

North Staffordshire Combined Healthcare NHS Trust

Mental health crisis services and health-based places of safety

Quality Report

Trust Headquarters
Bellringer Road
Trentham Lakes South
Stoke-On-Trent
Staffordshire
ST4 8HH
Tel: 01782 441600
Website: www.combined.nhs.uk

Date of inspection visit: 12 - 16 September 2016
Date of publication: 21/02/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RLY88	Harplands Hospital	Section 136 Suite Health Based Place of Safety, Ward one	ST4 6TH
RLY88	Harplands Hospital	Single Point of Access Team	ST4 6TH
RLY88	Harplands Hospital	Home Treatment Team	ST4 6TH
RLY88	Harplands Hospital	Rapid Assessment Interface and Discharge Team	ST4 6TH

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

Summary of findings

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

Where applicable, we have reported on each core service provided by North Staffordshire Combined Healthcare NHS Trust and these are brought together to inform our overall judgement of North Staffordshire Combined Healthcare 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?

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 this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Information about the service	9
Our inspection team	9
Why we carried out this inspection	10
How we carried out this inspection	10
What people who use the provider's services say	11
Good practice	11
Areas for improvement	11

Detailed findings from this inspection

Locations inspected	13
Mental Health Act responsibilities	13
Mental Capacity Act and Deprivation of Liberty Safeguards	13
Findings by our five questions	15
Action we have told the provider to take	25

Summary of findings

Overall summary

We rated mental health crisis services and health-based places of safety as good because:

- During this most recent inspection, we found that the services had addressed the issues that had caused us to rate mental health crisis and health-based places of safety as inadequate following the September 2015 inspection.
- We saw many improvements to the services since our inspection in September 2015. The access and home treatment teams had been brought together and

shared offices at Harplands hospital. This had improved communications between the teams and streamlined some working processes to make them more efficient.

- There had been a number of changes to the management structure since our last inspection. The heads of the access, home treatment and RAID teams had changed. The two heads of that were in post at the time of our inspection had worked closely together to ensure that there was a consistent approach to the level of care offered across the crisis services.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Nursing staffing levels were sufficient with only a small number of vacancies across all teams. This meant that caseloads were of an acceptable level and referral to treatment times were within the Key Performance Indicators (KPIs) set by the trust. The access team and raid team were also compliant with trust KPIs relating to waiting times for initial triage.
- Risk assessments and crisis plans were developed quickly after initial assessment. There was also evidence of ongoing monitoring of risk and support for patients whose condition may have deteriorated
- The service had changed its practice relating to maintaining contact with patients who had not attended appointments. At the time of our inspection, the services had implemented much more robust processes to ensure that contact was made.
- Personal safety protocols for all services we inspected were appropriate to the level of risk and the lone working policy was comprehensive. In cases where there was an elevated level of risk, there was enough staff available to ensure that no one had to manage the risk alone. The RAID team had enough staff available that they could always see patients in pairs.

Good



Are services effective?

We rated effective as good because:

- Weekly audits of medication were undertaken and there was evidence that staff followed national institute for health and care excellence (NICE) guidance. The access team had a nurse prescriber as part of their staff team.
- All four teams we inspected considered the physical healthcare needs of each patient. A physical health assessment was undertaken for every patient.
- Staff appraisal rates were high and there was evidence of individualised staff development plans. Staff were offered a wide range of personal development training. We observed a number of staff handovers and multi-disciplinary meetings during the period of our inspection. The staff were knowledgeable about the patient group and discussions around the care of patients were comprehensive.

However

- There was a combination of electronic and paper recording systems in use at the time of our inspection. This meant that it

Good



Summary of findings

was sometimes difficult for staff to find information. Also, because different services record information in different ways, information on treatments and assessments undertaken by other services was not available.

Are services caring?

We rated caring as good because:

- We observed staff during the period of our inspection and found them to be extremely supportive of the patients they were working with. They were able to build a good working relationship quickly with patients and were very caring and understanding in the approach they took.
- All patients we interviewed were complimentary of the staff that worked with them and stated that they felt that the staff genuinely cared about how they were doing.
- Where possible patients and carers were involved in the development of strategies and care plans.
- We saw two examples of projects that had been undertaken to address identified needs within the teams. The access team had developed an in reach worker who worked with inpatient teams to manage the transition from service to service. We also saw that a qualified nurse had been given support from the management of the crisis teams to develop a service specifically for ex services personnel. The veterans' service had developed quickly and had a caseload of 42 patients at the time of our inspection.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- The trust had set target times for referral to triage/initial assessment for three of the services we inspected. The crisis service was 100% compliant with these targets.
- The access and home treatment teams were both proactive in re-engaging patients who did not attend appointments.
- Patients knew how to give feedback regarding the service and staff were fully aware of how to expedite complaints or compliments

However

- At the time of the inspection, the phone system was not fit for purpose and did not allow for a robust means of tracking call

Good



Summary of findings

times, waiting times or triaging priority calls. However, this issue was remedied following the inspection with the introduction of a new and improved system that was conducive to people's needs.

Are services well-led?

We rated well led as good because:

- All staff we spoke to were aware of the visions and values of the trust and stated that they agreed with them. Team objectives and personal development plans for staff had been developed in line with these.
- Governance structures in the crisis teams were well developed and fit for purpose. Mandatory training, appraisal and clinical audit rates were high.
- There was evidence that, when required, incidents were reported and that learning occurred as a result of these reports.

However

- We found no evidence of participation in national quality improvement groups or programmes.

Good



Summary of findings

Information about the service

The access team is based at Harplands hospital. It is a service that acts as the single point of access for all North Staffordshire Combined Healthcare NHS Trust services. They provide 24/7 cover for all mental health and learning disability services across north Staffordshire and Stoke On Trent. The team consisted of qualified health and social care staff who worked together to provide assessment and advice. The team supported individuals and referrers to get access to the correct services.

The home treatment team was based at Harplands hospital. It provides alternative to hospital admission for adults with acute mental health requirements. The team provides short term intensive support, assessment and treatment to patients in their own homes to improve and maintain mental health. The team consists of qualified nurses, support time and recovery workers and a psychiatrist. The team operates from 8am to midnight seven days a week.

The Rapid Assessment Interface and Discharge (RAID) team is based at the Harplands hospital and the Royal Stoke University hospital. They see and assess patients who present with mental health crisis in the accident and emergency (A&E) department or on the wards in the acute general hospital. Patients that are seen and assessed are referred to primary care (GPs), admitted to the acute hospital, referred to the home treatment team or referred to the community mental health teams. The team consists of mental health nurses. They operate from 7am to 11pm seven days a week.

The health based place of safety (HBPOS) is based on ward one at Harplands hospital. Patients are brought to the place of safety by police officers because they are concerned that the patient had a mental health disorder and should be seen by a mental health professional.

Patients are kept in the HBPOS suite under section 136 of the Mental Health Act so that they can be assessed in order to establish if they require treatment. The Place of safety was managed by staff from ward one (a mixed acute mental health ward). Patients are cared for in the HBPOS for up to 72 hours until they can be assessed by a psychiatrist and an approved mental health professional.

This service was inspected in September of 2015 as part of a comprehensive inspection of the trust. We identified a number of breaches of regulations as part of that inspection. As a result we had asked the trust to undertake a number of measures to improve.

These included; Ensuring that risk assessments and comprehensive assessments were completed and regularly updated, risk assessments and safety protocols were put in place for staff attending home visits, appropriate arrangements were made for the safe storage of medications, ensuring that care plans were up to date, personalised and holistic, ensuring that records were stored securely, Clinical audits were regularly carried out, that regular physical health checks were carried out and that physical health needs were monitored.

We found that this service had improved in all these areas. The access and home treatment teams had been brought together in one building and systems had been put in place to ensure the safety of staff that were undertaking home visits. Formal risk assessment and care planning processes had been put in place. This included physical health assessments. Medication was stored appropriately and patient's records were secure. Regular audits were undertaken and there had been measures introduced to improve service delivery.

Our inspection team

Our inspection team was led by:

Chair: Beatrice Fraenkel, Chair of Mersey Care NHS Trust.

Head of Inspection: James Mullins, Head of Hospital Inspection (Mental Health), Care Quality Commission.

Our team was comprised of one CQC inspector, one mental health specialist nurse, one social worker and one consultant psychiatrist.

Summary of findings

Why we carried out this inspection

We undertook this inspection to find out whether North Staffordshire Combined Healthcare NHS Trust had made improvements to their mental health crisis and health-based places of safety since our last comprehensive inspection of the trust in September 2015.

When we last inspected the trust in September 2015, we rated mental health crisis and health-based places of safety as Inadequate overall. We rated the core service as inadequate for safe and effective and requires improvement for caring, responsive and well-led.

Following the September 2015 inspection, we told the trust that they must take action in the following areas:

- The trust must ensure that risk and comprehensive assessments are completed for patients and regularly updated. They must ensure that risk management plans are regularly reviewed and detailed enough to identify how staff are to safely manage patients. These should include detailed emergency plans in the event of a crisis which takes advance decisions into account.
- The trust must ensure that risk assessments for staff home visits are carried out and that staff have reliable systems to call for assistance if required
- The trust must ensure that there are appropriate arrangements for the safe management of medicines. Storage of medicines should be monitored using both minimum and maximum temperatures. Staff must have drug charts to sign that they have administered medicines to patients. They should also ensure that controlled drugs are stored in accordance with safe management of controlled drugs guidance.
- The trust should consider the management of potential risk from ligature points in a way that cannot compromise patient's privacy and dignity.
- The trust must ensure that risk and comprehensive assessments are completed for patients and regularly updated. They must ensure that risk management plans are regularly reviewed and detailed enough to identify how staff are to safely manage patients. These should include detailed emergency plans in the event of a crisis which takes advance decisions into account.
- The trust must ensure that records are stored securely and well organised so that different team members can access patients' records when needed
- The trust must ensure that health checks are carried out and that physical health needs are monitored.
- The trust must ensure that clinical audits are regularly carried out in order to monitor the safety, quality and effectiveness of the service.
- The trust must ensure that regular and effective multi-disciplinary team meetings are taking place.
- The trust must ensure that confidentiality is always maintained.
- The trust must ensure that it always takes into account the protected characteristics as set out in the Equality Act 2010.
- The trust should ensure that patients are always provided with information about the ways that they could raise complaints.
- The trust must ensure that it has robust systems and methods to effectively assess and monitor the quality and safety of the service.

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

- Regulation 9 HSCA 2008 (regulated activities) : relating to person centred care
- Regulation 10 HSCA 2008 (regulated activities) : relating to dignity and respect
- Regulation 12 HSCA 2008 (regulated activities) : relating to safe care and treatment
- Regulation 17 HSCA 2008 (regulated activities) : relating to good governance

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?

Summary of findings

- 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 at a number of focus groups.

During the inspection visit, the inspection team:

- visited the health based place of safety section 136 suite located on ward one at Harplands hospital.
- visited the access and home treatment team offices at Harplands hospital.
- visited the Rapid Access Interface Discharge (RAID) team at the Royal Stoke University hospital.
- spoke with 12 patients who were using the service
- spoke with all five the managers or acting managers for each of the services.
- spoke with both heads of departments that were responsible for these services
- spoke with 24 other staff members; including doctors, nurses and social workers
- attended and observed three hand-over meetings and two multi-disciplinary team meetings
- attended three visits to patients in their homes.

We also:

- looked at 20 treatment records of patients
- carried out a specific check of the medication management for the access team, the home treatment team and the RAID team.
- looked at a range of policies, procedures and other documents relating to the running of the service
- undertook a review of the referral procedure for the access team.

What people who use the provider's services say

The feedback we received from the patients we spoke with was complimentary of the service. They stated they felt that they received the level of care they needed and that they were happy with the service. We received compliments relating to the staff. Patients stated they felt that the staff cared and took the time to get to know them.

We received only one negative comment and this related to the service changing appointment times at short notice.

Carers of individuals that used the services stated they felt they were included in decision making processes and staff valued their input.

Good practice

Two projects had been undertaken by the access team:

- A position had been developed for an in-reach worker who visited patients and worked with inpatient services from around the trust to manage transitions between inpatient and crisis services.
- A veteran's drop in service had been developed. One member of staff had been allocated two days a week by management in order that they could develop this service. It has grown quickly and now has a caseload of 42 patients. This service is specifically for veterans of Her Majesty's military services.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that there is enough input from psychiatrists to provide appropriate care to patients using the access and home treatment teams.

Action the provider **SHOULD** take to improve

- The provider should ensure that recording systems are fit for purpose and that there is a system in place to ensure that information is accessible. This includes access by the wider trust team when patients move between services.

Summary of findings

- The provider should ensure that supervision is undertaken with all staff. This should include a plan of action to address the current supervision rates across the access and RAID teams.
- The provider should ensure that staff work in partnership with patients and carers to develop advanced decisions where applicable
- The provider should ensure that people who use services are able to become involved in decisions about the service such as assisting with the recruitment of staff

North Staffordshire Combined Healthcare NHS Trust

Mental health crisis services and health-based places of safety

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Section 136 Suite Health Based Place of Safety, Ward one	Harplands Hospital
Single point of access team	Harplands Hospital
Home treatment team	Harplands Hospital
Rapid assessment interface and discharge team	

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.

All recording relating to the Mental Health Act (MHA) was correct. We saw evidence that staff had received training in the MHA and the code of practice. Staff were able to demonstrate good knowledge and understanding of both the MHA and the code of practice. The documents we reviewed as part of our inspection was up to date, stored

safely and accessible to staff when the required. Consent to treatment and capacity forms were completed in a timely manner. Patients had had their rights explained to them and there were leaflets available which also outlined this information. Staff knew how to access support and advice relating to the MHA. Audits were carried out to ensure compliance with the MHA. Independent mental health advocacy services (IMHA) were available and information relating to this service was visible.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

We saw evidence that staff had received training in the Mental Capacity Act (MCA). Staff were able to demonstrate knowledge of the act and were able to apply the five statutory guiding principles. Patient's capacity to consent was considered in all cases and where it was established that there was a requirement, capacity assessments were undertaken. These were on a decision specific basis and

where reasonable patients were supported to make decisions for themselves. When a patient lacked capacity decisions were made in the best interest of the patient whilst taking into account their culture, history and feelings. Staff were aware of the policy relating to the MCA and knew who to contact for support and advice if required.

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

- There were alarms available to staff working in the Place of Safety on ward one. Though there were no alarms available to staff working in the rapid assessment interface discharge (RAID) team, however, staff only ever interviewed patients in pairs. There were also safe systems of working in place for the home treatment team. These involved working in pairs until a risk assessment had been undertaken.
- There was a clinic room available to staff working in the Place of Safety on ward one. This contained an examination bed and equipment for monitoring the physical health of the patient. The RAID team operated on the wards at the university hospital and as such had access to all of their resources if required. The home treatment and access teams did not require a clinic room or equipment as they would not undertake physical examinations at their offices. There was emergency equipment available as patients were seen at the offices for meetings. This was in good order and checked regularly.
- All areas we visited were clean and well maintained.
- Where required, cleaning records were up to date and demonstrated that the environment was cleaned regularly. We observed cleaning staff in all areas we inspected.
- Staff adhered to infection control principles including handwashing. Whilst visiting the RAID team at the university hospital inspectors were directed towards hand sanitising stations upon entering service areas.
- All equipment we looked at was well maintained and up to date. All electrical equipment had testing stickers attached.
- The Place of Safety had clear glass fitted to the windows and it was possible for the public to look in from the pavement outside. There was also a large metal bracket fitted to an unused adjoining door between the Place of

Safety and ward one to prevent it from opening. These were pointed out to staff during our inspection. The windows had been fitted with a privacy film by the time we had completed our inspection.

Safe staffing

- Ward one had one extra member of staff on shift every day to ensure that there was always cover available for the 136 suite. The access and home treatment teams and the RAID team had adequate nursing staff levels. The access team had 48 staff in total consisting of a manager, nine social workers, 19 qualified nurses, 11 health care support workers, four administrators and a receptionist. The home treatment team consisted of 23 staff in total; A team manager, 18 qualified nurses, four health care support workers and one administrator. The RAID team consisted of 20 staff; One manager and 19 qualified nurses. There were no vacancies in any of the teams
- The number of staff across all departments had been estimated using a combination of reviewing data on appointments within the trust and benchmarking against similar services in other trusts.
- The home treatment team had an average caseload of between 35 and 50 for qualified nurses and 15 and 20 for health care support workers. It was not possible to establish the case load numbers for the access team due to the transient function of the team. The RAID team did not hold records relating to caseloads as they assessed their patients and signposted them to the most appropriate service if required.
- There were patients awaiting allocation of a care co-ordinator. Referrals were made to the service and someone was allocated to manage each case on a daily basis.
- The teams tended to cover sickness with a mixture of overtime and staff on shift covering the extra workload.
- A psychiatrist was available at short notice for patients in the place of safety. This was made possible by utilising available doctors from across the inpatient services. Psychiatry cover in the access and home treatment teams was limited. The access team had

Are services safe?

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

psychiatry cover for 1.5 days per week. We were told that this was broken down into one day per week for appointments and half a day per week for assessment work. The home treatment team had psychiatry cover for three days per week. If required, the RAID team accessed the psychiatry cover from the service they were signposting each patient to.

- Mandatory training levels across all four services were as follows; access team 87%, RAID team 85% and home treatment team 95%. We were unable to establish training figures for staff in the Place of Safety as staff are drawn from ward one on a daily basis meaning figures are not collated separately. There were deficits in the RAID and access teams relating to fire training and information governance, both of which were at 75% compliance with trust targets, which brought the overall percentage down. Besides these areas, all three services were above 90% compliance which was the trust's target.

Assessing and managing risk to patients and staff

- Staff undertook a risk assessment on every patient at initial triage. All risk assessments that we saw were up to date and had been reviewed weekly. The teams did not use a nationally recognised risk assessment, instead they used bespoke versions that had been developed within the trust. These tools appeared to be fit for purpose and collected the same information as nationally recognised formats.
- There was evidence that the access and home treatment teams both developed crisis plans where appropriate. Crisis plans were also developed by the RAID teams and staff in the Place of Safety but these were less comprehensive due to the short term nature of the contact. We found no evidence of any advanced decisions.
- We saw evidence that the access team and the home treatment team had responded quickly to sudden deterioration in people's health. The RAID team had a two tier approach to responding to referrals. If someone was considered to be in crisis and requiring urgent referral, the RAID team had a response target of one hour. Non urgent referrals had a response target of 24 hours. Data presented by the trust suggested that the RAID team was above 95% compliance with both of these targets.

- For the access and home treatment teams, there was evidence of monitoring of levels of risk. This was done with a combination of regular phone contact and face to face visits.
- Safeguarding training had been undertaken across all of the services that we inspected. Staff were trained to level three safeguarding. The home treatment team were at 96% compliant with trust targets while the access and RAID teams were both at 90% compliance. Staff that we interviewed had a good understanding of safeguarding procedures and knew how to make a safeguarding referral.
- There were appropriate personal safety protocols in place across all of the four services that we inspected. In the Place of Safety, staff were able to summon assistance from ward one using personal alarms. There was a comprehensive lone worker policy in place for the access and home treatment teams which included protocols for alerting others of an emergency. We saw evidence of staff following the lone worker policy by calling in after each appointment and returning to the office to hand over before ending their shift. The RAID team always operated in pairs to ensure safety. They were also supported by the security team at the university hospital if required.
- Medication management practice around storage, transport and dispensing were in line with trust policy and were carried out in a safe manner.

Track record on safety

- The crisis team reported five serious incidents in the 12 months prior to our inspection. Two were reported by the access team, one was reported by the home treatment team and two were reported by the RAID team. All of these related to the unexpected deaths of service users. In all five cases, the patients had taken their own lives whilst receiving treatment from the service.
- As a result of these incidents, protocols for maintaining contact with patients receiving treatment and methods of managing patients that did not attend appointments was made more robust.

Are services safe?

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

Reporting incidents and learning from when things go wrong

- All staff that we spoke with were aware of what to report and how to report incidents.
- We saw examples of duty of candour during our inspection. Staff were open with patients in explaining difficulties. Staff were aware of duty of candour and could explain what this meant to us when asked.
- Staff received feedback from investigations in a number of ways. The electronic system was well utilised across all teams. There were also regular team meetings and managers could evidence that they had given individual and group feedback during management supervision.
- There was a system of staff debrief in place across all four services. This was organised by managers following serious incidents.

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

- We looked at 20 patients care records and found that they were all thorough and completed in a timely manner. Assessments were undertaken in all four teams upon first contact with the patient.
- We found that care records contained up to date, personalised and holistic information. Given the nature of the services we inspected and the short length of contact they had with each patient, the care records we viewed were complete and person centred.
- All information needed to deliver care was stored securely. However, staff stated that it was sometimes difficult to access the information. This was specifically if they were dealing with a patient that had been under the care of another team within the trust. Sometimes the parts of care records that were held on paper had not been transferred to the electronic system leaving gaps in information. Only the RAID team used the full electronic system to record patient information at the time of our inspection. The health based place of safety, access and home treatment teams all used a combinations of paper and electronic notes. The trust was in the process of introducing a fully electronic system but this had not rolled out across all teams at the time of the inspection.

Best practice in treatment and care

- There was evidence that staff followed national institute for health and care excellence (NICE) guidance in prescribing medication in all of the four services that we visited. There was a nurse prescriber within the access team. A weekly audit of medication was undertaken in both the access and home treatment teams. The RAID teams operated in other health care providers premises and as such work within their local medication management protocols. This system appeared to be fit for purpose.
- In the access and home treatment teams, psychology input and the psychological therapies that were available were limited, however, there were

psychological therapies being offered that were in line with national guidance. These included cognitive behavioural therapy (CBT), eye movement desensitisation and reprocessing (EMDR) therapy.

- The access and home treatment teams both had health care support workers in the teams and were able to offer a wider range of support and guidance such as support for housing and benefits.
- All four teams considered the physical healthcare needs of the patients. A physical health care assessment was undertaken for all patients upon referral and this was regularly updated.
- Clinical staff participated in clinical audit. There was evidence of audits that were undertaken on a regular basis and that these audits had fed into improvements. These included audits of medication, care plans and mental health act paper work.

Skilled staff to deliver care

- All the teams had access to a full range of mental health disciplines including nurses, doctors, psychology, social work and pharmacists. In the access and home treatment teams, the availability of psychologists and psychiatrists was limited.
- All staff that we spoke with were experienced and qualified for the role they were employed to undertake.
- All staff working in the trust received an induction and there were also local protocols to ensure that new starters are supported by more experienced members of staff.
- Staff from all four teams received appraisals and supervision. Appraisal rates were higher than the trust average. The home treatment team had a 100% appraisal rate, the access team were at 97% and the RAID team were at 95% making the core service total 97% compared with the trust wide total of 88%. We also viewed supervision records for the access team, the home treatment team and the RAID team. Supervision occurred regularly and could be broken down into separate categories including clinical, management and team group supervision types.
- Staff were offered a wide range of specialist training relevant to their role. There were individuals that had trained as approved mental health professionals

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.

(AMHPs), nurse prescriber and cognitive behavioural therapy practitioners. The home treatment team was in the process of recruiting two qualified nurses for a master's degree programme at the time of our inspection.

- At the time of the inspection, there were no any examples of poor staff performance

Multi-disciplinary and inter-agency team work

- During the inspection, we attended three handovers and two multidisciplinary team meetings. They were thorough and effective and occurred regularly in all three teams.
- Staff from other teams within the trust and external agencies such as local social work teams, were often invited to attend multidisciplinary team meetings to ensure effective communication between teams. For example, the police attended MDT meetings with staff from the Place of Safety.

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

- Staff that we spoke with had undertaken training in the Mental Health Act (MHA) and were aware of the MHA code of practice and the guiding principles. MHA training was part of the mandatory training. MHA training figures were RAID at 94%, access team at 94% and home treatment team at 100%.
- We looked at 20 treatment records and found that consent to treatment and capacity requirements were adhered to. We saw evidence that capacity was considered as part of the initial assessment and if required capacity assessments were undertaken. Where appropriate, community treatment order (CTO) requirements were adhered to and paperwork was stored correctly.

- We saw evidence that patients had their rights explained to them at the start of their treatment and regularly thereafter.
- All teams we inspected had administrative support and legal advice was available from a central team in relation to the implementation of the MHA.
- MHA paperwork was audited monthly.
- We saw evidence that independent mental health advocacy (IMHA) services were available. Leaflets promoting the service were placed on a notice board in prominent areas of the access and home treatment team offices. These leaflets were also available from the RAID team and in the Place of Safety.

Good practice in applying the Mental Capacity Act

- The policy on the Mental Capacity Act (MCA) is held electronically and is available for all staff to refer to.
- For patients that may have had impaired capacity there was evidence that capacity had been assessed and recorded appropriately.
- We observed, in the access, home treatment and RAID teams that people were supported to make decisions where appropriate. In cases where a patient lacked capacity, decisions had been made in their best interest taking into account their wishes, feelings, culture and history.
- All staff we spoke to were able to tell us where they could get advice regarding the MCA.
- Training in the MCA was delivered as part of the mandatory training and all staff we spoke to could demonstrate good knowledge. MCA training figures were RAID at 94%, access team at 94% and the home treatment team at 100%.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed staff being supportive, responsive, and respectful and providing practical and emotional support when interacting with patients.
- All patients that we spoke to were very complimentary of the staff that worked with them.
- Staff in the access and home treatment teams were able to talk about the individual needs of patients. We observed the RAID team taking time to develop good rapport with each patient they worked with. In the older persons service at the university hospital, the RAID teams staff had built up good relationships with many of the patients that they were dealing with on a day to day basis.
- We saw good procedures in place to maintain the confidentiality of patients using all of the services. In the access and home treatment teams patients and carers were taken away from public areas if they wanted to talk to staff. We did find that the interview rooms were next to offices though we could find no evidence that sound could carry to these offices. At the university hospital, the RAID team could access private examination rooms for interviews if required.

The involvement of people in the care that they receive

- Where possible, the patients had been involved in their care planning. This was more evident in the home

treatment team where staff provided care to patients for a longer period compared to other teams. There were limited examples also in the access teams in care planning documentation. In all care records we looked at, staff considered patients' wishes.

- We saw examples of carer involvement at the home visits that we attended. Staff involved carers in patients' care and treatment where patients had agreed.
- We saw leaflets for the advocacy service in all teams we inspected. We were told by staff that patients were also informed of the advocacy service upon first referral.
- We did not see any examples of the involvement of patient groups or patient forums in the development of the service.
- We saw two examples of provision being made to involve and engage the wider patient population. The access team had a patient in-reach worker who would visit inpatient services to engage with patient that would be likely to use the crisis services in future. This had been effective in building strong relationships with the staff from inpatient services and also the patient group. There was also a member of staff who had been tasked with delivering crisis services to military veterans two days per week. This service had developed quickly and, at the time of our inspection, had a case load of 42 veterans.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The trust had set a target time from referral to triage/assessment for three of the four services that we inspected. There was also a target for assessment to treatment in the case of the access team and home treatment team. The health based place of safety did not have these targets set due to the responsive nature of the service. The RAID team had a two tier target group of one hour for urgent referrals and 24 hours for non-urgent referrals. The service was at 100% compliance with these targets at the time of our inspection. The access and home treatment teams both had targets of four hours from referral to triage and assessment to treatment times of four days. Both teams were at 100% compliance with these targets. However, there was no way to establish how long it took an individual to make contact with the service at the time of our inspection as the call system did not log this information.
- The access team operate a 24/7 service and pick up calls for the RAID and home treatment teams throughout the night. It was always staffed by a mix of social workers, qualified nurses and experienced health care support workers. The Place of Safety had staff allocated 24 hours a day.
- At the time of our inspection, the phone system had become outdated and was not fit for purpose. There was no way of tracking calls or establishing how many calls were missed. Calls could not be prioritised by urgency and there was no way to divide calls out. For example, the calls from GP's were put through the same system as non-urgent contact calls. This meant that waiting times were very high. We called prior to our inspection and were on hold for over 15 minutes. At the time of our inspection an external company was fitting a new computerised call handling system so the decision was taken to revisit this post inspection. We found the new system to be fit for purpose. Calls could be triaged with GP calls going to a separate line. A computerised pin board gave information to staff about call levels meaning that more staff could be allocated to call handling at peak times of the day. The pin board also

displayed dropped calls, average call time, calls waiting and other information to ensure efficiency. The system could also generate reports that the management could use to improve call handling times in the future.

- We did not find any exclusion criteria in place across the crisis teams.
- The access and home treatment teams were both proactive in re-engaging with patients that did not attend appointments. There was a two tier system where by a call would be made followed by a visit in person.
- We saw examples of flexibility in appointment times. The access team worked a flexible working pattern to ensure that they were able to alter and adjust appointment times according to the needs of the patients.
- We did not find any examples of appointments being cancelled by the services.
- We saw an honest and open approach to giving explanations to patients if the appointment times were running late.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms available with equipment to support treatment and care. In the case of the Place of Safety, access to the clinic room on ward one was available. The RAID team had access to all of the rooms and equipment at the university hospital and the access and home treatment teams had its own set of rooms at the Harplands hospital.
- Interview rooms were on the same corridor as staff offices in the access and home treatment teams. We found that you could hear if people were talking in the interview rooms but could only hear what was being said if the voices were raised. The RAID teams used side rooms and treatment rooms available in the university hospital or other sites where they operate. These appeared adequate to maintain confidentiality.
- We found that all four services had access to information leaflets relating to a broad range of subjects such as support, advocacy and complaints. These were available in a range of languages. There were also several notice boards in the reception area of the access

Are services responsive to people's needs?

Good 

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

and home treatment teams offices. They contained a wide range of information including a frequently asked questions wheel that had been developed and updated by the receptionist.

Meeting the needs of all people who use the service

- All areas we inspected had access for those who may have a disability.
- All services had access to interpreters and signers via a trust wide contract with a specialist service.

Listening to and learning from concerns and complaints

- Patients we spoke to knew how to make complaints and felt confident that they could do so if required.

- Staff we spoke with were aware of how to handle complaints appropriately. They were able to talk us through the process with confidence.
- Staff received feedback from the outcome of investigations both electronically and via staff meetings.
- The crisis team had received two formal complaints in the 12 months prior to our inspection. Both related to the access team and neither of these was upheld. They also received five compliments for the same period; four of which were related to the RAID team and one for the access team.

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

- All staff we spoke with were aware of the trust vision and values and were able to outline them to the inspection team.
- Team objectives had been set that reflected the vision and values of the trust. Individual appraisal paperwork was laid out in such a way that it incorporated these values.
- All staff knew who the most senior managers in the trust were. They had also all built up strong relationships with the senior managers from their services. We saw that the managers and heads of department visited the services and were well known to staff.

Good governance

- We found that governance structures in the crisis teams were well developed and fit for purpose. Mandatory training, appraisal and clinical audit rates were high.
- There was evidence that, when required, incidents were reported and that learning occurred as a result of these reports.
- Mental Health Act, Mental Capacity Act and safeguarding training were included as part of the mandatory training calendar. The service was compliant with trust targets relating to training and staff we spoke to had sound knowledge of all three subjects. All paperwork we looked at that related to the Mental Health Act, the Mental Capacity Act and safeguarding was in good order and filled in correctly.
- Supervision was ongoing among the teams, however at the time of our inspection only one team was compliant with trust target in this area. The home treatment team were at 96% compliance. The access team was at 78% and the RAID team was at 75% compliance with trust target, however we saw action plans from both teams to bring these figures up.
- The provider used key performance indicators and regular assessments of service performance. All staff members were involved in the review process and had

developed action plans for improvement where required. We saw several examples of staff led improvement programmes that had addressed deficits in the service.

- We spoke with all service managers and they all stated that they had sufficient authority and administration support to do their jobs effectively.
- All staff had the ability to submit items to the trust's risk register.

Leadership, morale and staff engagement

- Sickness and absence rates were low across all teams. The trust had undertaken a recruitment project since our last inspection resulting in low vacancy rates.
- There had been no formal bullying or harassment cases from September 2015 to September 2016. We were made aware of one complaint of bullying in the access team but this had been managed locally to the satisfaction of all parties.
- Staff we spoke with were all aware of the whistle blowing process and stated that they felt they would be comfortable to use it when needed.
- All staff we spoke with stated that they felt they could raise concerns without fear of victimisation. All staff we spoke to were very positive about their managers.
- Staffing levels were high and staff stated to us that moral and job satisfaction was high among all teams.
- We saw good examples of leadership development within all teams. Staff were offered training specific to leadership roles.
- We saw good examples of team working and mutual support, for example staff were able to adjust their working hours or workloads to assist a colleague if required.
- We saw examples of duty of candour. Qualified nurses were open in their explanations to patients. This included explanations of when things may be negative such as needing to cancel or change appointments or difficulty in placing patients in services.
- Regular staff meetings encouraged staff to give ideas about improvements and service developments. We saw examples of staff supported in improvement projects that they had developed.

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.

Commitment to quality improvement and innovation

- We found no evidence of participation in national quality improvement programmes.
- We found innovative practice in the access team with the development of an in-reach worker. This had improved relations with the wider patient group and staff working in inpatient services. We also saw a project to set up a veteran's service within the access team.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <ol style="list-style-type: none">1. Sufficient numbers of suitable qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this part. <p>In the case of the access and home treatment teams, there were limitations in the amount of input provided to the service by psychiatrist. This was as a result of the amount of time a psychiatrist was allocated to the service.</p> <p>This was in breach of regulation 18 (1).</p>