

Defence Medical Services

# Department of Community Mental Health – Colchester

## Quality Report

DCMH Colchester,  
Read Hall House  
Merville Barracks  
Colchester  
Essex  
CO2 7UT

Date of inspection: 23 to 24 October  
2018

Date of publication: 20 December 2018

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 this service	Outstanding	
Are services safe?	Good	
Are services effective?	Outstanding	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Good	
Are services well-led?	Outstanding	

# 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 Colchester between the 23 and 24 October 2018. Overall, we rated the service as outstanding.

We found areas of good practice:

- All referrals were clinically triaged by the mental health team to determine whether a more urgent response was required and to monitor whether patients' risks had increased. Individual patient risk assessments were thorough and proportionate to patients' risks. We saw good evidence of the team following up on any known risks.
- Overall staffing arrangements were sufficient to meet the needs of patients. Staff could access mandatory and developmental training and a range of clinical support.
- The team participated in unit health committees. This is a collaborative base wide approach to managing risks and agreeing support to service personnel who are struggling to cope with military life. This was a highly supportive approach that enhanced the mental health treatment the team was able to offer.
- 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 consisted of a full range of mental health disciplines working under the clinical leadership of a consultant psychiatrist. The team worked in partnership with other agencies to manage and assess patient needs and risks.
- 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.
- Formal care plans and consent to treatment forms had been introduced at the team and were in place for all newly admitted patients. Care plans were holistic and person centred. Care and treatment plans were reviewed regularly by the multidisciplinary team. Patients told us that staff provided clear information to help with making treatment choices.
- Staff were kind, caring and compassionate in their response to patients. We saw staff working with patients to reduce their anxiety and behavioural disturbance. Patients said they were well supported and that staff were kind and enabled them to get better. Patient satisfaction was also demonstrated by positive patient experience survey results and by the minimal level of complaints.
- Clear referral pathways were in place. The team was meeting the response target for urgent and routine referrals and there were no waiting lists for treatment.
- We found that there was clear and accountable leadership at the DCMH. All staff reported that morale was very good at the team. All staff 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. Effective systems and processes had been set up 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. All risks identified included detailed mitigation and action plans.
- A range of audit and quality improvement projects were being undertaken. Staff were positive about the improvements and felt this was making a positive difference to the quality of care offered to patients.

However, we found one area where the DCMH could make improvements. The Chief Inspector of Hospitals recommends that the DCMH addresses the following:

- The building was cramped and contained a number of environmental risks that could not be fully mitigated by staff's actions. The building was also not easily accessible to anyone with a physical disability. While staff did their best to manage these problems this was holding the service back from being outstanding in all domains.

Professor Edward Baker

Chief Inspector of Hospitals

### **Are services safe?**

Good

We rated the DCMH as good for safe because:

- All referrals were clinically triaged by the mental health team to determine whether a more urgent response was required and to monitor whether patients' risks had increased.
- Individual patient risk assessments were thorough and proportionate to patients' risks. The team had developed a process to share concerns about patients in crisis or whose risks had increased. We saw good evidence of the team following up on any known risks.
- The team participated in unit health committees where patients had agreed to this. This is a collaborative base wide approach to managing increased risks.
- Where a known patient contacted the team in crisis, the team responded swiftly. Both staff and patients confirmed easy access to the psychiatrist should a full assessment be required.
- Overall staffing arrangements were sufficient to meet the needs of patients.
- Staff had undertaken all required training.
- Adult safeguarding training had been delivered to the team and the staff had a good awareness of safeguarding procedures and practice.
- Incidents reported had been appropriately investigated and used to inform practice.

However:

- The building contained a number of environmental risks that could not be fully mitigated by staff's actions.

### **Are services effective?**

Outstanding

We rated the DCMH as outstanding for effective because:

- Formal care plans had been introduced at the team and were in place for all newly admitted patients. Patients who had a care plan told us that these were valued and useful. Care plans were holistic and person centred. Care and treatment plans were reviewed regularly by the multidisciplinary team in weekly multidisciplinary team meetings. We were impressed by how well this was managed and that all staff present had been effectively engaged in the decision making.
- Clinicians were aware of current evidence based guidance and standards and used this to guide their practice.
- 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.

- 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.
- A wide range of audits were undertaken by the team. The deputy team manager undertook monthly caseload management reviews of all patient records and the clinical lead also audited clinical involvement on a monthly basis.
- The team consisted of a full range of mental health disciplines working under the clinical leadership of a consultant psychiatrist.
- Staff could access developmental training and a range of clinical support.
- The team worked effectively in partnership with other agencies, both inside and outside the military, to manage and assess patient needs and risks.
- The team offered a peripatetic service to all the medical facilities within the catchment area which included some bespoke treatment sessions, advice and training for primary health care staff. The team reported good working arrangements with primary care, the NHS and third sector.
- The team participated in unit health committees. This was a collaborative base wide approach to managing risks and agreeing support to service personnel who were struggling to cope with military life. This was a highly supportive approach that enhanced the mental health treatment the team was able to offer.
- A consent to treatment form had been introduced and consent was sought from patients and was clearly documented.

### **Are services caring?**

Outstanding

We rated the DCMH as outstanding 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 very positive examples of staff providing practical and emotional support to people. Staff went above and beyond to offer a high quality service.
- Patients said they were well supported and that staff were kind and enabled them to get better. Patient satisfaction was also demonstrated by positive patient experience survey results and by the minimal level of complaints.
- Patients told us that staff provided clear information to help with making treatment choices. Care records demonstrated the patient's involvement in their care planning. This is above the standards laid down by the service across the country.
- We saw staff working with patients to reduce their anxiety and behavioural disturbance. One patient told us that his nurse had met him outside of the building and walked in the grounds with him to alleviate his anxiety about attending the appointments.
- Staff understood confidentiality and this was maintained at all times.

### **Are services responsive to people's needs?**

Good

We rated the DCMH as good for responsive because:

- Clear referral pathways were in place. Urgent referrals were considered by the end of the next working day and the target to see patients for a routine referral was 15 days. The team was meeting the response target for urgent and routine referrals and there were no waiting lists for treatment.
- Where a known patient contacted the team in crisis during office hours the team responded positively. This included rapid access to a psychiatrist.

- The team had a system for handling complaints and concerns. Patients felt that they would be listened to should they need to complain. Learning was captured from complaints.
- Travelling required by patients for appointments was within an acceptable time allowance at generally less than one and half hours. 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 four per cent which was below the DMS target. The team was undertaking an audit and had recently improved the text appointment reminder system to support better attendance.
- A comfortable waiting area was available for patients. Information was available on display about treatments, local services, patients' rights, and how to complain.

However:

- The team's main base was not accessible to people with a disability and contained insufficient treatment rooms. However, the team worked hard to ensure alternate arrangements were made to meet people's needs.

### Are services well-led?

Outstanding

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

- We found that there was clear and accountable leadership at the DCMH. All staff reported that morale was very good at the team. Locums, administration and cleaning staff supported this view and felt an integral part of the team. Staff reported that they felt supported by their colleagues and that the management team were approachable and highly 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. Effective systems and processes had been set up 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. All risks identified included detailed mitigation and action plans.
- A range of audit and quality improvement projects were being undertaken.
- Staff were positive about the improvements and felt this was making a positive difference to the quality of care offered to patients.

## Our inspection team

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

## Background to Department of Community Mental Health – Colchester

The department of community mental health (DCMH) provides mental health care to a population of approximately 8,000 serving personnel from across all three services of the Armed Forces. The catchment for the service includes all service personnel based at five military establishments across the counties of Essex and Suffolk, and those who have returned to the catchment area on home leave. The service operates from a main base at Merville Barracks. Staff also offer regular peripatetic appointments at other bases including Wattisham, Wimbish and RAF Honington. The team also supports patients at the Military Corrective Training Centre (MCTC) in Colchester.

The department aims 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. In addition, DCMH Colchester is responsible for administering the Veterans and Reserves Mental Health Programme (VRMHP), an advisory service which offers assessment and diagnosis of mental health problems for veterans and reserves who have suffered as a result of an operational deployment in service. It also manages referrals for serving civilians who have encountered mental health problems whilst deployed. In September 2018, it became the single point of contact (SPOC) for the Royal Marine self-referral trial (titled Project REGAIN) which allows Royal Marine staff to self-refer to DCMH services.

At the time of our inspection the DCMH active caseload was approximately 172 patients. A further 16 people were being supported through the VRMHP service.

The service operates during office hours. 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 Care Quality Commission (CQC) carried out this inspection as one of a programme of inspections at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Defence Medical Services (DMS) are not required to register with CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Consequently, DMS services are not subject to inspection by CQC and CQC has no powers of enforcement. However, where CQC finds shortfalls in the quality of services during inspection, we will report them by making a recommendation for action to the Surgeon General's office.

We carried out a comprehensive inspection of this service. The Department of Community Mental Health – Colchester was not subject to a CQC inspection as part of the previous inspection programme of DMS facilities.

## 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, we reviewed a range of information the DCMH and the Defence Medical Services had shared with us about the service. 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 between 23 and 24 October 2018. During the inspection, we:

- looked at the quality of the teams' environments;
- observed how staff were caring for patients;
- spoke with five patients who were using the service;
- spoke with the management team and the regional operations manager;
- spoke with 13 other staff members; including doctors, nurses, psychologists, social workers, administration and cleaning staff;
- spoke with the lead MO and a pharmacy lead;
- visited the Military Corrective Training Centre (MCTC) and spoke with healthcare and welfare staff;
- reviewed seven comment cards from patients;
- looked at 16 clinical records of patients;
- looked at a range of policies, procedures and other documents relating to the running of the service;
- observed one clinic and a multidisciplinary team meeting;
- attended the business meeting;
- examined minutes and other supporting documents relating to the governance of the service.

## Defence Medical Services

# Department of Community Mental Health – Colchester

## Detailed findings

### Are services safe?

Good

#### Our findings

##### **Safe and clean environment**

- The team was based at a standalone facility at Merville Barracks. The building was old and had previously been the commanding officer's home. While the building was well decorated and equipped it contained a number of inherent safety risks. For example, the main staircase was steep and difficult to navigate and there were many potential ligature points. There was an environmental risk assessment in place supported by local guidance for staff in managing environmental risks. The assessment highlighted the risk factors we observed including the staircase, the presence of ligature anchor points and other relevant clinical environmental risks. However, the problems posed by the building could not be fully mitigated by the actions of staff. During the inspection it was confirmed that a move to a more suitable building at the barracks was being considered.
- General health and safety and fire safety checks were in place.
- The building was fitted with a safety alarm for staff to use in the event of an emergency. Staff had personal alarms to use in the event of an emergency at other facilities.
- The team received infection prevention training. Hand wash facilities and hand gels were available and staff adhered to infection control principles, including handwashing. Cleaning audits were undertaken regularly and the building was found to be clean throughout. Patients and staff confirmed that despite access issues they found the building to be clean and welcoming.
- Equipment logs were in place. Equipment was found to be clean and had been serviced.

##### **Safe staffing**

- The clinical team consisted of medical, nursing, psychology and social work staff. At the time of our inspection the clinical team was almost fully staffed. There were three vacancies, for a band 6 nurse and two part time psychologists. Long-term locum staff covered the nurse vacancy and one of the psychology posts. Recruitment was ongoing for the psychologist posts. A full-time consultant psychiatrist managed the serving patients' caseload. A second consultant psychiatrist worked one day per week in the DCMH as part of his role as the veteran and reservist mental health consultant.
- The team benefited from a full-time practice manager, and three administrators. The reception was staffed at all times and patients spoke highly about the welcome they received at the service.
- All new starters whether locum or permanent were provided with induction training and a copy of the induction booklet.

- Up to thirty-one training courses were classed as mandatory dependent on role. We saw that regular locum staff received training similar to permanent staff. At the time of the inspection overall compliance averaged 94%. All courses were above 75% compliance.

### **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 target to see patients for a routine referral was 15 days. A senior nurse or duty worker was available each working day to review all new referrals. This role was ring fenced to ensure adequate response to referrals. Routine referrals were also clinically triaged by the duty nurse to determine whether a more urgent response was required. All fresh cases were also taken to the weekly multidisciplinary team meeting to ensure an appropriate response.
- Once a patient was accepted by the team a thorough risk assessment was undertaken and this was reviewed by the multi-disciplinary team. The team operated a process to share concerns with colleagues about specific patients whose risks had increased. This included risks due to safeguarding concerns. All at risk cases were discussed at weekly multidisciplinary meetings. We saw good evidence of the team following up on any known risks. The team participated in unit health committees where patients had agreed to this. This is a collaborative base wide approach to managing increased risks.
- Where a known patient contacted the team in crisis, the team responded swiftly. Both staff and patients confirmed easy access to the psychiatrist should a full assessment be required.
- The team's social worker was the designated safeguarding lead. The Ministry of Defence had an up to date policy for child protection however, the adult safeguarding policy was being updated as it did not meet the latest guidance. The social worker had developed a very clear local procedure for reporting adult safeguarding concerns. Child protection training levels one to three were mandatory for DMS staff as appropriate to their role. At the time of the inspection all required staff had undertaken levels 1 to 3 training. Adult safeguarding was not part of the DMS's mandatory training requirements, however the social worker had delivered a detailed session for staff on safeguarding awareness. The team had also received training in wider safeguarding issues such as identifying domestic violence. The team demonstrated a clear understanding of safeguarding principles and practice.
- Arrangements were in place for logging which staff were in or out of the building at the team's base. Lone working arrangements were in place and we observed staff check on other staff's welfare when using the adjacent offices and working from other bases.
- The DCMH did not dispense medication. On a rare occasion the consultant psychiatrist would prescribe medication but usually this was undertaken via a recommendation to the patient's medical officer who prescribed the medication. Appropriate arrangements were in place for the safe management of prescribing. No delays were reported in patients receiving their medication.
- There were written procedures for response in a medical emergency. The team had its own defibrillator. Ninety two percent of staff had received annual basic life support, defibrillator and anaphylaxis training. The team were about to undertake life support simulation exercises.
- Business continuity plans for major incidents, such as security threat, power failure or building damage were in place. The plans included emergency contact numbers for staff.

### **Track record on safety**

- Between October 2017 and October 2018 there were six significant events recorded across the service. This had included one death of a patient in July 2018. A serious event investigation was underway at the time of the inspection however the team had been made aware of all findings from the initial investigation. The other five events had related to administration processes and data breaches. At the time of the inspection all five investigations had been concluded.

### **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 and were aware of their role in the reporting and management of incidents.

- Significant events were discussed at monthly business meetings and weekly team 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 and serious events that had occurred at other medical facilities.

## Are services effective?

Outstanding

### 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, a thorough assessment of the patient's needs was undertaken. Clear care and treatment plans were developed with patients. Formal care plans had been introduced at the team in September 2018 and were in place for all newly admitted patients. Staff were in the process of developing these for all pre-existing patients. Where available care plans were detailed, holistic and captured all relevant needs and risks. Patients who had a care plan told us that these were valued and useful.
- 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, such as outcome measures, were scanned on to the system to ensure easy access and safe storage. Staff delivering peripatetic clinics at other bases had access to a laptop to view and update records. All care records we reviewed during this inspection were completed to a very high standard.

#### Best practice in treatment and care

- Clinicians were aware of relevant and current 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 frequent reference to NICE guidance. Staff told us of practices that met this guidance.
- The team employed two psychologists: one permanent full time and one part time locum. An additional half time locum psychologist post was being recruited to. The psychologists, and all of the nurses, were trained in a range of psychological treatments. Patients were therefore able to access a wide range of psychological therapies as recommended in NICE guidelines for depression, post-traumatic stress disorder (PTSD) and anxiety. Treatments included the use of cognitive behavioural therapy, cognitive analytical therapy, trauma focussed therapy, motivational interviewing, art therapy and eye movement desensitization and reprocessing.
- 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. Several positive examples were given by the team where partnerships had jointly helped patients to remain within the military.
- The team offered a range of therapeutic groups to provide more timely access to patients who required lower level and more practical intervention. These included anger management and anxiety management groups.
- Physical healthcare monitoring, including monitoring of the effects of antipsychotic medication, was primarily undertaken by the patient's medical officer. However, all staff at the DCMH referenced physical health monitoring they had undertaken.
- 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 used a range of outcome measures throughout and following treatment. These included work and social adjustment scale, patient health questionnaire (PHQ-9), generalised anxiety disorder scale, the PTSD checklist and the alcohol use disorders identification test. 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 wide range of audits were undertaken by the team. These included case notes audits, caseload management reviews, clinical audits of adjustment disorders, sleep, effects of health promotion, anxiety management and mind fitness, and infection control, cleanliness and environmental audits. The deputy team manager undertook monthly caseload management reviews of all patient records. The clinical lead also audited clinical involvement on a monthly basis. The team had recently improved the text appointment reminder system and was auditing the effectiveness of this.

### **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 and social workers.
- New staff, including locums, received a thorough induction. Development training, such as in cognitive behaviour therapy and EMDR, was available to staff. Some nursing staff were undertaking additional academic qualifications financed by the service. The team also hosted student nurses training within the Armed Forces. Additional bespoke training was delivered to the team at regular weekly sessions. This had included sessions on diagnostics and symptoms, therapeutic approaches, adult safeguarding procedures, complaints procedures, business processes and understanding other agencies roles. This training was highly valued by all team members.
- Staff had support through weekly multidisciplinary, caseload management and professional development meetings. Staff were also involved in monthly business and weekly team meetings.
- Staff confirmed that they had protected time for supervision and professional development and received regular supervision and caseload management. Records provided confirmed 94% compliance with clinical supervision and 91% for caseload management. Psychologists at the team also offered bespoke supervision to staff following complex work and debriefs following any incidents.

### **Multidisciplinary and inter-agency team work**

- Care and treatment plans were reviewed regularly by the multidisciplinary team in weekly multidisciplinary team meetings. Patients at risk were also discussed in these meetings. We attended a multidisciplinary team meeting during the inspection. We were impressed by how well this was managed and that all staff present had been effectively 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 officer whose role it was to work with the NHS team to ensure effective care and discharge from the service. The team's psychiatrist 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.
- The team participated in unit health committees where patients had agreed to this. This is a collaborative base wide approach to managing risks and agreeing support to service personnel who are struggling to cope with military life. The team confirmed that while this was resource intensive it provided a highly supportive approach that enhanced the mental health treatment they were able to offer.
- As an occupational health service, the team worked closely with a range of agencies to support military personnel to leave the Armed Forces. This role included access to employment, housing and welfare organisations including the Defence Welfare Service and NHS Veterans Mental Health Transition, Intervention & Liaison Service (TILS). Where necessary, when handing care over on discharge of a patient from the services, the team met with the receiving NHS teams.
- The team also offered a peripatetic service to all the medical facilities within the catchment area. This included visiting clinics and some bespoke treatment sessions, advice and training for primary health care staff. Medical officers and primary care staff we spoke with during the inspection, stated that they valued this support.

- The team also provided in-reach to patients at the Military Corrective Training Centre (MCTC) in Colchester. Healthcare and welfare staff at this facility spoke of very positive relationships with the DCMH staff.

#### Adherence to the Mental Health legislation

- The team's social worker was a registered approved mental health professional and supported staff's knowledge of the Mental Health Act. Staff were knowledgeable about relevant mental health legislation.
- The Mental Health Act was used very infrequently at the service. Should a Mental Health Act assessment be required the provider worked with local NHS provider to access this through civilian services. Staff told us that there were positive relationships between the DCMH and the NHS inpatient service providers which facilitated timely access to a bed.

#### Good practice in assessing capacity and consent

- Staff had received bespoke training in the Mental Capacity Act. There was not a specific policy on the 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 some evidence of capacity assessments in the records we reviewed. In line with the principles of the Act, staff assumed capacity unless there was evidence to suggest otherwise.
- We observed staff discussing consent to treatment with patients. Patients told us that they had the need for consent to treatment clearly explained to them. In all records we reviewed we found records of consent to share information. A consent to treatment form had recently been introduced and we found records of consent to treatment in most records.

## Are services caring?

Outstanding

### Our findings

#### Kindness, dignity, respect and support

- All the patients we spoke with told us that staff were kind and supportive, and that they were treated with respect. We received several extremely positive comments from patients about the treatment that they had received. More than one patient described the service as life changing.
- Staff showed us that they wanted to provide high quality care. The department manager told us that the team went the extra mile to support patients as this was 'the right moral thing to do'. We observed staff working extremely hard to meet the wider needs of their patients. This included active involvement in unit health committees that considered the wider support needs of people who were struggling to cope with military life.
- 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 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. One patient told us that his nurse had met him outside of the building and walked in the grounds with him to alleviate his anxiety about attending the appointments.
- Confidentiality was understood by staff and maintained at all times. 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 had been introduced at the team in September 2018 and were in place for all newly admitted patients. Staff were in the process of developing these for all pre-existing patients. Where available care plans demonstrated the patient's involvement in their care. Patients we interviewed and feedback reviewed suggested staff provided clear information to help with making treatment choices.
- Most patients we spoke with did not want involvement of their families. However, one patient confirmed their family had been involved with their permission. They confirmed the team had arranged for external support for their partner. Relatives' needs were noted to be considered within patients notes.
- 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 also had access to a range of booklets regarding 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 September 2018, 26 people had participated in a survey. All participants felt involved in decisions about their care. All bar one stated they would recommend the service to friends and family should they need to use it. However, three participants stated their appointment was not at a convenient location and one person felt their appointment was not at a convenient time. In addition, the team collated all compliments. Twenty-nine had been received in the previous six months. Key themes included caring and dedicated staff and effective treatment.

## Are services responsive to people's needs?

Good

### 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.
- 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.
- 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.
- At the time of the inspection one patient was in a bed within the NHS. Staff told us that there were positive relationships between the DCMH and the NHS inpatient service providers which facilitated timely access to a bed. The team attended the ward round and met with the patient on a weekly basis when DCMH patients were admitted as inpatients.
- Clear referral pathways were in place. Referrals came to the team from medical officers, GPs 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 a routine referral was 15 days. A senior

nurse or duty worker was available each working day to review all new referrals. Routine referrals were clinically triaged by the nurse to determine whether a more urgent response was required. All fresh cases were also taken to the weekly multidisciplinary team meeting to ensure an appropriate response.

- At the time of the inspection the team's active caseload was 172. The team explained that a new care pathway, step one, had been introduced to the region by DMS in September 2018 meaning that primary care now offered first line treatment to patients with lower levels needs, rather than immediately refer to the DCMH. The team offered peripatetic clinics at each of the medical facilities, part of this role was to support primary health workers' knowledge about managing common mental health issues. We met with the medical officer at Colchester during the inspection who expressed concern regarding this approach.
- Information provided showed that since January 2018 the DCMH had met the target for assessment following all urgent referrals.
- The information received from the team ahead of the inspection showed that the team had received 89 routine referrals between June and August 2018. The information indicated that the team had met the response time in 88 cases (99%). The team could demonstrate that the one missed target was due to a recording error, rather than a lack of response.
- There had been no waiting list for treatment continuously since June 2018. Prior to this there had been a short wait for psychology. This had been addressed through the employment of additional staff.
- The team provided details of the average length of treatment. This ranged between 147 days for nurse led treatment to 331 days for psychology.
- 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 DNA rate at August 2018 was 4%. This was within the DMS target of 10%. The team was undertaking an audit at the time of the inspection to better understand people's reasons for not attending appointments. The team had recently improved the text appointment reminder system to support better attendance.

#### **The facilities promote recovery, comfort, dignity and confidentiality**

- The team's base at Merville Barracks was not easily accessible to anyone with a physical disability. The building was also cramped and there were also insufficient treatment rooms at the main base. Despite this, the team worked hard to make best use of the space available to them. Appointments were delivered on the ground floor and a former cottage adjacent to the building was used as treatment rooms where required. The team offered peripatetic clinics from medical facilities at other bases and where required at the medical facility at Merville Barracks. During the inspection it was confirmed that a move to a more suitable building at the barracks was being considered.
- A comfortable waiting area was available for patients. Information was available on display about treatments, local services, patients' rights, and how to complain.
- 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 five military establishments across the counties of Suffolk and Essex, and those who have returned to the catchment area on home leave. Travelling required by patients for appointments was within an acceptable time allowance at generally less than one and half hours. The team undertook a patient experience survey on an ongoing basis. In September 2018, the survey found that 90% of participants felt their appointment was at a convenient location. One person felt their appointment was not at a convenient time.
- 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 department 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.
- Patient waiting areas had posters and leaflets explaining the complaints process. The patient experience survey in September 2018 found that all bar one patient knew how to make a complaint. Patients spoken with during the inspection understood how to make a complaint and all felt they would be listened to if they complained.
- In the 12 months prior to our inspection there had been two formal complaints. These had related to poor communication and treatment outcome. The practice manager confirmed that she had fully investigated the complaints. None of the complaints had resulted in an armed service complaint or had been referred to the Armed Forces Ombudsman. Following a recent verbal complaint, the practice manager had proactively spoken with the patient and had engaged them in service development.
- During the three months prior to our inspection the team had received 29 compliments about the service. Throughout this inspection we heard very positive comments about the staff, and the service patients had received.
- Staff received feedback on complaints and investigation findings during business and team meetings. We saw evidence of information sharing in meeting minutes.

## Are services well-led?

Outstanding

### Our findings

#### Vision and values

- The DCMH leadership team told us of their commitment to deliver quality care and promote good outcomes for patients. The teams 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”.
- All staff we spoke with during this inspection were clear regarding the aims of the service and supported the values of the team.

#### 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 business and governance meeting which all staff attended. The meeting considered good practice guidelines, policy development, risk issues, learning from complaints and adverse events, team learning and service development. In addition, weekly business meetings and multidisciplinary meetings considered areas of governance and practice.
- Effective systems and processes had been set up to capture governance and performance information. Local processes had been developed, including incident and complaints procedures, training and supervision logs and local procedures for managing referrals and safeguarding. The management team had access to detailed information about performance against targets and outcomes.

- The team was meeting targets for treatment and had addressed previous waiting lists. Patient experience was very good. Work had been undertaken to capture learning from adverse events and had led to changes in practice.
- Partnership working with other parts of the defence medical services, NHS and voluntary groups was very effective. The team was actively involved in the unit health committees to ensure effective support to their patients. The team actively engaged with stakeholders to gather feedback about the service and make necessary improvements.
- The common assurance framework (CAF), is a DMS structured self-assessment internal quality assurance process, which should form the basis for monitoring the quality of the service. We found that this document was up to date and all issues and risks relevant to service had been incorporated in the document. The management team had recently attended training on improving the CAF and intended to make further improvements.
- The practice manager was the nominated risk manager. Risk and issues were reviewed monthly or as identified and logged on the regional headquarters risk and issues registers. These were overseen by the regional operations manager. The risk and issues logs included: the safety of the building and its grounds, access to ligature points, future manning levels and loss of key staff, use of locums, potential data breaches and access to panic alarms. All risks included detailed mitigation and action plans. All potential risks that we found had been captured within the risk and issues logs and the common assurance framework.
- Environmental risk assessments were in place and included all relevant risks.

### **Leadership, morale and staff engagement**

- The management team consisted of a clinical lead, a deputy clinical lead, a department manager, a practice manager and a lead psychologist. At the time of the inspection, the department manager was due to leave the service and the clinical lead was due to retire in early 2019. A replacement for the department manager would join the DCMH in Spring 2019. Recruitment to the consultant role was yet to commence.
- The team was almost fully staffed. The few gaps in the team were filled by long term locum staff. Sickness and absence rates at the team were minimal.
- A whistleblowing process was in place that allowed staff to go outside of the chain of command. Staff knew about the whistleblowing process and most would feel confident to use this. There had been no formal reported cases of whistleblowing or bullying at the team.
- All staff attended business and team meetings. Staff told us that developments were discussed at these meetings and they were offered the opportunity to give feedback on the service.
- The team had held regular team building events. These had included an Olympic themed sports day which was also attended by staff from other departments.
- We found that there was clear and accountable leadership at the DCMH. All staff reported that morale was very good at the team. Locums, administration and cleaning staff supported this view and felt an integral part of the team. Staff reported that they felt supported by their colleagues and that the management team were approachable and highly supportive of their work.
- Staff were positive about the service and felt this was making a positive difference to the quality of life of patients.

### **Commitment to quality improvement and innovation**

- A wide range of audits were undertaken by the team. These included case notes audits, caseload management reviews, clinical audits of adjustment disorders, sleep, effects of health promotion, anxiety management and mind fitness, and infection control, cleanliness and environmental audits. The deputy team manager undertook monthly caseload management reviews of all patient records.

- The team had recently introduced a text appointment reminder system and was auditing the effectiveness of this.
- The team had developed very detailed information management reports to ensure a better understanding of the effectiveness of the service.
- Formal care plans had been introduced at the team in September 2018 and were in place for all newly admitted patients. Staff were in the process of developing these for all pre-existing patients. Where available care plans were detailed and captured all relevant needs and risks. Patients who had a care plan told us that these were valued and useful.
- The clinical lead had implemented clinical management reviews for all patients at key treatment milestones.
- A consent to treatment form had recently been introduced and we found records of consent to treatment in most records. We observed staff discussing consent to treatment with patients. Patients told us that they had the need for consent to treatment clearly explained to them. In all records we reviewed we found records of consent to share information.
- The practice manager had undertaken a quality improvement project to gather feedback from the service from patients and wider stakeholders. While this found a high level of satisfaction overall a number of actions were undertaken including providing additional guidance and support to primary medical and MCTC staff on mental health and wellbeing, improvements to information in the waiting area and the development of patient forums.