

# Camden and Islington NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Camden and Islington NHS Foundation Trust was formed in April 2002 and became a foundation trust in 2008. The trust provides mental health and substance misuse services for adults in the boroughs of Camden and Islington. It does not provide children's mental health services. It provides early intervention services for patients from age 17 and a half. The trust also provides psychological therapies and substance misuse services to the borough of Kingston.

The trust provides the following core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Mental health crisis services and health based places of safety
- Community-based mental health services for older people
- Community-based mental health services for adults of working age
- Community mental health services for people with learning disabilities.

The trust also provides the following specialist service:

- Substance misuse services.

The trust operates from three registered locations: two hospitals, Highgate Mental Health Centre and St Pancras hospital, and a home providing continuing care to elderly people, Stacey Street. The trust provides 224 beds. It provides its community and rehabilitation services from a number of locations throughout the boroughs.

The population the trust covers is very diverse with over 290 languages spoken. The population served is highly mobile with many students and people moving in and out of the area. Around 40% of inpatients are new to the trust each year.

The trust has an income of about £139 million and employs approximately 1800 staff.

The trust's main NHS partners are the clinical commissioning groups (CCGs) for Camden and Islington.

The trust has been inspected 11 times since registration. We conducted a comprehensive inspection of the service in February 2016. At this inspection, we rated the trust requires improvement overall. We rated it requires improvement for four questions (safe, effective, responsive and well-led) and good for one question (caring).

We found areas for improvement in five of the core services we inspected:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Mental health crisis services and health based places of safety
- Community-based mental health services for adults of working age
- Substance misuse services.

We told the trust that they must make improvements to:

- The environments in the health based places of safety

# Summary of findings

- The governance arrangements for assessing, monitoring and mitigating risks of ligatures in the patient care areas
- Ensure repairs were completed
- Ensure emergency equipment was present and in date
- Ensure staff checked and recorded fridge temperatures
- Risk assessments and care planning
- Staff documentation of patient involvement in care planning
- The process for appraisal, supervision and professional development
- The number of staff completing mandatory training

These breaches related to the following three regulations under the Health and Social Care Act (Regulated Activities): Regulation 12 – safe care and treatment, Regulation 17 – good governance and Regulation 18 – staffing.

Since this inspection, we have also conducted a responsive inspection of the trust's psychiatric liaison services in September 2017.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good** ● ↑

## What this trust does

Camden and Islington NHS Foundation Trust provides mental health services across three locations in the London boroughs of Islington and Camden. This includes a range of inpatient and community mental health services to adults and older people, including Improving Access to Psychological Therapies services. It also provides some substance misuse services in Kingston.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected eight services as part of our ongoing checks on the safety and quality of healthcare services:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults

# Summary of findings

- Wards for older people with mental health problems
- Mental health crisis services and health based places of safety
- Community-based mental health services for adults of working age
- Community-based mental health services for older people
- Community mental health services for people with learning disabilities.
- Substance misuse services.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led?

## What we found

### Overall trust

Our rating of the trust improved. We rated it as good because:

- We rated safe as requires improvement; caring, responsive and well-led as good; and effective as outstanding. Following this inspection, two of the trust's eight services are rated as outstanding and six as good.
- We rated well-led for the trust overall as good.
- By applying the strict aggregation principles, the caring, responsive and well-led questions would also be rated as outstanding. However, we decided to deviate from the aggregation rules because the outstanding ratings applied to two core services and one of these, the substance misuse services, were only a small proportion of the trust's overall services.
- There had been a number of changes in non-executive and executive directors. They had ensured that most of the improvements identified at the previous inspection had been addressed. The trust was well-led and the senior team had an appropriate range of skills, knowledge and experience.
- The trust had clarity about its strategic priorities and the culture it wanted to embody. An excellent clinical strategy provided clear future direction for the services delivered by the trust. This strategy drew on details of the local population and the prevalence of mental health needs. The clinical strategy had been produced with input of patients, carers, staff and governors. The clinical strategy linked with the estates redevelopment programme at St Pancras.
- The trust promoted the use of research to improve the care and treatment of patients. There were examples of research being used to improve the care of people using the services delivered by the trust. For example, the carers of patients using the memory clinics were being offered access to a programme of psychological therapies which improved their ability to cope with the challenges of supporting a relative with dementia.
- There were many examples of innovative models of care that were well regarded such as the practice based mental health teams in Islington. These teams had staff working in the GP premises to deliver joined up care within a primary care setting. The trust had plans to roll this model out in Camden as well. Another example was the rehabilitation services in Islington where patients with enduring mental health conditions were being supported to live more independently supported by consistent care professionals. In this example, services had been developed in partnership with the third sector.

# Summary of findings

- The trust had made good progress in ensuring that patients also had their physical health care needs met. For adults being supported by the community recovery and rehabilitation teams, weekly physical health clinics were being developed. These had a particular focus on supporting patients who were hard to engage or not registered with a GP to ensure their physical health needs were addressed. The integrated learning disability teams supported patients to access appropriate healthcare input and worked collaboratively with GPs and the acute hospitals.
- There were many examples of person-centred care, where staff had been thoughtful about working with patients and carers to meet their individual needs.

However:

- The trust still faced many challenges with the recruitment and retention of staff. Whilst the recruitment of qualified nurses is a national and regional challenge, the trust had an unusually high level of vacancies for unqualified care staff. There was also an impact from this on the care being provided to patients on the acute admission wards in terms of their access to escorted leave and the time available for structured individual sessions with their named nurse.
- At the time of the inspection, 63% of staff had completed their mandatory training. There were some significant shortfalls in staff needing to complete life support and break away training. This shortfall was as a result of the trust opening up the training to more staff and additional sessions were being provided, but this work needed to be completed.
- Further work was needed in terms of maintaining the safety of patients when physical interventions are used. On the acute wards records of restraint did not always include details of the type of restraint used, the names of the staff involved and the length of time that staff restrained the patient. Also the acute wards did not take sufficient steps to ensure the safety of patients who had received rapid tranquilisation. Staff did not always explain to patients the importance of monitoring their respiration, heart rate or blood pressure. When patients declined checks of their vital signs after the injection, staff did not make any further attempts to carry out these observations.
- There were significant pressures in accessing an acute bed. This was impacting on the amount of time patients were waiting at home, in acute hospital emergency departments and in health based places of safety for a bed. At the time of the inspection, 15 patients were placed in beds in the independent sector. The trust hoped that their recently opened female psychiatric intensive care unit and the further development of their community services would lead to an improvement in these demands. The trust was working well to support the timely discharge of patients.

## Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- We found two of the services we inspected were rated as requires improvement for safe: Acute wards for adults of a working age and psychiatric intensive care and Mental health crisis services and health-based places of safety.
- Further work was needed in terms of maintaining the safety of patients when physical interventions are used. On the acute wards records of restraint did not always include details of the type of restraint used, the names of the staff involved and the length of time that staff restrained the patient. Also the acute wards did not take sufficient steps to ensure the safety of patients who had received rapid tranquilisation. Staff did not always explain to patients the importance of monitoring their respiration, heart rate or blood pressure. When patients declined checks of their vital signs after the injection, staff did not make any further attempts to carry out these observations.

# Summary of findings

- Some teams did not have sufficient staff at all times to allow them to deliver a full range of care. For the adults of a working age and psychiatric intensive care units there was a vacancy rate of over 20% on all wards. Between September and November 2017, 235 shifts were unfilled. In mental health crisis services and health based places of safety, the Islington crisis resolution and home treatment team (CRHT) had high caseloads, which resulted in high individual workloads for staff. There was high turnover of staff across the CRHTs.
- Not all staff had completed all their mandatory training. The trust had very low levels of completion in some courses, such as for breakaway and intermediate life support. This was because the trust had extended the number of staff who needed to complete this training and plans were progressing to ensure this training was completed.

However:

- The trust provided care in environments that were mostly clean, tidy and comfortable. Staff completed assessments of environmental risks and put in place plans to manage these.
- The trust planned care to ensure there were sufficient numbers of staff to meet the needs of patients most of the time.
- Staff assessed risks for most patients and worked with them to manage these risks. Staff completed risk assessments for patients. They monitored patients and updated these as risks changed.
- The trust had robust systems in place to manage risks to staff working on wards and in the community.
- Most staff knew how to make referrals to child and adult safeguarding and followed safe processes to manage medicines.
- Staff knew how to report incidents and did so. When incidents happened, the trust investigated them, identified what staff needed to learn from the incidents and supported staff to make changes.

## Are services effective?

Our rating of effective improved. We rated it as outstanding because:

- We found three of the eight services we inspected outstanding for effective: the community-based mental health services for adults of working age, community-based mental health services for older people and the community mental health services for people with a learning disability or autism.
- In these services, there was a truly holistic approach to assessing, planning and delivering care and treatment to patients. Staff worked with patients to develop care plans that met their needs.
- Staff followed guidance in delivering care. People's care and treatment was based on the best available evidence.
- The trust had developed many innovative models of care that were well regarded, such as the practice based mental health teams in Islington. These teams had staff working in the GP premises to deliver joined up care within a primary care setting. The model was being rolled out in Camden. The rehabilitation services in Islington had worked in partnership with the third sector to develop services that supported patients with enduring mental health conditions to live more independently, whilst still being supported by care professionals.
- The trust had made good progress in ensuring that patients also had their physical health care needs met. For adults being supported by the community recovery and rehabilitation teams, weekly physical health clinics were being developed. These had a particular focus on supporting patients who were hard to engage or not registered with a GP to ensure their physical health needs were addressed.
- The trust had robust policies and procedures in place to monitor adherence to the Mental Health Act. Staff demonstrated good practice in applying the Mental Capacity Act

# Summary of findings

However:

- The rehabilitation mental health wards for working age adults did not provide services of a consistently high standard. The services in Camden did not demonstrate that active rehabilitation opportunities were offered at all stages of the patients care and treatment. Patients, particularly in the inpatient wards, were not given sufficient opportunities to ensure that they developed skills relating to activities of daily living. There had not been sufficient occupational therapy provision to support this.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- We rated six services as good and two services as outstanding for caring.
- Most staff supported patients with kindness, compassion and respect. They maintained patients' privacy and dignity. We observed staff to be respectful, kind and compassionate and most patients we spoke with were positive about staff.
- Staff involved patients, and where appropriate, their families and carers in decisions about their care. They supported carers to access support services.
- Staff supported patients to access independent advocacy services.

## Are services responsive?

Our rating of responsive improved. We rated it as good because:

- We rated six services as good and two services as outstanding for responsive.
- The services had clear criteria for who they would offer a service to. Patients could access services when they needed to and few services had long waiting lists. Staff had systems in place to manage patient admissions to beds and they planned for patients' discharge.
- Most patients received care in facilities that promoted comfort, dignity and privacy.
- Staff supported patients to maintain relationships.
- Staff worked with patients to plan care that met their specific needs. They took account of the needs of different groups and made adjustments to support these patients. Staff supported patients with the cultural and religious needs.
- Staff we spoke with knew how to support patients to make a complaint. The service provided information on how to make a complaint. Staff investigated complaints and, where appropriate, acted to make improvements following them.

However:

- There were significant pressures in accessing an acute bed. This was impacting on the amount of time patients were waiting at home, in acute hospital emergency departments and in health based places of safety for a bed. At the time of the inspection, 15 patients were placed in beds in the independent sector. The trust hoped that their recently opened female psychiatric intensive care unit and the further development of their community services would lead to an improvement in these demands. The trust was working well to support the timely discharge of patients.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:



# Summary of findings

- Across the services, staff expressed confidence in the leadership skills of their team and divisional managers who were visible and accessible to staff.
- Staff felt strongly aligned to the visions and values of the trust and how this was put into practice within their services.
- Governance processes were in place such as a range of audits and the collection of data to provide assurance on the progress of services. Staff were able to add risks to the divisional risk registers so they could be escalated and addressed when needed.
- There was a clear framework of what to discuss at divisional and team meetings. This ensured learning from incidents and complaints and the sharing of good practice.
- In some services there was good use of research to improve the quality of the service delivered to patients.

However:

- In a few services the engagement with staff, patients and carers could be improved around changes that were taking place. For example in the rehabilitation services where changes were proposed particularly in the Camden services. Also on Pearl ward for older people where the needs of the patients admitted to the ward had changed.
- Whilst most staff said they received regular management and clinical supervision, systems were not in place to ensure supervision was appropriately recorded.

## **Acute wards for adults of a working age and psychiatric intensive care units**

Our rating of this service improved. We rated it as good because:

- Most patients spoke positively about the care and support that staff provided. Wards were clean. The atmosphere on most wards felt calm and therapeutic.
- Doctors within the service prescribed medicines in accordance with national guidance. The service also provided therapeutic activities for patients.
- The multidisciplinary teams on each ward met every day to monitor the progress of each patient. These meetings meant that staff could make decisions about risk management, leave, medication and discharge quickly.
- The service encouraged innovation. The service had introduced a system for monitoring the amount of therapeutic input patients received to support them in working towards their discharge. The trust's volunteer co-ordinator facilitated a service for former patients to provide a de-brief for patients who had been restrained.
- Ward managers created a culture in which staff felt supported. Staff told us they felt respected, supported and valued.
- Staff worked towards minimising patients' length of stay on the ward by addressing any possible barriers to discharge, such as problems with patients' accommodation, early on in the admission.

However:

- In November 2017, eight out of eleven wards had staff vacancy rates above 20%. This created pressure on the service. Between September and November 2017, 235 shifts had taken place without the full complement of staff. This represented only a small reduction from the 289 unfilled shifts we found during a similar period at the last inspection in February 2016. The shortage of staff resulted in staff working under pressure, difficulties in facilitating patients leave, and there were fewer opportunities for staff to receive supervision.
- The service did not take sufficient steps to ensure the safety of patients who were restrained by staff. Records of restraint did not always include details of the type of restraint used, the names of the staff involved and the length of time that staff restrained the patient.



# Summary of findings

- The service did not take sufficient steps to ensure the safety of patient who had received rapid tranquilisation. Staff did not always explain to patients the importance of monitoring their respiration, heart rate or blood pressure. When patients declined checks of their vital signs after the injection, staff did not make any further attempts to carry out these observations.

## **Long-stay or rehabilitation mental health wards for working age adults**

Our rating of this service improved. We rated it as good because:

- The rehabilitation services in Islington enabled patients to have support from a specialist community team including a named care coordinator and consultant who supported them throughout their rehabilitation.
- The trust, particularly in Islington, worked closely with third sector providers to support patients to move to housing and access community resources to promote their independence.
- The trust planned and provided services in a way that met the needs of local people. Rehabilitation services were provided close to home.
- The service managed patient safety incidents well. Staff knew how to report incidents and there were systems in place to ensure that staff learnt from incidents, complaints, audits and good practice.
- Staff kept appropriate records of patients' care and treatment. Risk assessments were completed on admission and reviewed regularly and care plans were up to date.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff were aware of best practice guidance for rehabilitation services. In the Islington services, we saw that staff focussed on rehabilitation goals from admission and patients had access to a cohesive pathway through the rehabilitation services.
- Managers across the service promoted a positive culture within the service.

However:

- The rehabilitation mental health wards for working age adults did not provide services of a consistently high standard. The services in Camden did not demonstrate that active rehabilitation opportunities were offered at all stages of the patients care and treatment. Patients, particularly in the inpatient wards, were not given sufficient opportunities to ensure that they developed skills relating to activities of daily living. There had not been sufficient occupational therapy provision to support this.
- In one of the six services inspected, at 154 Camden Road, there were some blanket restrictions in place that were determined based on the needs of the service rather than individual patient risk and need. For example patients were not able to access the laundry without staff support as this was kept locked.
- Whilst staff had a clear understanding of safeguarding processes within the trust, the individual services did not keep a record of safeguarding concerns that had been reported to the local authority and the relevant outcomes.
- Staff did not ensure that the Mental Health Act was operating in line with its principles because some patients had been on leave from the inpatient wards for extended periods of time and the reasons for this did not reflect the individual patient need.

## **Wards for older people with mental health problems**

Our rating of this service stayed the same. We rated it as good because:

# Summary of findings

- Patients were looked after in a safe and clean environment by sufficient numbers of staff that had the skills to meet their needs. Staff assessed and planned their care to keep them safe. The service protected patients from the risk of abuse and avoidable harm. There were clear, open and transparent processes for reporting and learning from incidents.
- Patients' care and treatment was assessed, planned, delivered and reviewed regularly, and in line with best practice guidance. Staff completed physical health checks and there was on-going healthcare investigations and healthcare monitoring. Staff participated in a wide range of clinical audits to monitor the effectiveness of the service, and they collected and monitored the outcomes of patients' care and treatment. They had a good understanding of the Mental Health Act and Mental Capacity Act and applied them well.
- Patients spoke positively about the care, support and treatment they received. They said staff treated patients with kindness, respect and compassion. Staff recognised and respected the totality of patients' needs, and they involved and supported patients and those close to them in decisions about their care and treatment.
- People could access the service when they needed it. Staff worked in collaboration with community teams within the trust and local social services to facilitate patient discharges. There was a good range of facilities, and these were dementia friendly and suitable for older people. Patient's nutrition and hydration needs were met. The choice of food took account of special dietary requirements and religious or cultural needs.
- Staff had a good understanding of the provider's vision and values for the service and felt supported and valued by their managers. They felt there was a good culture and felt comfortable raising any issues to their managers. Governance and performance arrangements were in place within the service that supported the delivery of the service, identified risk and monitored the quality and safety of the services provided. Staff, patients and carers were involved in quality improvement initiatives.

However:

- The compliance for mandatory training courses was 77%. Three areas of mandatory training were below 75%. These were personal breakaway level 1 (45%), Mental Health Act (59%) and immediate life support (25%).
- The needs of patients admitted to Pearl ward were changing and patients were more acutely unwell. Staff working on the ward did not feel engaged in this change.

## **Mental health crisis services and health based places of safety**

Our overall rating of this service improved. We rated it as good because:

- Patients were happy with their care, and staff responded to patients in distress respectfully and with skill. Patients were involved in decisions about their treatment and care, and knew how to complain.
- Patients had access to evidence based treatments, including psychological therapy, medicines and meaningful activities. Staff completed clinical audits to assess activity and outcomes for patients' care.
- Access to the health based places of safety was available 24 hours a day, seven days a week. These were located in three acute hospital emergency departments.
- At the previous inspection in February 2016, staff were not learning from serious incidents across the service. At the current inspection, staff reported incidents and managers reviewed these. Staff reviewed incidents, ensured learning took place and made changes following incidents.
- At the previous inspection in February 2016, risk assessments were not consistently rigorous. We found that this had improved at the current inspection, with most patients having detailed risk assessments in place. Patients detained under section 136 had clear risk assessments in place.

# Summary of findings

- There were a range of skilled staff who received regular management and clinical supervision. There were training opportunities for staff in addition to their statutory and mandatory training.
- At the previous inspection in February 2016, governance systems were insufficiently robust to monitor the quality, performance and risk management of services. Governance systems had improved by the time of the current inspection. Staff used balance score cards, and were involved in a range of local audits to monitor service performance and outcomes.
- Managers were experienced and suitably skilled for their roles, with appropriate support from senior managers. Staff told us that they were well supported by their managers and that their managers were visible. Staff told us they felt comfortable to raise concerns.
- The crisis houses provided patients with an alternative to a hospital admission and were appreciated by them. They were linked with the acute day units, where patients could access a range of activities, which they could continue to access after discharge.
- All locations that we visited were clean and tidy. Staff carried out environmental checks to ensure that the service was safe and clean for patients to use.
- At the previous inspection in February 2016, there were no signs in place to notify patients that closed circuit television was in operation in communal areas of the crisis houses and in the health based places of safety. This had been addressed by the time of the current inspection.

However:

- At the previous inspection in February 2016, we found that health-based places of safety were unsafe. The trust took action to ensure that health-based places of safety were safe, but work was not yet completed to ensure that they were all fit for purpose. There were plans to create a centralised health based place of safety on the Highgate site.
- Staff in the Islington CRHT said that their caseload was sometimes too high to manage safely. There were high levels of staff turnover in all of the CRHTs.
- At the previous inspection in February 2016, staff were not always recording the level of involvement of patients in their care plans and patients ability to consent. These were still issues at the current inspection. In addition, for a few patients risk management plans did not always cover all risks identified on assessment, and there was variability in the quality of care plans.
- Staff did not always check equipment in the emergency bags, to ensure that no items were out of date, and equipment such as defibrillators were not always checked regularly. Staff in some teams did not have sufficient access to physical health monitoring equipment.
- The storage temperature of medicines was not always monitored effectively, and there was no audit trail for medicines in stock.
- Staff did not always follow the service's lone working protocols, which placed them at risk of harm.
- Mental capacity assessments recorded for patients did not always make it clear which decision the patient's capacity was assessed for.
- There were some ongoing problems with the computer server which covered the crisis call centre.

## **Community-based mental health services for adults of working age**

Our overall rating of this service improved. We rated it as good because:

# Summary of findings

- The trust ensured that the environments of most buildings from which staff provided care were clean, tidy and comfortable. The services had embedded personal safety protocols for staff. Staff assessed risks for patients and worked with them to manage these risks. The trust ensured teams had sufficient staff to support patients. Staff vacancies across the teams were filled by regular agency and bank staff.
- Staff worked with patients to develop care plans that were holistic, person-centred and recovery focussed. They provided a wide range of evidence based treatments to patients that promoted their holistic care and included access to psychological therapies. They worked with other services to improve the physical health of patients and actively monitored patients' physical health and the effects of medication. They completed clinical audits on a trust wide and at local team level.
- Patients were positive about the care they received and felt involved in decisions about their care. They spoke highly of staff and said that they spoke to them respectfully and provided excellent emotional support. Staff involved patients and, when appropriate, carers in decisions about care. They provided support and advice to patients and carers.
- The services had clear criteria for who they would offer a service to and clear care pathways for patients depending on their mental health needs. Most teams met waiting time standards. When patients did not attend their appointments, staff actively followed up. Staff encouraged patients to maintain contact, and there were groups and activities that patients could attend. The teams provided a good range of information about a wide range of issues, and staff managed and responded to complaints in line with trust policies and in a timely manner.
- Staff described the trust's vision and strategy and understood how this applied in their work. Most staff were positive about the teams that they worked for. They knew how to raise concerns and said they would feel confident in doing so. The trust had systems in place to identify and manage risks to patients and staff. Senior staff met regularly to share information and concerns with other teams. Staff and managers had developed action plans and implemented change following serious incidents, complaints and safeguarding alerts.

However:

- Only 14% of staff had completed mandatory breakaway training. The trust had recently changed the course and was providing additional training, but this needed to improve.
- Patients waited 96 days on average to access the personality disorder team.

## **Community-based mental health services for older people**

Our rating of this service improved. We rated it as outstanding because:

- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients. Staff were responsive to individual patient's needs and actively engaged in assessing and managing risk. Patients and carers could access a comprehensive range of treatments and therapies.
- People's care and treatment was based on the best available evidence. Many of the leaders were academics in the field of ageing and mental health in older people. They were at the forefront of developing and testing post-diagnostic interventions for people with dementia and older people with mental health issues. Staff had been proactive and had developed their own intervention called strategies for relatives of people living with dementia (START), which had shown to be clinically and cost effective.
- Staff demonstrated excellent working relationships with teams both internal and external to the trust, which ensured patient and carer needs were promptly addressed. Teams demonstrated shared learning and provided a seamless and joined-up care pathway for patients. Staff worked closely with GPs, district nursing and local acute hospitals to address patients' physical health needs.

# Summary of findings

- Staff truly respected and valued patients and empowered them as partners in their care. They also worked hard to promote the well-being of carers. The memory service demonstrated a caring approach as it offered all patients with a diagnosis of dementia care and treatment until end of life. This ensured regular patient contact and consistency of care.
- Continuous improvement and staff innovation was celebrated. Staff were given the time and support to consider opportunities for improvements and innovation, which often led to change. Staff were involved in a wide range of academic research projects, trust quality improvement projects and Darzi fellowships, which had led to objective improvements in patients' care and treatment.
- There was a strong, stable and experienced leadership across the teams. There were high levels of staff satisfaction across teams. Staff were overwhelmingly proud of the work their team delivered and spoke highly of the culture.

## **Community mental health services for people with learning disabilities**

Our rating of this service stayed the same. We rated it as good because:

- The overall culture of the teams was person centred. Staff experienced high morale and were motivated in their work of enhancing the quality of the lives for patients with a learning disability. The service had governance systems which ensured that there were the systems and processes in place to deliver high quality person centred care.
- Staff completed risk assessments for every patient using the service. Where appropriate patients also had a crisis plan and positive behaviour support plan. Staff in the Camden community team had developed a specific procedure to follow if they thought that a patient who may not have capacity was at risk of entering into or had entered into a forced marriage. They also ran a sex and relationships group to help patients to understand sex and relationships and safeguard themselves from abuse. All documentation regarding risk was available in an accessible easy read format to help patients who used the service understand their support.
- Staff in both teams promoted patients physical health care needs. Staff encouraged patients to have their annual health checks and ensured that hospital passports were completed. Staff worked closely with the health liaison nurses at the local acute hospitals. The psychiatrists liaised with GPs after outpatient appointments to ensure any necessary physical health care checks were carried out. The teams were part of the national stopping over medication in people with learning disabilities and the learning disabilities mortality review programmes. Both teams led innovative projects to improve the health for people with learning disabilities.
- Staff ensured that the transforming care programme was followed. The teams had systems in place to monitor patients whose mental health was deteriorating to ensure that all possible action was taken to prevent a hospital admission. Where an admission to psychiatric hospital was needed staff worked closely with the hospital staff to ensure that a discharge plan was put in place to ensure the patient was discharged in a timely manner.

However:

- Some staff informed us that whilst front line staff felt committed to the community teams they could feel isolated and separate from the trust.
- Mandatory training rates were low for a few areas, although staff also accessed local authority training and the uptake of this was separately recorded. Additional training was being provided to address mandatory training shortfalls.

## **Substance misuse services**

Our rating of this service improved. We rated it as outstanding because:

- Staff completed risk assessments for all patients. Patient risk assessments were detailed and comprehensive, and staff reviewed them after incidents.

# Summary of findings

- Patients' care and treatment was based on the best available evidence. Staff worked to develop models of care to improve outcomes for patients. Patients in Camden requesting alcohol detoxification attended preparation groups or individual sessions with staff. This was intended to increase patients' motivation to stop drinking alcohol, and was part of a research trial. A staff member in Camden services worked with patients who had become dependent on anxiety and sleeping medicines. In nine months, seven patients had completed detoxification.
- Staff demonstrated excellent working relationships with teams both internal and external to the trust. In Camden drug services and Islington services, staff worked for either the trust or a separate provider. The teams were, however, fully integrated. A seamless service was provided, and the staff from both providers worked as one team. Liver specialists from the local acute hospitals regularly visited the services to provide patients with assessment and treatment for liver disease.
- Psychologists provided sessions to staff on acceptance and commitment therapy and mindfulness. This built staff members' emotional resilience. When patients displayed behaviour that challenged, staff remained calm and continued to identify their needs.
- Staff spoke with patients with respect and dignity and displayed empathy and warmth. Staff supported patients, practically and emotionally, and had strong, caring and supportive relationships with patients. Ninety-one percent of the 179 family and friends test responses said patients were 'extremely likely' or 'likely' to recommend the services to friends and family if they required them. Patients described staff as 'wonderful', 'brilliant', 'very supportive', 'caring' and 'compassionate'.
- Staff worked hard to engage patients in services. Staff in Islington worked with patients in mental health community services. This work involved providing low level advice and engagement to patients using motivational interviewing. In Camden, three assertive outreach alcohol staff worked to reduce patient attendances at acute hospitals.
- The services were open during normal weekday hours and were also open for some weekday evenings. Appointments with patients were flexible and appointments were never cancelled.
- Managers were proud of the work individual staff members undertook. Managers provided positive feedback to staff. Compliments from patients about staff were noted in multidisciplinary team meetings. There was a high level of satisfaction amongst staff in the services. Staff felt valued and respected and were supported to undertake their roles. A comprehensive governance system was in place in all of the services. There was ongoing monitoring of the safety and quality of the services.
- There was a strong research focus in the services. Staff were engaged in research to develop new ways of working and providing treatment to patients.

## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account, for example, the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in seven of the eight services we inspected:

- Acute wards for adults of a working age and psychiatric intensive care units
- Long-stay or rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems



# Summary of findings

- Community-based mental health services for adults of working age
- Community-based mental health services for older people
- Community mental health services for people with learning disabilities
- Substance misuse services

For more information, see the outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including breaches of three regulations of the Health and Social Care Act 2012; Person-centred care, Safe care and treatment and Staffing. There were seven areas the trust must put right in relation to these regulations. These fell under three regulations. In addition, we found 56 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information see the Areas for improvement section of this report.

## Action we have taken

We issued three requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of seven legal requirements in three services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We found the following outstanding practice:

### **Acute wards for adults of a working age and psychiatric intensive care units**

- The wards had recently adopted the 'red2green' programme developed by NHS Improvement. This initiative involved each ward monitoring the amount of therapeutic support that staff provided to help patient work towards their discharge. At the end of each day, staff held an MDT meeting. Patients who had received therapeutic support were marked as 'green' and patients who had not were marked as 'red'. The wards aimed to ensure that patients were marked as green.
- The wards had introduced an initiative involving peer support workers providing a de-briefing for patients who staff had restrained. Peer support workers passed feedback from patients to the staff team to help them consider how situations could be dealt with differently.

### **Long-stay or rehabilitation mental health wards for working age adults**



# Summary of findings

- The community rehabilitation team in Islington provided a consistent care coordinator and consultant psychiatrist who supported patients' through the rehabilitation services, including periods as inpatients and when they accessed community rehabilitation services. This meant that moves between the services and their discharge were well coordinated and ensured that patients received continuity of care.

## **Wards for older people with mental health problems**

- Changes had been made to the ward environments and mealtimes on Garnet and Pearl wards through quality improvement plans which involved patients and carers.
- At Stacey Street, staff had introduced the use of a 'red bag' scheme which ensured that all essential information and items were with the person when they attended the acute hospital.

## **Community-based mental health services for adults of working age**

- Staff were actively involved in planning and delivering services to improve the physical health of patients using the services. Staff actively monitored patients' physical health and the effects of medication. Weekly well-being clinics had been introduced across the recovery and rehabilitation teams to engage patients who did not attend or were not registered with a general practitioner. These identified patients whose physical health care needs were a priority.

## **Community-based mental health services for older people**

- The memory service demonstrated a strong commitment to support all people living in Camden and Islington with a diagnosis of dementia. They offered a service to everyone until end of life care, which ensured consistency of care for patients and carers.
- The memory service offered carers a range of psychological interventions to improve wellbeing. The START intervention had been shown to clinically reduce carer stress two years post intervention.
- The service had close research links with local universities and was at the forefront of developing and testing post-diagnostic interventions for people with dementia and older people with mental health issues. This was used to improve the care for patients and carers.

## **Community mental health services for people with learning disabilities**

- The nursing team in Islington had developed a health hub and a joint low vision clinic with the Royal National Institute for the blind. These clinics were always full and were supporting people to access health care and reduce health inequalities for people with learning disabilities.
- The teams, led by the psychiatrists, had been involved in many different grant funded research projects. These included an evaluation of positive behaviour support in reducing challenging behaviour and a feasibility study reviewing individual cognitive stimulation therapy for people with a learning disability and dementia. Staff in Islington had taken part in research and had had a number of papers published including one regarding cognitive decline and dementia in people with Down's syndrome.

## **Substance misuse services**

- Patients in Camden requesting alcohol detoxification attended preparation groups or individual sessions with staff. This was intended to increase patients' motivation to stop drinking alcohol, and was part of a research trial.
- Liver specialists from the local acute hospitals regularly visited the Camden services to provide patients with assessment and treatment for liver disease.
- In Camden drug services and Islington services, staff worked for either the trust or a separate provider. The teams were, however, fully integrated. A seamless service was provided, and the staff from both providers worked as one team.

# Summary of findings

- A staff member in Camden services worked with patients who had become dependent on anxiety and sleeping medicines. In nine months, 31 patients had commenced detoxification from these medicines, and seven patients had completed detoxification.
- Patients who injected drugs or had leg ulcers were invited to participate in research on amyloidosis, at the Margarete Centre. Amyloidosis involves abnormal proteins being deposited in people's organs, which stops them functioning properly.
- Staff at IDASS North provided training to staff in mental health services, to use the Alcohol Use Disorders Identification Test (AUDIT) in their assessments.
- Psychologists provided sessions to staff on acceptance and commitment therapy and mindfulness. This built staff members' emotional resilience. When patients displayed behaviour that challenged, staff remained calm and continued to identify their needs. The psychologists had written about this work in the chapter of a forthcoming book.
- In Camden, three assertive outreach alcohol staff worked to reduce patient attendances at acute hospitals. In three months patient attendances to emergency departments had decreased by 37%. Patient hospital admissions had decreased by 27% and the number of days patients were in hospital decreased by almost 50%.
- The services were open during normal weekday hours and were also open for some weekday evenings. Appointments with patients were flexible and appointments were never cancelled.
- Staff at IDASS North worked with patients in mental health community services. This work involved providing low level advice and engagement to patients using motivational interviewing. The aim was to encourage patients with substance misuse problems to engage with substance misuse services.
- Managers were proud of the work individual staff members undertook. Managers provided positive feedback to staff. Compliments from patients about staff were noted in multidisciplinary team meetings.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

### Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with seven legal requirements. This action related to three services.

#### Trust wide

- The trust must ensure that the completion of mandatory training relating to patient safety reaches the trust target as a priority.

#### Acute wards for adults of a working age and psychiatric intensive care units

- The trust must ensure that it employs sufficient staff to ensure that the shifts are covered, patients have access to regular 1:1 time with their named member of staff and that escorted leave takes place as planned.
- The service must ensure that staff consistently complete comprehensive records after all incidents that involve staff restraining patients.

# Summary of findings

- The service must ensure that staff take all reasonable steps to ensure that physical health checks are carried out and recorded after patients receive rapid tranquilisation.

## **Long-stay or rehabilitation mental health wards for working age adults**

- The trust must ensure that appropriate models of care are in place in all services across the trust to promote active rehabilitation including opportunities to develop skills to promote more independent living and access to community services.
- The trust must ensure that patients on inpatient rehabilitation wards have access to sufficient occupational therapy input.

## **Mental health crisis services and health based places of safety**

- The trust must take action to address high caseloads, and individual workloads for staff in the Islington CRHT, and the high turnover of staff across the CRHTs.

## **Action the trust SHOULD take to improve**

We told the trust that it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. These 56 actions related to the whole trust and eight services.

### **Trust wide**

- The trust should continue to work towards incidents being addressed within the target timescale and ensuring actions are clearly identified and put into place.
- The trust should continue to develop networks for patients and staff who are LGBT, have a physical disability or who need emotional support.
- The trust should continue to promote the role of the Freedom to Speak Up Guardian to ensure staff know about the role and how support can be accessed.
- The trust should ensure that members are supported to contribute their ideas about the services provided by the trust.
- The trust should ensure systems are in place to ensure staff supervision sessions are appropriately recorded.
- The trust should ensure that manager's hearings for patients detained under the Mental Health Act take place in a timely manner.
- The trust should ensure that at a divisional and trust wide level the development, management and oversight of the cost improvement programmes happen in a robust manner.

## **Acute wards for adults of a working age and psychiatric intensive care units**

- The service should ensure that repairs to equipment are carried out promptly.
- The service should ensure that staff regularly calibrate all medical equipment in order to ensure accurate results.
- The service should ensure that staff discuss patient assaults on other patients with safeguarding leads to ensure that where appropriate they are alerted to the local authority safeguarding team.
- The service should ensure that staff record the dates on which medicine bottles are opened and make a clear record of the expiry date.

# Summary of findings

- The service should ensure that appropriate treatments for patients, including psychology, are consistently available when regular staff are not available.
- The service should ensure that all staff receive regular supervision and appraisal to support them in carrying out their duties.

## **Long-stay or rehabilitation mental health wards for working age adults**

- The trust should ensure that patients have a record of their input into their care planning process on all inpatient wards.
- The trust should review the blanket restrictions in place at 154 Camden Road to ensure they reflect the needs of people using the service.
- The trust should ensure staff in each service know the outcomes of safeguarding alerts, including any areas for ongoing support for the patients.
- The trust should ensure that where section 17 leave is granted for over seven consecutive days, the reason that a community treatment order has not been progressed, must be indicated clearly in the patients records and discussed with the patient.
- The trust should ensure that staff are confident in their use of the Mental Capacity Act and the Mental Capacity Act Code of Practice.
- The trust should ensure that staff and patients in the rehabilitation services have opportunities to be involved in the development of the strategic direction of those services.
- The trust should promote opportunities for carer engagement on the rehabilitation inpatient wards.

## **Wards for older people with mental health problems**

- The trust should ensure that maintenance repairs and requests are carried out in a timely manner.
- The trust should ensure that patients are assessed for the risk of venous thromboembolism on admission.
- The trust should ensure that staff are confident using the electronic patient record system so that information is easily accessible.
- The trust should ensure that best practice guidance is followed where patients receive their medicines covertly
- The trust should ensure work continues so staff supervision, appraisal and mandatory training achieve the trust's compliance rate on all wards.
- The trust should ensure that care plans are audited on Garnet ward.
- The trust should ensure that staff at Stacey Street record decision specific capacity assessments.
- The trust should ensure that the results of feedback questionnaires are collated on Pearl ward.
- The trust should ensure that any changes to service provision engage staff working in the service and are communicated clearly and effectively to the MDT.

## **Mental health crisis services and health based places of safety**

- The trust should continue its planned actions to ensure that health-based places of safety are safe and fit for purpose.
- The trust should ensure that stocks of clinical supplies including dressings and wipes in the emergency grab bags, are monitored to ensure that they are in date, and disposed of after their expiry date.

# Summary of findings

- The trust should ensure that each CRHT has sufficient equipment available for monitoring patient's physical health, such as blood pressure, and blood glucose monitors, and that medical devices checks and cleaning records are maintained up to date.
- The trust should monitor the maximum and minimum temperatures of the clinic rooms where medicines are stored in North Camden CRHT, ensure that there is a clear audit trail for medicines in stock.
- The trust should ensure that sufficient training dates are available for staff to complete mandatory training promptly following recruitment.
- The trust should continue to monitor the quality of risk management plans to ensure that they cover all risks identified on assessment.
- The trust should continue to work with the local police to address delays in providing mental health assessments to some patients.
- The trust should ensure that staff follow the service's lone working protocols, including not visiting new patients alone prior to assessment, and use emergency alarms provided to them, to ensure their safety.
- The trust should ensure that all patients have a care plan in place promptly after assessment, and that these are personalised, holistic and recovery-orientated.
- The trust should ensure staff keep an accurate record when they have shared information about patient's rights under a section 136 with the patient.
- The trust should ensure that mental capacity assessment records are clear about which specific decisions they address.
- The trust should ensure that there are effective systems in place for recording when patients had been offered or received a copy of their crisis plan or care plan.
- The trust should ensure that staff are aware of the role of the Speak Up guardian, and how to contact them.
- The trust should ensure that action is taken to address the problems with the server which covers the crisis call centre.

## **Community-based mental health services for adults of working age**

- The trust should ensure that all staff receive breakaway training.
- The trust should ensure that staff monitor and record fridge temperatures.
- The trust should ensure that staff supervision is recorded so that managers are able to identify the members of staff that are overdue to receive it.
- The trust should review caseloads to ensure that all staff caseloads are in line with guidance.
- The trust should continue to work to reduce vacancies in the Camden assertive outreach team, with a vacancy rate of 40%, and Camden early intervention service.

## **Community-based mental health services for older people**

- The trust should ensure work continues so all SAMH staff are compliant with the trust mandatory training modules including breakaway, cardiopulmonary resuscitation (CPR) and intermediate life support training.
- The trust should ensure that all patients using the SAMH services know to complain or raise concerns if needed.

## **Community mental health services for people with learning disabilities**

# Summary of findings

- The trust should ensure that all frontline staff in the community learning disability service feel included and part of the trust rather than isolated and separated from them.
- The trust should ensure that all staff have completed mandatory training.

## **Substance misuse services**

- The trust should ensure that the action plans at IDASS are implemented in full. All patients receiving drug treatment should have regular drug testing. Staff should always check that patients with alcohol misuse problems are being prescribed thiamine.
- The trust should ensure that all patients are provided with information on how to make a formal complaint.
- The trust should continue communication with commissioners to ensure that the range of services, and innovative ways of working, are maintained on a more sustainable financial basis.
- The trust should ensure that all staff complete all types of mandatory training.

For more information, see sections on individual services and on Regulatory action.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

### **We rated well-led at the trust as good because:**

- There had been a number of changes in non-executive and executive directors. They had ensured that most of the improvements identified at the previous inspection had been addressed. The trust was well-led and the senior team had an appropriate range of skills, knowledge and experience.
- The trust had clarity about its strategic priorities and the culture it wanted to embody. An excellent clinical strategy provided clear future direction for the services delivered by the trust. This strategy drew on details of the local population and the prevalence of mental health needs. The clinical strategy had been produced with input of patients, carers, staff and governors.
- The trust had effective structures, systems and processes in place to support the governance of the trust including financial governance. This included board sub-committees, divisional committees and team meetings. There was a clear trust risk register monitoring how risks were mitigated. Work was ongoing to improve the link between the risk register and a refreshed trust board assurance framework.
- Governors were supported with their role and had systems in place to hold non-executive directors to account. They chaired the nominations and remuneration board sub-committees. However, more could be done to encourage feedback from the 5000 public members of the trust.
- The trust promoted innovation and the use of research to improve the care and treatment of patients. There were many examples of innovative models of care that were widely regarded such as the practice based mental health teams in Islington. The use of quality improvement methodologies had got off to a promising start.

## Summary of findings

- The trust was committed to promoting equality, diversity and human rights and a network for BME staff was progressing well. However, further work was needed to develop networks for staff and patients who were lesbian, gay, bi-sexual and transgender; had a physical disability or needed support with their emotional health.

## Use of resources

We do not yet review the use of resources in our inspections of NHS mental health providers.



## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Mar 2018	Outstanding ↑↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Long-stay or rehabilitation mental health wards for working age adults	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Wards for older people with mental health problems	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018
Community-based mental health services for adults of working age	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Mental health crisis services and health-based places of safety	Requires improvement ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑↑ Mar 2018	Good ↑↑ Mar 2018
Community-based mental health services for older people	Good ↔ Mar 2018	Outstanding ↑ Mar 2018	Outstanding ↔ Mar 2018	Outstanding ↑ Mar 2018	Outstanding ↑ Mar 2018	Outstanding ↑ Mar 2018
Community mental health services for people with a learning disability or autism	Good ↔ Mar 2018	Outstanding ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018
Substance misuse services	Good ↑ Mar 2018	Good ↑ Mar 2018	Outstanding ↑ Mar 2018	Outstanding ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Outstanding ↑↑ Mar 2018

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Community-based mental health services for older people

Outstanding  

## Key facts and figures

We inspected eight teams that were part of the services for ageing and mental health division (SAMH) in Camden and Islington. They provided specialist assessment, diagnosis, treatment and support to older adults living with progressive memory problems, such as dementia. Some patients had functional mental health conditions, such as depression, anxiety and psychosis. Support was offered to families and carers.

- Camden and Islington Community Mental Health Team - This team offered assessment, treatment and support to older people living in the borough of Camden and Islington with mental health problems, including depression, anxiety, dementia, psychosis and other serious mental health concerns.
- Memory Services – These services offered assessment, diagnosis and treatment for people with memory problems.
- Dementia Navigator Service – This team offered a one-off contact to all people who had a new diagnosis of dementia. Long-term support was available to anyone with dementia who lived in Islington, was registered with an Islington GP, and had been diagnosed with dementia.
- Home Treatment Team – This service offered home-based treatment for Camden and Islington residents with an acute mental illness over the age of 70 and people of any age living with dementia. This team supported people who might need mental health hospital admission or inpatients that required intensive support to facilitate early discharge.
- Community Recovery Service for Older People – This day service offered an alternative to hospital admission. The team supported older peoples' recovery by providing a combination of group and individual rehabilitation.
- Care Home Liaison team – This team provided mental health services to older adults who lived in local residential care and nursing homes.

During the inspection visits, the inspection team:

- visited eight teams, including the two community mental health teams for older people, two memory services, the dementia navigator service, the home treatment team and the community recovery treatment team
- spoke with six patients who were using the service
- spoke with five carers of patients who were using the service
- spoke with seven team managers
- interviewed 33 staff including psychiatrists, nurses, psychologists, occupational therapists, assistant practitioners, support workers, social workers and the service manager for Islington
- reviewed 24 care records of people using the services for ageing and mental health
- attended four patient home visits
- attended and observed a multidisciplinary team meeting and a cognitive stimulation therapy group
- checked the clinic rooms and medication management
- looked at policies, procedures and other documents relating to the running of the service.

# Community-based mental health services for older people

## Summary of this service

A summary of this service appears in the Overall summary.

## Is the service safe?

**Good**   

Our rating of safe stayed the same. We rated it as good because:

- Patients were supported and protected by having access to services which had appropriate levels of staff. Safe staffing levels were maintained. Teams rarely used bank and agency staff and there were low vacancies rates. Staff members' caseloads were manageable and managers routinely reviewed them.
- There was a pro-active approach to anticipating and managing individual risks for patients. Detailed, up to date risk assessments and management plans were in place for all patients. Staff proactively responded to changes in patients' risk.
- The whole team was engaged in considering the safety of patients'. The older adults CMHTs and memory services were able to easily access support from the older adults' home treatment team if a patient's mental health suddenly deteriorated. All teams had rapid access to a psychiatrist when required.
- Staff in all teams followed robust lone working practices.
- Robust systems had been put into place for safeguarding patients and their carers. Teams had safeguarding tracker systems in place and were proactively monitoring the progress of safeguarding investigations. Where safeguarding concerns had been identified, staff put in management plans to keep the patient safe.
- Staff followed safe medicine management. This included regular reviews of patients who were prescribed antipsychotics, in line with best practice guidance.
- Teams demonstrated a good track record in providing a safe service. When something went wrong, staff were open to reporting incidents and learning from them. Managers conducted an appropriate investigation and communicated lessons learned to the team.

However:

- Not all staff were up to date with the trust mandatory training. Less than 75% of staff had completed mandatory training courses in breakaway, cardiopulmonary resuscitation (CPR) and intermediate life support training. This was below the trust target. Managers had booked staff onto future training sessions to ensure compliance.

## Is the service effective?

**Outstanding**  

Our rating of effective improved. We rated it as outstanding because:

- There was a truly holistic approach to assessing, planning and delivering care and treatment to people who used the services. Care plans were person centred and covered all aspects of the patients' needs. In Islington CMHT, staff ensured care plans were produced to a high standard by holding weekly care planning forums.

# Community-based mental health services for older people

- Both patients and carers had access to psychological interventions. Each team had input from a permanent psychologist who offered one to one and group sessions in line with best practice. Psychologists offered timely neuropsychological assessments for patients with memory concerns.
- Staff had been proactive and had developed their own intervention called strategies for relatives of people living with dementia (START). It had been shown to be both clinically and cost effective as an intervention for carers, specifically in reducing depression.
- A clinical research project found that the older people's home treatment team had been effective in reducing the average number of older people in hospital and the average length of inpatient stay.
- Patients received support with their physical health. Staff routinely assessed patients' physical health during appointments. At Islington CMHT, the psychiatrist ran a physical health clinic for patients at the community recovery service. Staff routinely offered patients support to improve their lifestyles. For example, staff gave patients who smoked information about how to access smoking cessation. Staff also supported patients to improve their physical activity and diet. For example, staff facilitated patient walking groups to improve activity levels.
- Staff used technology to support patients effectively. For example, staff at the memory service had set up arrangements with the local acute hospital to enable access to patients' brain scan appointments and results; this helped reduce waiting times between assessment and diagnosis. Staff had access to blood test results carried out by local GPs. This ensured that results could be followed up in a timely manner.
- Staff participated in clinical audits to ensure high standards were maintained and recommendations made to improve service delivery.
- The systems to manage and share the information that was needed to deliver effective care were fully integrated and provided real-time information across teams and services.
- All staff across the teams received regular clinical and managerial supervision.
- The teams had effective working relationships with teams external to the trust to ensure patient and carer needs were addressed. The dementia navigator service signposted people to local services that offered support such as dementia cafes and activity groups. Staff worked closely with GPs, district nursing and local acute hospitals to address patients' physical health needs.

## Is the service caring?

**Outstanding**   

Our rating of caring stayed the same. We rated it as outstanding because:

- Staff truly respected and valued patients and empowered them as partners in their care.
- Feedback from patients and carers was universally positive. They said staff were very respectful and caring, and it was clear they wanted to help people get better.
- Staff recognised and respected the totality of people's needs. They always took into account personal, cultural and social needs. Staff worked hard to provide an all-inclusive service.
- Patients and carers were active partners in their care. They were involved in the development of their care plans and sat on staff recruitment panels. A patient representative attended clinical governance meetings. Patients attended a monthly advisory group for older people, where patients fed back on different aspects of the service.
- Staff valued patient feedback and actively supported patients to give feedback on the service they received.

# Community-based mental health services for older people

- Staff across all teams truly valued carers. Carers were encouraged to be involved in the entire pathway, provided the patient had the capacity to consent to their involvement. The memory services ran specific interventions for carers to improve carer wellbeing. These included a cognitive stimulation therapy workshop and the START intervention. Both interventions had excellent feedback from carers.
- The care home liaison team provided support to care home staff and offered advice on how to provide high quality care to people with dementia.

## Is the service responsive?

**Outstanding** ☆ ↑

Our rating of responsive improved. We rated it as outstanding because:

- The community services for ageing and mental health (SAMH) had clear criteria for which patients would be offered a service, which were in line with the old age faculty of Royal College of Psychiatrists. This ensured the services were accessible and met people's individual needs.
- SAMH teams provided a seamless and joined-up care pathway for patients. There was clear guidance that staff followed to transfer patients between teams and there was excellent co-working with the home treatment team.
- The memory service was unique as it offered all patients with a diagnosis of dementia care and treatment until end of life. This ensured regular patient contact and consistency of care.
- There were low waiting times from referral to assessment and assessment to treatment. Teams had been proactive in reducing waiting times and had put systems in place to aid this. This was seen when support workers in the memory services had taken over responsibility to manage brain scan appointments.
- Teams worked collaboratively to reduce delayed transfers of care. Staff from all teams routinely attended bed management meetings at older adult inpatient mental health wards and discharge support reviews.
- Staff proactively tried to engage with people who found it difficult to engage with the services or who were vulnerable. Staff offered transportation to patients and carers to ensure they attended appointments.
- Staff worked well with other organisations and the local community to plan patient's care and ensure they met patient's needs. Good arrangements were in place with the local acute hospitals to ensure brain scans were completed in a timely manner.
- There was an active review of complaints. Staff demonstrated that they learned from complaints and made changes to their services in response.

However:

- Not all patients we spoke to knew how to make a complaint. These patients said they did not have a reason to complain.

## Is the service well-led?

**Outstanding** ☆ ↑

Our rating of well-led improved. We rated it as outstanding because:

# Community-based mental health services for older people

- There was a strong, stable and experienced leadership across the teams. Many of the leaders were academics in the field of ageing and mental health in older people. Leaders had an inspiring shared purpose, endeavoured to deliver and motivated staff to succeed.
- Leaders had a clear understanding of the services they managed and were visible and approachable to staff and patients. Clear leadership opportunities were available to all staff.
- Leaders empowered staff to contribute to discussions about the strategy for their service. Staff were encouraged to present ideas on how they could improve services for older people.
- There were high levels of staff satisfaction across teams. Staff were overwhelmingly proud of the work their team delivered and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns.
- Leaders had good governance structures in place, which were proactively reviewed and reflected best practice. Communication between services across the two boroughs was good, which encouraged shared learning.
- Continuous improvement and staff innovation was celebrated. Staff were given the time and support to consider opportunities for improvements and innovation, which often led to change. For example, the team manager at the Islington memory service had the support to change the role of the clinical support worker so they took the lead in making sure brain scan appointments were managed in a timely manner. This change led to a reduction in waiting times for patient brain scans. Staff were involved in quality improvement projects and Darzi fellowships.
- The service had close research links with local universities and was at the forefront of developing and testing post-diagnostic interventions for people with dementia and older people with mental health issues. There were an impressive number of research projects on-going to improve the delivery of care to patients and carers.
- Staff had recently published a research article, which looked at how the Islington memory service offered a holistic service for everyone with a dementia diagnosis.

## Outstanding practice

We found three examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found two areas for improvement in this service. See the Areas for improvement section above.



# Community-based mental health services of adults of working age

Good  

## Key facts and figures

The trust's community-based mental health services for adults of working age provide services throughout the boroughs of Camden and Islington. The trust also provides psychological therapies in Kingston. They use a recovery model to support patients and carers.

- The Assessment and Advice Team (AAT) take referrals from GPs for adults aged 18-65 years and provide information, advice, educational support and consultation to other professionals and agencies on the management of mental illness or sign post patients to services more appropriate to their needs.
- The Camden early intervention service (EIS) provides a service for patients presenting to specialist mental health services with a first episode of psychosis. The team support young people and adults aged between 14 and 65 years experiencing early signs of psychosis and their families and carers.
- The Camden assertive outreach team (AOT) provide care coordination and recovery focussed interventions, psychological, practical and emotional support for adults aged 18-65 years with a history of psychotic disorder and complex needs who may have had difficulty working with other teams or services and may have had many admissions to hospital.
- The Complex Depression, Anxiety and Trauma Service (CDAT) provides a service for patients aged 18-65 years who have received mental health support in primary care services but who would benefit from a multidisciplinary professionals approach due the complexity and nature of their mental health issues. The service offers a range of therapies and treatments including transcranial magnetic stimulation (TMS).
- The Camden and Islington Personality Disorder Service takes referrals for adults aged from 18-65 years and provides structured clinical management and care coordination for patients with a diagnosis of a personality disorder.
- Camden and Islington North and South Recovery and Rehabilitation teams (RRT) take referrals for adults aged 18 years to 65 years from GPs and via the assessment and advice team. They provide care to people with psychotic illnesses. The teams work together to provide psychiatric review, prescribe medication and provide an assessment for patients' social care needs.

During the inspection, we visited nine of the 29 teams.

At the last inspection, community-based mental health services for adults of working age had four key questions (safe, effective, responsive and well-led) rated as requires improvement and the other key question (caring) rated as good. We re-inspected all of the key questions to see if they had made improvements.

Our inspection between 5 and 7 December 2017 was announced.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection, the inspection team:

- spoke with 20 patients who used the service and four relatives or carers
- spoke with 10 managers, the lead psychologist and the service director
- spoke with 37 staff members, including consultant psychiatrists, social workers, psychologists, occupational therapists, nurses, healthcare practitioners, assistant practitioners, administrators and trainee mental health workers

# Community-based mental health services of adults of working age

- observed a hand over meeting
- observed three therapeutic groups
- observed six clinical appointments
- observed two multidisciplinary team meetings
- reviewed 41 patient records
- reviewed six medicine administration records
- looked at a range of policies, procedures and documents related to the services we visited

## Summary of this service

A summary of our findings about this service appears in the Overall summary.

## Is the service safe?

**Good**  

Our rating of safe improved. We rated it as good because:

- The trust provided care in clean, tidy and comfortable environments. Staff completed infection control and environmental audits regularly and developed action plans in response to these audits to make improvements.
- Staff assessed risks for patients and worked with them to manage these risks. Staff completed risk assessments for patients. They monitored patients and updated these as risks changed. Staff presented more high risk patients to a monthly panel when they needed further advice on risk management. Patients who required a crisis plan had one in place. These included contact numbers and teams they could access in times of crisis. Staff in the teams worked closely with the crisis teams to try and prevent hospital admissions.
- The services had embedded personal safety protocols for staff. At the last inspection in February 2016, we found that the trust did not have a lone working policy that was being implemented and adhered to. At this inspection, staff followed lone working guidance and teams had robust systems in place to monitor staff movements in the community.
- The trust ensured teams had sufficient staff to support patients. Staff vacancies across the teams were filled by regular agency and bank staff. The trust was actively recruiting to new and existing posts. Where possible, regular agency staff were recruited into vacant posts to help provide consistency for patients. Staff sickness and absence was low across eight of the nine teams visited. However the Camden assertive outreach team and Camden early intervention service had high numbers of staff vacancies.
- Staff received training in most areas. At the last inspection in February 2016, we found that not all staff had received mandatory training with low levels of training in children's and adult's safeguarding and the Mental Capacity Act. During this inspection, we found that this had improved. However, the trust needed to ensure staff completed all courses.
- Staff knew when to report incidents and when to make vulnerable adult and children safeguarding referrals.

However:

# Community-based mental health services of adults of working age

- Only 14% of staff had completed mandatory breakaway training. The trust had recently changed the course and was providing additional training, but this needed to improve.
- At the last inspection in February 2016, we found that the trust was not always recording drug fridge temperatures. At this inspection, we found that this had improved at all sites but at North and South Islington recovery and rehabilitation teams and at Greenland Road we found that fridge temperatures had not been recorded regularly. This meant that staff could not be assured that medicines were being stored at the correct temperatures and therefore would continue to be effective. The trust planned to introduce a new system to monitor all the fridge temperatures.
- At Greenland Road, staff had to share one clinic room between five teams. This meant that at times there was a queue of staff wanting to use the room. The lack of prompt access to a clinic room meant that assertive outreach team patients sometimes left without their medication. The trust had commissioned a secondary clinic room that would be available in early 2018.
- Caseloads were high for three out of the nine teams visited. In particular, one consultant had a caseload which was higher than Royal College of Psychiatrists guidance. The teams with higher caseloads had initiatives in place to help reduce them.

## Is the service effective?

**Outstanding** ☆ ↑↑

Our rating of effective improved. We rated it as outstanding because:

- Staff provided a wide range of evidence based treatments to patients in line with National Institute of Health and Care Excellence guidelines. This promoted their holistic care and included access to psychological therapies such as cognitive behavioural therapy, dialectical behavioural therapy, transcranial magnetic stimulation, prescribing of antipsychotic medication and support to engage with and access to education and employment.
- Staff developed care plans that were holistic, person-centred and recovery focussed and included the voice of the patient. Most patients had received a copy of their care plan or staff noted on their care records if they did not want a copy.
- Staff were actively involved in planning and delivering services to improve the physical health of patients using the services. Staff actively monitored patients' physical health and the effects of medication. They carried out physical health observations and monitored patient's cardio and metabolic health as part of a national audit. Psychiatrists reviewed patients' medication on a regular basis. Weekly well-being clinics had been introduced across the recovery and rehabilitation teams to engage patients who did not attend or were not registered with a general practitioner. These identified patients whose physical health care needs were a priority.
- Staff completed clinical audits on a trust wide and at local team level. Staff acted upon the findings from these audits. Psychiatrists and staff participated in national audits, for example, the Prescribing Observatory for Mental Health (POMH-UK), cardio metabolic assessment for people with schizophrenia and the Early Intervention in Psychosis Audit (AEIP).
- Staff demonstrated very effective collaborative working within the multidisciplinary teams they worked in and across the wider trust teams and external organisations. This included close work with GPs, the local authorities, acute hospitals and other services such as substance misuse teams.
- Staff highly valued that they had access to clinical and management supervision. This enabled them to review their clinical work and develop clinical skills.

# Community-based mental health services of adults of working age

- Staff across the teams informed patients on a community treatment order (CTO) of their rights within the required timeframes. Staff referred patients to an independent mental health advocate (IMHA) where necessary.

However:

- Staff received management and clinical supervision on a regular basis and felt well supported by managers, but the recording of supervision sessions was not always completed.
- Thirty four percent of staff had received training in the Mental Health Act. Across most of the teams there were social workers in post who were Approved Mental Health Professionals (AMPHs) who had specialised training in the application of the Act. New Mental Health Act training was being rolled out to staff. Most of the staff we spoke with across the teams had already undertaken the training.

## Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Patients were positive about the care that they received. They spoke highly of staff and said that they spoke to them respectfully and provided excellent emotional support. We observed staff talking to patients professionally and in a dignified and compassionate manner.
- Staff ensured that information about patients was treated confidentially. Staff gave us examples of this and we saw evidence of information sharing documents in care records.
- Patients were involved in their care planning and told us that they were involved in decisions about their treatment and care. Care records demonstrated that patients were involved in their care plans. At the assertive outreach team, staff spoke passionately about how they tried to involve patients in their care and treatment, even when patients were very reluctant to engage.
- Patients had opportunities to get involved in research projects and well-being groups. For example, at CDAT patients could access a social inclusion study and a well-being course where trips to museums and parks were facilitated. At South Islington recovery and rehabilitation team, the local MIND empowerment group was based in the same building and had a high level of attendees.
- Staff gave carers support and, where appropriate, involved carers. Staff knew how to refer carers for a carers' assessment. Support staff helped carers' complete assessments and provided information on other types of support available. The trust had a carers' forum and opportunities for carers to attend therapeutic sessions as per the wishes of the patient.

## Is the service responsive?

Good  ↑

Our rating of responsive improved. We rated it as good because:

- The services had clear criteria for who they would offer a service to and clear care pathways for patients depending on their mental health needs.

# Community-based mental health services of adults of working age

- The community teams met waiting time standards with the exception of the personality disorder team where patients waited up to 96 days from referral to treatment against a 28 day target. In the interim, patients continued to be supported by their care coordinator in the community team.
- In the early intervention service, staff worked closely with child and adolescent mental health services to help young people with the transition into adult services. Staff from the teams ensured they worked with families and shared information effectively between the services.
- Staff actively followed up patients who did not attend their appointments, for example, the assertive outreach staff would visit patients at home to encourage engagement with the service.
- There were groups and activities that patients could attend that meant they could form relationships and access support from other people experiencing mental health issues.
- The teams provided a good range of information about a wide range of issues relevant to patients and carers. This was accessible and informative. Staff could print leaflets and information for in different languages. They could access interpreters for patients who spoke different languages or used sign language.
- Teams received a low number of complaints. Staff managed and responded to complaints in line with trust policies and in a timely manner. Staff were open and transparent in respect of complaints raised by patients.

However:

- Some teams had waiting lists to access services. Patients waited 96 days on average to access the personality disorder team although plans were in place to improve this by appointing additional staff.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Managers were experienced and suitably skilled for their roles. Managers were visible within the service.
- All staff knew how to raise concerns, including using the whistleblowing process. Staff knew of the trust's Freedom to Speak Up guardian and felt able to raise concerns without fear of reprisal.
- Staff described the trust's vision and strategy and understood how this applied in their work. The trust had a clear plan on how it wanted to develop community services as part of its clinical strategy. Staff and patients were engaged in future planning linked to the redevelopment of the St Pancras site.
- Senior staff met regularly to share information and concerns with other teams. Staff and managers had developed action plans and implemented change following serious incidents, complaints and safeguarding alerts.
- Most staff were positive about the teams that they worked for. They described morale as good overall despite the pressures of caseloads and demands on their service.
- Managers could raise local risks onto the trust risk register and these risks were regularly reviewed. Staff worked towards resolving these risks by trying to recruit new staff and finding creative ways of working.

## Outstanding practice

We found one example of outstanding practice in this service. See the Outstanding practice section above.

# Community-based mental health services of adults of working age

## Areas for improvement

We found five areas for improvement in this service. See the Areas for improvement section above.

# Acute wards for adults of working age and psychiatric intensive care units

Good  

## Key facts and figures

The acute wards for adults of working age and the psychiatric intensive care unit (PICU) provided by Camden and Islington NHS Foundation Trust are part of the trust's acute division. The wards are situated on two sites.

Highgate Hospital in Islington has six acute wards for adults of working age: Amber, Jade, Opal, Sapphire, Topaz and Emerald wards. These wards accept male and female patients. Each ward can accommodate up to 16 beds. There is also a Psychiatric Intensive Care Unit (PICU), Coral ward, which has 12 beds for males.

The Huntley Centre at St Pancras Hospital has five acute wards for adults of working age. Dunkley and Laffan are mixed-gender wards and have 16 beds each. Four beds on Dunkley ward are for patients who also have a diagnosis of a learning disability. Rosewood has 12 beds for female patients. Ruby is a (PICU) for up to 11 female patients.

All wards accept informal patients and patients detained under the Mental Health Act.

The CQC last inspected Camden and Islington NHS Foundation Trust in February 2016. Overall, we rated acute wards for adults of working age and psychiatric intensive care wards as requires improvement. We rated the domains of safe, effective, responsive and well-led as requires improvement. We rated caring as good.

During the inspection visit, the inspection team:

- visited all the acute and PICU wards at the two hospital sites. During these visits, we looked at the quality of the ward environment and observed how staff were interacting with patients.
- spoke with 61 patients who were using the service
- interviewed nine ward managers and one matron
- spoke with 45 other staff members individually, including doctors, nurses, support workers, activity coordinators, occupational therapists and the divisional director
- reviewed 31 care and treatment records
- attended and observed four ward rounds, three multidisciplinary team meetings and two community meetings
- carried out a specific review of medicines management on Sapphire, Coral, Ruby and Rosewood wards. We also reviewed 100 medicine administration charts across all the wards.
- looked at a range of policies, procedures and other documents relating to the running of the service.
- completed a Mental Health Act review at Coral and Emerald wards.

## Summary of this service

A summary of this service appears in the Overall summary.

## Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:



# Acute wards for adults of working age and psychiatric intensive care units

- The service had a staff vacancy rate of over 20% on all wards. Between September and November 2017, 235 shifts were unfilled. When shifts were unfilled, staff could not always facilitate patient's leave, staff supervision did not always take place, staff worked under greater pressure and the service's ability to provide person centred care was compromised.
- Staff did not always complete physical health checks after administering rapid tranquilisation. In many cases, patients declined physical health checks immediately after the staff administered the medicine. However, staff did not make any further attempts to carry out physical health checks. There were no records of staff explaining to patients the reasons for physical health checks.
- The service did not consistently record sufficient details of incidents that involved staff restraining patients. For example, we found records on which staff had not recorded the type of restraint used, the length of time the restraint lasted and the names and roles of all the staff involved.
- There had been delays in the service carrying out repairs needed to fire doors, a fridge used by patients to store food, and a hot water dispenser.
- Staff on Rosewood ward had not calibrated a blood glucose machine for over six months, creating a risk that the machine may give inaccurate results.
- In the intensive care wards, staff did not always report incidents of patients being assaulted by other patients to the local authority safeguarding team.
- On Rosewood and Ruby wards, staff did not record the dates on which they opened medicine bottles. This meant they could not accurately know when the medicine expired. We found one bottle of clonazepam liquid in use almost one month after its expiry date.

However:

- Staff completed a risk assessment of every patient on admission. Staff updated these risk assessments routinely throughout each patient's admission.
- Staff identified and responded to changing risks to, or posed by, patients. Staff reviewed the risks associated with each patient at the daily multidisciplinary team meeting.
- Staff received feedback from investigations of incidents. Learning from incidents was a standing item on the agenda for team meetings. Staff also discussed learning from specific incidents in supervision sessions. Staff created a 'lessons learned' bulletin. There was evidence that changes had been made as a result of feedback.
- Staff were debriefed and received support after serious incidents. The psychologist usually facilitated the de-briefing. In addition, the trust facilitated a peer support service through which former patients conducted a debriefing with patients following incidents of restraint.
- Staff carried out comprehensive ligature audits for all wards. The audits included a statement of mitigating action for all potential ligature points that staff rated as high risk.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

# Acute wards for adults of working age and psychiatric intensive care units

- Staff completed comprehensive assessments of physical and mental health for each patient in a timely manner at, or soon after, admission. Initial assessments included details of the circumstances surrounding the admission and an assessment of the patient's mental state.
- Staff provided a range of care and treatment interventions suitable for the patient group. Doctors prescribed oral antipsychotic medicine to patients with schizophrenia or psychosis in accordance with national guidance.
- Patients were able to attend activities including wellness and recovery discussion groups.
- Staff held regular and effective multidisciplinary meetings. On each ward, members of the MDT met for an hour each morning to review each patient. This meant that decision about each patient, such as decisions about medication, discharge, leave and risk management, could be made promptly.
- Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. Staff discussed patients' physical health at the daily MDT meeting. Nurses carried out physical observations of patients, including pulse, blood pressure and respiration each week and recorded these on a National Early Warning Signs (NEWS) chart. When patients had physical health care needs, a specific care plan was developed.
- Managers ensured that staff received the necessary specialist training for their roles. Nurses were also able to attend training and take on additional responsibilities in specific areas of interest such as brief intervention therapy, phlebotomy, cognitive behavioural therapy, tissue viability, falls and dual diagnosis.
- The Mental Health Act 1983 (MHA) was used in accordance with the MHA Code of Practice. Patients were informed of their rights under the MHA. The provider had relevant policies and procedures that reflected the most recent guidance. Staff had easy access to administrative support and legal advice.

However:

- In November 2017, only five patients at the Huntley Centre had received a one-to-one session or an assessment with a clinical psychologist as the designated member of staff had been away. The service had not provided any psychology groups during this time.
- The percentage of staff that received regular supervision was 76%. This is lower than the overall trust supervision rate of 85%. Not all staff on Laffan and Dunkley wards were receiving supervision on a regular basis. The number of staff who had received an annual appraisal on Rosewood, Emerald and Dunkley wards was low, although the numbers were improving throughout the year.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff supported patients to understand and manage their care, treatment or condition. Staff we spoke with understood the individual needs of their patients.
- Most patients said staff treated them well and behaved appropriately towards them. Many patients described staff as kind, caring and supportive.
- Staff involved patients in care planning and risk assessments. Care records showed that patients had been involved in the development of their care plans. Patients' views and personal goals were included in their care plans.

# Acute wards for adults of working age and psychiatric intensive care units

- Weekly community meetings took place. Staff displayed minutes of community meetings on notice boards. Patients were encouraged to provide feedback about the service at these meetings and staff provided updates about actions that were being taken as a result of patient feedback.
- Staff informed and involved families and carers appropriately and provided them with support when needed.

However:

- On some wards, patients' feedback about staff was mixed. On some wards, we observed patients being told to wait on a number of occasions when they asked staff for assistance.

## Is the service responsive?

**Good**  

Our rating of responsive improved. We rated it as good because:

- The trust had recently opened a PICU for female patients. This meant that staff no longer placed all female patients requiring a PICU outside the local area.
- Staff planned for patients' discharge, including good liaison with care managers/co-ordinators. Plans for patients' discharges were discussed each day at the multidisciplinary team meeting. Staff liaised with care co-ordinators when arranging discharges. Staff were aware of potential barriers to discharge, such as difficulties with patients' accommodation, and sought to address this at an early stage of the admission.
- Since the last inspection the number of patients who moved wards for non-clinical reasons had reduced. From September to December 2017 this had happened 14 times.
- The service had introduced a system to monitor the level of therapeutic input that supported patients to move towards discharge. This was monitored for each patient at the daily multidisciplinary team meeting.
- Staff and patients had access to the full range of rooms and equipment to support treatment and care. This included treatment rooms, activity rooms, patient lounges and quiet areas. Within the PICUs, there was a low stimulus room or sensory suite. Patients could ask staff to play music of their choice into these rooms using a tablet computer.
- Staff provided patients with the opportunity to disclose their sexual orientation, if they wished, on admission or later in one to one sessions.
- Staff received feedback on the outcome of investigations of complaints and acted on the findings. Managers could discuss this feedback in team meetings and supervision sessions.

However:

- There were still significant pressures in accessing an acute bed. At the time of the inspection 15 patients were placed in beds in the independent sector.

## Is the service well-led?

**Good**  

Our rating of well-led improved. We rated it as good because:

# Acute wards for adults of working age and psychiatric intensive care units

- The service had a clear framework of what must be discussed at a ward, team or directorate level to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.
- Staff felt respected, supported and valued. Staff consistently told us they felt valued and respected. Many staff said that the support they received from their colleagues was very positive.
- Innovations were taking place in the service. Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes. Staff were encouraged to think about innovation and the quality improvement programme within supervision.
- Wards participated in accreditation schemes relevant to the service and learned from them. Accreditation for inpatient mental health services had been achieved by Sapphire, Emerald, Laffan, Opal and Jade wards.
- Patients and carers were involved in decision-making about changes to the service. The trust had developed a service user involvement strategy.
- Team managers had access to information to support them with their management role. The 'balance scorecard' showed information about 18 measures of performance including the percentage of patients with a care plan, the percentage of patients who received a risk assessment in five days and the percentage of patients who had nutrition screening within the first 72 hours.
- Staff concerns matched those on the risk register. For example, staff gave a high priority to reducing bed pressure by seeking to minimise any possible delays to discharge.

## Outstanding practice

We found two examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found 10 areas for improvement in this service. See the Areas for improvement section above.

# Mental health crisis services and health-based places of safety

Good   

## Key facts and figures

The mental health crisis services and health-based places of safety are part of the mental health service delivered by Camden and Islington NHS Foundation Trust.

A crisis call centre provided a single point of access for patients, relatives, and friends, as well as health and social care professionals with significant concerns about a patient's mental health wellbeing. This was available 24 hours a day.

The crisis resolution and home treatment teams (CRHTs) provided initial assessment and home treatment for adults who presented with a mental health need that required a specialist mental health service. Their primary function was to undertake a comprehensive assessment of needs, whilst providing a range of short term treatment/therapies aimed at a quicker recovery for people who did not need long term care and treatment and as an alternative to hospital admission. The teams supported people who were discharged from hospital and the crisis houses. We inspected the teams based at the Rivers Crisis House in South Camden, Daleham Gardens in North Camden, and Highgate Mental Health Centre in Islington.

We inspected the Rivers Crisis House in South Camden and the North Camden Crisis House. These houses offered an alternative to hospital admission for people who were in need of treatment for their mental health problem. Admission to the crisis houses was on a short term basis and patients had to be able to give consent to accept treatment.

A health based place of safety is a place where someone who may be suffering from a mental health problem can be taken in order to be assessed by a team of mental health professionals. The health based places of safety for adults were at the Royal Free hospital, University College London hospital and the Whittington hospital.

The Metropolitan Police and British Transport Police have the powers to detain people under Section 136 of the Mental Health Act. People detained under Section 136 can be brought to a designated Health-Based Place of Safety (HBPoS) by the police for a mental health assessment. A person removed to a place of safety under this section may be detained there for a period of up to 24 hours, for the purpose of examination by a registered medical practitioner and interview by an approved mental health professional, and to make any necessary arrangements for their treatment or care.

CQC last inspected Camden and Islington NHS Foundation Trust crisis services and health-based places of safety in February 2016, when the overall rating for the service was Inadequate. Safe and well-led were rated as Inadequate, and Effective, Caring and Responsive were rated as Requires improvement.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust.

During the inspection visit, the inspection team:

- spoke with 11 patients who were using the service
- spoke with the managers of each crisis resolution and home treatment team, the crisis houses and the crisis call centre
- spoke with a further 24 members of staff including doctors, nurses, assistant practitioners, social workers, occupational therapists, support workers, student nurses and social workers, and a trainee graduate mental health worker
- observed care and treatment during an assessment meeting
- attended six staff handover meetings

# Mental health crisis services and health-based places of safety

- looked at care records for 33 people
- had telephone conversations with a further 10 patients and one carer

## Summary of this service

A summary of our findings about this service appears in the Overall summary.

## Is the service safe?

**Requires improvement**  

Our rating of safe improved. We rated it as requires improvement because:

- At the previous inspection in February 2016, we found that health-based places of safety environments were unsafe. The trust took action to ensure that health-based places of safety were safe, but work was not yet completed to ensure that they were all fit for purpose.
- Caseloads in the Islington CRHT were sometimes too high to manage safely. There were high levels of staff turnover in all of the CRHTs.
- Staff did not always check medical equipment in the emergency bags, to ensure that no items were out of date, and defibrillators were checked regularly.
- Staff in some teams did not have sufficient access to physical health monitoring equipment for patients.
- The storage temperature of medicines was not always monitored effectively, and there was no audit trail for medicines in stock.
- Two areas of mandatory training had low compliance. These were immediate life support and personal safety breakaway. The trust had recently opened these courses up to more staff, so the rates were low, and had a plan in place to ensure staff received this training.
- Risk management plans did not always cover all risks identified on assessment.
- Staff did not always follow the service's lone working protocols, which placed them at risk of harm, and were not all up to date with mandatory training.

However:

- At the previous inspection in February 2016, staff were not learning from serious incidents across the service. At the current inspection, we found that staff were very well informed about recent incidents and the learning identified, and changes had been made as a result.
- At the previous inspection in February 2016, risk assessments were not consistently rigorous. We found that this had improved at the current inspection, with most patients having detailed risk assessments in place. All patients detained under 136 had a risk assessment in place.
- All locations that we visited were clean and tidy. Staff carried out environmental checks to ensure that the service was safe and clean for patients to use.

# Mental health crisis services and health-based places of safety

## Is the service effective?

**Good** ● ↑

Our rating of effective improved. We rated it as good because:

- There were a range of skilled staff who received regular management and clinical supervision. Staff attended reflective practice groups, to better understand their interactions with patients in crisis.
- There were training opportunities for staff, in addition to their statutory and mandatory training.
- Patients had access to evidence based treatments, including psychological therapy, medicines and meaningful activities.
- Staff completed clinical audits to assess activity and outcomes for patients' care.
- Staff in the liaison services were aware of their responsibilities for patients detained under section 136 and worked in line with required response times. Where the law had recently changed, staff had proactively ensured the acute trust staff they worked with were aware of the changes.

However:

- At the previous inspection in February 2016, staff were not recording patients' ability to consent. This was still an issue at the current inspection, because mental capacity assessments recorded for patients did not always make it clear which decision the patient's capacity was assessed for.
- There was variability in the quality of care plans to ensure patients received individualised and holistic care and support.

## Is the service caring?

**Good** ● ↑

Our rating of caring improved. We rated it as good because:

- Patients told us that the crisis houses were hugely valuable to them, in providing them with a safe space that was an alternative to a hospital admission.
- Patients were happy with their care and staff responded to patients in distress, respectfully and with skill.
- Patients were involved in decisions about their treatment and care.
- Patients provided feedback about their experience of the service via the trust's friend and family test.
- Information about how to obtain advocacy was available to patients.

However:

- At the previous inspection in February 2016, staff were not always recording the level of involvement of patients in their care plans. This remained variable at the current inspection.



# Mental health crisis services and health-based places of safety

## Is the service responsive?

**Good**  

Our rating of responsive improved. We rated it as good because:

- The crisis call centre provided a single point of access for patients, relatives, friends, health and social care professionals, and the police, when there were concerns about a patient in crisis. Urgent referrals were seen quickly by skilled staff.
- At the previous inspection in February 2016, there were no signs in place to notify patients that closed circuit television was in operation in communal areas of the crisis houses and in the health based places of safety. This had been addressed by the time of the current inspection.
- Access to the health based place of safety, which were located in the acute hospital emergency departments were available 24 hours a day, seven days a week. There were facilities to promote the comfort, dignity and privacy for patients. This included information packs for patients and carers to explain the care pathway and what would happen next.
- Crisis houses were linked with the acute day units, where patients could access a range of activities, which they could continue to access after discharge.
- Patients knew how to complain, and complaints were investigated with learning disseminated to all staff.
- Staff were proactive in trying to engage patients who were avoiding contact with the service.

However:

- There was no clock available to patients at the Whittington, so patients could not easily orientate themselves to the time.

## Is the service well-led?

**Good**   

Our rating of well-led improved. We rated it as good because:

- At the previous inspection in February 2016, governance systems were insufficiently robust to monitor the quality, performance and risk management of services. Governance systems had improved by the time of the current inspection. Staff used balance score cards and were involved in a range of local audits to monitor service performance and outcomes.
- Following the last inspection in February 2016, staff in Camden and Islington and the relevant acute trusts developed a 136 group, where senior staff were able to meet to discuss the ongoing changes needed to improve the pathway and environments for patients detained by the police under section 136 of the Mental Health Act. This was still taking place at the time of this inspection.
- Managers were experienced and suitably skilled for their roles, with appropriate support from senior managers. Staff told us that they were well supported by their managers and that their managers were visible. Staff told us they felt comfortable to raise concerns. All staff knew how to whistle blow.

# Mental health crisis services and health-based places of safety

- Staff provided a gatekeeping function to the trust's acute beds, and had clear arrangements for working with other teams, including inpatient wards, to monitor beds available, and meet the needs of patients ready for discharge.
- Staff were involved in a number of quality improvement initiatives to improve the service, including improving feedback from patients, understanding the experience of men in the crisis houses, and producing a bespoke crisis care plan.

However:

- Staff were not aware of the role of the Speak Up guardian, and how to contact them.
- There were some ongoing problems with the server that covered the crisis call centre.

## Areas for improvement

We found 15 areas for improvement in this service. See the Areas for improvement section above.

# Substance misuse services

Outstanding   

## Key facts and figures

The substance misuse services provided by Camden & Islington NHS Trust Foundation Trust are located in the London boroughs of Camden, Islington and Kingston.

The trust operates six separate substance misuse services:

- The Integrated Camden Alcohol Service is run in partnership with another provider and offers alcohol treatment to people in Camden, including community alcohol detoxification.
- The South Camden Drug Service operates in Camden, treating people with substance misuse problems who have complex needs. The service also operates the Grip clinic for people who use novel psychoactive substances.
- The North Camden Drug Service is a small service providing care and treatment for people who are stable in their drug treatment and who have longer term complex needs. The service is operated from a general practitioner practice.
- The North Islington Drug and Alcohol Specialist Service (IDASS North) provides treatment for people with substance misuse problems and complex needs in North Islington. The service mainly works with people with drug problems.
- The South Islington Drug and Alcohol Specialist Service (IDASS South) provides drug and alcohol treatment to people with complex needs in South Islington. The service mainly works with people with complex alcohol misuse problems.
- The Kingston Wellbeing Substance Misuse Service provides drug and alcohol treatment for people in Kingston.

During the inspection, we visited all of the services based in Camden and Islington.

At the last inspection, the services were rated as requires improvement for being safe, effective and well-led, and were rated as good for being caring and responsive. We re-inspected all of the key questions to see if they had made improvements.

Our inspection between 5 and 7 December 2017 was announced and was part of a comprehensive inspection of the trust.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- visited the services, looked at the quality of the physical environment, and observed how staff communicated with patients
- spoke with ten patients
- spoke with the service manager and acting service manager
- spoke with the service director and senior service manager
- spoke with 22 other members of staff including nurses, doctors, administrators, psychologists and an alcohol specialist worker
- attended and observed two multi-disciplinary team meetings
- attended and observed two meetings between patients and staff

# Substance misuse services

- looked at 19 care and treatment records
- reviewed prescribing and medicine prescription processes at three of the services
- looked at policies, procedures and other documents relating to the running of the services

## Summary of this service

A summary of our findings about this service appears in the Overall summary.

## Is the service safe?

**Good**  

Our rating of safe improved. We rated it as good because:

- All patients in all of the services had a risk assessment when they were first assessed by staff. Patient risk assessments were detailed and comprehensive, and were reviewed after incidents.
- Staff responded promptly when patients' health deteriorated, or potential risks increased. Staff immediately took appropriate action. This included accompanying patients to other health services, calling an ambulance, or re-starting patients' medicine when they had not taken it.
- Staff were able to identify potential risks to adults and children and attended multiagency and professionals meetings. There were safeguarding adults investigators and safeguarding adults managers in services in Camden and Islington.
- Incident investigations were reviewed at team meetings and staff could contribute to discussions to prevent reoccurrence. Changes were made in the services following incident investigations.
- Staff and managers were able to describe the duty of candour and had received training on this. Staff were open and transparent with patients when mistakes had been made.

However:

- Rates of staff attendance at all types of mandatory training were not within the trust target. Ten per cent of staff had attended personal safety breakaway, 59% had attended conflict resolution, and 82% had undertaken information governance training.

## Is the service effective?

**Good**  

Our rating of effective improved. We rated it as good because:

- Patients in Camden requesting detoxification from alcohol, attended preparation groups or individual sessions with staff in the Integrated Camden Alcohol Service. This was intended to increase patients' motivation to stop drinking alcohol, and was part of a research trial.
- Patients were able to have blood tests at the services for blood borne viruses (BBV). Staff administered BBV immunisations and patients could get BBV treatment at the services.

# Substance misuse services

- Liver specialists from the local acute hospitals regularly visited the services to provide patients with assessment and treatment for liver disease.
- A staff member in Camden services worked with patients who had become dependent on anxiety and sleeping medicines. In nine months, 31 patients had commenced detoxification from these medicines, and seven patients had completed detoxification.
- Patients who injected drugs or had leg ulcers were invited to participate in research on amyloidosis, at the Margarete Centre. Amyloidosis involves abnormal proteins being deposited in people's organs, which stops them functioning properly.
- Staff at IDASS North provided training to staff in mental health services, to use the Alcohol Use Disorders Identification Test (AUDIT) in their assessments. Use of the AUDIT by non-substance misuse services is recommended by the National Institute for Health and Care Excellence.
- IDASS South had benchmarked the care and treatment of patients with alcohol misuse problems against national guidance. This had identified that SADQ assessments were not completed consistently. There was also no process for the prescribing and administration of pabrinex. Following this, action was taken so that national guidance would be followed.
- Staff responded to recently updated national guidance. In IDASS an audit was undertaken to identify the episodes of trauma patients had experienced. This was the first stage of being able to support patients with the effects of trauma, in accordance with the updated guidance.
- Staff in the services participated in a range of audits, including auditing of care plans and the frequency of medical reviews of patients. The alcohol assertive outreach workers in Camden audited patient attendances and admissions to acute hospitals.
- Multidisciplinary meetings were very effective. All members of the team could discuss complex patients and everyone could contribute to the discussion. Positive patient outcomes were also discussed and compliments from patients were noted. Team members were respectful of each other and patients were discussed in a thoughtful and sensitive manner.
- Staff worked with a range of organisations providing services for homeless people. In Camden, a specialist worker worked with homeless patients and hostels, and in Islington staff provided dual diagnosis training and naltrexone administration training to hostel staff.

However:

- Sixty percent of patients having drug treatment at IDASS North had no record of having a drug test in the previous three months. The service immediately developed a comprehensive action plan to address this.
- At IDASS South, there was no monitoring in place to ensure patients were prescribed thiamine. This medicine is important to minimise long term effects of alcohol misuse. An action plan was immediately developed to ensure patients were prescribed thiamine.

## Is the service caring?

**Outstanding**  

Our rating of caring improved. We rated it as outstanding because:

# Substance misuse services

- Staff spoke with patients with respect and dignity, displayed empathy and warmth, and expressed concern for patients. Staff supported patients, practically and emotionally, and had strong, caring and supportive relationships with patients.
- The psychologists provided sessions to staff on acceptance and commitment therapy and mindfulness. This built staff members' emotional resilience. When patients displayed behaviour that challenged, staff remained calm and continued to identify their needs. The psychologists had written about this work in the chapter of a forthcoming book.
- Patients consistently reported that staff were exceptional in providing supportive, helpful and compassionate care, and that staff 'went out of their way' to help patients.
- In the previous year, of 179 friends and family test responses, 70 patients had added additional comments regarding staff. Staff were described as 'exceptionally helpful', 'wonderful', 'brilliant', 'very supportive', 'caring' and 'compassionate'.
- 91% of the 179 family and friends test responses said patients were 'extremely likely' or 'likely' to recommend the services to friends and family if they required them.
- Staff involved patients in their risk assessments, care plans and decisions regarding their care. Patients' care plans were comprehensive and detailed based on patients' perceptions of their needs.
- Staff had an in-depth understanding of patients' needs, and delivered person-centred care. Staff treated patients as individuals with their own needs and choices.

## Is the service responsive?

**Outstanding**  

Our rating of responsive improved. We rated it as outstanding because:

- In Camden, there was no waiting time for patients to access treatment. In Islington, the target was for patients to be assessed within 21 days. This target was met.
- In Camden, three assertive outreach alcohol staff worked to reduce patient attendances at acute hospitals. In the three months since the work had started, patient attendances to emergency departments had decreased by 37%. Patient hospital admissions had decreased by 27% and the number of days patients were in hospital decreased by almost 50%.
- In the previous year, a private substance misuse service in the area had closed. At short notice, staff at the Margarete Centre assessed an additional 16 people who had used this service, within a week.
- Drug services in both boroughs had created open access times for patients to attend for an assessment appointment. The assessments were completed by medical staff to avoid patients being required to attend for a further assessment.
- Staff at IDASS North worked with patients in mental health community services. This work involved providing low level advice and engagement to patients using motivational interviewing. The aim was to encourage patients with substance misuse problems to engage with substance misuse services.
- Patients' had re-engagement plans if they stopped treatment. These included details of how to contact the patient.
- The services were open during normal weekday hours and were also open for some weekday evenings. Appointments with patients were flexible and appointments were never cancelled.

# Substance misuse services

- The services did not have specific printed information for patients who had reading difficulties or a learning disability. Staff provided specific person-centred information to patients based on their strengths, needs and abilities.

However:

- Very few patients were aware of how to make a formal complaint. Patients said that they would speak with their keyworker or the manager of the service.

## Is the service well-led?

**Outstanding** ☆ ↑↑

Our rating of well-led improved. We rated it as outstanding because:

- Managers had made significant improvements to the service since the last inspection.
- Managers and senior clinicians had worked in the services for many years. They had an in-depth knowledge of the local population and their health needs. They adapted services and encouraged new and innovative ways of working to meet such needs.
- The services undertook some additional work they were not commissioned to undertake, for the benefit of patients.
- Managers were highly visible in the services and were accessible to staff and patients. Succession planning was in place for managers in the services.
- Managers and clinical leaders within the services were well respected by staff and patients. They had developed an open culture focussing on quality improvement. The management team sought out and proactively addressed staff concerns.
- There was a high level of satisfaction amongst staff in the services. Staff felt valued and respected and were supported to undertake their roles.
- In Camden drug services and Islington services, staff worked for either the trust or a separate provider. The teams were, however, fully integrated. A seamless service was provided, and the staff from both providers worked as one team.
- Managers were proud of the work individual staff members undertook. Managers provided positive feedback to staff. Compliments from patients about staff were noted in multidisciplinary team meetings.
- A comprehensive governance system was in place in all of the services. There was ongoing monitoring of the safety and quality of the services.
- When incidents occurred, or issues or gaps in the services were found, action was taken to improve and avoid repetition.
- There was a strong research focus in the services. Staff were engaged in research to develop new ways of working and providing treatment to patients.

## Outstanding practice

We found 12 examples of outstanding practice in this service. See the Outstanding practice section above.



# Substance misuse services

## Areas for improvement

We found four areas for improvement in this service. See the Areas for improvement section above.

# Long stay or rehabilitation mental health wards for working age adults

Good  

## Key facts and figures

Aberdeen Park, which has 11 beds, and Highview, which has 15 beds, are community rehabilitation services for adults of working age in Islington. Number 154 Camden Road, which has 15 beds, is a community rehabilitation service for adults of working age in Camden.

Montague ward, which has 14 beds, and Malachite ward, which has 16 beds, are high dependency inpatient rehabilitation wards based at St Pancras Hospital and Highgate Mental Health Centre respectively. Sutherland ward, with 14 beds, is a complex care ward which is based at St Pancras.

Occupancy rates over the last 12 months for these services have been around 100%. All the services inspected accept male and female patients.

These services take patients who have severe and enduring mental health problems. Patients in the rehabilitation services are admitted from acute wards, forensic wards and from the community. The service follows a pathway model; patients move from inpatient wards to community rehabilitation services and then on to supported living or independent living depending on what is most appropriate.

During this inspection we visited five sites, including three inpatient wards and three community rehabilitation services.

At the last inspection, the rehabilitation services were rated as requires improvement in four domains (safe, effective, responsive and well-led) and good in caring.

We re-inspected all the key questions to see if improvements had been made.

Our inspection during the 5-8 December 2017 was announced so staff knew we were coming.

Before the inspection visit, we reviewed information that we held about these services and requested information from the trust.

During the inspection, the inspection team:

- looked at the quality of the ward and community residential settings
- observed how staff were caring for patients.
- spoke with 26 patients
- spoke with 2 carers or relatives of patients
- interviewed 34 members of staff
- looked at care records for 27 patients
- reviewed 60 medication charts
- checked Mental Health Act documentation on all sites we visited.

## Summary of this service

A summary of our findings about this service appears in the Overall summary.

# Long stay or rehabilitation mental health wards for working age adults

## Is the service safe?

**Good**  

Our rating of safe improved. We rated it as good because:

- The wards and community rehabilitation units were clean and well maintained. Staff undertook regular environmental risk assessments, including assessing the risks from ligature anchor points. These were mitigated through individual risk assessments for patients and by staff observation.
- The service managed patient safety incidents well. Staff knew how to report incidents and learning from incidents was shared and recognised through the service.
- Despite high levels of vacancies the service ensured there were enough staff to provide safe care and treatment.

However:

- There were some restrictions in place in one of the six services, at 154 Camden Road, which were determined on the basis of the service need rather than individual patient need.
- Whilst staff had a clear understanding of safeguarding processes within the trust, the individual services did not keep a record of safeguarding concerns which had been reported to the local authority and the relevant outcomes.

## Is the service effective?

**Requires improvement**   

Our rating of effective stayed the same. We rated it as requires improvement because:

- The services in Camden did not demonstrate that active rehabilitation opportunities were offered at all stages of the patients care and treatment.
- Patients, particularly in the inpatient wards, were not given sufficient opportunities to ensure that they developed skills relating to activities of daily living. There had not been sufficient occupational therapy provision to support this.
- Staff did not ensure that the Mental Health Act was operating in line with its principles because some patients had been on leave from the inpatient wards for extended periods of time and the reasons for this did not reflect the individual patient need.

However:

- The service monitored the effectiveness of care and treatment and used the findings to make improvements. Staff, particularly in the Islington services, used a range of measures to ensure treatment achieved positive outcomes for patients.
- Staff always had access to up to date, accurate and comprehensive information about patients' care and treatment. Records were updated accurately and frequently.
- The service made sure staff were competent for their roles. Staff had access to specialist training.
- The rehabilitation services in Islington enabled patients to have support from a specialist community team including a named care coordinator and consultant who supported them throughout their rehabilitation.

# Long stay or rehabilitation mental health wards for working age adults

- Staff monitored patients' physical health on admission and throughout their period of stay within the service, linking with primary and secondary healthcare services when necessary.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Patients told us that staff treated them with dignity and respect and we observed staff interact with patients in a kind manner.
- Patients were given information about the wards or services they were using prior to being admitted so they were well-orientated to the services.
- Patients were involved in feeding back about the service through regular community meetings.

However:

- Whilst most patients said they were involved in the development of their care plans, some records particularly on the Camden inpatient wards, did not reflect the views of the patient.
- Carer engagement could be promoted further especially on inpatient wards.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The service monitored waiting lists and managers within the service met weekly to ensure patients' needs were prioritised when inpatient and community rehabilitation beds became available.
- Patients had access to accommodation that enabled them to have privacy and to store their personal possessions.
- The services managed complaints appropriately and these were discussed at staff team meetings so improvements could be made.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The divisional management had a good understanding of the strengths and weaknesses within the service and had identified improvements which they were planning to take forward.
- Staff told us that they felt supported by their managers. They told us that they were proud to work for the trust and for the rehabilitation services.

# Long stay or rehabilitation mental health wards for working age adults

- Systems were in place to monitor the performance of the services and governance processes ensured that information from the board and the division was shared with the ward and the community rehabilitation services. In the same way, information was fed back up through the trust to the senior leadership.

However:

Staff and patients involvement was not fully developed in the strategic work taking place to review and improve services.

## Outstanding practice

We found one example of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found nine areas for improvement in this service. See the Areas for improvement section above.

# Wards for older people with mental health problems

Good   

## Key facts and figures

The trust's wards for older people with mental health problems care for people with both organic and functional mental health disorders.

Organic mental illness is usually caused by disease affecting the brain, such as Alzheimer's. Functional mental illness may include conditions such as depression, schizophrenia, mood disorders or anxiety.

We inspected two wards both based at Highgate Mental Health Centre and Stacey Street Nursing Home based located in Finsbury Park. All the services provided mixed-gender care.

- Pearl ward provided 14 beds for older adults with acute mental health needs such as depression, anxiety or psychosis.
- Garnet ward provided 14 bed specialist assessment and treatment for patients with a dementia related illness and continuing care for four patients.
- Stacey Street Nursing Home provides a home for life for 19 service users with dementia and mental health needs.

At the last inspection, all key questions safe, effective, caring, responsive and well-led were rated as good.

Our inspection between 4 and 7 December 2017 was announced.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. These included the Clinical Commissioning Group, Health Education England, the General Medical Council, local authorities and the local Healthwatch organisations.

During the inspection visit, the inspection team:

- spoke with five patients who were using the service
- spoke with 15 relatives of patients who were using the service
- interviewed 19 members of staff
- observed care and treatment
- toured the premises
- looked at a range of policies, procedures and other documents relating to the running of the service
- looked at care records for 22 people
- interviewed key members of staff including the service manager, consultants, managers for each location, nurses, nursing assistants, occupational therapist, pharmacist and activity co-ordinators.
- reviewed 39 prescription charts
- attended one staff meeting

## Summary of this service

A summary of our findings about this service appears in the Overall summary.

# Wards for older people with mental health problems

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Patients were looked after in a safe and clean environment. Good infection control arrangements were in place.
- The service protected patients from the risk of abuse and avoidable harm. There were clear, open and transparent processes for reporting and learning from incidents. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.
- Risks to patients were assessed on admission, regularly reviewed and linked to their plan of care. Staff effectively monitored and protected against risks associated with older patients such as pressure sores and falls
- Staffing levels were planned and reviewed regularly to ensure an appropriate skill mix to provide safe care and treatment for patients.
- Patients were protected from discrimination and harassment and staff made reasonable adjustments to meet the needs of individual patients.
- The service had good systems in place to safely support people with the management of their medicines.

However:

- Maintenance repairs and requests were not being carried out in a timely manner on Pearl ward.
- Patients on Garnet and Pearl wards were not routinely assessed for the risk of venous thromboembolism on admission.
- Information in a recently introduced electronic patient record system could be difficult to find. While staff were learning to use this system there was a risk that essential information would not be communicated.
- The compliance for mandatory training courses was 77%. Three areas of mandatory training were below 75%. These were personal breakaway level 1 (45%), Mental Health Act (59%) and immediate life support (25%). The numbers of staff expected to complete the training had been extended and ward managers were taking action to ensure staff attended any courses they had not yet completed.
- For one patient, individual guidelines for the use of covert medicines were not in place. This meant that there was a risk that the patient would not receive their medicine safely and consistently.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Patients' care and treatment was assessed, planned, delivered and reviewed regularly, in line with best practice guidance. Outcomes of patients' care and treatment were collected and monitored.
- Staff participated in a wide range of clinical audits to monitor the effectiveness of the service.



# Wards for older people with mental health problems

- Care and treatment records showed physical health checks took place and there was on-going healthcare investigations and healthcare monitoring.
- Staff teams worked in partnership with health specialists to deliver personalised care and treatment.
- The staff had a good understanding of the Mental Health Act (MHA) 1983 and the MHA Code of Practice. Detention records were in order and easily available.
- Patients were involved in their treatment and had been included in decisions about their care. Most staff demonstrated a good understanding of the Mental Capacity Act (MCA).

However:

- According to records the amounts of supervision and appraisal rates were low. However, staff said they received regular supervision and appraisal rates were increasing throughout the year.
- Staff on Garnet ward did not undertake audits of care plans.
- At Stacey Street records of mental capacity assessments were not decision specific.

## Is the service caring?

**Good** ● ➡ ➡

Our rating of caring stayed the same. We rated it as good because:

- Patients spoke positively about the care, support and treatment they received.
- Staff treated patients with kindness, respect and compassion.
- Staff recognised and respected the totality of patients' needs. They always took people's personal, cultural, social and religious needs into account.
- Staff involved and supported patients and those close to them in decisions about their care and treatment.
- Patients at Stacey Street spoke positively about the extensive range of activities that were available within and outside of the service.

However:

- On Pearl ward the results of patient feedback surveys had not been collated and the information used to make improvements.

## Is the service responsive?

**Good** ● ➡ ➡

Our rating of responsive stayed the same. We rated it as good because:

- People could access the service when they needed it.
- Staff worked in collaboration with community teams within the trust and local social services to facilitate patient discharges. Delayed discharges were monitored robustly by the senior management team.

# Wards for older people with mental health problems

- There was a good range of facilities including quiet rooms, therapy rooms and outdoor space. Environments were dementia friendly and suitable for older people.
- The service had implemented the 'triangle of care' principles to ensure effective engagement with carers.
- Staff actively supported the diverse needs and religious beliefs of patients.
- Staff met patient's nutrition and hydration needs. They offered a choice of food that took account of special dietary requirements and religious or cultural needs.
- A complaints procedure was in place. Patients' concerns and complaints were taken seriously, addressed in a timely manner and used to improve the service.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Staff had a good understanding of the provider's vision and values for the service.
- Staff felt supported and valued by their managers. There was a good culture among staff and they enjoyed their work.
- Staff said they felt comfortable raising any issues to their managers and that these would be acted on.
- Governance and performance arrangements were in place within the service that supported the delivery of the service, identified risk and monitored the quality and safety of the services provided.
- The service had a culture of continuous improvement which focused on improving the quality of care that patients received.
- Staff, patients and carers were involved in quality improvement initiatives, for example 'excellent wards' had improved the ward environment on Garnet ward and on Pearl ward patient experience in relation to mealtimes had improved.

However:

- The needs of patients admitted to Pearl ward were changing and patients were more acutely unwell. Staff working on the ward did not feel engaged in this change.

## Outstanding practice

We found two examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found 9 areas for improvement in this service. See the Areas for improvement section above.

# Community mental health services for people with a learning disability or autism

Good   

## Key facts and figures

Camden and Islington's Learning Disability Services were established in 1997 and are fully integrated multi-agency, multi-disciplinary services providing specialist health and or social care support to adults with learning disabilities living in Camden and Islington. The services are based in two teams located in each borough.

The services provided are fully integrated health and social care teams between the local authority and two NHS trusts. Camden and Islington NHS trust provide psychiatry, community nursing, psychology and occupational therapy to both teams.

Clinicians employed by Camden and Islington NHS trust undertake a wide range of clinical and managerial roles within the services to ensure that the health needs of adults with learning disabilities are met. These include:

- Undertaking diagnostic assessments for global learning disabilities and autism.
- Delivery of specialist clinical interventions.
- Determination of eligibility for NHS Continuing Health Care funding.
- Multi-disciplinary oversight of complex cases.
- Ensuring health needs are identified and supported through personalised individual support plans including health action plans, hospital passports and positive behaviour support plans.
- Working alongside GP's to increase the use of annual GP health checks and screening programmes.
- Ensuring that the principle of 'least restrictive practice' are followed
- Taking part in research projects
- Ensuring that the Transforming Care agenda is followed
- Taking part in the national Learning Disabilities Mortality Review programme and the Stopping Overuse of Medication in People with Learning Disabilities programme.

During the inspection, we visited both teams based in Camden and Islington.

At the last inspection, the services were rated as good across safe, effective, caring, responsive and well led. We re-inspected all of the key questions to see if they had made improvements.

Our inspection between 5 and 7 December 2017 was announced and was part of a comprehensive inspection of the trust.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- visited the services, looked at the quality of the environment and observed how staff communicated with people using the service
- spoke with five people using the service and three carers
- spoke with the team managers from both teams

# Community mental health services for people with a learning disability or autism

- spoke to the clinical nurse specialist in Camden
- spoke to 12 other members of staff including nurses, doctors, occupational therapists and psychologists
- spoke to the pharmacists at the Islington team
- attended one referral meeting
- attended one multi-disciplinary case discussion
- attended one complex case discussion
- attended one hospital admissions and virtual team meeting
- attended one nurses meeting
- attended one meeting reviewing a person's 'hospital passport'
- reviewed six case records
- looked at policies, procedures and other documents relating to the running of the services

## Summary of this service

A summary of our findings about this service appears in the Overall summary.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff completed documentation to support patients in the management of risks. Staff completed risk assessments for every patient using the service, updating them regularly including after any incidents. Staff ensured that positive behaviour support plans were in place for patients with behaviour that could be seen as challenging. Staff created crisis plans for patients and carers to use if there was deterioration in their physical or mental health. All documents related to risk were available in an accessible easy read format for people to be able to understand the support that they were receiving.
- Staff in the Camden Community Team had developed a specific procedure to follow if they thought that a patient who may not have capacity was at risk of entering into or had entered into a forced marriage. They also ran a sex and relationships group to help people with learning disabilities to understand sex and relationships and safeguard themselves from abuse.
- Staff followed the team's lone working policy. Staff members ensured team members knew of their where about and managers knew how to contact them in emergencies.
- Staff had access to all relevant information through the local authorities' electronic recording system. If patients were due to be or were admitted to hospital staff ensured that all relevant information was loaded onto the trust's health service database. Staff in Camden had access to the GPs database to enable them to check actions had been followed up by the GP.

However:

# Community mental health services for people with a learning disability or autism

- Staff training rates for mandatory training were low at 58%. This meant that not all staff were up to date with all their mandatory training. Personal breakaway training and basic life support had the lowest staff take up. The trust were aware of this and providing access to additional training. Staff also had access to the local authority training which was separately recorded.

## Is the service effective?

**Outstanding** ☆ ↑

Our rating of effective improved. We rated it as outstanding because:

- Staff worked holistically with patients and their carers to assess, plan and deliver care. Patients had individually developed health action plans where appropriate. When a patient was being admitted to acute hospital or attending an outpatient appointment, staff met with the person and, where appropriate, their relatives and carers to develop a 'hospital passport' to ensure that hospital staff would understand their needs. The Islington community team ran a low vision clinic jointly with the Royal National Institute for the Blind.
- Staff also developed positive behaviour support plans to support patients and carers with behaviour which could be seen as challenging. Staff ensured that all these documents were accessible to people in an easy read format to enhance their understanding of them.
- Staff followed good practice in medication management. Staff were taking part in the national programme of stopping over medication in people with learning disabilities (STOMP). Staff liaised closely with GPs regarding patient's physical health needs and encouraged people to receive annual health checks.
- Staff worked in a fully integrated multi-disciplinary team, which ensured strong links with adult social care. The teams had developed strong working relationships with other teams and professionals such as the health liaison nurses at the local acute hospitals, the transition teams for young people coming into adult services and substance misuse teams. The trust had four commissioned learning disability psychiatric beds at St. Pancras hospital. The team's psychiatrists continued to see patients whilst in hospital, which included set days to attend ward rounds.
- Patients using the service and staff delivered a training programme to staff on the ward which provided inpatient beds to ensure they understood the needs of people with a learning disability. Staff in the community teams received appropriate and relevant training for their roles. This included dysphasia, positive behaviour support and Makaton (which is a sign language used for people with learning disabilities) training.
- There was good practice in consent. Staff gave patients every possible assistance to make a decision for themselves before they judged that the person lacked the capacity to make it. Staff used accessible easy read documents. For example they had created a specific document to assess a patients understanding of marriage when they had concerns regarding whether the marriage was being forced on them.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- We observed staff to be respectful, kind and compassionate in all interactions with people using the service. It was clear that staff knew people using the service well and had built strong relationships.

# Community mental health services for people with a learning disability or autism

- Staff ensured that people were listened to and used their preferred communication method. All documentation was available in an accessible easy read format for people. Camden Community team had an accessible information officer to ensure all information was accessible to people using the service. All staff were trained in the use of Makaton, which is a sign language used by people with learning disabilities.
- Staff supported people to actively engage with Care and Treatment reviews and Care Programme Approach meetings. They ensured that they met with people prior to the meeting to complete an easy read document which covered all areas of their care plan. Staff supported people who were under a Care and Treatment review to understand their rights by the use of an easy read document which was discussed with them at each review.

## Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- Staff ensured that eligibility assessments for people being referred to the service were carried out in a timely way. Psychiatrists were able to see patients in crisis quickly. The teams worked alongside the crisis teams when someone's mental health was deteriorating and there was a risk that they may need admission to psychiatric hospital.
- Staff provided care that supported the transforming care programme aim of reducing admissions to hospital. Staff held regular meetings to discuss patients who were at risk of needing a hospital admission or placement breakdown and those already in hospital. The teams held a risk register for patients who were in hospital or due to be admitted to ensure that people were discharged in a timely manner and that all appropriate actions were taken to try and prevent an admission occurring.
- The community learning disability service consisted of integrated teams and these also worked in close partnership with other providers such as GPs and acute trusts as well as third sector organisations to ensure people with a learning disability had access to a wide range of services to meet their individual needs.
- Information was provided to patients in a range of accessible formats to ensure this was meaningful for them. Camden had an accessible format officer to support staff in producing documents in a format that patients could understand.
- Staff ensured that patients knew how to make a complaint. Information regarding the complaints process was on display and information that was given to people and their carers. All information regarding complaints was available in an easy read accessible format.

## Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. There was a clear vision for each team of ensuring that people with learning disabilities were able to lead healthy and fulfilling lives.

# Community mental health services for people with a learning disability or autism

- The services had systems and processes in place to closely monitor and support patients using the service. This ensured patients received a timely service that met their individual needs. For example the teams had a risk register of patients whose placements were at risk of breaking down which supported them to work pro-actively with commissioners of services.
- The service had governance systems which provided assurance that assessments, risk assessments and person centred care plans were completed to a high standard and were communicated in a way that people using the service could understand. These were evidence based and reflected national guidance.
- There was a clear framework of what must be discussed at team or directorate level and clear processes in place within each professional group and wider team to ensure that learning from incidents, case reviews, complaints and good practice was shared and discussed.
- There was a strong commitment to research within the teams with team members being involved in research projects with several papers published. These included an evaluation of positive behaviour support in reducing challenging behaviour and a feasibility study reviewing individual cognitive stimulation therapy for people with a learning disability and dementia. Staff in Islington had taken part in research and had had a number of papers published including one regarding cognitive decline and dementia in people with Down's syndrome.

However:

- Staff informed us that whilst front line staff felt committed to the community teams they could feel isolated and separate from the trust. Staff told us that they felt that they were sometimes forgotten and ignored by the trust.

## Outstanding practice

We found two examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found two areas for improvement in this service. See the Areas for improvement section above.



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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

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

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

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

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

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

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Diagnostic and screening procedures

Treatment of disease, disorder or injury

# Our inspection team

This inspection was chaired by Jane Ray, Head of Hospitals Inspections, Care Quality Commission. An executive reviewer, Andy Brogan, Executive Director of Mental Health and Deputy Chief Executive, Essex Partnership University NHS Foundation Trust, supported our inspection of well-led for the trust overall.

The team included four inspection managers, 17 inspectors, two Mental Health Act reviewers, one pharmacist inspector, an assistant inspector, an inspection planning coordinator, three observers, 24 specialist advisers and eight experts by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have developed expertise in health services by using them or through contact with those using them – for example, as a carer.