Defence Medical Services
Department of Community Mental Health Portsmouth and London and South Region Network

Quality Report

Department of Community Mental Health Portsmouth
Sunny Walk,
HM Naval Base Portsmouth
Hampshire
PO1 3LT

Date of inspection: 06 December 2022 to 23 January 2023
Date of publication 5 April 2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, and information given to us from the provider and patients.

Ratings

Overall rating for DCMH Portsmouth	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

Overall Summary

The five questions we ask about our core services and what we found

We carried out an announced inspection at the Department of Community Mental Health (DCMH) Portsmouth between the 06 December 2022 to 23 January 2023. In addition, we reviewed shared assessment arrangements across the London and South network. We did not rate the shared arrangements however overall, we rated the service at Portsmouth as Good.

We found the following areas of good practice:

- The Portsmouth team is part of a network of three DCMHs that cover London and the South of England. Since September 2021, the three services have increasingly worked together as a single point of access (SPA) to respond to initial referral requests, to assess patients and to offer treatment across the teams and this had proven effective and delivered safe care to patients.
- Individual patient risk assessments were in place and proportionate to patients' risks. The team had a process in place to share concerns about patients in crisis or whose risks had increased. We saw good evidence of the team reviewing risks through the multidisciplinary team and following up on any known risks.
- Staff had a good awareness of safeguarding and incident management procedures and practice. Staff had reported all relevant events and appropriate action had been taken to investigate and learn from these and was used to drive a safety culture.
- The team consisted of a full range of mental health disciplines working under the clinical leadership of a consultant psychiatrist. Staff could access mandatory and developmental training and a range of clinical support.
- Clinicians were aware of current evidence-based guidance and standards and patients could access a range of psychological therapies as recommended in NICE guidelines. The team used a range of outcome measures throughout and following treatment. Outcomes were reviewed throughout the treatment process and collated and audited to provide an overview of service effectiveness. These indicated improved outcomes following treatment.
- Staff were kind, caring and compassionate in their response to patients. Patients said they were well supported, and that staff were kind and enabled them to get better.
- The team had met the response target for referrals in recent months.
- Leaders were capable and worked well together to ensure safe and effective care to patients. Staff reported that morale had improved in recent times, and they felt that the management team were approachable and supportive of their work.
- The team had an overarching governance framework to support the delivery of the service, to consider performance and ensure continuous learning and systems and processes were in place to capture governance and performance information. All potential risks that we found had been captured within the risk and issues logs and the common assurance framework and included detailed mitigation and action plans and were escalated appropriately.
- The team was undertaking a wide range of clinical audits and quality improvement projects to enhance patient care and was addressing any potential risks as they arose.

However, the Chief Inspector of Hospitals recommends that DCMH Portsmouth addresses the following:

- There were some gaps in key posts that the team had not been able to fill with locum staff. Recruitment was underway but this had impacted on waiting lists for treatment at the service which had risen over the previous year.
- While the team had undertaken mandatory training in most areas not all staff had completed basic life support and automated external defibrillator management training. This training had not been available during the pandemic and since it was reinstated the team had been struggling to book on to sufficient courses.

Are services safe?

Good

We rated the DCMH as good for safe because:

- The Portsmouth team is part of a network of three DCMHs that cover London and the South of England. Since September 2021, the three services have increasingly worked together as a single point of access (SPA) to respond to initial referral requests, to assess patients and to offer treatment across the teams and this had proven effective and delivered safe care to patients.
- Individual patient risk assessments were in place and proportionate to patients' risks. The team had a process in place to share concerns about patients in crisis or whose risks had increased. Crisis plans were in place and where a known patient contacted the team in crisis, the team responded swiftly. We saw good evidence of the team following up on any known risks.
- Staff had a good awareness of safeguarding and incident management procedures and practice. Staff had reported all relevant events and appropriate action had been taken to investigate and learn from these and was used to drive a safety culture.
- The team was based within a spacious standalone building which was comfortable, well decorated and equipped, and fully accessible to anyone with a physical disability.
- The team and the staff had a good awareness of safeguarding procedures and practice.
- Emergency and business continuity plans were place and effective.

However:

- There were some gaps in key posts that the team had not been able to fill with locum staff. Recruitment was underway but this had impacted on waiting lists for treatment at the service which had risen over the previous year.
- The Portsmouth service was very busy and there were waiting lists for treatment. These had continually increased over previous months. Patients told us that while the care received was good the wait for treatment to commence was frustrating. Action is needed to address the waiting lists.
- While the team had undertaken mandatory training in most areas not all staff had completed basic life support and automated external defibrillator management training. This training had not been available during the pandemic and since it was reinstated the team had been struggling to book on to sufficient courses.

Are services effective?

Good

We rated the DCMH as good for effective because:

- Formal care plans were in place for all patients and were holistic and person centred. Care and treatment plans were reviewed regularly by the multidisciplinary team in weekly multidisciplinary team meetings.
- Patients could access a wide range of psychological therapies as recommended in NICE guidelines. The team offered a range of therapeutic groups to provide more timely access to patients who required lower level and more practical intervention.
- Groupwork had been increased to provide more timely access to patients who required lower level, more practical or pre-therapy intervention.
- Clinicians were aware of current evidence-based guidance and standards and used this to guide their practice. The team used a range of outcome measures throughout and following treatment. The analysis of this indicated overall improved outcomes following treatment.
- The team consisted of a full range of mental health disciplines working under the clinical leadership of a consultant psychiatrist. Multidisciplinary team processes were working well. A standardised recording system was operating, and all new referrals were discussed at the multidisciplinary team.
- Staff could access developmental training and a range of clinical support and supervision.
- The team worked effectively in partnership with other agencies, both inside and outside the military, to manage and assess patient needs and risks.

Are services caring? **Good**

We rated the DCMH as good for caring because:

- We saw staff that were kind, caring and compassionate in their response to patients. We observed staff treating patients with respect and communicating effectively with them. This included both clinical and administrative staff.
- Staff showed us that they wanted to provide high quality care. Staff worked extremely hard to meet the wider needs of their patients. We observed some positive examples of staff providing practical and emotional support to people.
- Patient experience was good. Patients we spoke with during the inspection were positive about the service and the patient survey in November 2022 had received overwhelmingly positive responses to all questions. The service had received many positive comments from patients and other professionals. Patients said they were well supported, and that staff were kind and enabled them to get better.
- Patients told us that staff provided clear information to help with making treatment choices. Records demonstrated the patient's involvement in their care.
- We saw staff working with patients to reduce their anxiety and behavioural disturbance.
- Staff understood confidentiality, and this was maintained.

Are services responsive to people's needs? **Requires improvement**

We rated the DCMH as requires improvement for responsive because:

- The Portsmouth service was very busy and there were waiting lists for treatment. These had continually increased over previous months. Patients told us that while the care

received was good the wait for treatment to commence was frustrating. Action is needed to address the waiting lists.

However:

- All referrals and the waiting lists were overseen by the management team to ensure that resources were shared appropriately, and blockages were addressed.
- The team had introduced a process to ensure that patients at most risk on the waiting list were contacted and risk assessed on a regular basis while they awaited treatment.
- The team was meeting the response target for urgent and routine referrals.
- Travelling required by most patients for appointments was within an acceptable time allowance. Virtual appointments were available and welcomed by many patients. Most patients felt their appointment was at a convenient location and at a convenient time.
- The team had a procedure regarding following up patients who did not attend their appointment (DNA process). The DNA rate was six per cent which was below the DMS target.
- A comfortable waiting area was available for patients. Information was available on display about treatments, local services, patients' rights, and how to complain.
- The team had a system for handling complaints and concerns and complaints were minimal. Staff demonstrated awareness of the complaints process and had supported patients to raise concerns.

Are services well-led?	**Good**

We rated the DCMH as Good for well-led because:

- We found that leaders had worked well together to find effective solutions to ensure the safe and effective delivery of care. Staff we met were positive and told us that the team worked well together, and that leaders were approachable and supportive of their work. Staff reported that morale had improved at the team. Staff reported that they felt supported by their colleagues and that the management team were approachable and supportive of their work.
- All staff we spoke with during this inspection were clear regarding the aims of the service and supported the values of the team.
- The team had an overarching governance framework to support the delivery of the service, to consider performance and ensure continuous learning. Systems and processes were in place to capture governance and performance information.
- Potential risks that we found had been captured within the risk and issues logs and the common assurance framework. All risks identified included detailed mitigation and action plans. Risks had been escalated appropriately.
- A range of audit and quality improvement projects were being undertaken. Staff were fully engaged in this process. Staff had been engaged in the development of the single point of access and had contributed to the development and refinement of procedures and guidance for this function.
- Staff were positive about the improvements and felt this was making a positive difference to the quality of care offered to patients.
- Sickness and absence rates at the team were minimal.

Our inspection team

Our inspection team was led by a CQC Inspection Manager Lyn Critchley. The team included an inspector and a specialist military mental health nursing advisor.

Background to Department of Community Mental Health Portsmouth and the London and South Region Network

The department of community mental health (DCMH) at Portsmouth provides mental health care to a population of approximately 18,000 serving personnel from across all three services of the Armed Forces. The catchment for the service includes all service personnel on Royal Navy ships based at HM Naval Base Portsmouth and at eight other military establishments across the South West of England. In addition, the team also work with those who have returned to the catchment area on home leave.

The Portsmouth team is part of a network of three DCMHs that cover London and the South of England. The other two services are based at Woolwich Station in London and the Centre for Health in Aldershot. Since September 2021, the three services have increasingly worked together as a single point of access (SPA) to respond to initial referral requests, to assess patients and to offer treatment across the teams.

During this inspection we looked at the quality of care and treatment provided in Portsmouth in detail and have rated this but we also considered how the three teams in the region had come together to undertake triage and assessment. We also looked at how the regional management team had taken oversight of the network and their plans to increase this integration. We did not rate this aspect of the inspection.

The departments aim to provide occupational mental health assessment, advice and treatment. The aims are balanced between the needs of the service and the needs of the individual, to promote the well-being and recovery of those individuals in all respects of their occupational role and to maintain the fighting effectiveness of the Armed Services.

At the time of our inspection the DCMH Portsmouth active caseload was approximately 344 patients.

The service at Portsmouth operates during office hours. In line with defence policy there is no out of hours' service directly available to patients: instead patients must access a crisis service through their medical officers or via local emergency departments. The team participates in a National Armed Forces out of hours' service on a duty basis. This provides gatekeeping and procedural advice regarding access to beds within the DMS independent service provider contract with NHS providers.

Why we carried out this inspection

The CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare Regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the CQC's observations and recommendations. This inspection is one of a programme of inspections that the CQC will complete at the invitation of the DMSR in their role as the military healthcare Regulator for the DMS.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

Before visiting the teams, we reviewed a range of information the DCMHs and the Defence Medical Services had shared with us about the service and the network. This included: risk registers and the common assurance framework, complaints and incident information, clinical and service audits, patient survey results, service literature, staffing details and the service's timetable.

We carried out an announced inspection and interviewed additional patients and staff via video conferencing between the 06 December 2022 to 23 January 2023. During the inspection, we visited the teams at Portsmouth and Aldershot, met virtually with the team in London and representatives of the London and South regional management team and reviewed additional information about the other parts of the service. Specifically, we undertook the following:

At Portsmouth:

- looked at the quality of the teams' environment;
- observed how staff were caring for patients;
- attended one therapy session;
- spoke with twelve patients who were using the service;
- observed the duty worker and administrative staff;
- spoke with the management team;

- spoke with 13 other staff members including doctors, nurses, psychologists, therapists, social workers and administration staff;
- joined the multi-disciplinary team meeting;
- joined the management team meeting;
- looked at a range of policies, procedures and other documents relating to the running of the service;
- examined minutes and other supporting documents relating to the governance of the service.

Across the network we:

- spoke with the regional clinical director and governance lead;
- spoke with the senior management team across the network;
- spoke with staff from DCMH Aldershot and DCMH London;
- looked at 30 clinical records of patients who had been referred to Portsmouth including patients who had been assessed and/or treated by another DCMH following referral;
- looked at a range of policies, procedures and other documents relating to the referral, assessment and treatment pathway;
- examined minutes and other supporting documents relating to the governance of the network.

Defence Medical Services

Department of Community Mental Health – Portsmouth and London and South Region Network

Detailed findings

Are services safe?

Good

Our findings

Safe and clean environment

- DCMH Portsmouth was based within a spacious and well decorated standalone building within the dockyard at the Portsmouth Naval Base. The building was well maintained and at the time of the inspection work was underway to further upgrade the building. The team confirmed that maintenance requests were responded to quickly. A disability access assessment had been undertaken and treatment and meeting rooms were on the ground floor and fully accessible to anyone with a physical disability.
- A comfortable waiting area was available for patients. Information was available on display about treatments, local services, patients' rights, and how to complain.
- General health and safety and fire safety checks were in place. There was an environmental risk assessment in place supported by guidance for staff in managing environmental risks. The assessments highlighted the risk factors we observed including relevant clinical environmental risks. The team had undertaken an additional risk assessment of potential ligature points. Staff mitigated these risks by meeting patients within the reception areas and escorting them around the building at all times.
- The building was fitted with a safety alarm for staff to use in the event of an emergency. Staff also had access to personal alarms. Lone working practices were in place including arrangements for logging which staff were in or out of the building.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Hand wash facilities and hand gels were available, and staff adhered to infection control principles, including handwashing. Cleaning and infection prevention audits were undertaken regularly, and the building was found to be clean throughout. A risk assessment was in place and appropriate systems based on national guidance had been put into place to manage the risks associated with Covid 19. This included the accessibility and use of personal protective equipment (PPE), Covid testing and safe distancing measures when appropriate.

- Equipment logs were in place. Equipment was found to be clean and had been serviced.

Safe staffing

- The clinical team at Portsmouth totalled 23 people and consisted of medical, nursing, therapy, social work, psychology and administration staff. The management team confirmed that there had been some success with recruitment in the previous 12 months however the team had five additional vacancies; for one lead psychologist, one band 7 nurse, two military nurses and one social worker. An additional social worker left the team at the time of the inspection. Recruitment was ongoing at the time of the inspection. The team had attempted to gain locum cover for remaining key posts however this was not available.
- Due to previous staffing levels and increased demand at the service the team had worked as part of a network with the DCMHs in London and Aldershot to increase capacity. Since September 2021, the three services have increasingly worked together as a single point of access (SPA) to respond to initial referral requests, to assess patients and to offer treatment across the teams. This had ensured a timelier response to assessment however at the time of the inspection waiting lists were growing at DCMH Portsmouth.
- The team benefited from a full-time practice manager and three administrators. The reception area was always staffed, and patients spoke highly about the welcome they received at the service and the responsiveness of administration staff to any queries.
- All new starters, whether locum or permanent, were provided with induction training and a copy of the induction booklet.
- Up to twenty-six training courses were classed as mandatory dependent on role. At the time of the inspection overall compliance averaged 84%. However, not all staff had received training in basic life support (33%) and automated external defibrillator management (33%). This training had not been available during the pandemic and since it was reinstated the team had been struggling to book on to sufficient courses. However, at the time of the inspection all staff had enrolled on courses to take place by the end of the financial year.

Assessing and managing risk to patients and staff

- Referrals came to the team from medical officers and other DCMHs. These were indicated as either urgent or routine. Urgent referrals were considered by the end of the next working day. The Defence target to see patients for a routine referral was 15 days.
- Routine referrals were clinically triaged by the single point of access duty worker to determine whether a more urgent response was required and allocated to the appropriate DCMH who would then allocate to the next available clinician to undertake full assessment. The triage process was undertaken by DCMH Aldershot and was ring fenced to ensure adequate response to referrals.
- Once a patient was accepted by the team a risk assessment was undertaken. In all cases we reviewed we found that risk assessment was in place and addressed known concerns. Crisis plans were in place and where a known patient contacted the team in crisis, the team responded swiftly. Patients we spoke with were aware of their crisis plans and what to do in an emergency. Both staff and patients confirmed access to the psychiatrist should a full assessment be required.
- All fresh cases were taken to the multidisciplinary team meeting to assure an appropriate response. The team recorded all clinical risk and decisions made at the multidisciplinary team and operated a process to share concerns with colleagues about specific patients whose risks had increased. This included risks due to safeguarding concerns and all patients

recently discharged from hospital. The team met weekly to discuss any urgent risk issues and all at risk cases were discussed at multidisciplinary and complex case meetings.
- The team had a process to ensure that patients with higher risks on the waiting list were contacted and risk assessed on a regular basis while they awaited treatment.
- Processes were in place to identify, report and manage safeguarding concerns. The Ministry of Defence had introduced policies for safeguarding vulnerable adults and children. The team had developed local procedures to manage safeguarding. Nearly all staff had undertaken required training as appropriate to their role. The team demonstrated an understanding of safeguarding principles and practice and had made a number of safeguarding referrals in the previous year. Safeguarding concerns were discussed at governance and multidisciplinary team meetings.
- Appropriate arrangements were in place for the safe management of medicines. The DCMH did not dispense medication. Instead the consultant psychiatrists would prescribe medication, but ongoing prescribing would be undertaken by GPs through a shared care agreement. No delays or errors were reported in patients receiving their medication.
- Business continuity plans for major incidents, such as security threat, power failure or building damage were in place and had been updated to reflect the risks in relation to the Covid 19 pandemic. Appropriate actions had been taken in response to the pandemic to mitigate the risk of infection to patients and staff and to ensure the service could operate safely. Where appropriate, staff had worked at home to minimise risk however the team had offered both virtual and face to face appointments where necessary throughout the pandemic and since.

Reporting incidents and learning from when things go wrong

- The team used the standardised DMS electronic system to report significant events, incidents and near misses. Staff received training at induction regarding the processes to report significant events. Staff were aware of their role in the reporting and management of incidents.
- Between January and November 2022, there were 11 significant events recorded across the service. All events had resulted in low or no harm. The majority of these related to administration issues and IT issues. Root cause analysis investigations had been undertaken where appropriate and were thorough. These provided evidence of learning and had led to improvements in practice.
- Staff confirmed significant events were discussed at team and governance meetings including the outcome and any changes made following a review of the incident. Learning and recommendations were noted within the minutes of these meetings. Staff were aware of learning from previous events.

Are services effective?

Good

Our findings

Assessment of needs and planning of care

- Formal assessment was undertaken once a patient's referral was accepted by the team. Following this, an assessment of the patient's needs was undertaken. Care and treatment plans were developed with patients. Formal care plans were used at the team and were in place for patients we reviewed. Care plans were holistic and captured relevant needs and risks. Patients we spoke with confirmed they had been involved in developing their care plans. The team had been undertaking regular audits of care plans and patient records.
- The team had access to an electronic record system which was shared across all DMS healthcare facilities. This system facilitated effective information sharing across mental health and primary care services. Any paper records were scanned on to the system to ensure access and safe storage however some team members told us that at times there could be delays in the information being uploaded to the system.

Best practice in treatment and care

- Clinicians were aware of relevant evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE and other guidance was reviewed within team and governance meetings. Clinical records reviewed made reference to NICE guidance. Staff told us of therapeutic practices that met this guidance.
- The team employed psychologists and all nurses were trained in a range of psychological treatments. The team was also working with the NHS to provide additional high intensity therapy capacity. Patients were therefore able to access a wide range of psychological therapies as recommended in NICE guidelines for depression, post-traumatic stress disorder (PTSD), alcohol misuse and anxiety. Treatments included the use of cognitive behavioural therapy, cognitive processing therapy and eye movement desensitization and reprocessing.
- In addition, the team delivered a range of therapeutic groups to prepare patients for psychological intervention and to provide more timely access to patients who required lower level, more practical or pre-therapy intervention. At the time of the inspection three courses were underway for PTSD (post-traumatic stress disorder) support, anxiety management (AMC) and Military Behaviour Activation and Rehabilitation (MBARC).
- The team used a range of outcome measures throughout and following treatment. These included the work and social adjustment scale, patient health questionnaire, generalised anxiety disorder scale, the PTSD checklist and the alcohol use disorder identification test. The team also audited patient outcomes following each groupwork course. During the pandemic the team had adjusted this process to ensure patients were able to continue to contribute to these measures. Outcomes were reviewed throughout the treatment process and collated and audited to provide an overview of service effectiveness. These indicated improved outcomes following treatment.
- A range of audits were undertaken by the team. These included DMS mandated audits such as for clinical record keeping, patient experience, supervision levels, significant events trend analysis, complaints process, security, cleanliness and environmental audits. Additional audits were undertaken of safeguarding procedures, Covid measures, groupwork effectiveness, clinical pathways and outcomes and job plans. Audit had also recently been undertaken to understand referral rates and trends, and caseload information across the network.

Skilled staff to deliver care

- The team consisted of a full range of mental health disciplines working under the clinical leadership of a consultant psychiatrist. These included psychiatrists, nurses, psychologists, therapists and social workers.

- New staff, including locums, received a thorough induction.
- Development training, such as in cognitive behaviour therapy (CBT) and cognitive processing therapy (CPT) was available to staff although staff told us that access to this was limited by the demands of the service.
- Staff received a weekly continued professional development session which had included topics such as CBT formulation, NHS Veterans Mental Health Transition, Intervention & Liaison Service (TILS), overview of the single point of access, sleep disorders and the menopause.
- Staff had support through weekly team, multidisciplinary and professional development meetings. Staff were also involved in monthly governance meetings and took lead roles on the governance agenda.
- Staff confirmed that they had protected time for supervision and professional development and received regular supervision and caseload management. Records confirmed good compliance with clinical supervision and caseload management. Psychologists at the team also offered bespoke supervision to staff following complex work and debriefs following any incidents.
- All staff had received appraisals in the previous six months.

Multidisciplinary and inter-agency team work

- Care and treatment plans were reviewed regularly in multidisciplinary team meetings. Patients at risk and all newly referred patients were discussed in these meetings. We observed that multidisciplinary team meetings were well managed and staff present were engaged in the decision making.
- The team worked in partnership with a range of services both within and outside the military. This included liaison with the NHS providers who are independent service providers of psychiatric beds. The team had a liaison nurse and deputy whose role it was to work with the NHS team to ensure effective care and discharge from the service. The team's psychiatrists also worked closely with the NHS team to ensure seamless care. Staff at the DCMH demonstrated effective information sharing and support to the NHS teams in the management of their patients.
- As an occupational mental health service, the team's role was to assist patients to retain their occupational status or to leave the armed services. Patients could also use the team during the first six months following discharge from the military. The team worked closely with the Military Welfare Services and the NHS Veterans Mental Health Transition, Intervention & Liaison Service (TILS) and a wide range of third sector organisations to ensure effective support with employment, housing and wider welfare. Where necessary, when handing care over on discharge of a patient from the service, the team met with the receiving NHS teams.
- The team had developed good working relationships with the defence primary care teams across the catchment area and operated from some medical centres where required. Staff described the advice and support they would give to colleagues in primary medical services and the chain of command around specialist mental health monitoring. The team was involved in the base / unit health committees where appropriate to ensure effective support to their patients. The team had also provided specialist advice and training for primary health care staff and military units to raise mental health awareness.

Adherence to mental health legislation

- The Mental Health Act was used very infrequently at the service. Should a Mental Health Act assessment be required the team worked with the local NHS provider to access this through

civilian services. Staff told us that there were positive relationships between the DCMH and the local NHS inpatient service provider which facilitated timely access to a bed.
- Staff did not receive formal training in the Mental Health Act and Code of Practice however information was available to staff and the team's social worker had acted as lead regarding the Act.

Good practice in assessing capacity and consent

- There was not a specific policy on the Mental Capacity Act within defence services, but information was available to staff and all had awareness of the principles of the Act and the need to ensure capacity and consent.
- It is the individual healthcare professional's responsibility to assure capacity and gain consent and this should be considered on an ongoing basis. We found consideration of capacity in the records we reviewed and observed a considered discussion at the multidisciplinary team meeting regarding a patient's capacity. In line with the principles of the Act, staff assumed capacity unless there was evidence to suggest otherwise.
- Patients told us that they had the need for consent to treatment explained to them. In all records we reviewed we found records of consent to treatment and share information.

Are services caring?

Good

Our findings

Kindness, dignity, respect and support

- Staff showed us that they wanted to provide high quality care. We observed staff working hard to meet the wider needs of their patients. Some patients told us that there could be delays in accessing treatment following assessment however staff would help them to access all possible support that they could while they were waiting. We received several positive comments from patients about the treatment that they had received from the team.
- We saw staff that were kind, caring and compassionate in their response to patients. We observed staff treating patients with respect and communicating effectively with them. This included both clinical and administrative staff. Patients we spoke with told us that staff were kind and supportive, and that they were treated with respect. Patients were particularly complimentary about reception staff and the welcome they received at the service.
- Staff demonstrated that they were knowledgeable about the history, possible risks and support needs of the people they cared for. We saw staff working with patients to reduce their anxiety and behavioural disturbance.
- Confidentiality was understood by staff and maintained. Staff maintained privacy with people, who were asked if they would like their information shared with their relatives, within the chain of command and other bodies, including CQC. Information was stored securely, both in paper and electronic format.

The involvement of people in the care they receive

- Formal care plans were used at the team and were in place for patients. Care plans demonstrated the patient's involvement in their care. Records confirmed a copy of the care plan had been offered to the patient and patients we spoke with confirmed they had been involved in their care planning. Care plans were updated and were useful.
- Information was available at the service about a range of organisations that would provide advice and support to serving and former Armed Forces personnel. Staff told us about many positive relationships with support organisations.
- The team provided access to a range of information regarding the service delivered and clinical conditions and treatments available to support the conditions. These were shared with patients routinely. Patients reported positively regarding these.
- The team undertook patient experience surveys on an ongoing basis. In November 2022, 34 people had participated in the survey. All participants stated they would recommend the service to friends and family should they need to use it and where happy with their care. All relevant participants felt staff would listen to their concerns if they had any.
- In the 12 months to November 2022, 52 patients had made comments about the service, these were overwhelmingly positive about the team, the welcome they had received at the service and the outcomes of their treatment.
- Several patients confirmed their families had been involved appropriately within their care. Staff also confirmed times when they had offered support and advice to family members.

Are services responsive to people's needs?

Requires improvement

Our findings

Access and discharge

- In line with DMS requirements the service operated during office hours only. There was no out of hours' service directly available to patients: instead patients had to access a crisis service through their medical officers or via local emergency departments. The team participated in a National Armed Forces out of hours' services on a duty basis. This provided gatekeeping and procedural advice regarding access to beds within the DMS independent service provider contract with NHS providers. In addition, DCMH Portsmouth also offered out of hours support to Royal Navy ships and medical facilities on a published rota system with the other two Naval situated DCMH's.
- At the time of the inspection, five patients were in a bed within the NHS. Staff told us that there were positive relationships between the DCMH and the local NHS inpatient service providers which facilitated timely access to a bed. The team had a dedicated liaison worker and deputy who participated in hospital ward rounds and met with the patient on a regular basis when DCMH patients were admitted as inpatients. Where a patient was placed a significant distance from the team, the local DCMH performed this role with the patient.
- Due to capacity concerns across the three DCMHs in London and the South, in September 2021, a single point of access had been set up for the region. DCMH Aldershot became the access point for all referrals and undertook initial triage of all newly referred patients. Following this, the team at Aldershot would transfer the care of the individual to the most appropriate DCMH to undertake detailed assessment and for further treatment. In

September 2021, due to a lack of staff availability and increased demand the numbers of new referrals that could be accepted by DCMH Portsmouth per month was capped to 22. At the time of the inspection this was raised to 30 new referrals per month. On occasions where there was limited capacity and the patient was at greater risk, a decision would be taken to the most appropriate DCMH to undertake treatment.

- Within the single point of access, a duty worker and a senior clinician was available each day to undertake the initial triage and liaison with refers. Each DCMH including Portsmouth, also had a duty worker whose role it was to oversee assessment and to deal with any urgent concerns. The three teams in the network also met daily to oversee allocations and any concerns, and to consider resources.
- Referrals came to the single point of access from medical officers and other DCMHs. These were indicated as either urgent or routine. Urgent referrals were considered by the end of the next working day. The target to see patients for assessment following a routine referral was 15 days. The DMS performance target for assessing patients within 15 days of routine referral was set at 95%. Since October 2022, the Portsmouth team had fully met the target for responding to urgent cases and for routine referrals in 96% of cases. The team confirmed that the regional clinical services manager closely monitored the referral data to ensure that risks were managed and to alleviate any blockages by deploying “surge” assessment capacity at times of high numbers of referrals. The regional clinical services manager had undertaken a review of all cases where the target had not been met. In all cases this was due to patient unavailability or recording error.
- At the time of the inspection the team’s active caseload at Portsmouth was 344. There had been 105 new referrals between August and December 2022. Across the regional network there had been 283 accepted referrals during this period. This had been increasing throughout the period.
- The management team told us that the Portsmouth service was very busy and there were waiting lists for treatment. At the time of the inspection 70 people were waiting for step 2 – low intensity therapy, the longest length of wait was 195 days. 69 people were waiting for step 3 - high intensity therapy, the longest length of wait was 286 days. 15 people were waiting for psychology, the longest length of wait was 174 days however there were no people waiting for psychiatry. The waiting list was reviewed weekly by the clinical lead and regional clinical services manager to ensure that all clinical risks were appropriately managed. The team at Portsmouth was running further group sessions at the time of the inspection to further address the waiting lists.
- Where a known patient contacted the team in crisis during office hours the team responded promptly. The team confirmed this included rapid access to a psychiatrist.
- Within the Armed Forces, personnel can be ordered to attend for a medical appointment. However, personnel do not have to accept treatment. The team had a procedure regarding following up patients who did not attend their appointment (DNA process). The team confirmed that usually only patients who had been deployed to other duties at short notice did not attend. The team undertook audit to better understand people’s reasons for not attending appointments and had improved appointment systems as a result. This included sending text reminders regarding appointments. The DNA rate at September 2022 was 6%. This was within the DMS target of 10%.
- Throughout the pandemic staff had mainly worked at home to minimise risk however the team had offered both virtual and face to face appointments where necessary. Since, the team had increased their office presence at the base to allow greater access to face to face appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- The team was based at a standalone facility within the Portsmouth Naval Dockyard. Patients we spoke with confirmed that they were able to access the team's base easily.
- Treatment rooms were available on the ground floor at the base, which allowed for patients with disabilities to access the service.
- A comfortable waiting area was available for patients. Information was available on display about treatments, local services, patients' rights, and how to complain.
- There were sufficient treatment rooms at the base. Treatment rooms were adequately soundproofed to ensure privacy during treatments.

Meeting the needs of all people who use the service

- The team could offer flexible appointment times during office hours. Patients confirmed that they were given time off to attend appointments and the chain of command was supportive of this.
- The DCMH serves patients from nine military establishments across Hampshire, Somerset, Sussex and Dorset. Travelling required by most patients for appointments was within an acceptable time allowance at less than one and half hours. However, some patients, posted a distance from Portsmouth, told us that travel to appointments could take significant time therefore they had found virtual appointments extremely welcome as this had cut down on travel and had allowed greater flexibility. The team undertook patient experience surveys on an ongoing basis. In November 2022, 34 people had participated in the survey. Eighty-five per cent of participants stated their appointment was at a convenient location and 100% that their appointment was at a convenient time.
- The team also supported service personnel aboard Portsmouth based ships deployed around the world. The team had used telepsychiatry via a video link to support this role. This had assisted some patients to complete treatment while deployed.
- The team confirmed that they had access to interpreters should this be required.

Listening to and learning from concerns and complaints

- The team had a system for handling complaints and concerns. The practice manager was the designated person responsible for managing all complaints. A policy was in place and information was available to staff. Staff demonstrated awareness of the complaints process and had supported patients to raise concerns about other services.
- Patient waiting areas had posters and leaflets explaining the complaints process and information about how to complain was shared with patients at the commencement of their treatment. The patient experience survey in November 2022 found that all patients knew how to make a complaint and felt they would be listened to. Patients spoken with during the inspection understood how to make a complaint and felt they would be listened to if they complained.
- In the 12 months prior to our inspection, there had been three formal complaints at the service. These had related to delays in treatment and staff conduct. The practice manager confirmed that they had fully investigated and responded to. None of the complaints had resulted in an armed service complaint or had been referred to the Armed Forces Ombudsman.
- In the 12 months to November 2022, the team had received 52 compliments about the service. During this inspection we received feedback from patients and heard positive comments about the staff, and the service patients had received.

Are services well-led?

Good

Our findings

Vision and values

- The team's mission was:
  "To deliver a safe and effective mental healthcare service for Defence in order to enhance and sustain the operational effectiveness of the three Services in DCMH Portsmouth's Area of Responsibility".
- The DCMH and regional leadership team told us of their commitment to deliver quality care and promote good outcomes for patients. Staff at Portsmouth were positive and clear about their role in delivering the vision and values of the service. Staff felt positive about the team and their own work and that this was making a positive difference to the quality of life of patients.

Good governance

- The team had an overarching governance framework to support the delivery of the service, to consider performance and ensure continuous learning. The team had a monthly governance and business meeting which all staff attended and took an active role in. The meeting considered good practice guidelines, policy development, risk issues, learning from complaints and adverse events, patient experience, team learning, quality improvement (QI) and service development. In addition, weekly team meetings and continuous professional development sessions and multidisciplinary meetings considered areas of governance and practice. Minutes for these meetings showed the service had effective governance and administration procedures in place.
- Effective systems and processes were in place to capture governance and performance information. Local processes and a dashboard had been developed, including information about complaints, training, supervision and key performance indicators, and local procedures for managing referrals, waiting lists, risk and safeguarding where in place. The management team had access to detailed information about performance against targets and outcomes.
- The common assurance framework (E-HAF), is a DMS structured self-assessment internal quality assurance process, which forms the basis for monitoring the quality of the service. Members of the team were allocated lead roles on areas of the HAF and governance agenda and would meet regularly to update assurance information. We found that this document was up to date, was detailed and all issues and risks relevant to the service had been incorporated in the document. An update in the form of a progress report on the HAF and associated action plan was submitted to the regional headquarters (RHQ) on a regular basis.
- The practice manager was the nominated risk manager. Risk and issues were identified and logged on the regional headquarters and local risk and issues registers. These were overseen by the regional operations manager. The risk and issues logs included: waiting lists and staff vacancies including inability to recruit locum staff. The risks included detailed mitigation and action plans and had been escalated to regional headquarters appropriately. Potential risks that we found had been captured within the risk and issues logs and the common assurance framework action plan.
- The regional management team confirmed that they had undertaken detailed monitoring of the team since the single point of access had been put in place. The regional governance

and patient safety lead worked closely with the Portsmouth team to support governance and assurance processes.

- We found a number of positive aspects at DCMH Portsmouth. These included:
    - The team had met the response target for urgent and routine referrals in recent months.
    - Multidisciplinary team processes were working well. A standardised recording system was operating, and all new referrals were discussed at the multidisciplinary team.
    - All referrals and the waiting lists were overseen by the management team to ensure that resources were shared appropriately, and blockages were addressed.
    - The team had a process to ensure that patients at most risk on the waiting list were contacted and risk assessed on a regular basis while they awaited treatment.
    - Staff had been engaged in the development of the single point of access and had contributed to the development and refinement of procedures and guidance for this function.
    - Staff had access to all necessary supervision and a wide range of continuous professional development.
    - Sickness and absence rates at the team were minimal.
    - Patient experience was good. Patients we spoke with during the inspection were positive about the service and the patient survey in November 2022 had received overwhelmingly positive responses to all questions. The service had received many positive comments from patients and other professionals.
    - The team had developed good working relationships with the defence primary care teams across the catchment area and operated from medical centres where required.
    - Groupwork had been increased to provide more timely access to patients who required lower level, more practical or pre-therapy intervention.
    - The environment at the base was good and environmental risk assessments were in place and included all relevant risks.

However, some areas required further work including:

- There were some gaps in key posts that the team had not been able to fill with locum staff. Recruitment was underway but this had impacted on waiting lists for treatment at the service which had risen over the previous year.
- Mandatory training rates were at 84% however not all staff had undertaken required training in basic life support and automated external defibrillator management. This training had not been available during the pandemic and since it was reinstated the team had been struggling to book on to sufficient courses. However, at the time of the inspection all staff had enrolled on courses to take place by the end of the financial year.

Leadership, morale and staff engagement

- The management team at Portsmouth consisted of a clinical lead who was a military consultant psychiatrist, a military department manager, a band 7 nurse and a practice manager. At the time of the inspection the clinical lead was leaving the service, their successor had recently started, and a handover was being undertaken to ensure a smooth transition. The regional clinical services manager who led the team at Aldershot also provided informal leadership support to the team at Portsmouth. The regional management team told us that plans were in place to formalise this arrangement across the region in the future.

- Due to previous staffing levels and increased demand at the Portsmouth service the team had worked as part of a network with the DCMHs in London and Aldershot to increase capacity, enhance resilience, create consistency and improve patient access. Since September 2021, the three services had increasingly worked together as a single point of access (SPA) to respond to initial referral requests, to assess patients and to offer treatment across the teams. Subsequently, in response to specific concerns about capacity the numbers of new referrals that could be accepted by DCMH Portsmouth per month was capped. While these actions had ensured safety for existing patients it had also affected the team's morale and the functioning of the team. Since then, morale had improved, and we found that leaders had worked well together to find effective solutions to ensure the safe and effective delivery of care. Staff we met were positive and told us that the team worked well together, and that leaders were approachable and supportive of their work
- Staff were clear regarding their own roles and responsibilities. Job plans, objectives and expectations were in place for the team. The regional clinical services manager was undertaking work to look at job plans to ensure that these were clearer, efficient and equitable across the regional network.
- There were some gaps in the team that had not been filled by locum staff. Recruitment was underway but there was some impact on waiting lists for treatment at the service.
- Staff confirmed that there had been supportive working arrangements throughout the Covid pandemic. The team had developed and updated risk assessments and business continuity plans for the management of Covid-19 and had ensured that the staff had access to IT to enable homeworking, PPE and access to Covid testing. The team had worked effectively and safely through virtual and rotational office working meaning they could offer both virtual and face to face appointments where necessary. Since, the team had increased their office presence at the base to allow greater access to face to face appointments.
- A whistleblowing process was in place that allowed staff to go outside of the chain of command. Staff also had access to a Freedom to Speak Up Guardian (FTSU). Staff knew about the whistleblowing and FTSU processes and stated they would feel confident to use these should they need to. There had been no formal reported cases of whistleblowing or bullying at the team during 2022. Where required staff performance issues had been managed appropriately.
- Staff had access to regular professional development, clinical supervision and caseload management appropriate to their role. The team regularly audited attendance and the quality of clinical supervision. All staff had undertaken an appraisal in the previous six months.
- All staff attended team meetings, governance meetings and weekly multidisciplinary meetings. Staff told us that service developments were discussed at these meetings and they were offered the opportunity to give feedback on the service and input into service development. Staff took lead roles in supporting the improvement agenda.

Commitment to quality improvement and innovation

- An annual audit programme was in place and staff were involved in conducting and identifying audit topics. Topics included DMS mandated audits such as for clinical record keeping, patient experience, supervision levels, significant events trend analysis, complaints process, security, cleanliness and environmental audits. Additional audits were undertaken of safeguarding procedures, Covid measures, groupwork effectiveness, clinical pathways and outcomes and job plans. Audits were used to inform changes to practice. Feedback and changes as a result of the audits were taken to the governance meetings and used to plan future development and the ongoing audit programme.

- An audit had also recently been undertaken to understand referral rates and caseload information across the network. The regional clinical manager was using this audit to identify caseload trends, consider more effective resource allocation and drive improvement.
- The team was undertaking additional quality improvement projects and addressing any potential risks as they arose. These included:
    - The QI lead developed a pro-forma to aid risk assessment of suicide and self-harm indicators following an increase in high risk behaviours being identified by the team at the multidisciplinary team.
    - The team had developed a jargon buster including key acronyms used to aid newly inducted staff members who had come from outside the military.
    - The clinical team had identified an increase of cases of people with attention deficit hyperactivity disorder (ADHD): to lessen the time required for diagnostic work the team has adopted a self-assessment tool for patients to complete ahead of consultation.
    - A weekly meeting had been set up for the team to attend when they needed supervision for complex cases. This had allowed formal supervision and the multidisciplinary team meetings to focus on wider issues.
    - To address waiting lists and prepare patients for psychological intervention the team had increased groupwork which provided more timely access to patients who required lower level, more practical or pre-therapy intervention.