

Requires improvement


Coventry and Warwickshire Partnership NHS Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RYGCR	Trust Head Office Wayside House	18-21 Dementia, Leamington Spa	CV31 1JQ
RYGCR	Trust Head Office Wayside House	18-21 Dementia, Stratford-upon-Avon	CV37 6NQ
RYGCR	Trust Head Office Wayside House	18-21 Dementia, Coventry	CV6 6DR
RYGCR	Trust Head Office Wayside House	18-21 Dementia, Rugby	CV21 2AW
RYGCR	Trust Head Office Wayside House	18-21 Dementia, Nuneaton	CV11 5HX

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

Summary of findings

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 Coventry and Warwickshire Partnership NHS Trust and these are brought together to inform our overall judgement of Coventry and Warwickshire Partnership NHS Trust.

Summary of findings

Ratings

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

Overall rating for the service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated community based mental health services for older people as requires improvement because:

- There were delays in patients receiving annual health reviews. People with dementia in Nuneaton were not getting the same timely access to memory assessments as those in all other locations. The delays were significant and could impact negatively on those who required services.
- The central booking system sometimes caused delays in patients accessing the right support at the right time. For example translators required for assessment purposes. This caused delays and could cause distress to those who needed the service.
- There were geographical barriers for some patients accessing group programmes. Accessibility was sometimes determined by where patients lived and the location of the service provided. There were financial costs to some patients for parking and not to others based on which location they accessed services. This meant some patients might be penalised and might reduce their attendance.
- There were no systems and processes in place for safe storage and management of prescriptions, which left them open to theft and misuse.
- Staff did not follow the principles of data protection and there were no resources for secure transportation of patient records. This left sensitive patient information vulnerable and could breach confidentiality.
- Mental Health Act training had been introduced since the 2016 CQC inspection, however we were told that there were limited spaces. This meant some staff were waiting a long time before they could access the programme of learning.
- Social workers based in all of the teams used both the trust electronic record system and a local authority system to store and share important patient

information. These systems were not compatible and staff did not always duplicate information to both systems. This meant that important patient information stored on the local authority system was not accessible to all staff.

However:

- There were robust lone working procedures in place and personal safety devices for staff to use while working in the community. Patient risks were assessed regularly and managed appropriately.
- Staff were trained in safeguarding. Staff worked closely with safeguarding leads and local authority social care teams to keep patients safe. Staff also knew and understood the importance of reporting incidents and there was learning and changes in practice as a result of this.
- Patients had care plans that were person-centred and involved a wide range of professionals in meeting patient needs. Staff used recognised assessment and monitoring tools which meant they could measure a patient's functioning throughout their treatment journey.
- Staff were supported to develop and progress. All new staff received an induction. There was evidence of good quality, regular supervision and appraisals for all staff.
- All staff received mandatory training and updates, which included Mental Capacity Act and safeguarding.
- Staff demonstrated compassion, kindness and respectful relationships with patients and their carers. Carers were involved in all aspects of care and in service development. Patients were supported and encouraged to remain in their homes and avoid hospital admissions.

Summary of findings

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

Are services safe?

We rated safe as good because:

- There were good personal safety systems in place to keep staff and patients safe. For example, the roll out of personal safety devices for all staff, with access to a dedicated monitoring system. Patients were risk assessed and managed with robust risk management plans in place, which involved other people and services involved in the patient's care.
- Staff were trained in safeguarding. Staff worked closely with safeguarding leads and local authority social care teams to keep patients safe. Staff also knew and understood the importance of reporting incidents and there was learning and changes in practice as a result of this.

However:

- The service did not have a safe and effective system in place to store prescriptions. Prescriptions were not routinely locked away. This meant that prescriptions could be used fraudulently by anyone who had access to them.

Good



Are services effective?

We rated effective as requires improvement because:

- Patients with a diagnosis of dementia who were prescribed medication were not always seen in time for their annual review. This could mean patients' care needs may not be adequately met and could have a negative impact on outcomes.
- Staff were not aware of clinical audits. This meant there were no steps taken to evaluate or improve practice which could benefit patients.
- Patient confidentiality might not always be protected. Staff took patient identifiable information out in to the community without secure transportation resources.
- Social workers used a dual electronic recording system for patient records. They did not always record the information on to both electronic record systems. This meant some important information might not be accessible to all staff all of the time. For example, some care plans were only stored on the local authority system. This system could only be accessed by social workers or dedicated administrators.

However:

Requires improvement



Summary of findings

- Care planning was person centred and involved a wide range of key people in meeting patient needs. Staff used recognised assessment and monitoring tools which meant they could measure a patient's functioning throughout their treatment journey.
- Staff told us they could manage their caseloads and responsibilities. Each location made use of external agencies, for example, voluntary organisations to support them in providing wrap around care for patients using the service.
- Staff were supported in their professional development. There was evidence of staff being promoted internally and gaining additional qualifications. For example, nurses being promoted from band 5 to band 6 and nurses achieving nurse prescribing qualifications.
- All staff received an induction before being permitted to work in their substantive posts. There was evidence of good quality, regular supervision and appraisals for all staff.
- There were regular multi-disciplinary meetings across services. There was a culture of joint working with a wide range of external agencies to support patients and their carers.
- All staff received mandatory Mental Capacity Act training and updates. The trust Mental Capacity Act policy was accessible. Staff demonstrated good knowledge and understood the principles of Mental Capacity Act and Deprivation of Liberty Safeguards. There were independent mental capacity advocates available and involved when needed.

Are services caring?

We rated caring as good because:

- All of our observations, feedback and discussions with staff demonstrated compassion, kindness and respectful relationships with patients and their carers. Patient and carer feedback was sought, encouraged and used to improve services.
- Complaints guidance was not always available in patient information packs. However, managers rectified this during the inspection and complaints leaflets were introduced as standard in the information packs.
- Carers were involved in all aspects of care and in service development. Patients were supported and encouraged to remain in their homes. Steps were taken to reduce hospital admissions.
- Patients and their carers received information packs with information about the service and other services to support them.

Good



Summary of findings

However:

- Some carers told us that they did not always feel they received all the information that they needed all of the time.

Are services responsive to people's needs?

We rated responsive as requires improvement because:

- Within the Coventry and Rugby area the trust met local commissioned targets of referral to assessment within 12 weeks for 90% of referrals. However, patients in the Nuneaton area were waiting, on average, six months for a memory assessment. The target set by commissioners was 52 weeks. A wait of six months to receive an assessment is not acceptable. Patients waiting significantly long periods for assessment will likely receive a late diagnosis and treatment might be delayed. This could have a negative impact on the outcomes and general well-being for those waiting. People with dementia in Nuneaton were not getting the same support as those in all other locations. Significant waits for people in Nuneaton meant that people might be unable to access the vital information, treatments and non-medical support that an early diagnosis might bring.
- Staff did not always receive timely information required for them to carry out assessments for new patients. For example, staff at the central booking system did not always book a translator when needed. This could cause delays and was a poor use of resources.
- Some patients travelled a considerable distance to get to the group programmes and there were parking costs incurred. This was determined by where patients lived and the location of the service provided.

However:

- Patients were given an information pack to introduce them to the service and provide further information to guide them through their treatment journey. Information could be provided in different languages and there were services for those with additional needs, for example, sign language.
- Patients were mainly assessed at home. This reduced did not attend (DNA) rates and meant that patients felt comfortable during the assessment process. Staff were flexible about where they saw patients and there was disabled access for those who needed it at community clinics.
- We saw evidence of staff engaging patients in their personal interests to encourage independence and improve their well being.

Requires improvement



Summary of findings

- There was a lot of evidence of patients being encouraged to feedback about services they received. There was patient and carer involvement in the development of services. There was learning from complaints and we saw complaints being responded to promptly to avoid escalation to the formal processes.

Are services well-led?

We rated well-led as requires improvement because:

- Following the last inspection in 2016, CQC issued the trust with a requirement notice under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This required the trust to ensure they adhered to the National Institute of Health and Care Excellence guidance in relation to the provision of annual health reviews for people with dementia who were prescribed anti-dementia medication. The service was still not achieving its targets for these annual health reviews when we returned one year later to carry out this inspection.
- Patients in Nuneaton experienced unacceptably long delays from referral to assessment. These delays could negatively impact on the outcomes for patients and carers.
- There was no robust governance and managerial oversight to ensure each team stored prescriptions safely. Whilst there had been no recorded incidents, prescriptions were vulnerable to theft and misuse.
- The service did not participate in clinical audit. This meant there was no means of benchmarking the quality of the service provided or identifying areas for improvement.
- Patient information and data protection principles were not applied which meant there was potential to breach patient confidentiality.

However:

- Staff completed mandatory training, for example, safeguarding and were regularly appraised and supervised. Staff were supported in professional development and there were pathways for career progression.
- Staff knew and understood the importance of recording and learning from incidents. Service user feedback was encouraged and used to develop services.
- Staff morale appeared to be high across the teams. The told us they felt listened to and could confidently make comments. Staff told us they felt supported by their managers.

Requires improvement



Summary of findings

Information about the service

The community memory assessment and dementia service is part of Coventry and Warwickshire Partnership NHS Trust. The memory assessment and dementia service was formerly known as community mental health services for older people, and following the trust's restructuring of community services in 2014, they became independent practice units.

The service provides assessment and diagnosis for people with memory or other cognitive problems, and community interventions for people with a diagnosis of dementia, who are experiencing difficulties with managing their lives.

The service has five team bases across Coventry and Warwickshire:

- Rugby and Nuneaton covering North Warwickshire.
- Leamington Spa, and Stratford upon Avon covering South Warwickshire,
- Arden memory service covering Coventry and the surrounding area.

All teams have specialist memory assessment nurses, community psychiatric nurses, occupational therapists, psychologists, social workers, psychiatrists, and staff grade doctors. A speech and language therapist supported some teams. The trust had previously been inspected in April 2016 when it had been rated overall as requires improvement.

Our inspection team

Our inspection team was led by:

James Mullins, Head of Hospital Inspections

Paul Bingham, CQC Inspection Manager

The team that inspected the community-based mental health services for older people comprised one CQC inspector, two nurses and a social worker, all of whom had mental health service experience.

Why we carried out this inspection

We undertook this inspection to find out whether Coventry and Warwickshire Partnership Trust had made improvements to their community mental health services for people with learning disabilities or autism since our last comprehensive inspection of the trust in April 2016.

When we last inspected the trust in April 2016, we rated community mental health services for older people as requires improvement overall.

We rated the core service as good for safe and responsive and requires improvement for effective, caring and well led.

Following the April 2016 inspection, we told the trust that they must take action in the following areas:

- The provider must ensure adherence to the National Institute for Health and Care Excellence (NICE) guidance in relation to providing annual health reviews for people with dementia and who are on anti-dementia medications.
- The provider must ensure that staff, receive, and record supervision in line with their policy.

These related to the following regulations under the Health and Social Care (Regulated Activities) Regulations 2014:

- Regulation 12 (2) (a) HSCA 2008 (regulated activities) Regulations 2014
- Regulation 18 (2) (a) HSCA 2008 (regulated activities) Regulations 2014

Summary of findings

How we carried out this inspection

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

During the inspection visit, the inspection team:

- visited five separate locations and looked at the quality of the environment and observed how staff were caring for patients

- spoke with seven patients and nine carers who were using the services
- visited two patients and carers in their homes
- spoke with the four operational managers and one service manager for each of the locations
- observed a neuropsychological and cognitive assessment attended by a psychologist, carer and patient
- spoke with seven nurses and one student nurse, other staff members; including associate nurse practitioners, clinical psychologists, occupational therapists and consultant psychiatrists
- observed one multidisciplinary meeting.
- collected feedback from patients using comment cards
- looked at 15 treatment records of patients
- Looked at a range of policies, procedures and other documents relating to the running of the services.

What people who use the provider's services say

We spoke with seven patients and nine carers of patients who were using the services and reviewed feedback from family and friends.

The feedback we received about staff, care and treatment was overwhelmingly positive. Patients and carers told us that staff were engaging, compassionate and kind.

Patients and carers also told us that they enjoyed attending the groupwork programmes because it gave them the opportunity to gain support from other people in the same position as them.

One attendee at a group programme fed back that they found the acoustics in the venue made it difficult for them to hear. The venue for the next meeting had been changed as a result of this attendee feedback.

Attendees at a group programme we observed told us that they didn't always feel they had enough information. For example, they didn't understand what was available for carers or how to access a carers assessment.

Good practice

- The service were aiming for accreditation by the Royal College of Psychiatrists Memory Services National Accreditation Programme (MSNAP). The accreditation programme was incomplete at the time of inspection.

Summary of findings

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure adherence to the National Institute for Health and Care Excellence (NICE) guidance in relation to providing annual health reviews for people with dementia and who are on anti-dementia medications.
- The provider must ensure patient data and identifiable documentation is securely transported by staff while in the community.

Action the provider **SHOULD** take to improve

- The provider should ensure a reasonable time from referral to memory assessment in line with a range of National Institute for Health and Care Excellence dementia guidance.
- The provider should ensure adequate staffing to meet the needs of patients to reduce long waits for assessment.
- The provider should ensure that patient information is stored on the shared system accessible to all staff who need to use it.
- The provider should ensure prescriptions are stored safely and securely.
- To avoid delays, the central booking system should ensure all patient information is relayed to the right service in a timely manner.
- Patients should know the process for making complaints and should be provided with resources to do this.
- The provider should ensure those using services have equal access to groupwork programmes.

Coventry and Warwickshire Partnership NHS Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Leamington Spa memory assessment and dementia service	Trust Head Office
Stratford on Avon memory assessment and dementia service	Trust Head Office
Coventry memory assessment and dementia service	Trust Head Office
Rugby memory assessment and dementia service	Trust Head Office
Nuneaton memory assessment and dementia service	Trust Head Office

Mental Health Act responsibilities

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.

- The service did not provide information on Mental Health Act training compliance rates. This was

highlighted as an area for improvement in the 2016 CQC inspection. In response, a three year training programme had been developed and training commenced in March 2017.

- All the staff we spoke with were aware of the Mental Health Act revised Code of Practice, and how this

Detailed findings

affected their work. Staff knew where to get advice on the Mental Health Act, and staff were clear on how to access Independent Mental Health Advocacy (IMHA) for patients.

- The service employed Approved Mental Health Professionals. This is a person who is authorised to

make certain legal decisions and applications under the Mental Health Act 1983. This meant that staff could access qualified professionals to support and guide them in issues relating to the Mental Health Act.

- Patients had access to Independent Mental Health Advocacy (IMHA) services through a specific organisation used by the trust if identified as a need.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Data provided by the trust showed that 97% of staff had up to date training in Mental Capacity Act. Staff were knowledgeable about the principles of the Mental Capacity Act (MCA) and were able to describe how they applied these in practice.
- Assessment documentation, daily progress notes and reports reviewed in the care records indicated patient capacity to consent to treatment was explored. However, there was not consistently documented capacity assessments recorded in the care records. This meant we could not clearly see whether a capacity assessment had been carried out.
- 12 of 15 care records we looked at indicated that consent had been obtained. This was not always collected consistently or documented in the same place. This meant the information was not always clearly or easily accessible.

- There were best interests assessors in the teams. A best interests assessor assesses whether a patient has the mental capacity to make a specific decision or if a decision should be made for them, with their best interests in mind. There was clear documented evidence in patient care records of best interest meetings, based on individual needs.
- People had access to Independent Mental Capacity Advocacy services through a specific organisation used by the trust. There were examples of when referrals were made to Independent Mental Capacity Advocacy and when Independent Mental Capacity Advocacy were involved in patient care evidenced in patient care records.

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

- Staff had personal safety devices that were linked to a 24/7 dedicated monitoring centre. This meant staff had access to a system that kept them safe while they were working in the community. The personal safety devices complimented an onsite local process for lone working. Staff also had access to personal alarms and pin point alarm systems to ensure their safety while they were seeing people at the service location interview rooms.
- Patients were seen regularly in their own homes. Staff transported equipment to aid them in their assessment, for example, blood pressure monitors. None of the trust locations we visited had access to automated emergency defibrillators, however the trust told us that they were providing these the week following our inspection.
- Each location had onsite clinic rooms to meet with patients. The clinic room resources were variable and dependent on location. For example, at Nuneaton, there were full equipped clinic rooms with hand washing facilities and examination couches. At Coventry, the space was shared with a GP surgery and not all the rooms were fully equipped to carry out physical examinations. The room we looked at, because all others were busy with patients, was cluttered and there were no hand washing facilities. The manager told us there were other, more suitable rooms available.
- There was an infection control policy, staff were trained in infection control principles including hand washing. We saw that staff could wash their hands using hand washing facilities or carry portable hand sanitising gels. There were also hand washing and infection control posters to remind people about infection control principles.
- All services we visited were clean and well maintained. There were cleaning staff who kept cleaning records to detail areas that had been cleaned and how often. These were complete and up to date which meant cleaning staff were cleaning the environment regularly.
- The trust estimated the staffing and grade requirements at each location based on number of referrals and duties commissioned at each service. Overall, staffing levels for each location met the needs of those people using the services. Managers told us that Nuneaton memory assessment services were not suitably staffed to ensure a reasonable waiting time from referral to assessment. Managers told us that this was a commissioning issue.
- As at 31 January 2017 the core service had a total of 64 whole time equivalent staff. This included nurses, psychologists, psychotherapists, occupational therapists, social workers, therapy support workers and psychiatrists.
- The vacancy rate within this core service was 9.7%, which was below the trust's overall vacancy rate of 10.5%. Managers across locations told us there were challenges in recruiting qualified staff. For example, at Leamington Spa and Stratford upon Avon, the manager told us there were two band 5 nurse vacancies. These had both been recruited to in December 2016. The recruited nurses then found other positions before taking up post, which meant managers had to re-advertise.
- Staff sickness rate was 6% which exceeded the trust average of 5.2%. The overall turnover in this core service was 10.2%, which was around 4% lower than the trust total. We could see that most leavers in the past 12 months had developed professionally and left due to promotion.
- Vacancies were filled using mainly bank staff. Sometimes agency staff were used when bank staff were not available, however this was reported as rare. Where possible, agency staff were taken on to substantive posts within the service and we saw examples of this across locations.
- Average caseloads varied across the service and were dependent on demand and size of geographic area. Caseloads averaged 20 -25 for qualified staff in all areas except Coventry, where caseloads were slightly higher averaging around 30. Managers and staff told us that caseloads were manageable. Sickness or holidays were covered by effectively managing diaries and staff covering when needed.

Safe staffing

Are services safe?

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

- There was a central booking system for all new referrals. This core service triaged referrals and booked them in for assessment slots at the soonest possible point. Patients with a dementia diagnosis at the point of referral were immediately allocated a care co-ordinator. There were no waiting lists.
- Each location had access to a psychiatrist during working hours. The Trust provided a consultant on call rota to ensure that advice is available to services at all times.
- The overall mandatory training compliance rate in this core service was 87%. This was around 2% lower than the trust wide average and above the national average.

Assessing and managing risk to patients and staff

- We looked at 15 care records, all of them had risk assessments and risk management plans. These were up to date and regularly reviewed. Risk management plans were also updated when there were changes in risk. Many of the risks were complex and we saw that staff involved other professionals and carers to respond to and reduce the identified risks.
- There were crisis plans and advance statements recorded in care records. The service had arrangements with the trust crisis team to pick patients up who deteriorated to the point where they needed urgent input.
- We attended multi-disciplinary team meetings where staff discussed the individual needs of patients. We visited patients with staff where they reviewed patients' health and well being. We looked at care records and saw reviews of patients' health and well-being were carried out at each contact.
- Patients with an existing diagnoses were referred directly to the local teams and booked in to nurses diaries. The target of being seen within three weeks was met and there were no waiting lists.
- Teams had targets of 12 weeks from point of referral to assessment except Nuneaton; they had a 52 week target. Patients at Nuneaton were waiting a significant length of time for assessment. This could have a negative affect on their well being. Patients were expected to go to the their GP if their health deteriorated while they were waiting for assessment.
- Trust data for the 12 months leading up to the inspection showed that 84% of staff across the service had completed safeguarding adults level 2 training, and 100% had completed level 3. 97% of staff

had completed safeguarding children level 1 and 84% had completed level 2. This meant that most staff were adequately trained to meet the needs of patients when there were safeguarding issues.

- All the staff we spoke with knew what constituted a safeguarding concern and how to raise an alert. We saw examples of where staff had raised safeguarding concerns and staff had access to a local safeguarding lead to support them in their understanding.
- Each service had lone working protocols. All staff were trained and provided with personal safety devices to help keep them safe. The personal safety devices supplemented the local lone working procedures. Staff told us they felt safe while working in the community because of the devices and procedures.
- Medicines were not kept at any of the premises, however prescriptions were. NHS Protect advise in their guidance document 'Security of Prescription forms' August 2015, that there should be systems and processes in place to ensure the security of prescription forms. This was to protect against theft and misuse. There were no systems in place at any of the locations we visited except Rugby. In Rugby the medical secretary kept the prescription in a locked drawer and kept a log of prescriptions that had to be signed in and out to ensure the security of the forms.
- In Coventry, the prescriptions were kept in drawers that were unlocked and could be accessed by staff. There were no checking systems in place to make sure there was a log and to prevent blank prescriptions from going missing. In Nuneaton, we found blank prescription pads in a nurses drawer. This meant that they could be used fraudulently by anyone who had access to them.

Track record on safety

- There were no serious incidents that required investigation reported for this service.

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew how to report an incident. Incidents were recorded on to an electronic reporting system. Staff understood which incidents should be reported and what the process was for monitoring and learning from incidents.
- Staff told us they were open and transparent and explained to patients, if and when, something went wrong.

Are services safe?

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

- Managers told us they received email alerts when an incident report had been completed. Managers reviewed incidents, signed them off or explored further. Incidents were also discussed at multidisciplinary team meetings. This ensured all staff were involved in the learning from events. Staff explored incidents during supervision and there were debriefs for staff when needed.
- There was evidence of learning from incidents, for example, the system for managing medical appointments was changed following an incident when appointments were being missed. The system was managed by one person and was checked daily. This removed room for errors.
- Managers told us there was a policy and procedures in place to ensure staff received a debrief following serious incidents. In the event that staff required a debrief, psychology would support staff to help them make sense of difficult events.

Are services effective?

Requires improvement 

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

- Staff completed a comprehensive assessment that started at a patient's initial assessment appointment.
- We looked at 15 care records, 13 had accessible, person-centred care plans. The two records we looked at without accessible care plans were a result of a dual electronic recording system. Local authority social workers who worked within the core service recorded, stored and processed health-related information on both the trust and local authority system. The local authority system was not compatible with the trust's electronic record system. This meant that patients who were seen by the service social workers had care plans, but they were not always copied on to the trust's electronic system.
- Not all staff could access the local authority system and we found it difficult to navigate and review the information as a result. This could mean that important patient information might not be shared when needed. Social workers and managers told us that records stored on the local authority electronic recording system could be accessed via admin staff. Administration staff could access all information.
- All of the care plans we looked at were person-centred, thorough and made use of input from professionals, carers and others involved in the patient's care.

Best practice in treatment and care

- Staff did not follow National Institute for Health and Care Excellence guidance when prescribing anti-dementia medication. All patients who were prescribed medication were stabilised, however not always reviewed annually. The trust operated a pilot scheme with GPs to assess, diagnose, treat and review patients. GPs were trained by the consultant psychiatrists and were supported in managing those patients who were assessed as more complex. There were no outcomes from this pilot scheme at the time of inspection.
- A range of National Institute for Health and Care Excellence recommended psychological therapies were on offer. There were groupwork programmes for patients and their relatives. For example, coping with forgetfulness and next steps groups. The lead

psychologist told us that there was an adapted cognitive behavioural therapy course developed collaboratively with partner agencies specifically for carers.

- Managers told us that the services were working towards the Royal College of Psychiatrists' Memory Services National Accreditation Programme. This programme assures and improves the quality of memory services for people with memory problems, dementia and their carers. Managers told us that this had helped engage staff in a comprehensive process of review and address areas for improvement. We saw lots of patient and carer involvement in service delivery and development.
- All patients were referred to a 'dementia navigator' from Alzheimer's Society. They provided information and guidance including information about diagnosis, all aspects of living with dementia, legal rights and welfare benefits. There was also signposting or referring to national and local Alzheimer's Society services and external organisations.
- Staff considered physical healthcare needs and worked closely with local primary care services to help meet those needs.
- Staff used a number of recognised assessment and monitoring tools. For example, Addenbrooks assessment tool to help with diagnosis. Staff also used Health of the Nation Outcome Scales (HoNOS). This was used to measure a patient's health and social functioning. This meant that staff could assess patients using HoNOS when they were first assessed. Then again at regular intervals to check changes and again when they were discharged.
- The service participated in the national prescribing observatory for mental health programme that aims to improve prescribing practice for people with mental health problems. However, staff we spoke with told us there were no local clinical audits. Clinical audits identify an area that requires some investigation to understand if improvements are needed. This could help improve practice and could benefit patients accessing care. We did see audits relating to taking consent and assessing capacity. The service also

Are services effective?

Requires improvement 

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.

completed an audit to assess driving status and DVLA requirements. Staff told us this helped considerably in discussing consent and capacity and the sensitive issue of driving following diagnosis.

- The service engaged local GPs in a pilot scheme to support local services in managing demand. Qualified nursing staff were also supported in achieving non-medical prescriber qualifications. There were a number of independent non-medical prescribers across services. This meant that prescribing for patients didn't rely exclusively on the service doctors.

Skilled staff to deliver care

- All services had multi-disciplinary disciplines for the patient group. This included psychiatrists, occupational therapists, psychologists, social workers, nurses and support workers. Feedback from managers was that the supply of specialists in the teams did not always meet the demand and could be challenging. For example, in Leamington and Stratford upon Avon there was limited access to an occupational therapist.
- Managers told us they encouraged staff to develop their skills and progress in their career. The trust employed associate nurses. This was a role the Department of Health introduced to bridge the gap between health care assistants and registered nurses. Many of the leavers across the core service went on to promotions within the NHS as a result of gaining experience within the teams.
- There was some evidence of training for staff in specific roles, for example, a team Approved Mental Health Professional had been supported in accessing best interest assessor training. This meant there were staff trained to assess patients who lacked the capacity to consent to their treatment and who need to be deprived of their liberty. There were some in-house training opportunities, for example, nurses carrying out assessments had access to additional competencies.
- All staff received a trust induction prior to taking up their role and a local induction to ensure they understood local services.
- We saw evidence of recorded, regular supervision and appraisals for staff. The records we looked at demonstrated focused discussions with staff about their caseloads and any related issues as well as development needs. Staff also had access to clinical supervision. Between 1 February 2016 and 31 January 2017, the average clinical supervision rate was 100%.

- Appraisal rates for medical staff for this service was 82%.

Multi-disciplinary and inter-agency team work

- We attended a multi-disciplinary team meeting. These took place weekly or fortnightly. All staff we spoke with told us that attendance was good and included all disciplines. Patients' prescribing needs, physical health and psychological needs were discussed. There was learning from each discipline and patients' best interests were considered when reaching decisions.
- All services had well established and effective relationships with agencies, including local older people services, trust crisis teams and commissioners. Staff told us that crisis teams played a part in engaging with patients whose condition deteriorated either while they were waiting for their assessment or if they had a diagnosis.
- We were provided with numerous examples of joint working to support patients and their carers. Patient feedback also highlighted some good joint working. We saw lots of documentary evidence, in particular in patient care records, in the form of letters, care plans and progress notes of working with partner agencies external to the organisation.

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

- Each service had staff with an understanding of the Mental Health Act (MHA), the Code of Practice and its guiding principles. There were Section 12 approved doctors and Approved Mental Health Practitioners. The Approved Mental Health Practitioners were local authority staff employed to work with trust staff. These staff were trained to understand the applications under the Mental Health Act.
- At the time of our inspection, the trust did not have any data on Mental Health Act training for trust staff. This was highlighted as an area for improvement in the 2016 CQC inspection. Managers and staff told us that the trust had introduced a three year training programme that commenced in March 2017. Some staff had completed the training and others were booked on to it.
- The trust had a Mental Health Act policy and administration service. Staff could access this service for guidance and support in relation to patients subject to the Mental Health Act.

Are services effective?

Requires improvement 

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

- Staff had been involved in a consent to treatment and assessing capacity audit. As a result, the learning was shared and there were changes to the consent to treatment forms. These forms were kept in care records.
 - There were no patients subject to a community treatment order. Staff we spoke with knew and understood the process in the event patients were subject to these conditions.
 - People who were treated under the Mental Health Act had the right to an independent mental health advocacy (IMHA) service. These services could be made available to those who needed them.
 - The trust had a clear policy on the Mental Capacity Act. Staff were aware of it, could refer to it and discussed capacity regularly during meetings. We saw recorded discussions with patients, carers and professionals where capacity was discussed and reviewed.
 - For people who might have impaired capacity, capacity to consent was assessed and recorded appropriately. There were examples of this in care records in the form of shared letters and progress notes. We saw evidence of where patients were supported in making their own decisions and decisions made with the patient's best interests in mind. There was clear documented evidence in the care records of considering patient histories, culture, wishes and feelings.
 - Patients accessing these core services were likely to need access to an independent mental capacity advocate. Independent mental capacity advocates support and represent patients in the decision-making processes. There were independent mental capacity advocate services available for patients using the service. Independent mental capacity advocates are usually involved when patients have no family or other representatives to support them while they are accessing treatment.
- Good practice in applying the Mental Capacity Act**
- All staff received mandatory Mental Capacity Act training and updates. As at 31 January 2017 the overall compliance rate for Mental Capacity Act training for this core service was 97%. This was above trust average compliance rates. There was no renewal of this training course and no compliance target set. Staff were knowledgeable and understood the principles of Mental Capacity Act and Deprivation of Liberty Safeguards. We saw many examples of this noted in care notes, discussions with staff and observations.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Interactions we witnessed between staff, patients and carers were kind, compassionate and respectful. During the groupwork programmes, and home visits we attended; staff demonstrated a positive and professional approach. We asked for feedback from five carers who attended the group programme. All of these were positive, however, some carers felt they did not always get all the information they needed early enough.
- The service provided an information pack to all new patients. This was in the form of a folder with information about the service provided and all other services available, including carer support. We noted that there was no patient complaint information contained in the pack. The trust told us they would rectify this immediately.
- We looked at written feedback from five carers and five patients, all of which was positive and thankful for the support provided.
- Staff we spoke with were compassionate and thoughtful in the way they spoke about patients. The care staff provided was centred on the patients' needs. We saw this recorded in care records, in discussions with staff, patients and carers, and during our observations. Staff took care to involve all people involved in caring for patients needs, including external organisations.
- The electronic information management system was password protected and we saw staff lock their computers when they were not at their desk. However, patient identifiable information was taken in to the community and there were no secure systems in place

to ensure this information was securely transported. This could mean that staff breach patient confidentiality. Patient identifiable material was not always securely managed and confidentiality maintained.

The involvement of people in the care that they receive

- Where possible, patients were included in the planning of their care. Staff told us patients were offered a copy of their care plan, however we did not always see this clearly recorded in care records.
- There was evidence that carers, families and other professionals were involved in the care planning process. We saw families were involved in most aspects of patient care. We saw evidence of a culture of staff working with patients and their families to attempt to maintain independence where possible. This included ensuring they remained in their home.
- Each service also worked with a number of agencies, such as Alzheimer's Society and Age UK to provide support for all service users.
- Carers were integral to care and treatment for patients. They were involved at assessment, through to next steps and throughout the patient's journey while in treatment. Carers told us this when we spoke with them and the trust gathered feedback. All carers told us they were happy with the service they received; that staff were kind, compassionate and polite.
- Staff told us that carers were involved in service development, for example, in developing leaflets and groupwork programmes. There were recorded evidence of carer input and feedback provided to us by the trust. Carers also told us this when we spoke with them.

Are services responsive to people's needs?

Requires improvement 

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

Our findings

Access and discharge

- All staff we spoke with told us that their goal was to help patients remain in the community and to reduce admissions into hospital. The trust set target times for referral to assessment of 12 weeks for four teams, all of whom were, on the whole, meeting their target.
- Within the Coventry and Rugby area the trust met local commissioned targets of referral to assessment within 12 weeks for 90% of referrals. However, the first available appointment for memory assessment in Nuneaton was six months away (whilst this met commissioned targets) which was unacceptable. National Institute for Health and Care Excellence, Dementia Pathway guidance clearly outlines that an early diagnosis of dementia may be beneficial. This was because some causes of dementia were treatable and fully or partially reversible, depending on the nature of the problem. Patients were waiting a considerable time before knowing whether they had a dementia diagnosis. This could have a negative impact on outcome for the patient.
- Staff told us that there were sometimes other delays from referral to assessment. For example, the central booking system did not always relay the right information when a translator was required. This caused a delay and we were told this was a poor use of resources.
- Patients who deteriorated while waiting for assessment would be seen as an emergency as soon as possible by the crisis teams. The trust crisis service responded to urgent referrals. The memory assessment teams operated a duty system and the allocated staff member on duty that day would respond to the emergencies.
- Staff gave us examples of how they sensitively considered how they worked with people who found it difficult or were reluctant to engage with the services. Staff engaged with carers, GPs and clinical staff in an attempt to engage people in services.
- Managers told us they had better engagement with patients if they saw them for assessment at home. This also reduced do not attend rates. They told us that the assessment process was more relaxed at a patient's home and they could discreetly observe patients which helped them in making a diagnosis.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff were keen to help patients increase their confidence and enjoyment of life by improving their health and well-being. Records of discussions evidenced a range of useful community groups on offer. People were supported in attending those groups. There were examples of staff knowing patients' personal interests and engaging them in those interests to encourage independence and improve their well-being.
- The quality of the interview rooms across all services were variable. Most were comfortable and confidential. One patient was interviewed in a room with external noise that might have impacted on their concentration levels and may have been a distraction while they were being assessed.
- Staff and patients told us that in some areas, patients and their carers had to travel some considerable distance to get to the group programmes and there were parking costs incurred.
- All patients were given an information folder to introduce them to the service; it included information on treatments, local services, patients' rights. There was a lack of information within the packs about how to complain. The trust told us they would rectify this immediately.

Meeting the needs of all people who use the service

- Staff saw people in their own home where possible. This was the preferred option across all services. The service locations had disabled access and staff were flexible in where they met with people when assessed as appropriate.
- Information leaflets were made available in languages spoken by people who used the services. All services could access interpreters and signers if necessary.
- All patients were given an induction pack which included information that they would need to know and understand about the service; including how to give feedback.

Listening to and learning from concerns and complaints

Are services responsive to people's needs?

Requires improvement 

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

- From February 2016 to January 2107, the core service received eight complaints out of a total of 96 the trust received. In the same period, the core service received 26 compliments. We saw evidence of some of the compliments.
- We were provided with many documented compliments from people using the service. Staff told us complaints were rare. However, patients may not always have known how to make a complaint because how to complain information was not always given.
- Managers told us if there was a complaint, they would look in to it and investigate if necessary. We saw an example of when an informal complaint came in. The manager immediately looked in to it and resolved it locally to prevent it becoming a formal complaint. We saw the manager apologise and take steps to rectify the situation. The manager told us they would discuss it with staff to encourage learning.

Are services well-led?

Requires improvement 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- Staff told us about the values and visions of the service. These were “to improve the well-being of the people we serve and to be recognised for always doing the best we can.”
- The trust told us that they valued their staff. Staff received annual appraisals and regular supervision where they explored the trust values, identified areas for development, career progression and they were supported to achieve their objectives. The trust operated a value based interview and selection process for staff.

Good governance

- Services were not achieving their targets for annual health reviews.
- There were long waits for assessment at one service which could impact negatively on patient well being and outcomes.
- There were no consistent systems and processes in place to ensure safe storage and management of prescriptions.
- Staff were not applying the principles of the data protection and confidentiality in the transportation of sensitive patient information. There were no resources to keep patient information secure while being used in the community.
- Staff received mandatory training. Overall compliance was high and trust targets were met. Mental Health Act training for yet to be fully rolled out. Compliance rates at the time of inspection were unknown.
- Staff were regularly appraised and supervised. Each service used key performance indicators and other outcome measures to gauge the performance of the teams.

- There was evidence of learning from incidents, complaints and service user feedback.
- Staff we spoke with were not aware of clinical audits undertaken. There were minimal clinical audits undertaken by the service in addition to a few general audits.
- Safeguarding, Mental Health Act and Mental Capacity Act procedures were followed and staff had a good understanding of each of these areas of practice.
- Staff had access to career progression pathways and we saw evidence of this in each of the teams.
- There was evidence of a formal grievance being investigated at the time of our inspection. Managers and staff were following policy and process and it was being managed in timely and supportive manner.

Leadership, morale and staff engagement

- Staff morale appeared to be high across the teams. Staff told us they felt supported by their managers, at both a team and service level and felt they operated an open door policy. Staff told us they were proud of the work they did with older people in the community.
- Staff knew how to raise concerns and we saw evidence of ongoing investigations. Staff told us they felt safe to raise concerns and confident of support if concerns were raised.
- All managers from told us they had sufficient authority and support from senior managers.

Commitment to quality improvement and innovation

- The core service were working to achieve the Memory Services National Accreditation Programme. Accreditation helps improve the quality of memory services for people with memory problems and dementia and their carers. Accreditation was not complete at the time of inspection and therefore the outcome was unknown.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure adherence to the National Institute for Health and Care Excellence (NICE) guidance in relation to providing annual health reviews for people with dementia and who are on anti-dementia medications. This is a breach of regulation 12(2)(a)
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must ensure there are systems and processes to support the confidentiality of people using the service and not contravene the Data Protection Act 1998. This is a breach of regulation 17 (2) (c)