Good

Leicestershire Partnership NHS Trust

Community-based mental health services for older people

Quality Report

Trust Headquarters,
Lakeside House
4 Smith Way
Grove Park
Enderby
Leicester LE19 1SX
Tel: 01162950816
Website: www.leicspt.nhs.uk

Date of inspection visit: 9 March – 13 March 2015
Date of publication: 10/07/2015

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RT5X1	HQ Lakeside House	Integrated Care Team Frail and Older Persons Assessment Team Care Home Inreach Team Community Intensive Support Team South Leicestershire CMHT Charnwood CMHT Leicester City East CMHT Melton, Rutland and Market Harborough	LE19 1SS

Summary of findings

RT5KF	The Bradgate Mental Health Centre	Leicester City West CMHT	LE3 9DZ

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

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Leicestershire Partnership NHS Trust and these are brought together to inform our overall judgement of Leicestershire Partnership NHS Trust.

Summary of findings

Ratings

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

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

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We rated community-based mental health services for older people as good because:

- There was an effective duty system in place to provide rapid access to support. There was an on-call rota system for access to a psychiatrist 24 hours a day.
- Staff had a good knowledge of safeguarding and incident reporting. There were robust lone working procedures in place.
- There was evidence of lessons learnt from incidents being shared with the team.
- Comprehensive assessments were being carried out and information was stored securely, except for one location and arrangements were in place to address this. There was a skilled multi-disciplinary team able to offer a variety of therapies.
- Staff were up to date with mandatory training and had regular supervision and appraisals.
- Staff were consistently caring, respectful and supportive. All the people who used services and the carers spoken to were happy with the service they had received and spoke positively about their interactions with staff.
- There were key performance indicators set for time from referral to assessment and where these were not being addressed action had been taken. The duty system enabled urgent referrals to be seen quickly. There was good access to interpreters and signers when needed.
- There was evidence of items being submitted to the trust risk register where appropriate. Staff spoke of feeling supported by team leaders and team leaders felt supported by their managers.

However:

- Staff demonstrated a good knowledge of the Mental Capacity Act and consent however this was not routinely documented in care records.
- Care plans did not always reflect a person centred approach and people who used services and their carers were not routinely involved in CPA reviews.
- Staff morale was low and they felt disempowered in some areas. Staff identified this was due to the management of change process and current work being undertaken by an outside organisation to identify more effective ways of working.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- The waiting areas and interview rooms where people who used services were seen were clean.
- Teams were appropriately staffed, where there were vacancies regular bank staff were used in the interim. In areas where there were waiting lists these were reviewed to identify increase in risk.
- There was a duty worker system in place which meant the service was able to respond quickly to escalating risk if necessary.
- Staff had a good knowledge of safeguarding.
- Staff knew how to report incidents. There was evidence of lessons learnt and these were shared with all the teams through team meetings.
- There were appropriate lone working procedures in place.
- Risk assessments were carried out at assessment, although some required updating.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- Consent to treatment, capacity to consent and best interests decisions were not routinely recorded within the care records we saw.
- Outcome measures were not routinely used to evaluate severity and outcomes of treatment.
- Staff had not received specialist training to assist them in their role.

However:

- There were a variety of psychological therapies available and staff were up to date with mandatory training. NICE guidelines were followed when prescribing medicine.
- There was good multi-disciplinary working within the teams and good communication with other organisations.

Are services caring?

Good

We rated caring as good because:

- We observed that staff spoke to people who used services and carers in a caring and respectful manner. All the people who used services that we spoke with told us they had been treated with compassion and respect.

Summary of findings

- Staff showed a good understanding of individual needs and did their best to meet them.
- There was good access to advocacy and all staff knew how to access this.
- Families and carers were listened to and supported by staff.

However:

- People who used services were not routinely involved in formulating their care plans.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- There were key performance indicators (KPIs) in place for referral to assessment. Most areas of the service met these. Where the KPIs were not being met measures had been put in place to address this.
- The duty worker system meant that a member of the team was always available within 9-5 hours to respond to urgent referrals and telephone calls.
- There was access to interpreters and signers and staff were aware of how to access this.
- The service had developed teams to respond to the changing mental health needs of people who used services.
- Staff knew how to respond to complaints appropriately.

Are services well-led?

Good

We rated well-led as good because:

- Staff knew the organisational values.
- Staff were up to date with mandatory training and received regular supervision and appraisal.
- Incidents were reported and lessons learnt were shared with the team.
- Staff knew how to whistle blow if necessary. There were opportunities for development within the service.
- Teams worked well together and told us they found team leaders approachable and supportive.

However:

- Staff morale however was low in most teams. This was attributed to the management of change process and the outside organisation that was undertaking a study of productivity.

Summary of findings

Information about the service

The community-based mental health services for older people are part of the trust's services for older people. They offer services in locations across Leicestershire. These include the Neville Centre, Leicester Royal Infirmary, the Health and Social Care Centre Merlyn Vaz, the Bennion Centre, the Cedars Centre, St Mary's Hospital and Cameron Sastny House.

The service provides mental health treatment for patients with functional mental health issues over the age of 65 years and treatment for patients with organic mental health issues both over 65 years and under 65 years where appropriate.

We have not inspected community-based mental health services for older people before.

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC

Inspection Managers: Lyn Critchley and Yin Naing

The team included CQC managers, inspection managers, inspectors, mental health act reviewers and support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected community based mental health services for older people consisted of an inspector, a doctor, a social worker, a nurse and an occupational therapist.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited nine teams within community mental health services for older people and observed how staff were caring for patients.
- spoke with twelve patients who were using the service
- spoke with six relatives/carers of patients
- spoke with two community managers and nine team leaders
- spoke with nineteen other staff members, including doctors, nurses and student nurses.
- attended and observed a multi-disciplinary meeting.

We also:

Summary of findings

- looked at the care and treatment records of 12 patients.
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

People who used services were consistently positive about their experiences. They told us staff had been caring, compassionate and they had felt valued and involved in their care. Carers told us they felt the service had been a great help to them and had supported their role as a carer. They also felt listened too and involved in care. The integrated care service in particular was highlighted by carers as being an excellent service; one carer described it as an 'extraordinary service'.

Good practice

The integrated care service provided a home based treatment service for people with long term health conditions experiencing mental ill health for the first time. This service had been developed in partnership with GPs, community managers and district nurses. Assessment was provided within ten days of referral. 60% of referrals had been seen and treated within primary care avoiding referral to secondary mental health services. The remaining 40% were referred to secondary services with a full assessment completed. There were good links with psychiatrists, the community mental health teams and memory clinics. There had been a 43% increase in referrals since April 2012. The service had expanded to meet growing demand by employing two band 6 nurses and was able to offer a service which was responsive and caring. The service had good links with GPs and other community services such as respiratory nurses and heart failure nurses to improve patient care. The people who used this service consistently described the staff as going the extra mile.

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The trust MUST ensure that consent to treatment is properly sought and recorded.
- The trust MUST ensure that formal capacity assessments or best interests decisions are properly recorded

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

The trust SHOULD involve people who use services or their carers in CPA reviews.

Leicestershire Partnership NHS Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Community Intensive Support Team	HQ Lakeside House
Care Home Inreach Team	HQ Lakeside House
South Leicestershire CMHT	HQ Lakeside House
Charnwood CMHT	HQ Lakeside House
Melton, Rutland and Market Harbourgh CMHT	HQ Lakeside House
City West CMHT	HQ Lakeside House
City East CMHT	HQ Lakeside House
Integrated Care Team	HQ Lakeside House
Frail and Older Person Liaison Service	HQ Lakeside House

Mental Health Act responsibilities

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

- Treatments were given lawfully under the Mental Health Act.

Detailed findings

- People who used services had access to independent mental health act advocacy (IMHA) services where appropriate. Staff knew how to access these services. There were posters displayed in some locations

Mental Capacity Act and Deprivation of Liberty Safeguards

- Capacity to consent was not routinely formally recorded in care records.
- Consent to treatment was not routinely recorded in care records.
- Staff had received training regarding the MCA and this was evidenced in the training matrix. Staff showed an understanding of the Act.
- The partnership trust had a policy on the MCA and staff were aware of this. They could access an electronic version of the policy as and when required.
- Staff understood the need for capacity to be assessed on a decision specific basis.
- Staff could explain the importance of supporting people who used services to make decisions and where people who used services lacked capacity the need for decisions to be made in their best interests.

Good

Are services safe?

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

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

Summary of findings

We rated safe as good because:

- The waiting areas and interview rooms where people who used services were seen were clean.
- Teams were appropriately staffed, where there were vacancies regular bank staff were used in the interim. In areas where there were waiting lists these were reviewed to identify increase in risk.
- There was a duty worker system in place which meant the service was able to respond quickly to escalating risk if necessary.
- Staff had a good knowledge of safeguarding.
- Staff knew how to report incidents. There was evidence of lessons learnt and these were shared with all the teams through team meetings.
- There were appropriate lone working procedures in place.
- Risk assessments were carried out at assessment, although some required updating.

Our findings

Safe and clean environment

- Waiting areas and interview rooms were clean and appropriately furnished in the locations that had these facilities. Information about he trusts complaints process and how to access PALS was clearly displayed in these areas.

Safe staffing

- There were appropriate numbers of staff within the community teams that were visited. Community matrons had undertaken a piece of work eighteen months ago to assess staffing ratios using a recognised tool.
- Systems were in place to provide rapid access to a psychiatrist if needed. Outside of 9-5 weekday hours there was an on-call rota to ensure continuous access.
- Vacancies were being covered by bank staff in some teams. These were regular bank staff and they knew the service.

Assessing and managing risk to patient and staff

- In areas where there were waiting lists these were reviewed on a regular basis to identify any increase in risk.
- Staff spoken with had a good understanding of safeguarding. They knew how to report concerns and how to seek additional support from safeguarding leads where appropriate. There was evidence of appropriate reporting in care records.
- There were good lone working policies in place and these were being followed by staff to ensure their safety.
- There was a duty system in place which allowed staff to respond quickly to a deteriation in the mental health of people who used services.
- Risk assessments were undertaken as part of the assessment process. However in some case notes these were missing or over twelve months old. Several case notes had specific risks identified but no risk management plan.
- The memory service had a contract in place with a pharmacy service for dispensing anticholinesterase which they had prescribed. This is medication used in mild to moderate Alzheimers treatment. The medication was prescribed to improve mood, alertness and confidence. This meant that unless people who used the service accessed that pharmacy for their other medication the anticholinesterase would be dispensed separately. This presented a risk as many people who used the service had their medications dispensed in devices with daily doses to assist them in maintaining their independence and the anticholinesterase would be separate.

Track record on safety

- When there had been adverse events they had been reported appropriately and all staff knew how to do this.
- There was a good knowledge of specific risks to the service. The frail and older person assessment team had

Good

Are services safe?

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

been placed on the Trust Risk Register by the Community Matron due to the team only employing two nurses. This was done to formally address the risk this presented to service delivery if those members of staff had become ill or unable to work for another reason.

Reporting incidents and learning when things go wrong

- All staff knew what to report and how to report. The service had an electronic reporting process in place. There was evidence of incidents being reported where appropriate. There had been an incident reported in February by the community intensive support team. The team were awaiting feedback from this.
- There were good mechanisms in place for staff to receive feedback from incidents and lessons learnt both internal and external. These were discussed in the band 7 meetings and the band 7 team leaders then took this information back to team meetings within individual locations. Staff felt they would be supported by their team leader in the event of a serious incident and that there were things in place to support them if needed.
- Staff spoke with confidence about the importance of being open and transparent with people who used services and apologising if something had gone wrong.

Are services effective?

Requires improvement

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

Summary of findings

We rated effective as requires improvement because:

- Consent to treatment, capacity to consent and best interests decisions were not routinely recorded within the care records we saw.
- Outcome measures were not routinely used to evaluate severity and outcomes of treatment.
- Staff had not received specialist training to assist them in their role.

However:

- There were a variety of psychological therapies available and staff were up to date with mandatory training. NICE guidelines were followed when prescribing medicine.
- There was good multi-disciplinary working within the teams and good communication with other organisations.

Our findings

Assessment of needs and planning of care

- Comprehensive and timely assessments were carried out following referral for all urgent referrals. Some of the community mental health teams had waiting lists for routine referrals. South Leicestershire community mental health team had 32 breaches of the six week waiting time target. The longest wait was 13 weeks. Charnwood community mental health team also had a waiting list with 10 breaches of the six week wait. The longest wait was 13 weeks.
- All the teams except the frail older person liaison service used the RIO electronic note system. All patient information was stored securely in all locations except for the frail older person liaison service. They were awaiting delivery of a lockable cupboard. The notes were being stored on a bookcase which was open, however the room was kept locked via a keypad code when not in use. The implementation of RIO was seen as a positive by staff and allowed easy and timely access to care records particular if people who used services moved between teams or between inpatient and outpatient settings.

Best practice in treatment and care

- There was no recording in care records of validated outcomes tools being used routinely to rate severity or measure outcomes for people who used services in the community mental health teams. The memory service used the mini mental state examination, which is a validated tool, to monitor memory changes.
- There was evidence of prescribing being carried out according to NICE guidelines. The memory service had implemented a re-titration table for people who had missed doses of Anticholinesterases. This was a clear table for people who used services to follow in order to restart their medication safely.
- There was good availability of psychological therapies. Psychologists were embedded within the teams and were part of the multi-disciplinary team.
- Staff showed consideration of physical healthcare needs, there were good links in place with GPs and district nurses. Where appropriate staff would liaise with other agencies to ensure physical healthcare needs were met.
- We observed staff supporting people who used services and carers in accessing appropriate benefits and living aids in order to promote independence and wellbeing.
- An audit of CPA had been carried out and teams were awaiting the results of this.

Skilled staff to deliver care

- Staff told us they had not received any specialist training relating to dementia or older peoples mental health needs. Staff were all up to date with mandatory training, staff told us they had not received specialist training for their roles.
- The teams had a good range of mental health disciplines. There were psychiatrists, mental health nurses, healthcare assistants, occupational therapists and psychologist within teams. There was access to speech and language therapists if required.
- There were regular team meetings. Staff had monthly supervision and had appraisals on an annual basis.

Are services effective?

Requires improvement

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

- Poor staff performance was dealt with in an appropriate way. There was a policy in place for performance management. There was evidence of this being used where appropriate.

Multi-disciplinary and inter-agency teamwork

- There were good relationships with inpatient wards for older people with mental health needs. There was mixed feedback from staff about the relationship with the crisis team. Some staff felt there was good out of hours support and others spoke of challenges having referrals accepted particularly for people with organic conditions.
- The teams held regular multi-disciplinary meetings. These were used to ensure all members of the team were aware of changes in people who used services presentation or changing levels of need. We saw evidence of this documented in the minutes.
- Good working relationships had been developed with external organisations both statutory and voluntary. The community mental health teams worked closely with the Alzheimer's Society. The south Leicestershire community mental health team had developed a dementia café which had now been handed over to the Alzheimer's Society to run. The integrated care team worked closely with both community matrons and GPs providing assessment, signposting and medication advice where appropriate.

Adherence to the MHA and the MHA Code of Practice

- Staff had all completed training regarding the Mental Health Act, the Code of Practice and the guiding principles. Evidence of this was seen in the staff training matrixes.
- In the cases where people who used services were subject to a community treatment order (CTO) their rights had been explained.
- Administrative support and advice was available from a central team and staff were aware of how to access this.
- People who used services had access to independent mental health act advocacy (IMHA) services where appropriate. Staff knew how to access these services. There were posters displayed in some locations.

Good practice in applying the MCA

- Capacity to consent was not routinely formally recorded in care records. Consent to treatment was not routinely recorded in care records**.** However, staff had received training regarding the MCA and this was evidenced in the training matrix. Staff showed an understanding of the Act. Staff understood the need for capacity to be assessed on a decision specific basis.
- The partnership trust had a policy on the MCA and staff were aware of this. They could access an electronic version of the policy as and when required.
- Staff could explain the importance of supporting people who used services to make decisions. Where people who used services lacked capacity the need for decisions to be made in their best interests was understood.

Good

Are services caring?

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

Summary of findings

We rated caring as good because:

- We observed that staff spoke to people who used services and carers in a caring and respectful manner. All the people who used services that we spoke with told us they had been treated with compassion and respect.
- Staff showed a good understanding of individual needs and did their best to meet them.
- There was good access to advocacy and all staff knew how to access this.
- Families and carers were listened to and supported by staff.

However:

- People who used services were not routinely involved in formulating their care plans

Our findings

Kindness, dignity, respect and compassion

- Staff were observed in all locations to be interacting with people who used services and their carers in a respectful, compassionate and caring way. On community visits staff were observed providing practical advice to both people who used services and where appropriate their carers. Staff actively listened and provided emotional support.
- People who used services consistently told us they were happy with the care they had received. They described staff as being caring and felt valued and listened to.
- Staff took account of people who used services individual needs when planning packages of care. They had put into place access to hairdressers and home visits with the consultant as examples of this.
- Staff understood confidentiality and could explain how this was applied to their role.

The involvement of people in the care they receive

- There were information leaflets available and staff clearly understood how to access leaflets in other languages if they required them. The service was planning to develop new leaflets following the management of change.
- Access to advocacy was in place and all staff knew how to signpost people who used services to advocacy services.
- People who used services were able to give feedback on the care they had received using the patient experience questionnaire.
- Observations were made at all locations of staff involving people who used services and their carers in planning care. This was not always reflected in the care plans or care records. People who used services were not routinely invited to their CPA reviews as these were normally carried out in multi-disciplinary meetings.
- People who used services were not involved in the recruitment process.

Are services responsive to people's needs?

Good

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

Summary of findings

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

We rated responsive as good because:

- There were key performance indicators (KPIs) in place for referral to assessment. Most areas of the service met these. Where the KPIs were not being met measures had been put in place to address this.
- The duty worker system meant that a member of the team was always available within 9-5 hours to respond to urgent referrals and telephone calls.
- There was access to interpreters and signers and staff were aware of how to access this.
- The service had developed teams to respond to the changing mental health needs of people who used services.
- Staff knew how to respond to complaints appropriately.

Our findings

Access, discharge and transfer

- Targets were set for time from referral to assessment and assessment to treatment. Most teams within the service were meeting these, two of the community mental health teams were not.
- There was a duty system in place which enabled urgent referrals to be seen within 24hours. They were usually seen the same day.
- Staff were observed responding to telephone calls from people who used services in a timely and compassionate manner across all locations we visited. There were examples of staff working in flexible ways in order to engage with people who may otherwise have not done so. Carers told us of occasions when staff had worked hard to engage their relative in services.
- All staff could clearly describe the teams' admission criteria and were clear about signposting people to more appropriate services if they were not an appropriate referral. Staff demonstrated a flexible attitude if they felt the service could offer a treatment package the individual would benefit from.
- During the visit we observed a member of staff cancelling appointments due to staff sickness. People who used services were spoken to in a polite manner, the situation was explained and an apology given. The member of staff enquired about their wellbeing and offered telephone support as appropriate. People who used services were told they would be contacted with a further appointment when the keyworker returned as this was not expected to be a long term absence.
- The service had developed teams to meet the needs of specific groups of people who used services. The care home in-reach team had been developed to support care homes in managing the changing needs of people who used services and to try and prevent the breakdown of placements. The integrated care team had been developed to work with those with a long term physical health issue and newly diagnosed mental health issue in order to address this within primary care where possible.

The facilities promote recovery, dignity and confidentiality

- Most of the service was home treatment based. However the memory clinic and psychiatrists saw people at some of the locations. Locations where people who used services were seen were clean with appropriate seating and were well maintained.
- There was information displayed on support groups, voluntary sector services and how to make a complaint or contact PALs in the waiting areas.

Meeting the needs of all people who use the service

- There was access to interpreter and signing services and staff were aware of how to access this.
- In the locations where people who used services were seen there was appropriate disabled access.

Listening to and learning from concerns and complaints

- People who used services and their carers that we spoke with knew how to complain.
- Staff had a good knowledge of the complaints process and knew how to respond to someone wishing to make a complaint.
- There had been no recent complaints.

Are services well-led?

Good

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

Summary of findings

We rated well-led as good because:

- Staff knew the organisations values.
- Staff were up to date with mandatory training and received regular supervision and appraisal.
- Incidents were reported and lessons learnt were shared with the team.
- Staff knew how to whistle blow if necessary. There were opportunities for development within the service.
- Teams worked well together and told us they found team leaders approachable and supportive.

However:

- Staff morale however was low in most teams. This was attributed to the management of change process and the outside organisation that was undertaking a study of productivity.

Our findings

Vision and values

- Staff understood and shared the organisation's values. Staff described them as being essential skills in order to care for people well.
- Staff knew who the chief executive was and they were aware of visits from senior managers in some areas of the service.

Good governance

- There were clear arrangements for supervision and appraisal. Staff received supervision on a regular basis.
- Mandatory training was available and compliance was monitored effectively.
- Incidents were reported in a timely manner. There were clear pathways in place for learning from incidents. These included a clear cascading of information from senior managers to team level meetings. There was evidence of this in band 7 meeting minutes and within team meeting minutes.
- There were good safeguarding procedures in place and staff had followed these when appropriate.
- There was a good knowledge of the MHA and MCA within the teams. The assessment of capacity and consent to treatment was not routinely recorded in case notes.
- There was use of key performance indicators (KPIs) with regard to waiting list times. These were available in an accessible format. Where issues with these had been identified they had been escalated appropriately. Actions had been taken to address these issues.
- Team leaders showed strong leadership and they were given sufficient authority to allow them to do this. There was appropriate administrative support in most areas. The integrated care team had no administrative support. The nurses within that team did their own administration.
- There was evidence of community matrons submitting items of concern to the trust risk register.

Leadership, morale and staff engagement

- There were no current cases of bullying or harassment.
- Staff were aware of the whistleblowing policy and knew how to use it. Staff told us they would raise concerns if they had them.
- There were good opportunities for leadership development. Leadership courses were available to team leaders and there were links with local universities for degree pathways.
- Staff were supportive of each other and worked together well in order to provide care.
- Staff did not feel involved in the management of change and didn't feel they could influence service development.
- Staff spoke of low morale and feeling disempowered. The service was undergoing management of change and an outside organisation had been bought in to look at activity within the teams. Staff told us they had not felt involved in the management of change and they had felt devalued as a result.

Commitment to quality improvement and innovation

Are services well-led?

Good

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

- Community matrons spoke of their plans to introduce enriched models of care and there was a pilot scheme underway to explore alternative ways of triaging referrals to the memory service in order to provide a more efficient service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Regulations 18 HSCA 2008 (Regulated activities) Regulations 2010** **Consent to care and treatment** The trust did not make appropriate arrangements to ensure the consent to care and treatment of all services users**.** · Not all patients had recorded assessments of capacity. · Procedures required under the Mental Capacity Act were not always followed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 now Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.