CareQuality Commission

Good 🟢

Somerset Partnership NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

Tel: 01278 432000
Website: www.sompar.nhs,uk

Date of inspection visit: To Be Confirmed
Date of publication: 01/06/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RH5AA	Trust HQ (Mallard Court)	Taunton Adult CMHT	TA2 7PQ
RH5AA	Trust HQ (Mallard Court)	South Somerset Adult CMHT	BA20 2BN
RH5Y4	Minehead Community Hospital	The Barnfield Unit CMHT	TA24 6DF
RH5Y7	Priory Health Park	Mendip Adult CMHT	BA5 1TH
RH5AA	Trust HQ (Mallard Court)	Bridgwater Adult CMHT	TA6 5AT

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Good	🟢
Are services safe?	**Good**	🟢
Are services effective?	**Good**	🟢
Are services caring?	**Good**	🟢
Are services responsive?	**Good**	🟢
Are services well-led?	**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 Somerset Partnership Foundation Trust as good because

- During this most recent inspection, we found that the service had addressed the issues that had caused us to rate safe responsive and well led as requires improvement following the 2015 inspection. We found at the previous inspection in 2015 that there had been issues with the management of patients on the waiting list for allocation of a care coordinator. This had resulted in a breach of a regulation resulting in a requirement notice. By the time we revisited in March 2017, four of the five sites had made improvements to how staff managed waiting lists. At the Mendip site there had been continuing issues that the trust had identified and responded to with a temporary change of management. We found that there was a positive air within the service despite there being an extended period of change over the past year with more change proposed through the review of the community mental health service.

- The service had some excellent areas of practice particularly at the wellbeing clinic at the Taunton site. The management of the clozapine blood clinic at the Taunton site used pharmacy technicians, which meant that staff could administer medication without patients having to wait for an extended amount of time.

- Staff were risk aware and had worked with patients to assess risk, create crisis plans and to plan care that was meaningful to them. There were practices in place to protect patients from abuse with the staff being knowledgeable of the safeguarding policy and process within the trust. There was a safeguarding lead in place to provide staff with support when they needed to escalate a safeguarding incident. Staff had use of an electronic incident reporting system to escalate incidents that occurred within the service. We found that there was a positive approach to incident reporting and that when there were serious incidents the trusts' investigations were effective and lessons learnt were cascaded amongst the staff.

- Staff comprehensively assessed patients on first contact. We observed assessments and found that

staff were caring and treated patients with respect within the assessments. Assessments covered a number of areas to do with the patient's life and were holistic in their nature. Staff followed national guidance to inform their practice. Staff provided both therapies and medicines according to National Institute for Health and Care Excellence (NICE) guidance. Staff recorded outcomes and used nationally recognised rating scales in order gauge the severity of a particular condition.

- Staff used supervision to review their caseloads and get support from their line managers and we found that there was good interagency working within the teams. Staff supported each other and used the different skills within the team to inform their practice, for example a joint assessment of a patient with a suspected eating disorder.

- We reviewed Mental Health Act paperwork and found that staff completed it in line with guidance. Staff had completed capacity assessments when appropriate.

- We observed episodes of care that showed how staff worked with patients to create a plan of care. Staff worked with patients to look at options around areas such as work and housing. They treated patients with dignity and respect in their interactions.

- Care coordinators within the service assessed patients within the set referral to assessment time of six weeks. There were arrangements in place for when staff needed to see a patient more urgently. Managers determined the size of the caseload that staff carried and ensured that these were consistent across the service according to the hours that each staff member worked. Staff demonstrated how they followed up patients that did not attend their appointments. We reviewed the environment at all of the community sites and we found that there was good access for patients with a physical disability. There were also examples of how staff worked with patients that did not speak English. There was a clear complaints process in place and we found that staff responded to complaints within the team as well as directing patients to the trusts patient advice and liaison service (PALS).

Summary of findings

- Staff were aware of the values set by the trust. We heard of positive change made to the trust from the appointment of a new chief executive, he was responsive to staff emails. There was generally good local leadership and local management were able to show how they had responded to the requirement notice from the previous inspection. Managers within the service were visible and supportive to staff. Managers demonstrated how they used the risk register to escalate issues, for example, the clinic room at the Taunton site was not fit for purpose so was placed on the risk register to initiate a change. Staff were aware of how to raise concerns within the trust and felt confident in using the whistleblowing policy as well as raising concerns locally.

However:

- The environment at the Yeovil site appeared tired and in need of updating. There was no local log of complaints made to the community mental health teams. While there was a record of formal complaints, there was no oversight and recording of informal complaints, this meant that managers did not have a record of potential trends. Staff told us that the extended period of change that they had experienced through the changes to the social worker provision had affected the morale of the teams.

Summary of findings

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

Are services safe?

Good 🟢

We re-rated safe as good because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the 2015 inspection. Staff used the risk assessment tool to assess risks of patients in treatment, staff then completed risk management plans and crisis plans in order to manage risks further. Staff managed the risks of patients on the waiting list safely. Staff had good knowledge of safeguarding processes and practice.
- Caseload sizes were set between 25 and 30 and staff reviewed them regularly. Staffing issues were mitigated through the use of bank and agency staff.
- Staff undertook mandatory training relevant to their role.
- Staff adhered to lone working protocols and there was access to alarms for staff to use when meeting patients on site.
- Staff were aware of the incident reporting procedures. Learning and feedback from incidents was cascaded throughout the teams.

However:

- The environment at Yeovil appeared tired and in need of updating.
- The clinic rooms at two of the sites were on the risk register due to not being fit for purpose.

Are services effective?

Good 🟢

We rated effective as good because:

- Staff undertook a comprehensive assessment of needs. Assessments were holistic and helped identify treatment and formulation of a care plan. Care plans were comprehensive and well written.
- Staff followed best practice guidance for providing psychological therapies and when prescribing medication. The teams gave support for housing and finances as well as mental health problems. Severity and outcomes were recorded using recognised tools.
- Staff were skilled and qualified for the role. Specialist training was available. Staff told us that they received regular supervision.

Summary of findings

- The service provided regular meetings for staff to discuss clinical issues in order to gain support and share thinking around patients treatment. The teams worked collaboratively with other services within the trust and with external services.

- Staff adhered to Mental Health Act and Mental Capacity Act processes.

However:

- There were gaps in the recording of supervision so there was not always a record of staff supervision sessions.

Are services caring?

Good ●

We rated caring as good because:

- Staff treated patients with dignity and respect. We observed staff and found them to be caring in their interactions. Staff understood individual needs of patients.
- Patients reported that the care was excellent and that they were able to access support from their care coordinator quickly.
- Patients and their carers were actively involved in the care provided. Staff offered all carers an assessment and support. Advocacy was available when required.

- Patients and their carers had been involved in the interview process when the trust was recruiting new staff. Managers collected patient feedback.

Are services responsive to people's needs?

Good ●

We re-rated responsive as good because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the 2015 inspection. Staff were meeting referral to assessment times. Patients referred as urgent were being triaged and seen before the end of the week that they were referred to the service. Staff offered a daily support line for patients and referrers to call for advice and support.
- The service had clear criteria for access to the service.
- Patients that were reluctant to engage and those that did not attend appointments staff proactively followed up according to their risks. Staff put extra support in place when needed.

- There were a range of therapy and treatment rooms available; these were adequately soundproofed. Information related to patient care was available and displayed at each site.

Summary of findings

- Sites had adaptations to allow easy access for disabled patients. Information was available in different languages; staff had use of an interpretation service for patients who had difficulty speaking English.

- The trust investigated complaints and learning was fed back to staff.

However:

- Demand on the service had meant that there were capacity issues that created lengthy waiting lists for psychological therapies and care coordination. While risks of the waiting list were mitigated there remained patients on there that had waited a considerable amount of time for care coordinator allocation.
- There was no recording of informal complaints that were resolved locally.

Are services well-led?
We re-rated well-led as good because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the 2015 inspection.
- The new chief executive had made a positive impact on the service. Managers were visible and supportive of the staff.
- There were governance systems in place to ensure staff received regular training and were appraised. Staff reported incidents and then received feedback following investigation. There was a system in place to escalate safeguarding alerts with support from a safeguarding lead.
- Managers ensured that patients on the care programme approach (CPA) were reviewed periodically by providing dates of review to staff.
- The positive leadership within the service had ensured that managers had addressed issues with the waiting list identified at the last inspection..

- Teams used the trust's risk register appropriately to escalate risk issues within the service.

- Managers allowed staff protected time to review their caseloads and to provide input on the upcoming change to the community mental health service.

- Staff were aware of the whistleblowing process and felt confident in escalating issues without fear of victimisation. There was good peer support and teamwork.

However:

Good ⬤

Summary of findings

- Sickness levels at Taunton had affected the morale of the team and the pressure on workloads.
- There was poor oversight of the supervision process with gaps in the recording of supervision. There was no recording of informal resolution to complaints.

Summary of findings

Information about the service

Somerset Partnership NHS Foundation Trust provided community mental health care for adults of working ages from five different sites throughout the county at Taunton, Minehead, Bridgewater, Wells and Yeovil.

The community teams received approximately 500 referrals per month to provide support to people in the community for a range of mental health problems through care coordination and talking therapy. The service had gone through a period of transition over recent months with the local authority no longer providing social workers as part of the teams.

Our inspection team

Our inspection team was led by

Team Leader: Gary Risdale, Inspection Manager (Mental Health), Care Quality Commission

The team that inspected this core service comprised two CQC inspectors, one inspection manager, one assistant inspector and two specialist advisors with experience in working in community based mental health services for adults of working age.

Why we carried out this inspection

We undertook this inspection to find out whether Somerset Partnership NHS Foundation Trust had made improvements to their community based mental health services for adults of working age since our last comprehensive inspection of the trust in September 2015.

When we last inspected the trust in September 2015, we rated community based mental health services for adults of working age as requires improvement overall.

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

Following the September 2015 inspection, we told the trust it must take the following action to improve community based mental health services for adults of working age.

- The trust must take action to further mitigate the risks of the 120 patients waiting the allocation of a care coordinator.

This related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12 Safe care and treatment

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Spoke with six managers within the service

Summary of findings

- interviewed 11 members of staff including care coordinators, lead nurses, occupational therapists and admins staff
- interviewed two consultant psychiatrists
- spoke with two carers of people using the service
- gained feedback from six patients
- reviewed 36 sets of care records including care plans risk assessments and mental health act documentation
- observed five episodes of care
- visited and checked the environment of the five community teams
- reviewed the management of medicines
- looked at a range of policies, procedures and documents related to the running of the services
- observed a physical health clinic taking place.

What people who use the provider's services say

Patients told us that the care they received was excellent. The staff were responsive, caring and there was always someone there when they phoned in. Services users told us that staff treated them with dignity and respect and that they felt they were being listened to.

Good practice

- Staff at Taunton, Yeovil and Mendip had started up a wellbeing clinic for the monitoring of patients' physical health and to provide a drop in service for patients' depot medication. Staff monitored patients who had started antipsychotic medication and completed tests in line with NICE guidance on psychosis and schizophrenia in adults and young people. To monitor the side effects of the antipsychotics staff used the Glasgow Antipsychotic Side Effect Scale. Staff said that they would welcome any new referrals into the wellbeing clinic if they felt they needed a physical check. Staff used a room on the Taunton site that had the appropriate physical monitoring equipment and health lifestyle information. Staff told us that they had helped people stop smoking and used health promotion to encourage healthier lifestyles. There had been an incident with a patient at the wellbeing clinic that had meant staff needing to transfer him to local hospital for chest pains, staff at the clinic had uncovered a serious health condition in that particular patient. Since the start of the clinic, they had offered 756 appointments with 552 appointments attended. The wellbeing clinic had won two trust recognition awards and the managers were looking at options on how they could expand the clinic across the trust.

- Staff at the clozapine clinic at the Taunton site were able to test blood on site to ensure that there was a quick result in order to confirm that patients could be dispensed further medication. The pharmacy technician working at the site was able to dispense medication promptly when the blood test result had been confirmed.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that informal complaints within the service are recorded.

- The provider should ensure that supervision is recorded in order to evidence that staff receive regular supervision.

Somerset Partnership NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Taunton Adult CMHT	Trust HQ (Mallard Court)
South Somerset Adult CMHT	Trust HQ (Mallard Court)
The Barnfield Unit CMHT	Minehead Community Hospital
Mendip Adult CMHT	Priory Health Park
Bridgwater Adult CMHT	Trust HQ (Mallard Court)

Mental Health Act responsibilities

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

- Staff had access to the trust's Mental Health Act administrator for support with the mental health act.

- Staff were trained in Mental Health Act. This was a part of an e-learning package that included the Mental Capacity Act and safeguarding training. Staff were in the process of receiving new training being rolled out by the trust; the compliance rate for this training was therefore low at 58%. The trust had not completed any audits of compliance with the mental health act.

- Staff sought consent to treatment and capacity and recorded it in the paperwork we reviewed on the electronic care records.

- There were 23 patients throughout the trust on a community treatment order (CTO). We reviewed paperwork for the patients on a CTO and found that the

Detailed findings

sample we selected were in order. Staff read patients their rights regularly and staff completed care plans relating to their treatment and restrictions on a CTO. For example, care plans required a patient to attend for administration of medication as part of their treatment in the community.

- Patients on a community treatment order were able to access independent mental health advocacy support. Leaflets were available in each of the community team buildings.

Mental Capacity Act and Deprivation of Liberty Safeguards

The trust held a policy related to the five statutory principles of the Mental Capacity Act. Staff showed a good understanding of the five principles and it was clear that capacity was considered in practice but only when there were doubts of an individual's capacity.

71% of staff had received training in the Mental Capacity Act, the trust target was 95%.

Are services safe?

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

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

Our findings

Safe and clean environment

- Staff were able to call for assistance using both personal and wall mounted alarms. The Yeovil based team had alarms fitted to the rooms but were in the process of transferring to a pinpoint personal alarm system. Staff utilised personal alarms at the sites with no room alarm when they were in one to one appointments with patients.

- Staff at each site had use of a clinic room to store medicines and to undertake physical checks of patients. There was appropriate equipment in the clinic rooms so staff could monitor patient's physical health. Staff demonstrated how they adhered to infection control principles when taking blood. Staff at the Taunton service were able to utilise a site close to their main base to provide patients with a weekly wellbeing clinic that monitored physical health and provided patients a place to receive their injectable medication. Sites we visited held emergency medical equipment and the safe means to dispose of clinical waste.

- The trust had placed two of the clinic rooms on the risk register due to their size, staff told us that they were not fit for purpose but that they managed as best they could. An interim measure had been put in place by making the most of the limited space. Managers were looking at alternative options at the sites. While there was limited space in the clinic rooms we found that they were acceptable for the interim period before a solution could be found.

- Four of the five sites visited appeared clean and well maintained. However, the Yeovil site appeared tired and in need of redecoration. Staff told us that there was a plan to bring more teams onto the site and that some of the site was being redecorated but there was not a plan in place as of yet to do the whole building. The manager had put a request in for more money to redecorate. We found that staff were not proud to bring patients onto the Yeovil site because of the interior. The trust had employed cleaners on each site; the cleaning schedules showed the areas were regularly cleaned.

- The trust completed yearly risk assessments of the environment in order to identify any issues or risks with the physical environment that needed to be addressed.

- Equipment at the site appeared clean and well maintained. For example, we inspected the clinic rooms and found that portable electronic appliance testing had been conducted on machines that tested blood for patients taking the medication Clozapine. Maintenance staff had undertaken portable appliance testing on each of the sites we inspected. However, we found that at two of the sites there was poor recording of fridge temperatures.

Safe staffing

- The five community sites we visited employed 99 whole time equivalent staff. There were 52 whole time equivalent qualified nurses employed with an average vacancy rate of 6%. There were 17 nursing assistants with an average vacancy rate of 5% over the previous 12 months. There was a total average vacancy rate of 14% overall for the previous 12 months.

- The highest sickness rate within the service was at the Mendip site but we found that six whole time equivalent staff were unavailable to work at the Taunton site due to sickness. The Taunton manager had escalated through appropriate use of the risk register. Managers had recorded increased pressure on staff and reduced ability to allocate patients. Managers put in control measures such as employing bank and agency staff and reviewing caseloads to ease the pressure as well as putting in supportive measures to staff that were off sick. The highest sickness rate was at the Mendip team at 12.4% over the 12 months reported.

- Caseloads varied between care coordinators, with a suggested caseload of between 25-30 patients per whole time equivalent in line with the trusts operational procedure for the teams. Staff told us that the team managers considered complexity of patient's needs and the complexity of staff caseloads allocating patients. This ensured that staff had comparably manageable caseloads. Staff used the supervision process to review and manage their caseloads. There were 1828 patients allocated to staff.

Are services safe?

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

- Staff used the buddy system to ensure there was cover in the event of annual leave and sickness. This meant that a patient was able to access a named worker for support should they require it. Managers stated that they would reallocate patients would be to other staff in the event of a post becoming vacant. Bank workers were utilised to cover long-term staff shortages. There were 353 shifts covered by bank staff and 121 that were covered by agency staff.

- Psychiatric cover was provided for each site. Staff told us that there was always swift medical access when required.

- Staff received mandatory training relevant to their role. The overall total for mandatory training was 91% over the previous 12 months.

Assessing and managing risk to patients and staff

- Staff assessed the risks of every individual accessing the service from first assessment. There was a comprehensive assessment of risk in the initial assessment tool; staff then transferred this information onto the electronic care records. Staff regularly updated risks when there was a change in risk or after one to one meetings. Staff reviewed risks a minimum of once yearly at the annual care programme approach meeting.

- Staff completed crisis plans with all patients; these advised both the patient and the staff members on how to respond in the event of a crisis. Staff told us that when a patient went into crisis it was easy for them to refer out for extra support from the crisis team. The crisis team were then able to enhance the levels of support available to the patient in order to try to prevent a potential admission to hospital.

- Staff placed patients awaiting allocation of a care coordinator on an internal waiting list. There were 241 patients awaiting allocation of a care coordinator across the five sites. The largest waiting list was held at the Mendip team with a total of 86 unallocated patients. Managers from within the service were responsible for monitoring risk on the waiting list. During the previous inspection there were concerns raised about the management of the waiting lists with staff unaware of the amount of patients awaiting allocation. We issued a requirement notice in relation to this. We found on this inspection that there was a robust management of the waiting list. The clinical commissioning group (CCG) had

agreed that the trust created a waiting list management plan for each team. While there was variation in the way the teams managed the waiting list, we found that in four of the five teams there was a risk-based approach to the management of patients awaiting treatment. Staff assessed patients for risk using a caseload-zoning tool to pinpoint who was a priority for allocation. Staff had ensured that patients were aware of whom to contact if they required support. There was oversight of the list and frequent contact from the services to monitor each patient for risk. Due to one of the sites continuing to have issues with management of the waiting list the trust had responded by providing additional management support to the Mendip service. This had ensured that the issues were addressed and patients risks were managed more effectively.

- We reviewed records of patients on the waiting list. Staff had clearly documented communication with the patients around the length of the waiting list. The multidisciplinary team regularly reviewed complex patients on the list and managers were able to show how they reprioritised patients with increasing risks or needs.

- Staff received regular training in safeguarding adults and children from abuse. There were 114 safeguarding referrals in the period between 1st January 2016 and the 31st December 2016. The trust had appointed a safeguarding lead and staff demonstrated that they contacted the safeguarding lead in the event of a safeguarding alert.

- The trust provided staff with a lone working protocol to follow to ensure their safety when working alone with patients. Each site demonstrated how they tracked and ensured the safety of staff working alone in the community. The protocol included a code word for staff to use in the event of requiring urgent assistance. Staff told us that they were often contacted when out in the community, this provided them with the reassurance that they were safe when working away from their base. Staff advised that initial assessments, or visits where risks were clearly identified, were undertaken with two members of staff.

Track record on safety

- The trust had 49 serious incidents reported, 16 of these related to the community mental health teams.

Are services safe?

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

• Serious incidents were investigated thoroughly with recommendations for practice and duty of candour being fulfilled. For example staff had fed back a review of a self-harm incident to both family and community teams that included learning points. Staff had reviewed patients attending the clozapine clinic because of this incident to ensure there was up to date risk information recorded in the electronic record system and that regular medical reviews were undertaken.

Reporting incidents and learning from when things go wrong

• Staff demonstrated that there were aware of what incidents required reporting. Staff utilised an electronic reporting system to report incidents. Incidents reported then went through to managers for investigation and sign off. Staff told us that for every incident that they reported they received feedback from managers.

• Staff received feedback from incidents through staff meetings. A best practice group reviewed incidents before team manager's cascaded learning locally through team meetings. We reviewed team meeting minutes and found there to be learning shared as part of the agenda.

• Staff explained that they held de-briefs following serious incidents.

• Staff were generally aware of the duty of candour that obliged them to be open with patients in the event of an incident.

Are services effective?

Good ●

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

Our findings

Assessment of needs and planning of care

- Staff undertook a comprehensive assessment of patients accepted referrals. Comprehensive assessments were holistic in their nature by concentrating on a wide range of areas of a patient's life For example presenting condition, goals, support network including family and friends, personal history and physical and mental health issues. We reviewed 36 patients care records and found that all contained a holistic assessment of needs. There was consideration for the patient's expectations and choice of treatment.

- Staff tailored care plans according to need. Staff demonstrated how they used the electronic record system to store care plans. We reviewed records for a variety of different presenting issues and found that care plans were complete and holistic. For example, care plans for a patient with a personality disorder included a comprehensive well-written care plan that incorporated a team approach to the care with clear boundaries and a clear crisis plan. We found that there were plans to manage patients that often did not attend their appointments.

- The trust provided staff with an electronic care record system in order for staff to store information related to patient care. Staff had laptops to upload documentation away from their main base and to adjust care plans with patients.

Best practice in treatment and care

- Staff used National Institute of Health and Care Excellence (NICE) guidance to inform their practice. Staff explained how they used care pathways recommended by NICE to help patients access recommended therapies and medications. For example, medical staff referred to NICE guidance when prescribing for certain disorders such as schizophrenia and bipolar disorder. Staff had the option of referring patients accessing therapy to the psychiatrist for medication if needed. Staff accessed NICE guidance on the trusts intranet.

- Staff offered a range of therapies recommended by NICE. Therapies included cognitive behavioural therapy, cognitive analytical therapy, eye movement desensitization and reprocessing, family therapy, art

therapy and psychodynamic therapy. We found that some staff were trained in guided formulation that allowed patients to be supported in creating their life story in order to look back on their history. Staff used therapies in conjunction with care coordinator support and medication when required.

- The trust employed a dedicated worker to support patients with their employment needs. We observed an episode of care where staff looked at supporting a patient with options around voluntary work to gain work experience. Staff supported patients with their benefits when needed.

- Staff assessed the physical health care of all patients as the initial assessment. We found there to be a good comprehensive assessment when observing assessment slots. However, there was inconsistencies recording this information in the electronic care records, which made it unclear as to whether staff had completed an assessment.

- Staff at Taunton had started up a wellbeing clinic for the monitoring of patients' physical health and to provide a drop in service for patients' depots medication. Staff monitored patients who had started antipsychotic medication and completed tests in line with NICE guidance on psychosis and schizophrenia in adults and young people. To monitor the side effects of the antipsychotics staff used the Glasgow Antipsychotic Side Effect Scale. Staff said that they would welcome any new referrals into the wellbeing clinic if they felt they needed a physical check. Staff used a room on the Taunton site that was well stocked with physical monitoring equipment and health lifestyle information. Staff told us that they had helped people stop smoking and used health promotion to encourage healthier lifestyles. There had been an incident with a patient at the wellbeing clinic that had meant staff needing to transfer him to local hospital for chest pains, staff at the clinic had uncovered a serious health condition in that particular patient. Since the start of the clinic, they had offered 756 appointments with 552 appointments attended. The wellbeing clinic had won two trust recognition awards and the managers were looking at options on how they could expand the clinic across the trust.

- Staff at the clozapine clinic at the Taunton site were able to test blood on site to ensure that there was a quick

Are services effective?

Good 🟢

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

result in order to confirm that patients could be dispensed further medication. The pharmacy technician working at the site was able to dispense medication promptly when the blood test result had been confirmed.

- Staff used rating scales to help record severity and outcomes. For example staff used Health of the Nation Outcome Scales (HONOS) to record outcomes. HoNOS was developed during the early 90s by the Royal College of Psychiatrists as a measure of the health and social functioning of people with severe mental illness. Staff demonstrated how they used mind self-help packs and a self-help website in order to empower people to facilitate elements of their own recovery. Staff used the generalised anxiety disorder assessment, Patient Health Questionnaire-9 in order to measure depression and the Global Assessment of Functioning to rate the social, occupational, and psychological functioning of an individual. Staff used the trusts community mental health team zoning tool to rate the risk of patients to ensure patients came under the correct team in the five tiers for example to show that a patients risks required crisis resolution team rather than a community mental health team.

- Auditing was undertaken by the trust's own audit team. Staff told us that they did little auditing themselves. A recent audit of alcohol dependence and harmful alcohol use had identified that staff needed a training programme to skill them in asking about harmful drug and alcohol use, know how to identify risks and to conduct screening assessments. Managers undertook audits to show the completion of risk screening and the compliance to the yearly CPA review. Managers used the supervision process to share this information with staff.

Skilled staff to deliver care

- There were a range of disciplines that made up the community mental health teams including, nurses, psychiatrists, occupational therapists, psychologists and social workers. There was a psychologist with a specialist in dual diagnosis, a lead nurse for eating disorders and a lead nurse for substance misuse.

- Staff were experienced and qualified for the role. Staff told us that they received mandatory training but that there was specialist training available to them. For example, staff used cognitive behavioural therapy

techniques they had learnt through specialist training in order to work with patients while they waited for therapy. However, some staff we spoke with felt that they were too busy to be able to take advantage of specialist training.

- Staff received appropriate induction into the service on commencement of their employment.

- Staff stated they received appropriate supervision and 97% of staff had received an appraisal. We reviewed supervision records at the sites and found that managers addressed personal health, wellbeing and workloads in supervision. However, it was not always clear from the documentation that everyone received regular periodic supervision. There was no central log kept to ensure that staff were up to date with supervision and there were gaps in supervision files.

- There were no issues around poor performance that managers needed to address at the time of the inspection. However, managers addressed performance issues through the supervision process.

Multi-disciplinary and inter-agency team work

- Staff held regular and effective multi-disciplinary team meetings. Staff met to discuss clinical issues related to patient care and treatment, to review the waiting list, discuss new assessments, and review safeguarding concerns and discharge and transfer of patients. We found issues such as increased risk shared within the team with outcomes recorded in meeting minutes. For example, due to increased risks with a patient the team had made a decision to home visit in pairs and update the risk assessment to ensure risks were documented.

- Staff worked predominantly 9am to 5pm through the working week so there was no regular shift-to-shift handover within the team. However, staff felt that the meetings gave them the opportunity to share information with the wider team. Staff reported that referral and handover to the crisis team was simple and effective.

- We saw the teams worked effectively and collaboratively to plan and develop appropriate interventions with other health and social care providers. We observed appropriate sharing of information to ensure continuity and safety of care across teams, including involvement of external agencies. However staff felt that links with

Are services effective?

Good 🟢

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

social services had deteriorated since the removal of social workers from the health team by the local authority. Staff reported there was increasing difficulty with getting patients mental health social care support. The Service was still going through the process of handing patients over; many not clearly fitting either a health or social care model, staff had put some patients on the waiting list for social care input.

Adherence to the MHA and the MHA Code of Practice

- Staff had access to the trust's Mental Health Act administrator for support with the mental health act.

- Staff were trained in Mental Health Act, this was a part of an e-learning package that included the Mental Capacity Act and safeguarding training. Staff were in the process of receiving new training being rolled out by the trust; the compliance rate for this training was therefore low at 58%. The trust had not completed any audits of compliance with the mental health act.

- Staff sought consent to treatment and capacity and recorded it in the paperwork we reviewed on the electronic care records.

- There were 23 patients throughout the trust on a community treatment order (CTO). We reviewed paperwork for the patients on a CTO and found that the sample we selected were in order. Staff read patients their rights regularly and staff completed care plans relating to their treatment and restrictions on a CTO. For example, care plans required a patient to attend for administration of medication as part of their treatment in the community.

- Patients on a community treatment order were able to access independent mental health advocacy support. Leaflets were available in each of the community team buildings.

Good practice in applying the MCA

- The trust held a policy related to the five statutory principles of the Mental Capacity Act. Staff showed a good understanding of the five principles and it was clear that capacity was considered in practice but only when there were doubts of an individual's capacity.

- 71% of staff had received training in the Mental Capacity Act, the trust target was 95%.

Are services caring?

Good 🟢

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

Our findings

Kindness, dignity, respect and support

- Staff treated patients with dignity and respect. We observed staffs interactions with patients and staff spoke to them in a caring, empathic way and provided both practical and emotional support. Staff were knowledgeable about mental health care and the treatments available to patients and were clear in communicating this. Patients received support around areas such as housing and finance.

- Patient feedback was highly positive of staff and they said that the care was excellent. They were able to access support from their care coordinator or a psychiatrist quickly. We heard that staff always returned their calls and that they were signposted to external services for additional support when needed. For example, the local substance misuse service.

- Staff spoke about patients in a kind way, but in a way that made it clear they understood individual needs and what the plan of care was. Patients stated that they felt reassured by the service as the staff understood their needs and that there was always someone there for support.

- Staff maintained confidentiality of services users and gained their consent to share information.

The involvement of people in the care they receive

- Staff actively involved patients in their care. Staff offered treatment choices from first assessments and we saw evidence of how the patients' situation shaped appointments. For example, we saw staff supporting with issues relating to money and working that had occurred between appointments. Patients received a copy of their care plans when they wanted, although not all wanted to have a copy. Staff updated care plans in the patients' presence when possible and ensured that services users had an informed choice. Each patient received a yearly care programme approach (CPA) review; the care coordinator led this but involved patients and focussed on their needs. Staff said they needed to make sure patients understood their treatment.

- The trust offered all carers of patients a carers' assessment at first contact. Families were considered as part of the initial assessment and staff were able to offer support through carers groups within the trust.

- Staff referred patients to advocacy when required. The teams had displayed information about the local advocacy service the community team buildings.

- The patient group involved patients in decision within the community mental health team. For example, in Minehead there were both a carer and a patient chosen for interview panels.

- Staff used the friends and family test for patients but there were issues with the reporting of this external to the trust with data not recorded effectively. The teams collected feedback from comment boxes placed in the reception areas. Managers collected this information periodically to gain insight into patient experience.

Are services responsive to people's needs?

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

Our findings

Access and discharge

- The target time for patients referred to having an assessment was six weeks, which the teams were meeting. Staff told us that following that there was no set time following assessment and allocation of a care coordinator. Following assessment the teams placed patients on the waiting list for care coordination. Staff told us that due to added pressure on the psychological therapies service there was extra pressure placed on the care coordination waiting list. The Somerset South team had the longest wait for care coordination – at almost one year. There were 12 patients waiting over six months for allocation of a care coordinator. This meant that there were more patients waiting for care coordination and a longer wait for psychological therapies. The mangers had placed this on the risk register and there were regular reviews by both community mental health team managers and talking therapy managers of the waiting lists. As a result of this referrers were given information signposting them to alternative options. However, managers told us that although patients were awaiting allocation of a care coordinator they would contact patients regularly to offer support. Support time and recovery workers were available to provide brief interventions to patients on the waiting list. Patients were allocated care coordinators according to need rather than length of time waiting with the aim of allocating a care coordinator in 8-10 weeks on average. Patients moving between teams were included in the waiting list but still being seen and support by their current care coordinator. For example of the 40 patients on the waiting list for Taunton, 17 of these were being transferred and receiving support from the referring team. Other patients were waiting for IAPT in primary care, which the team continued to monitor until patients had accessed this. There was some geographical variation due to psychology vacancies that were being recruited to. Some of the longest waits were for patients who needed dialectical behaviour therapy, which was provided on an eight month cycle. These patients had input from the personality disorder lead whilst waiting for the program to begin.
- Staff triaged patients referred as urgent over the telephone in order to make a decision about whether the referral was urgent or not. We found that staff were mindful of whether the referral warranted crisis team input or if the individual needed to be seen as urgent by the community mental health team. Staff tried to see urgent referrals within the same week of its receipt.
- Staff provided a daily two-hour support line to offer advice to referrers and enquiries to the service as well as support to patients. The on call duty service that staff had provided throughout the day was stopped when the local authority had removed social workers from the community teams. Staff felt that the current structured two-hour slot worked well for people as they had a set time to phone. Despite the set time, however staff felt they would give their time to talk to patients that phoned in outside of the time.
- The service had clear criteria for which people to offer support. There was a recovery focus that aimed at providing support and movement through the service towards discharge. Staff were able to provide referrals with support based on the set criteria whose scope had been limited following the removal of social care from the team. Staff told us that since the criteria had changed patients had often had two workers where they would previously have had one. This was because they were being supported by two separate teams.
- Patients that were reluctant to engage were provided support by the assertive outreach team who maximised opportunities to engage, however this service was limited to weekdays due to staffing. Although the service had a criteria that would discharge patients who missed two appointments, staff applied this on a risk basis dependent on the patients' needs. There was proactive follow up of patients that did not attend their appointments to ensure that they were managing their risks effectively.
- Staff generally offered appointments in weekday working hours. However, there was scope to offer out of hours' appointments if required. Admin staff were in place to contact patients when appointments were cancelled. Staff offered another appointment at this time.

The facilities promote recovery, comfort, dignity and confidentiality

- In all five of the sites we visited, there was a range of rooms for staff and patients to utilise. These included

Are services responsive to people's needs?

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

therapy rooms for one to one, group rooms, clinic rooms, family therapy suites and areas for physical health care. Yeovil and Taunton bases had art rooms to provide art therapy.

- Interview rooms had adequate sound proofing to maintain confidentiality of patients. Rooms were clearly signed. Staff utilised a booking system to ensure that there was a room available for appointments.

- At each site, we found a variety of information related to patient care. This ranged from information about illness and medication to external services such as those providing domestic violence support and advocacy services.

Meeting the needs of all people who use the service

- All sites visited had adaptations suitable for disabled people to access the service. For example for a patient who used a wheelchair, there were therapy rooms available on the ground floors.

- Information was available in different languages. Staff had access to this over the trust intranet.

- Staff had access to an interpretation service. This ensured that patients who could not speak English were able to access support from the community teams. Staff demonstrated how this worked and successfully completed an assessment using an interpreter.

Listening to and learning from concerns and complaints

- The service had received fifteen complaints in the 12 months prior to the inspection. Two of these were fully upheld and five were partially upheld. They had received 36 compliments over the previous 12 months.

- The teams had displayed information about the patient advice and liaison service at each of the sites and included leaflets for patients to take. Staff explained that they supported patients to complain if they needed to. The operations managers held a log of formal complaints and discussed these regularly with the managers of the service. However, we found that there was no log of informal complaints made to the service, we heard that local resolution was always sought in order to resolve the issue swiftly. As a result of informal complaints not being logged there was no guarantee that trends within the service or staff practice were being monitored.

- The managers used the supervision process to address formal and informal complaints about staff. Managers used team meetings to communicate changes and outcomes from complaints.

- Patients that complained had received a written response from managers investigating the complaint.

Are services well-led?

Good 🟢

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

Our findings

Vision and values

- The new chief executive had brought a new set of values to the trust. While not all staff were able to recall the values there was a positive view of the new chief executive who was visible and responsive. We spoke to staff that had sent an email to escalate an issue of care with one of their patients. Following this email the chief executive had responded swiftly to help address the issue.

Good governance

- There were systems in place to ensure that staff received mandatory training and appraisal. While supervision records were stored securely in personal files there were gaps in the recording of this, which meant that there was not clear evidence to suggest regular supervision, there was no central log to record supervision compliance. However, staff we spoke with stated that they were supervised and supported by their teams.

- Staff were knowledgeable about what constituted an incident and there were clear processes in place to ensure that staff reported and received feedback. We found that there was a regular response to incidents and there were changes made through the serious incident investigations. Staff were well informed of these changes through best practice groups and team meetings.

- There was monitoring in place to ensure that staff kept vital clinical information up to date. The electronic care system was utilised to ensure that risk assessments were up to date and that care programme approach updates were complete. Managers cascaded these to the teams to ensure that they were completed.

- There was good knowledge of safeguarding processes. The safeguarding lead provided central support and a log of safeguarding alerts made by the team. Staff followed Mental Health Act and Mental Capacity Act processes and an administrator was in place to support staff.

- The trust had provided administrative support to the teams and their managers. Managers felt that they had the authority to do their job. Two of the managers in the service were in acting up positions and there was a plan to advertise these posts to secure a full time worker.

- Following the last inspection there had been a requirement notice issued to the trust over the management of the waiting list. The previous inspection found that there had been a large number of patients not assessed for risk when awaiting allocation of a care coordinator. The trust had responded positively and they had fulfilled the requirement notice when we visited on this inspection. The processes put in by the trust ensured that all patients awaiting allocation of a care coordinator had their risks adequately mitigated by the staff. Staff gave information on who to contact to patients if their risks changed.

- The complaints procedure ensured that there was a log and response to complaints made to the trust. Staff and managers referred to the patient advice and liaison service and investigated complaints while ensuring staff received feedback. The lack of recording of informal complaints, however, meant that managers were unable to monitor trends within the service.

- Managers used the trust's risk register positively to register and escalate risks related to the service. Staff told us that they used it to escalate issues with the clinic rooms at two of the sites while managers used it to escalate and register issues related to the running of the service such as waiting list management.

Leadership, morale and staff engagement

- Managers we interviewed showing an in depth knowledge of the running of the service. Staff had been given time off due to forthcoming changes within the community team in order to review patients on their caseloads and to refocus on the new model of community health service beginning in April. This allowed them to give input into the running of the service.

- Staff were provided with a protected time day once per month that was there to help them catch up on admin tasks such as risk assessments and care plan reviews.

- The highest sickness rate was at the Mendip team at 12.4% over the 12 months reported. Sickness had affected the teams workload at the Taunton site with a

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.

sickness rate of 5.7% over the 12 months reported; the increased pressure on the team had affected morale. Morale in the other teams was reportedly good although staff told us that it had been lower previously due to several changes made by the trust and local authority. Due to the local authority removing social workers staff had limited scope to take on extra patients to their caseloads due to the pressure on the capacity of the service.

- The whistleblowing policy was in place for staff to escalate concerns with the service. Staff felt confident in using the policy and felt that they could raise concerns within the trust without fear of victimisation.

- Team working and support was clear within the teams and staff told us that there was always informal support throughout the day from their colleagues and managers. Staff used the buddy system to ensure that there was support for patients at times when they were not at work.

- Staff explained that it was important to be open and honest with patients under their care, even when things go wrong meeting duty of candour requirements.

- Staff were given the opportunity to develop the service and give feedback through the team meetings and best practice group. Staff had progressed physical health care at the Taunton site, there were plans in place for this to be rolled out across the trust.

Commitment to quality improvement and innovation

- Staff recognised the need to commit to quality improvement and ensure best practice. The trust had developed the wellbeing clinic at Taunton to ensure that patients had access to evidence based physical healthcare. This had won two trust recognition awards.