

# Defence Medical Services Department of Community Mental Health – Scotland

## Quality Report

DCMH Faslane,  
HMS Neptune, Medical Centre  
HM Naval Base Clyde  
Helensburgh  
Argyll and Bute  
G84 8HL

Date of inspection: 29 - 30 October 2018

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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            | Requires improvement   |
|--|--|
| 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?                     | Requires improvement  |

## Overall Summary

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

The DCMH is rated as requires improvement overall.

The key questions for this inspection are rated as:

Are services safe? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

We previously carried out an announced comprehensive inspection of the Department of Community Mental Health – Scotland in March 2018. The DCMH was rated as inadequate overall, with a rating of inadequate for the key questions of responsive and well-led and requires improvement for safe.

A copy of the report from that comprehensive inspection can be found at:

[https://www.cqc.org.uk/sites/default/files/20180514\\_dcmh\\_scotland.pdf](https://www.cqc.org.uk/sites/default/files/20180514_dcmh_scotland.pdf)

We carried out this announced follow up inspection on 29 and 30 October 2018. This report covers our findings in relation to the recommendations made and any additional improvements made since our last inspection.

At this inspection we found:

Areas where the DCMH could make improvements. The Chief Inspector of Hospitals recommends that the DCMH addresses the following:

- Further work was needed to address waiting lists, particularly for high intensity treatment.
- The 'did not attend' (DNA) rate remained high at 10% in September 2018.
- The location at Faslane made access difficult and stressful for both patients and staff. Business cases had been developed to address concerns about the configuration and infrastructure of the service but further action was required to ensure a long-term solution.
- Systems and processes had been improved to better capture governance and performance information but these were not yet embedded in the governance process or had brought about all required change.

However:

- Overall staffing arrangements had improved and were sufficient to meet targets for assessment following routine and urgent referrals.
- The mental health team at Kinloss had addressed concerns about the environment by escorting patients through the service to the waiting and treatment areas. Works had been requested and approved to secure these areas.

- The overall compliance rate for mandatory training was 85% and all clinical courses had been completed.
- Patients who did not attend appointments had been followed up appropriately.
- The team had also begun to offer peripatetic clinics at a number of locations to provide easier access to some patients.
- Management and leadership had improved and was beginning to impact positively on the service. Morale and team relationships had improved. The management team had begun to form and had established clearer roles and responsibilities.

Professor Edward Baker

Chief Inspector of Hospitals

**Are services safe?**

Good

We rated the DCMH as good for safe because:

- Overall staffing arrangements had improved and were sufficient to meet targets for assessment following routine and urgent referrals.
- The mental health team at Kinloss had addressed concerns about the environment by escorting patients through the service to the waiting and treatment areas. Works had been requested and approved to secure these areas.
- The overall compliance rate for mandatory training was 85% and all clinical courses had been completed.
- Patients who did not attend appointments had been followed up appropriately.

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

Requires improvement

We rated the DCMH as requires improvement for responsive because:

- Further work was needed to address waiting lists, particularly for high intensity treatment.
- The 'did not attend' (DNA) rate remained high at 10% in September 2018.
- The location at Faslane made access difficult and stressful for both patients and staff.

However:

- Business cases had been developed to support a longer-term solution to the configuration and infrastructure of the service however these now require action to ensure a sustainable solution. The team had also begun to offer peripatetic clinics at a number of locations to provide easier access for some patients.
- Patient experience had improved, particularly in respect of access to the service.

**Are services well-led?**

Requires improvement

We rated the DCMH as requires improvement for well-led services because:

- Systems and processes had been improved to capture governance and performance information, although these had not yet been fully embedded in the governance process or brought about all required change.
- Further work was needed to address waiting lists and staffing levels. Waiting lists had reduced, although further work was needed to ensure a fully responsive service.
- Business cases had been developed to address concerns about the configuration and infrastructure of the service but further action was required to ensure a long-term solution.

However:

- Management and leadership had improved and was beginning to impact positively on the service.
- Morale and team relationships had improved. The management team had begun to form and had established clearer roles and responsibilities. Staff were clearer regarding their manager's and their own roles and responsibilities.

## Our inspection team

Our inspection team was CQC Head of Inspection Julie Meikle and Inspection Manager Lyn Critchley and a specialist military mental health nursing advisor.

## Background to Department of Community Mental Health – Scotland

The department of community mental health (DCMH) Scotland provides mental health care to a population of approximately 10,500 serving personnel from across all three services of the Armed Forces. The catchment for the service includes all service personnel based in Scotland and those who have returned to Scotland on home leave. The service operates from a main base at HMS Neptune (Faslane hub) with a secondary service based at Kinloss Barracks. DCMH Faslane supports the number one defence priority - the Continuous At Sea Deterrent. Staff also offered peripatetic clinics at Leuchars Station, Redford Barracks near Edinburgh and RAF Lossiemouth MOD Caledonia, Army Personnel Centre, Glasgow and Helensburgh town.

At the time of our inspection the DCMH active caseload was approximately 263 patients.

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. The service is clinic based with the majority of appointments being held at the clinics at HMNB Faslane or Kinloss Barracks.

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 GPs 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.

RAF personnel within the team also form part of Tactical Medical Wing. On a duty basis they may be required to perform psychiatric aeromedical evacuation of overseas Armed Forces personnel.

## How we carried out this inspection

As this was a follow-up inspection, we focused on the three key questions where improvements were required. The key questions for this inspection were:

- Are services safe?
- Are services responsive?
- Are services 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 29 and 30 October 2018. During the inspection, we:

- looked at the quality of the teams' environments;
- observed how staff were caring for patients;
- spoke with the management team and the regional director;
- spoke with nine other staff members; including doctors, nurses, a psychologist, social workers and administration staff;
- looked at eight clinical records of patients;
- looked at a range of policies, procedures and other documents relating to the running of the service;
- observed one 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 – Scotland

## Detailed findings

### Are services safe?

Good

#### Our findings

Following our previous inspection, we rated the DCMH as requires improvement for providing safe services. We had concerns about the environment at Kinloss, that staffing was not sufficient, that staff had not undertaken required training, and that not all patients at risk had been followed up.

When we carried out this follow up inspection we found that all the above recommendations had been acted on. Following our review of the evidence provided, the DCMH is now rated as good for providing safe services.

#### Safe and clean environment

- When we inspected in March 2018 we found that the infrastructure at Kinloss was poor and presented risks to patients. This included open access to clinic rooms, bathrooms and kitchen areas that contained multiple risks. The DCMH had immediately put in place mitigation to manage this risk by escorting patients through the service to the waiting and treatment areas. Works had been requested and approved to secure these areas however this work had not yet been completed. The team could demonstrate that they were chasing completion of this work.

#### Safe staffing

- Overall staffing arrangements at the team had been insufficient to meet targets in March 2018 and relied on the use of a number of locum staff. At this inspection, staffing levels had improved. The vacancy level had reduced to 20% against a previous level of 28%. The team had recruited to the department manager, social worker and a band 6 nurse role. Other gaps in posts had been filled with the use of consistent and experienced locum staff. During the inspection the team successfully recruited to the full-time psychologist vacancy. This

individual will join the team in early 2019 along with another military nurse and a trainee manager.

- At this inspection the team was meeting the target for response to routine referrals. Waiting lists had reduced for low intensity treatments and psychiatrist's appointments. Waiting list for high intensity treatment had improved but remained due to staff sickness.
- Staff were expected to undertake up to thirty-one courses as part of mandatory training. In March 2018, in Faslane fewer than 75% of staff had completed the training for some courses. At this reinspection, the overall compliance rate was 88% and all clinical courses had been completed. Some staff were yet to complete information management training however this was due to difficulties in accessing the training system.

#### Assessing and managing risk to patients and staff

- In March 2018, we had concerns at Faslane that a vulnerable patient had not been followed up appropriately when they failed to attend an appointment. At this inspection, we found that patients who did not attend appointments had been followed up appropriately.

## Are services responsive to people's needs?

Requires improvement

### Our findings

Following our previous inspection, we rated the DCMH as inadequate for providing responsive services. We had concerns about the team was not meeting assessment targets and waiting list were high, the procedures for when someone did not attend the service and the location of the DCMH at Faslane which impacted on patients travel and therapeutic experience.

When we carried out this follow up inspection we found that had been some improvement in regard to the above recommendations but further work was required to ensure a responsive service. Following our review of the evidence provided, the DCMH is now rated as requires improvement for providing responsive services.

#### Access and discharge

- In March 2018, the team at Faslane was not meeting its waiting time targets for routine referrals and there were long waits, particularly for high intensity treatment or to see a psychiatrist. In September 2018 the team had met the target for routine referrals being assessed within 15 days.
- The team expressed concern at the previous inspection that the rate of referrals was rising and therefore they would be unable to meet the additional need. They stated that Scotland had the highest rate of new referrals across DCMHs. At this inspection, the team's active caseload had risen to 263, previously in March 2018, it was 191.

- Overall waiting lists had decreased since the last inspection. Twelve people were waiting for low intensity treatment. The longest wait for this was 56 days. Seventeen people were waiting for high intensity treatment. The longest wait for this was 137 days. Ten patients were waiting for psychiatric appointments. The longest wait for this was twenty-one days.
- In March 2018, we were concerned that processes were not always followed if a patient did not attend an appointment. There were higher numbers of missed appointments than was expected at 13%. The DNA rates remained high at 10% in September 2018 however this was an improvement and within the DMS target. At this inspection, we found that patients who did not attend appointments had been followed up appropriately.

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

- In March 2018, we found that the location and level of security at Faslane made access difficult and stressful for both patients and staff. For example, patients undertook therapy within hearing of the firing range. Some patients faced very long journeys to the base which was exacerbated by extensive time to travel into and around the base. Since, the team had undertaken a range of actions to address this.
- A survey of patient's experience had been undertaken to better understand the problem. Findings from this had clearly demonstrated that patients were reasonably content to travel for up to two hours to the base however it was the experience of entering and travelling within the base that caused delay and distress.
- The team had developed a business case to move the service outside the security perimeter of the base. An options appraisal had been drafted around two possible locations in the nearby town. This plan had been supported by regional headquarters and has support in principle from DMS senior command.
- The team had also begun to offer peripatetic clinics at a number of locations including Lossiemouth, Caledonia, Leuchars, Edinburgh, Glasgow and Helensburgh town. This has provided easier access to patients and has assisted those who find the Faslane base particularly distressing.
- In the longer-term plans have been submitted to senior command to provide permanent spoke services in the East and on the West coast of Scotland to address the significant travelling for some patients to access appointments at Faslane or Kinloss.

## Are services well-led?

Requires improvement

### Our findings

Following our previous inspection, we rated the DCMH as inadequate for being well-led. We had concerns about the management structure and poor morale at Faslane, and that governance procedures had not brought about a safe or responsive service.

When we carried out this follow up inspection we found that had been some improvement in regard to the above recommendations but further work was required to embed this change. Following our review of the evidence provided, the DCMH is now rated as requires improvement for providing well-led services.

## Good governance

- At our previous inspection we found that while there was an overarching governance framework in place this had not ensured continuous learning or brought about a safe or responsive service. Governance processes had not been followed and had not mitigated risks.
- At this inspection we found that some improvements had been made to the governance and risk management process.
- A management action plan had been developed in response to our findings and included detailed milestones to address our concerns. Tasks were allocated to individual team members. Workstreams had been developed to work on core tasks and all staff members had been encouraged to join these. Workstreams included care planning, consent, DNA process and restructure.
- The monthly governance meeting had been strengthened to take clearer oversight of the workstreams.
- Risks had been captured within the risk and issues logs and had been reflected within the common assurance framework. Key risks had been escalated to the regional risk register. Further work was planned to improve and embed these processes.
- Some improvement had occurred. This included:
  - Better staffing levels and higher productivity however further vacancies needed to be addressed.
  - Mandatory training levels had improved.
  - Urgent and routine referral targets were being met.
  - Waiting lists had reduced, although further work was needed to ensure a fully responsive service.
  - Peripatetic clinics had been set up to improve access to patients who lived a long distance to Faslane and to those who found accessing the base too distressing.
  - Business cases had been developed to address concerns about the configuration and infrastructure of the service but further action was required to ensure a long-term solution.
  - Patient experience had improved, particularly in respect of access to the service.
  - Consent documentation had been improved and crisis plans were being incorporated in to patient records.
- Systems and processes had developed to better capture governance and performance information, although these had not yet been fully embedded in the governance process.

## Leadership, morale and staff engagement

- At the previous inspection we had found that a lack of leadership hampered the team's ability to meet performance targets at Faslane. The management structure had not been adhered to so that leadership roles were unclear. Morale was poor at Faslane and staff were displaying destructive interpersonal relationships within the management and staff team. This was undermining performance and was not managed at any level.
- At this inspection we found that management and leadership had improved.
- The management team had been strengthened by the addition of a department manager. An experienced manager had joined the team in September 2018 following a two-year gap in this role. In January 2019, a trainee manager will also join the team to support governance development. All the team welcomed additional management support.

- The management team had begun to form and had established clearer roles and responsibilities. Staff were clearer regarding their manager's and their own roles and responsibilities.
- Management lines had been reviewed to ensure clearer accountability. Clearer objectives and expectations had been set for the team.
- While a whistleblowing process had been in place some staff had told us that they had not felt confident to use this. There had been reported cases of bullying at the team that had not been resolved effectively. Since then, action had been taken to begin to address poor performance.
- Morale had improved. The extent of the improvement varied from significant to cautious optimism. Team events had been established to aid development and improve cohesion. All the staff we spoke with stated that they now felt part of a cohesive team and felt supported by their manager and colleagues. Relationships had improved although there was still a lot of work to do to ensure that all staff felt benefits from the improvements.
- All staff attended team meetings and monthly governance meetings. Staff told us that new developments were discussed at these meetings and they were offered the opportunity to give feedback on the service and input into service development. Staff valued being part of working groups supporting the improvement agenda.
- During this inspection, we met with the regional director for Scotland. He acknowledged there had been improvement at the service and confirmed high level support to the team to address remaining risks and aid development.