

Review of compliance

Oxleas NHS Foundation Trust Bracton Community Psychiatric Nursing Team

Region:	South East
Location address:	Bracton Centre Bracton Lane Dartford Kent DA2 7AF
Type of service:	Community based services for people with mental health needs
Date of Publication:	January 2012
Overview of the service:	The Bracton Community Psychiatric Nursing Team is part of Oxleas NHS Foundation Trust, which has a Prison In-Reach team providing a range of mental health services to people in prison in Kent. This inspection focused on mental health services provided to people at HMP Stanford Hill. At the time of the inspection 9 people were in receipt of a

	service from the Prison In-Reach team.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Bracton Community Psychiatric Nursing Team was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 December 2011, checked the provider's records, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

This inspection was carried out alongside an HM Inspectorate of Prisons (HMIP).

We spoke to four people who were prisoners in receipt of a service from the Prison In-Reach team.

There was a mixed response from people about the service they receive. Two people were very satisfied with the service and the remaining two people were dissatisfied with it.

One person said that the support and help he has received has "transformed" his life. He added that this has helped him stabilise his mental health and allowed him to keep in touch with the psychiatric services he had before entering prison. Another person described helpful appointments with a health care worker from the in-reach team for anxiety and that this involved the use of self help guides. He said that the mental health professional he saw at the sessions was respectful, commenting: "She doesn't judge me."

Each of the four people we spoke to said that they are treated with respect by the mental health service professionals.

Each person said that their privacy was acknowledged and that they are always seen in private.

None of the people we spoke to were aware if they had a care plan or other documents setting out the type of support they receive. Two of the four people said that the mental

health professional explained the support being provided. One of these people said that this was done in a way that he easily understood. The remaining two people said that there was no explanation of the help being provided.

None of the people we spoke to were aware if they had been given any written information about the mental health in-reach team, although one person said he may have received this.

Two people said they were given letters with future appointment times and two other people said they were not.

One person said that he had completed two satisfaction survey forms about the mental health in-reach team. The remaining three people said that they had not been given a survey form.

What we found about the standards we reviewed and how well Bracton Community Psychiatric Nursing Team was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The service takes steps to explain to people the service being provided, but people were not fully aware that they had received information about the in-reach service.

People are treated with respect and their privacy promoted.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Although people were not always fully aware of the type of help they were getting, and the system for involving people in this was not always documented, there was a coordinated approach to care.

The care records and discussions with people showed the service has been helping those with mental health needs as well as providing social support.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People were not clear if they had received any written information such as a leaflet about the mental health in-reach team. One person said he may have received such a document.

Each of the people we spoke to said that they are treated with respect by the mental health professionals from the in-reach service. One person added that he was extremely pleased with the way he has been treated.

Two of the four people we spoke to said that staff from the mental health in-reach team explained the support and treatment being provided and that this allowed them to discuss any issues they had. One person said how the in-reach staff took time to explain the care and treatment being provided.

Two other people said that they had not been given enough information about their care and treatment. One person said that he did not trust the in-reach staff to keep information confidential but did not have any examples of this. Comment was made by one person that his requests for help were not acknowledged; records showed that this was not the case.

One of the four people we spoke to said that he was given a survey form so that he could express his views about the service. The in-reach management told us that there is a survey of people's views and we saw that the service had summarised the results of these surveys. The survey included questions such as whether people considered they had sufficient staff input, the attitude of staff and whether or not they were listened to. Three surveys had been returned: two people said that are listened to and one replied that he is not listened to.

We were also told by the in-reach management team that people have an opportunity to join a user involvement group where people can contribute to discussions about the service.

Other evidence

Care records showed that there were discussions with individual people about the support and treatment they were receiving. These included specific information about the appointment sessions with a member of the in-reach team. We also saw that people had been given information in the form of letters about future appointments.

The in-reach team management told us that each person is given a leaflet about the service provided by the in-reach team.

We spoke to the in-reach management about the issue of people being involved in agreeing and/or being involved in their care and treatment plans. We saw that there was a space for recording this in the care records but this had not been completed for any of the four people's records we looked at.

We spoke to the Bracton Community Psychiatric Nursing Team management about respecting people's privacy. In-reach staff wear name badges when visiting the prison, which are discreet so that it cannot be identified that people are seeing mental health professionals.

Our judgement

The service takes steps to explain to people the service being provided, but people were not fully aware that they had received information about the in-reach service.

People are treated with respect and their privacy promoted.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Two people described the support from the mental health in reach team as helpful. They described the type of help they received. This ranged from discussions about self help techniques to liaison with other services and mental health services in the community. One person said that the in-reach service had allowed him to maintain links with community mental health services and that this was important to him. Another person said that when he asked for help with mental health needs an appointment was arranged.

Two people were dissatisfied with the service. One person said he has received no help at all and another person said the support sessions were very limited.

We asked people if they had been involved in contributing to their plan of care or if they had seen a care plan document. None of the people we spoke to were aware that they had a care plan or a document that set out care and support arrangements.

Other evidence

The in-reach team provides two levels of service to people in HMP Standford Hill: a primary care service for people who may need more short term support for needs such as anxiety management and depression. There is a secondary service for people who need more long term care and treatment.

We looked at care records for four people.

Referrals are made by the prison health care team to the prison in-reach team for mental health needs. We saw copies of initial assessments using the Braden scale assessment tool as well as a well-being assessment and risk assessments.

There were records of individual appointments with a Consultant Psychiatrist and a Community Psychiatric Nurse (CPN). These showed that people had regular appointments. For those people who said they did not have appointments, or, did not get the support they needed, we found that records did not reflect this. For instance, one person said he received limited help, but appointment records showed that there was significant recent involvement with the in-reach team. This included the in-reach team liaising with other agencies outside the prison such as housing and probation services to assist the person when he leaves prison.

Those people receiving a primary service did not have a care plan, but there was a record of the type of help the person received. We also copied self-help manuals used with people to help with the following: coping with anxiety, depression and low mood, controlling anger and stress and anxiety. We saw that there was a summary and action plan regarding the person's needs and the support needed.

For those receiving a secondary service there was a care plan. These were based on the following: mental health needs, medication, physical health, possible dual diagnosis and risk management. There was space for the client's views to be recorded but this was not completed. We were told by the in-reach team that each person's care plan was printed and the person asked to sign it to acknowledge its contents. None of these were available for the four people whose records we looked at. The appointment records showed that there was discussion with people about their needs and the support and care being provided.

It was clear from appointment records that people were receiving considerable support from the in-reach team for arrangements when they will leave the prison.

As there were instances where there was no record of people agreeing to the care and treatment they received, this may have contributed to people believing they had not been assisted.

Records showed that people are subject to the multi agency Care Programme Approach (CPA) planning of the in-reach team. The recording system included a section for this but it had not been completed. The in-reach team Practice Development Nurse told us that the CPAs have not yet been held. We were also told that the in-reach team has a multi agency approach to meeting people's mental health needs. The in-reach team also liaises with community and hospital services from the person's home address area to arrange care following release from prison.

We were told by the in-reach team management that a recent audit of CPAs has identified that the lack of recorded evidence of the involvement of people and that there is an action plan to address this.

Our judgement

Although people were not always fully aware of the type of help they were getting, and the system for involving people in this was not always documented, there was a coordinated approach to care.

The care records and discussions with people showed the service has been helping those with mental health needs as well as providing social support.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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