

Requires improvement


North Essex Partnership University NHS Foundation
Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RRDB7	Landermere Centre	Martello Court Clacton Hospital	CO15 1LH
RRDB7	Landermere Centre	Landermere Centre Memory Assessment Clinic Clacton Hospital	CO15 1LH
RRD16	The Crystal Centre	Specialist dementia, organic and frailty service The Crystal Centre Pudding Wood Lane Chelmsford	CM1 7LF

Summary of findings

RRD		Specialist dementia, organic and frailty service	
	Trust Headquarters	Latton Bush	CM18 7BL
		Southern Way	
		Harlow	

This report describes our judgement of the quality of care provided within this core service by North Essex Partnership University 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 North Essex Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of North Essex Partnership University 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



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

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Summary of findings

Overall summary

We gave an overall rating for community based services for older people as requires improvement because:

- Some patients did not have risk assessments in place, or these had not been updated. At some sites, staff had difficulties in accessing all of the information relating to patient care on the trust's computerised record system.
- Some key targets to measure referral to triage and triage to assessment times were not in place. Where target times were identified, for example at some memory clinics, these were not always being met and no plans were in place to improve performance.
- Formal systems to review learning from incidents and complaints were not in place across the sites we visited.
- Systems were not in place to ensure that good practice was followed when patients were subject to community treatment orders under the Mental Health Act.
- There were concerns about the quality of key performance indicator data.

However:

- Safeguarding procedures and practice were good across services. There was rapid access to a consultant psychiatrist when needed.
- Good relationships had been developed with GP practices and there were systems in place to carry out physical health checks and monitoring.
- Patients and carers spoke highly of the service they received. We observed positive, caring interactions between staff, carers and patients. Reviewed care plans were in place for patients.
- There was a good understanding and appropriate use of the Mental Capacity Act.
- Staff teams worked well together and felt supported by local and senior managers. A range of research projects and national accreditation processes were in place across the sites that we visited.
- Systems to monitor staff supervision, appraisal and mandatory training were in place at each site, managers monitored these and appropriate action was taken as needed.

Summary of findings

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

Are services safe?

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

- There were no copies of risk screens or risk assessments available electronically or in paper records for patients who were receiving care and support through the memory clinic pathway.
- At the Latton Bush and Crystal Centre sites some patients did not have risk assessments in place. At Latton Bush some risk assessments were not updated with all available risk information.
- The facilities for patients at Latton Bush were of a poor standard.
- There were no structures in place to debrief staff after serious incidents.

However:

- There were good safeguarding procedures and practice in evidence across services and rapid access to a consultant psychiatrist when needed.
- People who used the service were given information about crisis and out of hours services at the initial point of contact.
- There were vacancies across all the services that we visited. The trust was actively recruiting to these. In some teams regular locum staff were covering vacancies. In others, the staff in post absorbed the work of vacant posts.
- Services were mostly provided in appropriate premises.

Requires improvement



Are services effective?

We rated community based services for older people as good for effective because:

- Clear care plans were in place for most patients.
- Services were following National Institute for Health and Care Excellence (NICE) guidance, for example, the provision of cognitive stimulation therapy groups to patients.
- There were systems in place to carry out physical health checks across each of the sites and appropriate physical health care monitoring.
- Staff were able to engage in specialist training and professional development through links the trust had developed with the University of Essex and Anglia Ruskin University.

Good



Summary of findings

- Staff showed a good understanding and the appropriate use of the Mental Capacity Act.
- Good relationships had been developed with GP practices. At Latton Bush members of the multi-disciplinary team had visited all surgeries within the area and provided training to GPs and district nurses. Specialist training had also been provided to GP receptionists.

However:

- Some care plans were not person centred, recovery orientated or holistic.
- At some sites staff had difficulties in accessing all of the information relating to patient care on the trust's computerised record system. There was a lack of local clinical audit, across these core services, which could be used to support quality improvement.
- Systems were not in place to ensure that good practice was followed when patients were subject to community treatment orders under the Mental Health Act.

Are services caring?

We rated community based services for older people as good for caring because:

- Patients and carers spoke highly of the service they received. We observed positive, caring interactions between staff, carers and patients.
- Staff demonstrated a good understanding of the needs of their patients and carers.
- Carers and patients were given appropriate information and support and involved in decisions about their care.

However:

- Staff did not always provide patients or carers with a copy of their care plan.

Good



Are services responsive to people's needs?

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

- Some key targets to measure referral to triage and triage to assessment times were not in place. Where target times were identified, for example at some memory clinics, these were not always being met and no plans were in place to improve performance.

Requires improvement



Summary of findings

- Interview rooms at Latton Bush had not been sound proofed and the clinical room was being used as a consulting room. This meant that patients could be interrupted during their meeting with the doctor.
- Accessible information about how to make a complaint was not available at each site. Patient advice and liaison service (PALS) leaflets were not readily accessible and staff needed to signpost patients to the leaflet.

However:

- Each service had clear eligibility criteria. There was a single point of access to services. Urgent referrals were dealt with promptly and patients who did not attend appointments were followed up.
- Patients and carers told us that appointments generally ran on time and were not cancelled often.
- There was wheelchair access at each service. Information leaflets in English were displayed, staff told us that these were available in other languages and could be accessed and printed via the trust's intranet. Staff were able to access approved interpreters directly by telephone and could arrange face to face interpreting services as required.

Are services well-led?

We rated community based services for older people as good for well-led because:

- Staff teams worked well together and felt supported by local and senior managers. They felt able to raise concerns and were familiar with the whistleblowing policy and procedure.
- A range of research projects and national accreditation processes were in place across the sites that we visited.
- Systems to monitor staff supervision, appraisal and mandatory training were in place at each site. Managers monitored these and appropriate managerial action was taken as needed.

However:

- The measurement of some key performance indicators, from electronic records, could be unreliable and inaccurate.

Good



Summary of findings

Information about the service

- We inspected three community teams providing specialist dementia, organic and frailty services for people located in the East, West and Mid North Essex geographical areas. The dementia service in North East (Emerald Centre, King's Wood) was not inspected. Whilst these were “ageless” services, most patients were older people who had been diagnosed with organic mental health issues.
- Each site we visited provided memory assessment clinics that assessed for and diagnosed dementia. Continuing support was also provided by each of the teams to patients experiencing dementia, frailty or organic mental illness.

Our inspection team

Our inspection team was led by:

Chair: Dr Moira Livingstone.

Team Leader: Julie Meikle head of hospital inspection mental health hospitals CQC.

Inspection manager: Peter Johnson inspection manager mental health hospitals CQC.

The team that inspected community-based mental health services for older people consisted of a CQC

inspection manager, inspector, social work specialist advisor, nurse specialist advisor and a mental health act reviewer all of whom had recent mental health service experience.

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection, we reviewed information that we had about the trust and this core service.

During the inspection the inspection team:

- Inspected four teams providing long term or intensive community support and memory clinic services.
- Met with 21 patients and carers.
- Spoke with two service managers and three team managers.
- Met with 25 staff across sites, including nurses, consultant psychiatrists, social workers, and administrative staff.

Summary of findings

- Observed one multi-disciplinary team meeting and attended one allocation meeting.
- Observed one outpatient appointment between a consultant psychiatrist and a patient.
- Observed two medicines initiation appointments.
- Attended one Care Programme Approach meeting.

- Observed one group therapy session.
- Accompanied staff on four visits to patients in their homes.
- Reviewed 24 care and treatment case records.

Inspected a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

All of the feedback we received was positive. Patients and carers told us that staff were compassionate and caring. They spoke highly of the support they received and felt that they were given appropriate information. They were given the opportunity to ask any questions they might have.

Patients spoke highly of the support and therapeutic groups they were involved with across the sites. They valued the support they obtained from these groups.

Patients spoke positively about hospital transport services where these had been arranged for them.

Good practice

- Through its links with the University of Essex and Anglia Ruskin University, staff had been able to access a range of specialised training. Staff spoke highly of this resource.
- Some unqualified staff were being supported to undertake specialist training required for the post of associate practitioner. They were then supported to undertake their nursing qualification.
- At Latton Bush members of the multi-disciplinary team had visited each GP and provided specialist training to GPs, practice nurses and reception staff.
- A range of accreditations had been obtained and teams were involved in research projects.

Areas for improvement

Action the provider **MUST** take to improve

- The trust should ensure that each patient is appropriately risk assessed upon initial contact and that risk assessments are then regularly reviewed and updated with all relevant information.
- Some key targets to measure referral to triage and triage to assessment times were not in place. Where target times were identified, for example at some memory clinics, these were not always being met and no plans were in place to improve performance.

Action the provider **SHOULD** take to improve

- The trust should ensure that where staff vacancies remain these are recruited to, particularly in the west of the region where vacancies are less likely to be covered by locum staff.
- The trust should ensure that appropriate consultation and clinic rooms are available at each site and that these promote patients' privacy and dignity. Call alarms should be in place where patients access facilities.
- The trust should ensure that care plans are holistic, recovery orientated, include patients' views and that a copy is given to patients and carers. These need to be readily accessible to staff.

Summary of findings

- The trust should ensure that a programme of local clinical audit is established to support the provision of service and inform service quality improvement.
- The trust should ensure that appropriate procedures are in place to ensure that patients subject to community treatment orders (CTO) regularly have their rights explained to them; that copies of their CTO paperwork are readily available to the multi-disciplinary team and that clear information is provided to staff, patients and carers on how to access an independent mental health advocate.
- The trust should ensure that key performance indicators are reliable, accurate and monitored

North Essex Partnership University NHS Foundation Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Martello Court CMHT (East)	Landermere Centre, Martello Court, Clacton Hospital
Landermere Centre Memory Assessment Clinic	Landermere Centre, Martello Court, Clacton Hospital
Specialist dementia, organic and frailty service	The Crystal Centre, Pudding Wood Lane, Chelmsford
Specialist dementia, organic and frailty service	Trust Headquarters

Mental Health Act responsibilities

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

- Staff had received training in the Mental Health Act and the Code of Practice.
- Some patients had been or were subject to community treatment orders. We reviewed care records for two patients and found that it was not clearly recorded that their rights had been explained.
- Administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice was available from a trust-wide team.
- Community treatment order paperwork or copies of it, was not always available on site. We were told that where the patient was living in a care home the paperwork would be held there.
- No trust audits had been carried out in relation to patients subject to community treatment orders.

Detailed findings

Where patients were subject to a community treatment order it was not clear how they would access an independent mental health advocate if required.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had completed mandatory training in the Mental Capacity Act 2005. The trust had developed a policy and procedure for staff.
- Staff from a range of disciplines demonstrated an excellent understanding of the Mental Capacity Act and its statutory principles, and gave detailed examples of mental capacity assessments they had conducted or been involved with.
- Capacity assessments were decision specific and were appropriately recorded in care records. Where best interest decisions were required these were informed by the patient's wishes, feelings and culture.
- Meetings to consider best interest decisions involved all relevant parties. Staff reported that best interest assessors could be difficult to arrange on some occasions.
- Staff knew how to get advice regarding the Mental Capacity Act from within the trust and there were arrangements to monitor adherence to the Act.

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

- A range of rooms was available across each of the sites that we visited. Appropriate alarm systems were in place in all interview rooms. The waiting areas, interview rooms and clinic rooms were clean and well maintained.
- Patients were visited by prior appointment as required.
- There were no emergency call alarms in toilets at Latton Bush, which could mean that people who required assistance would not be able to alert staff.

The clinic rooms had the necessary equipment for physical examinations. However, at Latton Bush the clinic room doubled as a doctor's office. This caused concern because patients and carers could be interrupted during their consultation with the doctor when staff needed to access items stored in the clinic room.

Safe staffing

- The trust estimated the number and grade of staff required using a recognised tool. The services had been restructured earlier in the year and staffing levels had been reviewed during this process.
- Across the service, a number of posts were vacant. Recruitment was underway and some posts had been filled. However, some posts remained vacant. Across the services we visited there were 13.5 vacancies across bands 3 to 6. The majority of vacancies were in the west region, primarily at Latton Bush. We noted that most vacancies at Latton Bush were not covered by locum staff and were absorbed by the team.
- The trust identified particular challenges in recruiting into band 4 positions, where there were four vacancies. We were told that the majority of people who had applied did not have the required qualifications. The trust was addressing this issue by providing additional training for band 3 staff.
- Staff providing support either on a short or long term basis had caseloads ranging between 19 and 30 people who were receiving a service. Caseloads were weighted

to take account of the complexity of need of the person using the service. Within memory assessment services some band 7 nurses were allocated caseloads that exceeded 100 in some circumstances.

- Two staff were absent through long term illness. Experienced bank staff covered these positions. This provided consistency of care to patients using the service.
- There was rapid access to a psychiatrist, when required, at each location inspected.
- Staff attended the trust's mandatory training. This included safeguarding adults, clinical risk management and ethical care (including breakaway and basic life support).
- Managers monitored mandatory training completion rates and received red, amber or green rated information showing whether their team were compliant or not. Some mandatory training rates were compliant and managers confirmed that staff were booked for refreshers when these became due. Where some mandatory training was flagged as red or amber team managers explained the reasons for this and the actions they had taken to address this. Staff felt that the mandatory training database did not reflect the most up to date information.
- **Assessing and managing risk to patients and staff**
- We examined the complete care records of seven patients receiving care and treatment at Latton Bush. For three patients the risk assessments were in order. Gaps were noted in the remaining four risk assessments. These were identified to staff. Risk assessments were discussed between clinicians and patients, and being appropriately managed.
- At Martello Court and the Landermere Centre risk assessments were completed and updated regularly on the care and treatment records we reviewed.
- There were no copies of risk screens or risk assessments available electronically or in paper records for patients who were receiving care and support through the memory clinic pathway.

Are services safe?

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

- We reviewed six care and treatment records at the Crystal Centre. Patients who were receiving care and treatment through the long term and intensive support pathways had risk assessments in place that were regularly updated.
- The trust had developed a 'Community Quality Barometer' that included information relating to risk management plans. Information on the quality barometer dated July 2015 indicated that at Martello Court 78% of all patients had a risk management plan in place. At the Crystal Centre 96% of patients on the Care Programme Approach (CPA) had a risk management plan in place.
- However, for patients who were not on CPA, only 56% of patients had a risk management plan. At Latton Bush 100% of patients subject to CPA had a risk management plan in place, whilst for non-CPA patients this number fell to 60%. The trust was, therefore, falling below its target of 85% of people with a risk management plan.
- Whilst waiting for services, patients were given written information on who to contact should their needs change. Patients and carers also received information advising them how to contact crisis and out of hours services. At Latton Bush we saw examples of how the service had responded promptly to sudden deteriorations in patients physical health.
- Each of the services used "zoning risk assessments" to identify as red, amber or green the needs of patients. We observed this zoning approach being used as part of the referral triage and when discussing patients in MDT meetings. Patients identified as having higher risks were zoned as red and prioritised.
- Safeguarding training was mandatory and there had been good attendance by staff. Staff from all disciplines demonstrated excellent knowledge of safeguarding issues. There was a safeguarding champion in each team. A separate safeguarding lead visited each team regularly. This role offered individual mentorship regarding specific safeguarding issues or participation in wider multi-disciplinary team discussions where safeguarding concerns had been identified. Team managers demonstrated good oversight of safeguarding matters. Systems to identify and monitor patients where safeguarding concerns had been identified were in place. This included information on the status of investigations.
- There were safe procedures to support lone working. The trust had developed a lone working policy and staff were familiar with this. New staff received information on the policy and procedure during their induction. Each site had a different local practice to monitor lone working and ensure the safety and welfare of staff. For example, at the Martello and Landermere Centres, a mobile alarm system was in operation, whilst at the Crystal Centre a buddy system had been established.
- Each of the memory clinics we visited provided medicines initiation. This meant that some patients would receive support and monitoring with medicines by the clinic nurse for up to six months. Patients receiving this service were issued with prescriptions by the service. Patients not being supported with medicines initiation were referred back to their GP for prescriptions. No concerns regarding the storage or transport of medicines were identified during the course of the inspection.
- **Track record on safety**
 - There had been two serious untoward incidents across the directorate in the previous 12 months.
 - An investigation into one of these incidents was ongoing; the other had been concluded. Both team managers were able to describe learning that had been identified from the investigations and changes that had occurred as a result. For example, changes had been made to the risk assessment tool to ensure that key information was not missed by staff. In the second example the manager was able to describe changes in the way liaison with other agencies was being reviewed to ensure that key information was communicated in a timely fashion.
- **Reporting incidents and learning from when things go wrong**
 - Staff demonstrated a sound knowledge of incident reporting and knew how to report incidents through the electronic recording system. They understood which incidents should be reported.

Are services safe?

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

- Incidents were reported appropriately. Staff understood the need to be open and transparent and to explain to patients if things went wrong. The numbers of incidents reported across sites was included in the trust's quality barometer. This showed that in the previous three months Latton Bush and the Crystal Centre had each reported three incidents. Martello Court and the Landermere Centre had reported no incidents.
- Managers confirmed that information about learning from incidents was discussed at management meetings and fed back to the team in business meetings. Staff had mostly received feedback from incidents across the trust from information posted on the intranet, although some staff also reported that learning was discussed in team meetings.
- At Martello Court, Landermere Centre and at Latton Bush staff were able to tell us about local changes as a result from learning from serious incidents that had occurred locally. However, staff were not able to tell us about incidents that occurred outside of their local area where learning could be applied to their practice.
- There were no formal structures in place to debrief staff after serious incidents. At two sites we were told that debriefs happened in individual supervision and in some instances during MDT meetings.

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

- At each of the sites we visited, comprehensive assessments were completed in a timely manner. Referrers were requested to carry out basic physical health checks and routine tests prior to referral and to include this information with their referral.
- For memory clinic services appropriate local arrangements were in place to facilitate the required scans as part of the diagnostic process.
- At some services, for example Latton Bush, staff could assess patients within four hours of receipt of referral should the urgency and risks associated with the referral require this.
- We noted care plans over the three sites were generally not holistic, not recovery orientated and did not always contain patient or carers views.
- The trust had introduced an electronic records system. Staff reported that some care records had not migrated to the new system and had been effectively lost. Some staff struggled to locate the documentation requested and reported that this was generally a challenge.
- Staff used paper records in addition to the electronic records system, but some key documents could not be located in these. This meant that some information was not available to staff when they needed it, which could affect the quality of patient care.

Best practice in treatment and care

- Staff knew relevant NICE guidance and this informed their practice. For example, the early diagnosis of dementia using neuroimaging, support, and follow up post diagnosis. Short term focused interventions using cognitive behavioural therapy were available.
- Psychological interventions were available, including some neuro-psychological services. At Latton Bush, occupational therapy staff facilitated a regular cognitive stimulation therapy group. Monitoring of patients prescribed lithium or anti-psychotic medication took place.
- Patients and carers were supported with their social care needs, including advice on benefits.

- Physical health care needs were assessed by staff and further health checks carried out as needed. However, the trust's quality barometer flagged physical health checks as red or amber for the majority of patients at the sites we visited. Some key patient information was located in different records. For example, some information was only accessible in paper format. This meant that the trust's quality barometer did not accurately reflect current practice.
- Health of the nation outcome scales (HoNOS) were being used to measure individual outcomes.
- The trust regularly carried out audits of care records. This highlighted where care records lacked key information. Clinicians were then responsible for completing any identified gaps. The trust confirmed that no other clinical audits had been completed.

Skilled staff to deliver care

- Each multi-disciplinary team was made up of an appropriate mix of disciplines, including consultant psychiatrists, junior doctors, psychologists, neuro-psychologists, occupational therapists, nurses, social workers and support workers.
- New staff participated in corporate and local induction.
- Staff received clinical and managerial supervision. Supervision and appraisal monitoring records were available to team and service managers to monitor compliance rates. Some managers reported that the information they received was not always accurate. For example, at Latton Bush the service had been rated as having 70% of appraisals completed, whilst the manager advised that only one member of staff's appraisal was outstanding.
- Staff had been able to access a range of specialised training via the trust's links with the University of Essex and Anglia Ruskin University. Staff spoke highly of this resource. Some unqualified staff undertook specialist training required for the post of associate practitioner and others were being supported to undertake their nursing qualification.

Multi-disciplinary and inter-agency team work

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.

- Regular and effective multi-disciplinary team meetings took place. Staff from a range of disciplines told us their views were respected and their contributions were valued.
- We observed a team meeting. Staff spoke respectfully about patients and were knowledgeable about their needs. The team engaged in discussions relating to individual patient needs and risks, and appropriately addressed concerns regarding physical health and capacity. Clear decisions and actions were recorded, including risk assessment.
- The team worked collaboratively and invited local GPs to the meetings. Patients were involved in decision-making and given information about their medication.
- For the intensive support pathways, daily multi-disciplinary team planning meetings were held where information relating to patient care was effectively shared. There were effective handovers when patients transferred to or from other pathways within the trust. For example, when patients were discharged from hospital.
- Clear links with social services had been established. Social workers employed by the local authority worked within the teams.
- Links with local GPs had been established. At Latton Bush members of the multi-disciplinary team had visited each GP. The team had provided specialist training to GPs, practice nurses and reception staff.
- Administrative support and legal advice on the implementation of the Mental Health Act and its Code of Practice was available from a trust-wide team.
- Community treatment order paperwork, or copies of it, was not always available on site. We were told that where the patient was living in a care home the paperwork would be held there.
- No trust audits had been carried out in relation to patients subject to community treatment orders.
- Where patients were subject to a community treatment order it was not clear how they would access an independent mental health advocate (IMHA) if required.

Good practice in applying the Mental Capacity Act

- Staff had completed mandatory training in the Mental Capacity Act. The trust had developed a policy and procedure for staff.
- Staff from a range of disciplines demonstrated an excellent understanding of the Mental Capacity Act and its statutory principles, and gave detailed examples of mental capacity assessments they had conducted or been involved with.
- Capacity assessments were decision specific and were appropriately recorded in care records. Where best interest decisions were required, these were informed by the patient's wishes, feelings and culture.
- Meetings to consider best interest decisions involved all relevant parties. Staff reported that best interest assessors could be difficult to arrange on some occasions.
- Staff knew how to get advice regarding the Mental Capacity Act from within the trust and there were arrangements to monitor adherence to the Act.

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

- Staff had received training in the Mental Health Act and the Code of Practice.
- Some patients had been, or were, subject to community treatment orders. We reviewed some care records for two patients and found that it was not clearly recorded that their rights had been explained.

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

- We observed responsive, respectful interactions with patients and carers, and staff provided appropriate practical and emotional support.
- All of the feedback that we received was positive. Patients and carers said that staff were compassionate and caring. They spoke highly of the support they received, felt that they were given appropriate information and were given the opportunity to ask any questions they might have.
- Patients who were involved in various support and therapeutic groups across the sites spoke highly of these and the support they obtained from them.
- Patients spoke positively about hospital transport services.
- Staff showed that they understood the needs of patients and carers in their discussions in multi-disciplinary team and CPA meetings, and in our discussions with them. Staff followed the trust's confidentiality policy.
- **The involvement of people in the care they receive**
- Patients were aware of their care plans and participated in their development and review. However, some care plans did not include patient views. Patients and carers did not always receive a copy of their care plan.
- Care plans for patients who received a service but were not subject to CPA consisted of a letter written to their GP and other agencies that were involved. This stated the support currently provided and information relating to medicines.
- Patients and carers we spoke with told us that they knew who to contact if they had any queries about the care being provided. The trust worked in partnership with the Alzheimer's Society and appropriate information and support was available to patients and carers.
- Some patients and carers did not have information about advocacy services; some patients told us that if they needed these, they would ask staff for information.
- The trust had surveyed patients and requested feedback on the service provided. Patients also gave direct feedback to staff during clinical appointments with the consultant and other professionals involved in their care.

Are services responsive to people's needs?

Requires improvement 

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

Our findings

Access and discharge

- The service accepted referrals from people of any age with a primary diagnosis of dementia. Services were configured slightly differently over the three areas, due in part to differing commissioning arrangements. Each service had clear eligibility criteria.
- There was a single point of access to services. However, some referrers still contacted services directly. We were told that if all required referral information was included then these direct referrals were accepted.
- Apart from the memory services at Martello Court and Latton Bush, there were no target times in operation for referral to triage and no target times from triage to initial assessment in the services that we visited. Each team had arrangements for referrals to be triaged and RAG rated or zoned. Urgent referrals were appropriately identified and were prioritised for an early appointment. The trust was not able to provide us with data on the length of time that non-urgent referrals could wait to be seen.
- Some target times stated how long it should take from referral to diagnosis for patients assessed by memory clinics. However, these differed across sites. At Martello Court and Latton Bush we were told that the target time from referral to diagnosis was 12 weeks. At the Crystal Centre, we were told that no target was in place. At Martello Court the service was not meeting its target and referral to diagnosis was taking from 18 to 22 weeks. This was due to delays in being able to book scans required as part of diagnosis. At the Crystal Centre we were told that referral to diagnosis was taking from 8 to 12 weeks. At Latton Bush we were told that the target of 12 weeks from referral to diagnosis was being met.
- We asked the trust for information relating to waiting times for memory clinic initial appointments at Martello Court and the Crystal Centre. We were supplied with information that indicated that at Martello Court out of 11 patients, four had waited longer than six weeks to see a nurse at the memory clinic. Of these, two had waited longer than 10 weeks, the longest being 18 weeks. At this site, one patient had waited more than 12 weeks to see a consultant psychiatrist.

- At the Crystal Centre, out of 253 patients, 145 patients had waited more than six weeks for an initial appointment with a memory clinic nurse. Additional memory clinic appointments had been scheduled by the trust to improve waiting times. None of the patients or carers spoke to us about delays in receiving services from the sites that we visited.
- At Martello court and the Landermere centre there was a help-desk to take calls from patients and carers. Patients and carers told us that they were able to contact staff between appointments by telephone. Staff told us they contacted patients to remind them of their appointments and where appropriate informed carers of future appointments. Home visits could be arranged if required. Patients who did not attend for appointments were followed up appropriately.
- Patients and carers told us that visits were not cancelled often and that appointments generally ran on time.

The facilities promote recovery, comfort, dignity and confidentiality

- Reception areas were staffed at all times and there was a good selection of leaflets available in each reception area with information relating to local services and available treatments. However, information about how to complain was only available in a patient advice and liaison service leaflet and this information was not obviously displayed on the outside of the leaflet.
- Rooms used for consultations were clean and comfortable. They were private and maintained dignity and confidentiality. However, at Latton Bush interview rooms were not soundproofed. Music was played in the reception area to prevent consultations being overheard. The clinic room was also used as an interview room, which meant that patients could be interrupted by staff during their consultation when they needed to access supplies stored in the clinic room.

Meeting the needs of all people who use the service

- There was wheelchair access at each service. Information leaflets in English were on display. Staff told us that these were available in other languages and could be accessed and printed via the trust's intranet. Staff were able to access approved interpreters directly by telephone and could arrange face to face interpreting services as required.

Are services responsive to people's needs?

Requires improvement 

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

Listening to and learning from concerns and complaints

- Few patients or carers we spoke with were aware of the trust's complaints policy and procedure. However, patients and carers told us that if they were not happy with the service they would feel comfortable raising this with staff.
- Staff were aware of the trust's complaints policy and procedure. Complaints were also regularly monitored via the trust's quality barometer. This showed that in the three months prior to July 2015 no complaints were received at the services we visited.

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

- Staff knew and agreed with the organisation's values. Senior managers were known to the staff teams and had visited some sites.

Good governance

- Systems were in place to ensure that staff received mandatory training. Staff received supervision and appraisals.
 - Incidents were reported appropriately and learning from these was shared at a local level. However, staff did not participate in clinical audit and the trust wide systems to share learning from incidents were not robust.
 - Key performance indicators were used to gauge the performance of the team and these were benchmarked alongside other community services. Team managers had access to this information relating to their own and other community services. However, this data was drawn from the trust's electronic records system. There were variations in the amount of data entered onto this system and where it was stored meant that the trust could not be sure of the quality or accuracy of the data it was using to measure performance. This had been recognised by the trust and was included on the directorate risk register. An action plan was in place to address this, which included data cleansing and training for staff. However, the data was still unreliable.
 - Key targets in setting timescales for referral to triage and triage to assessment were not in place across all services. At some memory clinics timescales for referral to assessment were in place. Where these timescales were not being met there were no plans developed about how to improve performance.
 - Team managers were given the authority to carry out their role and received appropriate administrative support.
 - Each area had a risk register for their service. These were completed appropriately and were combined into a directorate wide risk register that contributed to the trust's risk register.
- **Leadership, morale and staff engagement**
 - Team managers reported low rates of sickness absence in their teams. The latest sickness reporting rates were not available from the trust.
 - Staff did not identify any bullying or harassment concerns at work.
 - Staff knew the trust's whistleblowing policy and procedures and were confident to use this if necessary. Staff felt able to raise any concerns with their line manager.
 - Staff spoke of a prolonged period of anxiety and uncertainty relating to the journeys transformation programme and many expressed the view that new teams and services were now settling into the new model. Staff spoke positively about the support available to them from their managers and the multi-disciplinary team.
 - Staff were supported to attend specialised training opportunities and continuing professional development.
 - Whilst some staff were not familiar with the term duty of candour they were able to describe the professional behaviours required of them to meet this requirement.
 - **Commitment to quality improvement and innovation**
 - Some services were participating in national quality improvement programmes. For example, the Crystal Centre had been accredited for their practice development unit and Latton Bush had been accredited through the memory service national accreditation programme.
 - The Health Care Foundation at Martello court and the Landermere Centre, in conjunction with Cambridge University, was engaged in a research project exploring safe care pathways.
 - The teams we visited were involved in other research projects, included a 'thinking fit' lifestyle project and research relating to the sexual activity of people with dementia.

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

Treatment of disease, disorder or injury

Regulation

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

Person centred care

The trust did not protect patients against the risks of receiving care or treatment that was inappropriate or unsafe.

- Some care records and risk assessments did not contain enough detail. They were not personalised or kept up to date. This meant that staff did not know the full or current risks presented by the patients that they were caring for.

This was a breach of Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Assessing and monitoring the quality of service provision

The trust did not protect patients, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the trust to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

- Some key targets to measure referral to triage and triage to assessment times were not in place. Where target times were identified, for example at some memory clinics, these were not always being met and no plans were in place to improve performance.

This section is primarily information for the provider

Requirement notices

This was a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.