

Good



South West Yorkshire Partnership NHS Foundation  
Trust

# Community-based mental health services for older people

## Quality Report

Fieldhead Hospital  
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Wakefield  
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Date of inspection visit: 01/11/2017 - 02/11/2017  
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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXG10	Fieldhead Hospital	CMHT for older people, Church Street, Darfield, Barnsley	S73 9LG
RXG10	Fieldhead Hospital	Ossett Health Centre Older peoples service, New Street, Ossett	WF5 8AG
RXG10	Fieldhead Hospital	Kirklees Outreach Team, Ground Floor, Large Mill, St Thomas Road, Huddersfield	HD1 3LT

# Summary of findings

RXG10

Fieldhead Hospital

CMHT North Kirklees, 2nd Floor  
Beckside Court, 286 Bradford  
Road, Batley

WF17 5PW

This report describes our judgement of the quality of care provided within this core service by South West Yorkshire Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by South West Yorkshire Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of South West Yorkshire Partnership NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Good 

Are services effective?

Good 

Are services responsive?

Good 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

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# Summary of findings

## Overall summary

We rated South West Yorkshire Partnership NHS Foundation Trust as good because:

- All the teams were using electronic patient records to store patient information. This meant staff had better access to records, the documentation and records were consistent, and there was less chance that work was duplicated or missed. Care documentation was completed in a timely manner.
- Staff carried out routine assessments within the nationally recognised targets of 14 days, and urgent assessments within four hours. Teams were able to offer treatment to patients in a timely manner from assessment. All the teams allocated a care coordinator within a week of the patient having their assessment. Some specialised treatments took longer than others, however, the trust data demonstrated they were able to meet all treatments within 18 weeks. Patients had access to crisis support 24 hours a day seven days a week.
- At this inspection all the actions we told the provider it should take had been completed. Staff were learning from incidents at a local level, trust level and national level. Senior staff held monthly meetings open to all staff looking at serious incidents and what learning would take place. This included learning events where the trust reviewed incidents that took place in other services where the lessons learnt could also be applicable to them. Learning from incidents was also embedded into team meetings and supervision.

# Summary of findings

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

### Are services effective?

We rated effective as good because;

- The service used an electronic system to store all patient documentation, which all staff could access with a password.
- Assessments were comprehensive and detailed.
- Care plans were holistic and person centred.

Good



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

We rated responsive as good because :

- Referrals were accepted from a wide range of services, as well as family, carers and the patients themselves. This meant the service was easily accessible.
- All the teams had access to crisis services 24 hours a day, seven days a week.
- The service was meeting its nationally recognised targets for assessing patients within 14 days, and responding to urgent referrals in four hours.
- Staff carrying out assessments were able to signpost patients to more appropriate services if the community mental health teams could not meet their needs.
- The services were able to offer treatment in a timely manner.

Good



# Summary of findings

## Information about the service

South West Yorkshire Partnership NHS Foundation Trust provide community mental health services for older people across Barnsley, Wakefield, Calderdale and Kirklees. This includes outreach teams, community mental health teams, single point of access teams and psychological therapy services. Patients have access to a multi-disciplinary service which includes psychiatrists, psychologists, nurses, social workers and occupational therapists.

The service accepts referrals for people aged 65 years and older who suffer from moderate to severe functional or organic mental illnesses. The service aims for its patients to be well, and managing their own health and social care needs. They aim to support patients to live within the community, in the residence of their choice for as long as

is safe to do so, taking into consideration the use of assistive technologies, care and support from family and/or carers, and minimisation of risk to themselves and others.

The service also aims to reduce risks associated with an enduring mental illness through education, carers support, medication management and psychosocial interventions.

The community mental health services for older people works closely with services within the community and has key partnerships with GPs and primary care services, adult social care, acute hospital services, and voluntary services.

We last inspected the community mental health services for older people in March 2016 as part of a comprehensive inspection. The service was rated 'requires improvement' at this inspection.

## Our inspection team

The team that inspected community based mental health services for older people consisted of one inspector, Hamza Aslam.

## Why we carried out this inspection

We undertook this inspection to find out whether South West Yorkshire Foundation Trust had made improvements to their Community Mental Health Services for Older People since our last comprehensive inspection of the trust on 7 – 11 March 2016.

When we last inspected the trust in March 2016, we rated community-based mental health services for older people as requires improvement overall. We rated the core service as requires improvement for Effective and responsive, and good for Safe, Caring and Well-led.

Following this inspection we told the trust that it must take the following actions to improve the community based mental health services for older people:

- The trust must ensure they reduce the waiting times from referral to treatment.
- The trust must ensure there is access to crisis services for older people.

We also found concerns with the quality of patient records and the safe storage of records. Although this was not identified as a 'must' in the last inspection report, it contributed towards the regulatory breach in the effective domain.

We told the trust that it should take the following actions to improve:

- The trust should ensure they involve staff in learning from incidents.

# Summary of findings

- The trust should consider how staff throughout the trust are made aware of lessons learnt following an incident.

We issued the trust with one requirement notice that affected community-based mental health services for older people. This related to:

Regulation 9 Health and Social Care Act (Regulated Activities) Regulations,  
Person Centred Care (1) (b).

## How we carried out this inspection

On this inspection, we assessed whether the trust had made improvements to the specific concerns we identified during our last inspection. This inspection was carried out within six months of publication of the last inspection report.

Before the most recent inspection, we reviewed information that we held about community mental health services for older people. This information suggested that the ratings of 'good' for safe, caring and well led, that we made following our March 2016 inspection, were still valid

During the inspection the we:

- visited four community mental health teams for older people
- spoke to two people who used the service
- reviewed feedback and surveys completed by people who use the service
- reviewed eight care records
- spoke to 10 members of staff including team managers, governance leads, nurses and social workers reviewed data, policies and other documentation provided by the trust in relation to the running of the service.

## What people who use the provider's services say

We spoke to two people who use the service and reviewed some patient feedback from surveys carried out by staff We received positive feedback about the service, patients highlighted staff as caring, knowledgeable and responsive to their needs. They felt as though they were involved in their care as were their carer's.

The feedback from the surveys was positive, 31 out of 32 patients in the Ossett community mental health teams for

older people felt as though they could discuss their needs with staff. In addition, 90 % of patients in the North Kirklees team felt they were given the right amount of support at the right time. One patient said "we have discovered lots of new services that we knew nothing about and it is good to know that there is support out there to help".

South West Yorkshire Partnership NHS Foundation  
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# Community-based mental health services for older people

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
CMHT for older people, Church Street, Darfield, Barnsley	Fieldhead Hospital Ouchthorpe Lane Wakefield WF1 3SP
Ossett Health Centre Older peoples service, New Street, Ossett	Fieldhead Hospital Ouchthorpe Lane Wakefield WF1 3SP
Kirklees Outreach Team, Ground Floor, Large Mill, St Thomas Road, Huddersfield	Fieldhead Hospital Ouchthorpe Lane Wakefield WF1 3SP
CMHT North Kirklees, 2nd Floor Becksie Court, 286 Bradford Road, Batley	Fieldhead Hospital Ouchthorpe Lane Wakefield WF1 3SP

# Detailed findings

## Mental Health Act responsibilities

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

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

Staff working in community teams completed comprehensive assessments with each person who used the service in a timely manner. During the last inspection we found patient care records were not always comprehensive, person centred and recovery focussed.

We reviewed eight care records across the four teams we visited. We found seven of the eight records were detailed recovery focussed and contained the relevant information. Recovery focussed means helping patients to be in control of their lives and build their resilience to avoid admission to hospital. The patient record that contained less detail than the others was for a patient who was new in treatment and was starting their recovery journey. All of the patients we spoke with told us they were involved with planning their care.

During our last inspection we found not all teams used the same method to store patient records; there was a mixture of electronic records and paper based records. This had an impact on the quality of the documentation, how information was being transferred and the duplication of work.

During this inspection we found all the teams now used the same electronic patient record system. This meant there was more consistency in how the service stored documentation and recorded information. Patient records were accessible within the same system.

The teams were under the process of becoming fully 'paper light' which meant any paper documentation associated with the patient such as meeting minutes could be uploaded onto the patient electronic record. No documentation was stored in paper format.

We sampled three out of the eight patient care records specifically to confirm all the information was being stored in the electronic patient record. In all records, staff were updating patient care records following discussions in team meetings. Care programme approach meeting records were also completed on the electronic system. The care programme approach is a way care is assessed, planned, co-ordinated and reviewed for someone with mental health problems,

Patient records were stored securely. Staff could only access records through computers. All authorised staff had access to patient records; they required passwords to access patient records. Most staff were 'agile working' in the teams we visited. This meant staff didn't have a set desk and computer as a work station. Instead, staff had their own laptops to access records and information. This offered greater flexibility when working as they did not need to be in a dedicated area or building.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

The service received referrals from a range of sources, which meant it was easily accessible. GP's submitted the most referrals to the service. Family, friends and patients could also refer into the service.

The Barnsley and Ossett community mental health team for older people received all their referrals through the 'single point of access'. Staff at the single point of access triaged all telephone call into the trust to the appropriate service. Both teams had specialist nurses who were familiar with working with older people working within the single point of access team to undertake assessments. The nurses carried out the assessments and then triaged them to the appropriate community teams, or offered alternative interventions including signposting to third sector organisations if the community mental health team could not meet their needs.

The North Kirklees team received their referrals from their "single point of care" team. The trust had partnership agreement with another community health service to deliver joint care under 'care close to home' contract. Staff in this community health service triaged the referrals to the appropriate team where assessments could then take place.

Staff across all the teams were required to undertake routine assessments within 14 days and urgent assessments within four hours. These were nationally recognised targets.

We saw all community mental health teams for older people were meeting the time frames for routine assessing patients. The average time it took the community teams we visited to assess patients over the last 6 months was,

- Barnsley, four days.
- North Kirklees, ten days.
- Ossett, three days.

The same teams were also meeting their target to assess urgent referrals within four hours. In the last month all three localities assessed all urgent referrals within four hours. Barnsley had 26 referrals, North Kirklees had seven referrals and Ossett had 11.

At our last inspection we found patients were not always offered treatment in a timely manner once they had been assessed. However, at this inspection we found patients received a prompt response from the community mental health teams when they had been assessed and were identified as appropriate for treatment from the service.

All the community mental health teams we visited allocated a care coordinator to the patients within a seven days of their assessment, allocations were done in the weekly team meetings.

During our last inspection the Priestley Older Persons Treatment team based in Kirklees had a wait time for patients to access treatment that exceeded the 18 week target. The 18 week (90 days) target is a nationally recognised mark for NHS trusts to be able to offer treatment within community mental health teams.

At this inspection, the trust supplied us with data for the wait times for treatment from assessment since the last inspection in March 2016. The data demonstrated the community mental health teams for older people were able to offer treatment within 18 weeks, as follows:.

- Barnsley CMHT averaged 16 days to treatment
- North Kirklees CMHT averaged 73 days to treatment
- Ossett CMHT averaged 34 days to treatment
- Priestley adults and older peoples service averaged 30 days to treatment.

The North Kirklees team data suggested it took this team longer for to offer treatments in comparison to other teams. However this team offered short term interventions during the assessment period, for example if they felt patients did not need any long term intervention from the community mental health team. Staff then referred patients on to the community mental health team who were suffering more severe and complex mental health problems which required long term intervention. This is not captured in the data.

Access to psychological therapies varied between the teams. The Ossett team had a psychologist employed within the team, which meant patients could be seen quicker. We saw four examples of patients receiving psychological treatment within ten weeks. The other teams had to refer into secondary psychology or into

# Are services responsive to people's needs?

Good 

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

the Information About Psychological Treatment teams. The North Kirklees team had a psychologist who attended the weekly multidisciplinary meetings in supporting staff develop formulations for patients. Formulations are theory based explanations based on clinical assessment. They enable patients to make sense of their difficulties in the context of their relationships, social circumstances and life events.

The last inspection indicated not all community mental health teams had access to crisis teams. Crisis teams can offer intensive support and immediate support out of hours. During this inspection we found all teams had access to a crisis service.

We visited the Kirklees Outreach Team which was the crisis team for the older person services within Kirklees. They accepted referrals from care coordinators for patients who were in crisis and also provided intensive care for patients coming out of inpatient settings back into the community. This team operated 8am till 8pm, seven days a week. Outside these hours the crisis team for the working age adults managed any emergencies, and care was passed back to the appropriate team during normal operating hours. Patients were seen within 24 hours of referral to the assertive outreach team. We reviewed referral to treatment figures in the last three months for this service.

- In July 2016 the team received 23 crisis referrals which were all seen within 24 hours.

- In August 2016 the team received 22 crisis referrals which were all seen within 24 hours.
- In September 2016 the team received 31 referrals, 29 of which were seen within 24 hours, with the other two either being cancelled or the patient was not present for the appointment.

In Wakefield, the teams had a rapid access team. This team referred into the Intensive Home Based Treatment Team which provided crisis care in emergencies. These teams also operated between 8am till 8pm. The crisis team for working age adults in both areas managed all crisis referrals outside of these hours. Management felt the crisis support for patients was available, and utilised if necessary. In Barnsley the Intensive Home Based Treatment Team provided 24 hour crisis care for older adults with functional mental health problems.

All teams actively tried to engage patients into the service, even those who were challenging to work with. We saw staff had good working relationships with carers and families. They often worked alongside them in supporting patients. Appointments were made primarily in the community, for example patients homes, This meant patients were more likely to attend their appointment and work with staff on their recovery. The teams flexible approach to appointments with patients was supported by staff being able the trust electronic recording system outside the office, known as 'agile working.'