- Prior to the inspection, we asked people in contact with the Luton and Bedfordshire CMHTs for their views at listening events and also through telephone interviews. Some people told us that CMHT staff had been helpful

Good

Are services caring?

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

and supportive. Other people reported that staff in the service were difficult to contact on the telephone and not available or very responsive in relation to helping them with their mental health and social needs.

- During our inspection, we observed 12 consultations across the Luton and Bedfordshire teams and made general observations of interactions between people and reception staff. Staff were polite and friendly towards people. In meetings, we found that staff demonstrated sensitivity and understanding when describing the needs of patients. They were able to explain to us how they worked flexibly with people to ensure they received appropriate practical and emotional support.
- We spoke with 11 patients during the inspection. They told us that staff were respectful towards them and took their views into account in relation to the delivery of their support. needs.
- The assessments of need and care plans we read took into account people's preferences in relation to how they wished to be supported, for example with regard to how they wished to be addressed and how they wished to be contacted.
- Staff we spoke with had a good understanding of how to protect people's confidentiality. Records were kept securely.

The involvement of patients in the care they receive

- The care records we reviewed in Luton and Bedfordshire confirmed that people were involved in planning their care. Patients who were subject to CPA had personalised and comprehensive care plans. These aimed to ensure that people were encouraged to be as independent as possible. We observed five CPA review meetings which people attended and contributed their views of their care. Staff took people's views into account. For example, in Luton, staff had made a one-off arrangement with a person to receive their medicines late in the evening.
- Care records demonstrated that staff had talked with patients about their views on the involvement of their family, friends and informal carers in their support. For example, relatives and carers were involved in care planning and six monthly CPA reviews in accordance with people's wishes. Staff were clear about the processes for ensuring that carers received all the assistance they were entitled to. The arrangements for this varied from team to team. We spoke with two carers during the inspection told us staff listened to them and appropriately involved them in care planning.
- People were easily able to access a range of advocacy services. Staff understood how to support people to access an advocate. In addition, people were given written information on advocacy services.
- The trust had a well-developed system for involving patients in the recruitment of staff. Team managers told us this was easily arranged by the trust's HR department and patients provided valuable feedback which was used to help the selection process.
- People were asked for their feedback on the service through surveys. We saw the feedback which had been collected which was generally favourable.

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

East London

Access and discharge

- In East London, the management of referrals to the CMHTs varied. In City & Hackney new referrals were assessed by a single point of entry service which triaged referrals, passing urgent refuels to crisis services and non-urgent referrals to the north and south community mental health and recovery teams. In Newham, all new referrals were assessed by an assessment and brief intervention team. Patients requiring on-going support were then referred to the north or south recovery teams. In Tower Hamlets, each CMHT acted as a single point of entry for patients living in the relevant locality to access secondary care. Each CMHT had clear targets in terms of the initial response times to referrals. For example, in Tower Hamlets, the target response time was two hours for emergencies and MHA assessments, 24 hours for urgent referrals and 28 days for non-urgent referrals.
- The trust supplied data on average number of days from referral to assessment time for the East London CMHTs in the period 1 August 2016 to 31 January 2016. In this time period, the average referral to assessment time was 28 days or less for most teams. In this time period, the team with the highest average referral to assessment time of 35 days was the Hackney south recovery team.
- The trust provided data on the follow up by CMHTs of patients discharged from psychiatric inpatient care. The trust reported that CMHTs met the target of completing follow up within 7 days at around the England average of 97.2%.
- Each team had arrangements to review new referrals in order to prioritise them and clarify whether they were appropriate for the team. Cases were allocated to staff based on staff capacity and skills. All the teams had a duty system to enable the team to respond to urgent telephone enquiries from health professionals and deal with emergency situations.
- Teams had operational procedures which clearly set out the remit of the team and explained how they would communicate with referrers about the progress of referrals.
- We received information from the trust on the attendance rates in all CMHTs for patients for first appointments and follow up appointments form 1 April to 30 June 2016. This showed an overall average DNA (did not attend) rate of 16%. However, the teams which acted as a single a point of contact tended to have higher DNA rates for first appointments. For example, in this period, the Newham assessment and brief treatment team DNA rate for first appointments was 31% and the Tower Hamlets Bow and Poplar CMHT DNA rate for first appointments was 32%.
- Teams had arrangements which aimed to reduce DNA rates. For example, staff sent letters and made telephone calls made to remind patients about appointments. Patients who did not attend initial appointments were routinely discussed at multidisciplinary team meetings in order to determine the level of risk and plan the team's response. In some instances, to ensure people received an assessment of their needs and appropriate treatment, home visits were made.
- Some staff from partner organisations told us they were concerned that sometimes the CMHTs discharged people who did not engage with them and this may place people at risk. During the inspection, we clarified how the team made decisions to discharge people. If the person did not engage with the service and the multidisciplinary team agreed risks could be managed without the intervention of the CMHT then the team discharged the person to primary care. There were trust procedures on this.
- Each CMHT operated during the normal working week. Teams where flexible about appointment times when this was necessary to meet peoples' needs. For example, the Hackney South CMHT provided an assessment service to homeless people during the evenings at a local shelter.
- Patients told us that generally their appointments were on time. They said that if an appointment was cancelled, for example, because a member of staff was sick, they were informed and the appointment was rescheduled.

The facilities promote recovery, comfort, dignity and confidentiality

- The CMHTs we visited were located in suitable premises. All of the premises were well maintained and furnished with adequate space for staff and patients.

Are services responsive to people's needs?

Good

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

- Interview rooms were suitable and adequately sound proofed.
- Reception areas had a range of information on display, including information on advocacy services and how to complain.

Meeting the needs of all patients who use the service

- All of the CMHT locations could be accessed by wheelchair users and people with mobility problems.
- Staff knew how to access information in a variety of languages. Staff had access to tablets which they could use whilst working with patients to look up services. For example, in Hackney they were able to look at the Council website which showed community groups and instantly translated information into an appropriate language. In addition, a range of leaflets were available in different languages at team sites.
- There was easy access to interpreters. In the Tower Hamlets Stepney and Wapping CMHT, the trust employed two support workers who also acted as interpreters. Staff told us that they could easily use telephone translation services and also book face to face interpreters when this was necessary.

Listening to and learning from concerns and complaints

- The trust told us they had received 111 formal complaints about East London and Luton and Bedfordshire CMHTs in the period 2 January 2015 to 29 December 2015. Of these complaints, 19 were fully upheld, 26 partly upheld and 10 were ongoing. No complaints had been referred to the ombudsman.
- Patients we spoke with told us they knew how to make a complaint.
- Staff actively reviewed complaints with the aim of improving people's experience of the service. For example, managers of the service met with people when they made informal complaints about the service and attempted to resolve issues at an early stage. When patients complained about individual staff, managers had held three way meetings to seek to resolve matters and ensure the patient continued to receive support with their mental health needs. The learning from complaints was used to improve the service.

Luton and Bedfordshire

Access and discharge

- In Luton and Bedfordshire, each CMHT acted as a single point of entry for patients living in the relevant locality to access secondary care. Teams reviewed referrals and decided on whether to accept them and how they should be dealt with. For example, at Dunstable CMHT, referrals were reviewed each day by a psychiatrist and the team manager and a decision made about whether the referral would be accepted or not. If a referral was accepted decisions were made about how it should be managed. For example, in some cases an outpatient psychiatrist appointment was offered and in more complex situations a care-coordinator was allocated. Where referrals were not accepted the referrer was informed.
- The trust did not supply data to us before the inspection on the average number of days from referral to assessment time for the Luton and Bedfordshire CMHTs. During the inspection we read care records and spoke with staff, we were satisfied that assessments were completed in a timely fashion and managers monitored the team's compliance with targets for the completion of assessments. These were completed within 28 days for CPA assessments.
- We received information from the trust on the attendance rates in all CMHTs for patients for first appointments and follow up appointments from 1 April to 30 June 2016. This showed an overall average DNA (did not attend) rate of 16%. However, for the Luton and Bedfordshire CMHTs DNA rates for first appointments were higher than the trust wide average. The rates were between 18% and 30% for first appointments all the CMHTs except Luton west which had a DNA rate of 39% for first appointments. Staff were taking active steps to improve patient attendance rates by for example, telephoning patients to remind them of appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- At the time of the inspection, not all the CMHT premises in Luton and Bedfordshire were suitable and fit for purpose. The trust was taking action to improve facilities for staff and patients. The facilities at Dunstable CMHT were not adequate and the trust had arranged refurbishment, which was due to completed during the summer of 2016 and would ensure that adequate facilities such as a suitable clinical room would be

Are services responsive to people's needs?

Good

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

available. At Ampthill CMHT, the waiting room was small and in close proximity to the consultation room. This compromised the dignity and privacy of patients as soundproofing was not adequate. At Biggleswade CMHT, the building was unsuitable in its layout. The trust had plans to relocate both the Ampthill and Biggggleswade CMHTs to more appropriate premises.

- The other sites we visited in Luton and Bedfordshire were suitable for patients and staff in terms of their condition, layout and facilities.

Meeting the needs of all patients who use the service

- In Luton, the CMHTs were co-located with staff from two separate services which had been set up to meet the needs of Afro-Caribbean and Asian people several years previously. We met with staff from these services who explained the work they were undertaking to ensure appropriate access to mental health services for BME groups. Staff in the Luton CMHTs told us the work of these services was valued by the teams and there was some concern about the future of these services. Staff told us that in Luton the local population was now very diverse with new immigrants from Eastern Europe and from many other countries. We met with the lead for the Luton recovery partnership board which had set up an eastern European mental health strategy group but this was still in its early stage.
- Staff we spoke with across the Luton and Bedfordshire CMHTs told us they could easily access interpreters and translate written information. They said they were able to make arrangements to support people with physical disabilities to access the service. Staff said home visits were made if people had physical disabilities which meant it was difficult for them to access the CMHT premises.

Listening to and learning from concerns and complaints

- The trust told us they had received 111 formal complaints about East London and Luton and Bedfordshire CMHTs in the period 2 January 2015 to 29 December 2015. Of these, 111 complaints, 19 were fully upheld, 26 partly upheld and 10 were ongoing. The rest were not upheld. No complaints had been referred to the ombudsman.
- Patients we spoke with told us they knew how to make a complaint.
- Staff actively reviewed complaints with the aim of improving people's experience of the service. The learning from complaints was used to improve the service. For example, in Dunstable the team manager told us about a complaint which had been partially upheld, which resulted in the manager reminding staff to wear their ID badges.

Are services well-led?

Outstanding ☆

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

East London and Luton and Bedfordshire services

Vision and values

- Staff throughout the CMHTs in east London and Luton and Bedfordshire told us they understood and agreed with the trust's vision and values. The trust values were promoted and reinforced through their routine use on trust publications and communications.
- Senior members of the trust management team had visited all of the trust CMHT sites and staff reported that they were approachable and listened to their views.
- Staff in Luton and Bedfordshire told us they felt that senior managers in the trust had worked in partnership with them to make them feel included and ensure their teams developed in line with the trust values.

Good governance

- All CMHTs monitored their performance in terms of compliance with commissioner targets and key performance indicators. Managers and staff in CMHTs in East London were able to view performance information on their computers. For example, there was data on compliance with the target of six monthly CPA reviews. In Luton and Bedfordshire these IT systems were still in the process of implementation at the time of the inspection, although they had access to key information through other reporting processes.
- The CMHTs were part of geographically arranged directorates, which enabled good links with the local communities, commissioners, primary care and other third sector providers. This ensured that the mechanisms were in place to meet the needs of people using the services and make improvements where needed.
- Managers of the CMHTS received monthly bulletins, produced centrally by the trust which showed the incidents reported and complaint made. The learning from serious incidents was included. This information was circulated to team members and used in multi-disciplinary meetings and team meetings as a basis for discussion.
- The teams involved patients in their work, interviewing staff and receiving feedback through surveys and complaints. The trust were extending their links with different equality groups in Luton and Bedfordshire. These led to improvements taking place.
- Clinical audit took place within the teams. Managers checked on record keeping and compliance with targets for the completion of assessments and the quality of assessments was built into clinical supervision.
- The CMHT managers we spoke with told us they felt supported in their role by senior managers and could carry out their day to day duties independently and effectively. In general they said they had good administrative support.
- Each team manager was able to submit items to the trust risk register.

Leadership, morale and staff engagement

- Staff across the CMHTs were positive about working for the trust. They said morale was good because the team culture was supportive and empowering and they could see that improvements were being made in terms achieving targets and developing services. The sickness rate was 4% across the trust in March 2016.
- Staff said the trust managed change well. For example, staff in Luton and Bedfordshire told us how they had been fully involved in planning developments to their services. For example, staff said business meetings were being held fortnightly rather than monthly in the run up to the reconfiguration of the Luton CMHTs in January 2017. They said these meetings enabled them to have input into the change process and plan cations for the effective implementation. Of the new Luton CMHT structure.
- Staff had access to a range of leadership development training and other development opportunities such as a mentoring scheme. There were many examples of staff who had made progress with their careers whilst working for the teams and the trust.
- There were no on-going bullying and harassment cases in the CMHTs. Staff were familiar with the trust's whistleblowing procedures.

Commitment to quality improvement and innovation

- All the staff we spoke with across the CMHTs were aware of the trust's quality improvement (QI) initiatives. In East

Are services well-led?

Outstanding ☆

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.

London, QI processes were well-embedded and staff told us about how they were involved in developing their practice using this model. For example, in Hackney south CMHT a QI project was in process to improve the care planning process to focus more on recovery by staff working with people to identify their strengths, values and goals. Staff told us that the trust's central QI team had assisted them with this project and helped to ensure there was effective patient involvement and input through people participation meetings.

- In Luton and Bedfordshire, staff told us they were looking forward to starting QI initiatives having attended training and information sessions.
- The Hackney north and south CMHTs had begun the process of applying for Accreditation for Community Mental Health Services (ACOMHS). This scheme, initiated by the Royal College of Psychiatristssets standards for, and reviews, community mental health services. During the inspection, we read an external review of the service which had been conducted in March 2016; a small number of minor actions had been identified. The teams were in the process of implementing these improvements with the aim of achieving full accreditation by ACOMHS by the end of 2016.
- The trust had developed innovative ways of working in partnership with primary care to develop capacity within the CMHTs. All CMHTs had support systems in place which enabled people to be discharged from the service to primary care. There were primary care liaison nurses to help people transition between services. GPs had good access to information and advice from psychiatrists.