# York & Selby Early Intervention Service

## Quality Report

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Date of inspection visit: 10 February 2017
Date of publication: 15/03/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

| | |
|---|---|
| Overall rating for this location | Good |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive? | Good |
| Are services well-led? | Good |

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

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

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

# Summary of findings

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

## Overall summary

We rated the York and Selby Early Intervention Service as **good** overall because:

Following our inspection in June 2016, we rated the services as good for responsive and caring. Since that inspection, we have received no information that would cause us to re-inspect these key questions or change the ratings. During this inspection, we found that the service had addressed the issues that had caused us to rate safe, effective and well led as requires improvement following the June 2016 inspection. However, the service had outstanding issues in the effective domain regarding training in the Mental Health Act.

The service was now meeting Regulations 12, 15, 17 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- We felt that the service was safe because medicines management practice had improved. The provider had also made changes to the building to make it safer for service users and staff. Staff had received training in resuscitation and in the prevention and management of violence and aggression. The learning of lessons from incidents had improved.
- We felt that the service was effective because the provider had made clear policies and guidance available to staff regarding the Mental Health Act and Mental Capacity Act. The provider had made training in both Acts mandatory for staff. The involvement of advocacy services had increased.
- We felt that the service was well led because the service manager had taken action to rectify the concerns raised from the last inspection and made improvements. The service had a robust governance system in place relating to policies and procedures which had been updated since our last visit. The service had formed a clearer governance and reporting structure with the NHS trust it contracted with.

# Summary of findings

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Good

# York and Selby Early Intervention Service

**Services we looked at**
Community-based mental health services for adults of working age

# Summary of this inspection

## Background to York & Selby Early Intervention Service

The York and Selby Early Intervention Service is an independent mental health community service, based in York, North Yorkshire. The provider of the service is Community Links Northern Ltd. The NHS trust contract with Community Links to provide the early intervention in psychosis service in the local area. Because of this, the service works closely with the trust to ensure it fulfils the details of the contract.

The service provides community mental health support to people aged 14 to 65 experiencing their first episode of psychosis, or those thought to be at risk of developing psychosis. The service works intensively with service users for up to three years before they are discharged into other care services. The service takes on the role of care-coordination for the people they work with. It provides support to people living in York, Tadcaster, Selby and Easingwold.

This service has been registered with the Care Quality Commission since 2012 to carry out the following regulated activity:

- Treatment of disease, disorder or injury.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission last inspected this service in June 2016. At that time, we found that the service had breached regulations and we issued four requirement notices. These related to the following regulations under the Health and Social Act (Regulated Activities) Regulations 2014:

- Regulation 12: Safe care and treatment.
- Regulation 15: Premises and equipment
- Regulation 17: Good governance
- Regulation 18: Staffing

## Our inspection team

Team leader: Gemma Berry, Inspector (Mental health), Care Quality Commission.

The team that inspected the service comprised of two Care Quality Commission inspectors.

## Why we carried out this inspection

We undertook this focused, unannounced inspection to find out whether the York and Selby Early Intervention Service had made improvements to their community based mental health services for adults of working age since our last comprehensive inspection of the service in June 2016.

When we last inspected the service in June 2016, we rated community based mental health services for adults of working age as **requires improvement** overall.

We rated the service as requires improvement for safe, effective and well led, and as good for responsive and caring.

Following the June 2016 inspection, we told the service that it must take the following actions to improve community based mental health services for adults of working age:

- The provider must ensure that staff receive the level of training appropriate to their role, such as basic life support, breakaway training to avoid conflict, the Mental Capacity Act (2005) and Mental Health Act (1983).
- The provider must ensure that staff have access to a system for calling for assistance in an emergency.

# Summary of this inspection

- The provider must ensure the service has a dedicated, safe and dignified waiting area for service users, which is comfortable and not shared with staff.
- The provider must ensure that health and safety audits are carried out.
- The provider must have an effective governance structure to ensure it captures and manages risks and that the service direction and requirements are clear to staff.
- The provider must ensure that policies are updated and regularly reviewed, and in line with the Mental Health Act (1983) Code of Practice (2015) to provide guidance to staff to carry out their duties.
- The provider must monitor all medication stored on site and ensure there are regular audits. This includes monitoring medication temperatures to ensure they are safe for use according to the manufacturer's instructions.
- The provider must ensure that it investigates incidents alongside the NHS trust and ensures that lessons learnt from these are incorporated into daily practice.
- The provider must ensure that they maintain all records in a single contemporaneous manner.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12: Safe care and treatment.
- Regulation 15: Premises and equipment
- Regulation 17: Good governance
- Regulation 18: Staffing

We issued four requirement notices to ensure the provider took action to comply with the requirements of the regulations. Following this, the service sent an action plan to tell us how they would improve stating that their actions would be implemented by February 2017.

During this inspection, we found that the service were now compliant with all regulations.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection, we reviewed information that we held about the York and Selby Early Intervention Service. This information suggested that the ratings of good for responsive and caring, that we made following our June 2016 inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for safe, effective and well led.

During the unannounced visit, the inspection team:

- visited the service, checked the safety of the building and looked at the quality of the therapy, waiting and meeting rooms.
- looked at 11 care and treatment records of service users
- spoke with the registered manager
- spoke with four other members of staff including the area manager an occupational therapist and two nurses.
- carried out a specific check of the medication management within the service
- looked at policies, procedures and other documents relating to the running of the service

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

Good

We rated safe as good because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the June 2016 inspection.
- In June 2016, we found that the management of medicines was not safe. Staff had not monitored what medications the service kept on site, we found out of date medication, and staff did not check the temperature of medication being stored. When we visited in February 2017, we found that staff monitored the temperature of the medication room daily and the service had a procedure in place for auditing medication and controlling stock.
- In June 2016, we found that the environment of the service was not safe as there was access to items and fixtures that could be used to self-harm. Rooms where staff saw service users did not have alarms, which they could use for assistance in an emergency. The health and safety manual was dated 2014. At this inspection, we found that the service had made improvements to the safety of the environment. Staff were aware of risks and how they should manage at risk service users in the building. All staff carried personal alarms and rooms used by service users had panic alarms in place to protect staff and service users. The health and safety manual had been updated.
- In June 2016 the service did not train staff who worked alone with vulnerable service users in basic life support and management of violence and aggression. This meant they could not give emergency support to service users or manage aggression safely. At this inspection, the service had trained all staff in resuscitation techniques and in the management of violence and aggression.
- In June 2016, Community Links were not taking the lead in investigating incidents and lessons learnt were not delivered to the staff team in a timely manner. At this inspection, the manager explained that this system had improved. Both the service and the trust investigated incidents jointly to ensure they could share learning. Staff had a good understanding of how the service managed incidents.

However:

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- We found a sharps box in the medicines cabinet, which staff had not labelled. The manager told us staff had rectified this immediately following our visit.
- During this inspection we saw the key pad to unlock the door into the building was not concealed to prevent visitors from viewing the code. The service agreed to look into this and we will follow this up at the next inspection.
- During this inspection we found that an internal door on the first floor of the building was not obscured. It was possible for staff in the next building to see into the service which placed service users confidentiality at risk.

## Are services effective?

Good

We rated effective as good because:

- In June 2016, the service did not have Mental Health Act and Mental Capacity Act policies in place for staff to follow. At this inspection, these policies were now in place and provided guidance in supporting staff to work with service users who lacked capacity to consent to their care and treatment, or who may be subject to a community treatment order.
- In June 2016, we found that involvement with advocacy services was low. At this inspection, we found that advocacy information was accessible to service users in waiting areas. We saw that the service had made links with the local advocacy service by inviting them to patient event groups. The service told us that they had started an audit tracker of advocacy usage on case files to embed this practice into the service.

However:

- Staff had not received training in the Mental Health Act. At our inspection in June 2016 we stated that the service must ensure it trained staff in the Act. This was to ensure that all staff were aware of the Act and their responsibilities to service users. The service had made improvements by ensuring that training had become mandatory. However, the provider had not trained staff due to a lack of available training dates.
- In June 2016 we were concerned that the service was not undertaking capacity assessments at all times that this was indicated (for example if a patient had a learning disability). At this inspection, we reviewed patient files and found that in the majority of files, practice had improved. However, for three service users there was no recording on the system of whether the patient had capacity to make decisions about their care and treatment. This was inconsistent as most files recorded

# Summary of this inspection

whether the person had capacity to consent to working with the service. In addition to this, two service users were under 16 and there was no recording of assessment of Gillick competence.

## Are services caring?

Good

At the last inspection in June 2016 we rated caring as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

## Are services responsive?

Good

At the last inspection in June 2016 we rated caring as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

## Are services well-led?

Good

We rated well led as good because:

- In June 2016, the whistleblowing and safeguarding policies did not provide details for staff to contact the Care Quality Commission (CQC). At this inspection, the service had updated the whistleblowing policy and included the CQC contact details. The service had updated the adult and children's safeguarding policies and included information about contacting the CQC.
- In June 2016, some policy and procedures such as safeguarding were outdated, and important policy such as Mental Health Act and Mental Capacity Act was not in place. This meant that staff did not have the necessary information and guidance to perform their roles adequately, this may have had limited knowledge of what actions they should take. At this inspection, we saw that the service had updated policies regarding whistleblowing, safeguarding, the Mental Health Act, Mental Capacity Act, and Duty of Candour. The provider had also developed a new governance structure and a policy dashboard for all staff to access.
- In June 2016, the service had not updated the local risk register with known risks such as issues regarding building safety and access. At this inspection, we found that the service had updated the risk register on a regular basis and included risks regarding the building.
- In June 2016, staff described feeling confusion regarding who were leading them and which organisational policy, procedure and training they should follow. Senior managers from Community Links did not meet regularly with senior managers from the NHS trust with whom they were contracting, and this had an impact on day-to-day practice. At this inspection we

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found that there was a more joined up approach with the NHS trust. There were monthly contract meetings and senior managers met on a more regular basis. The service manager had updated the training matrix to involve mandatory training from both providers and staff were clearer about the management and reporting of incidents.

- In June 2016, staff recorded their appointments at patient's homes on the computer system; however, this did not always work. This meant that staffs whereabouts were not always known which could compromise their safety. At this inspection we found that in order to reduce risk, the service had transferred staff calendars to a more reliable NHS system.
- In June 2016, Community Links were not taking the lead in investigating incidents and lessons learnt were not delivered to the staff team in a timely manner. At this inspection, the manager explained that this system had improved. Both the service and the trust investigated incidents jointly to ensure they could share learning. Staff had a good understanding of how the service managed incidents.
- In June 2016 records were not accessible, because the computer system was complex and staff could not access historical information quickly. At this inspection we found care records were clear and accessible and all information was held on one system.

# Detailed findings from this inspection

## 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.

The service did not provide inpatient care, but used the Act when working with service users subject to a Community Treatment Order. The service also worked with service users detained in hospital and those who were at risk of being detained.

At the June 2016 inspection, we found that training in the Mental Health Act was not mandatory for staff. In addition, the service was not able to provide evidence of a Mental Health Act policy, which would act to provide guidance and instruction to staff. Staff should be able to provide support, understanding and explanation as required to service users and their families. Lack of training in this legislation and the associated code of practice, placed service users at risk as the staff may not be aware of the guiding principles of the act and how to manage complex cases. At this inspection we found that there was an up to date policy in place to guide staff and that training in the Act had become mandatory for staff. However, none of the staff had been trained due to a lack of available training dates. The provider advised that further dates would be released the day following our inspection, and we will follow this up at our next inspection of the service.

## Mental Capacity Act and Deprivation of Liberty Safeguards

At the June 2016 inspection training in the Mental Capacity Act was not mandatory for staff. In addition, the service was not able to provide us with evidence of a Mental Capacity Act policy, which could provide guidance and instruction to staff. At this inspection we saw that 57% of staff had received training, which was now mandatory, and there was an up to date policy in place to guide staff. The manager told us that the remainder of the staff team would complete the training in the week following our inspection and accepted that not monitoring the compliance of this training was an oversight on the part of the service.

At our last inspection, care records evidenced that staff had a lack of knowledge regarding this legislation. We reviewed 10 care records at that inspection and found that where there was an indication of a need for support for service users to make specific decisions (such as a learning disability) staff did not always record this in their assessments and files. Service users under 16 were not having Gillick competency assessments undertaken.

At this inspection we saw that practice had improved. Of 11 patient files reviewed only three files had no record of whether the service user had capacity to make a specific decision about their treatment plan with the service. We also reviewed two files of service users under 16 who had no recording of Gillick competence in their care file.

We saw that staff were recording patient views in terms of advanced directives. We saw that six of the 11 files contained information from the patient to staff and carers regarding what this person would or would not like to happen to them in the event they become unwell and require further treatment.

## Overview of ratings

Our ratings for this location are:

# Detailed findings from this inspection

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Community-based mental health services for adults of working age | Good | Good | Good | Good | Good | Good |
| Overall | Good | Good | Good | Good | Good | Good |

Good

# Community-based mental health services for adults of working age

| | |
|---|---|
| Safe | Good |
| Effective | Good |
| Caring | Good |
| Responsive | Good |
| Well-led | Good |

## Are community-based mental health services for adults of working age safe?

Good

### Safe and clean environment

The York and Selby Early Intervention Service was located in the centre of York. The service used the building as staff offices, and had therapy and meeting rooms where service users could meet with staff.

At the inspection in June 2016, we found the building was not safe. For example, there were no call points in areas where staff worked alone with service users. Staff did not carry personal alarms that they could use should they feel at risk, or should a person require emergency assistance. Service users who were unknown to staff at the service visited the building. This increased the need for alarms, because staff were not aware of any potential risks from service users they did not know. During this inspection we saw that the provider had placed alarm call points in all areas where staff were alone with service users. Staff also carried personal alarms. We checked both systems during the inspection and saw that they worked well and provided safety for staff and service users in the case of an emergency.

At the inspection in June 2016 we observed that there were areas of potential risk in the building that were not on the service risk register. This meant that the service had not identified all areas of potential risk to service users and staff, and had not considered any mitigation to reduce this risk. For example, there was open access to sharps such as knives and forks in the cupboards in the waiting area. We saw risk assessments which showed some service users were at risk of using sharps to harm themselves or other people. The service was not mitigating this risk in any way. At this inspection, we found that this situation had improved. The service had developed a more thorough risk register, which included all building risks, and the service manager had redesigned the waiting room with sharps and hot water removed. Staff we spoke with were aware of risks and how they would manage a patient at high risk of harm. Staff told us that they would see the patient away from the building in a less risky environment such as in a clinical area at the local NHS trust or at the patient's own home to protect confidentiality. In addition to this, the service was involved in plans to move to a more suitable building within the next 12 months, which has access to clinical areas, level access, and more suitable rooms to meet with service users. The service had also updated the health and safety manual which was out of date at the inspection in June 2016.

In June 2016, some areas of the building contained ligature points; these are things that service users could use to tie something to in order to harm themselves. Staff told us that because the service was not an inpatient area, they had not considered ligature risks and the service had not undertaken a ligature risk assessment in the building. These risks were not on the service risk register. During that inspection, we found that several service users had ligaturing discussed as a risk on their risk assessments. At that time, the provider was failing to reduce these risks and protect service users from harm. At this inspection, we found that the service had removed many of these risks; exposed pipework had been boxed in, windows had restrictors, glass had anti-shatter screening added and

door closers had been removed to reduce risk. Where they could not remove all risks, the service had completed an environmental audit, which stated that staff would not leave service users alone in rooms with ligature points.

However, at this inspection we found that a new service had moved into the building adjoining the York and Selby Early Intervention Service. On the first floor, an adjoining door attached the two services. The door contained a glass panel that allowed staff and visitors in the adjoining building to see into the service. We were concerned that this placed patients at risk of breaches in their confidentiality when using the service and accessing therapy rooms on the first floor.

At the inspection in June 2016 in the reception area, we saw there was one door out of the waiting area (staff kitchen) with a keypad lock; the receptionist was responsible for opening the door to let service users through for appointments. The only toilet in the building was located through this door. When service users accessed the toilet, they also had free access to other parts of the building. Staff did not monitor service users' access to the toilet, which meant that service users could access staff offices and rooms where staff kept patient records. During this inspection there was a policy in place which stated that staff would wait for service users outside the toilet if they used it to reduce the risk of them being able to access the building without supervision. Although this did not promote privacy and dignity for the service user, it mitigated the risk in the short-term as no other toilets were available in the building. However, we noted that the key pad for the main door into the building was not concealed and we were able to view the code when staff opened the door. This meant that the code was accessible to visitors.

At the June 2016 inspection we noted that the building was not completely clean and there were no cleaning schedules or audits completed. During this inspection, we saw that the building was clean, the offices were clutter free and the service had developed an improved working relationship with the cleaning contractor who had completed cleaning records we were able to review these on inspection.

**Safe staffing**

At the inspection in June 2016, there was training which was not mandatory for staff which we felt left service users and staff unsafe. This included management of violence and aggression, resuscitation, and the Mental Health Act and Mental Capacity Act. Only one staff member had undertaken medicines management training, despite staff administering injections and managing medication stored on site.

At this inspection, the provider had updated the mandatory training to include the Mental Health Act, the Mental Capacity Act, management of aggression and violence and resuscitation. All staff had undertaken training in resuscitation and the management of aggression and violence.

However, only 57% of staff had undertaken Mental Capacity Act training. The service manager explained that the remainder of staff were working towards completion of Mental Capacity Act training and accepted that not monitoring the compliance of this was an oversight. None of the staff had completed Mental Health Act training, the service manager explained that this was due to a lack of training dates available but was being addressed because further training dates had been available starting from the day after our inspection.

The service had now trained three registered nurses in medicines management and one support worker in safe and secure medicines storage. However, five staff had outstanding training for safe and secure medicines storage. Mandatory training compliance had reached 88% within the service, and the organisation's training target was 90%.

**Assessing and managing risk to service users and staff**

At the inspection in June 2016, the management of medicines was not safe. We saw that there was no monitoring of the temperature at which medication was stored, and no monitoring of stock stored at the site.

During this inspection, medicines management had improved. We saw evidence that staff checked the temperature of the room in which medication was stored and recorded this every day (with two omissions in February 2017). All medication was in date and the service kept a stock list and had a medication audit procedure in place, the last audit was undertaken the day before our visit. The service had a depot tracking system in place to ensure staff ordered medication two days before the depot injection was due to take place, this reduced the risk of injections being stored that may go out of date if not used. However, at this inspection we found that staff had not

Good

# Community-based mental health services for adults of working age

labelled one of three sharps boxes. This meant there was an increased risk that this box would be incorrectly used or disposed of. The service manager agreed to rectify this immediately following our visit.

At the inspection in June 2016, we found that staff were not always safe when working alone, because the computer system often failed leaving staff calendars unavailable. At this inspection the service had reduced the risk of this by transferring all staff calendars to the more reliable NHS system to ensure their whereabouts could be known at all times.

### Track record on safety

When we visited the service in 2016, they had reported two serious incidents in the 12 months prior to the inspection. Both incidents were under investigation and the coroner was assessing one. Both incidents related to self-harm or suicide in the community and neither occurred whilst the person was in the care of staff at the service. The NHS trust rather than Community Links undertook investigation of both incidents. Community Links were not taking an active role in incident investigation until the NHS trust had completed reports, meaning that there was a reduced ability for staff to learn lessons from incidents. One investigation had resulted in an action plan for the service to enable staff to learn lessons to reduce the risk of reoccurrence.

At this inspection, the service had reported one further serious incident. The service had taken a more joined up approach with the NHS trust in the investigation of this incident. The service manager had met regularly with the trust and both services worked together to investigate the incident. The service and the trust also had monthly contract meetings to discuss any issues or concerns. Staff had an increased awareness of how the service investigated incidents as the manager had created a flowchart for staff that explained the process more clearly.

### Reporting incidents and learning from when things go wrong

During the inspection in June 2016, we had concerns that opportunities for staff to learn lessons from incidents were diluted because of reporting and investigation procedures. At this inspection we saw that the provider had improved this practice. Community Links released a staff communication 'lessons learned' on a quarterly basis when a review of a serious incident had taken place at any service operated by the provider and they disseminated this from the clinical governance board. This communication contained themes and key messages for staff, and had started in December 2016.

## Are community-based mental health services for adults of working age effective?

(for example, treatment is effective)

Good

### Assessment of needs and planning of care

At the inspection in June 2016, we looked at the care records of ten service users, and found that all had a comprehensive assessment of needs and care plan. These were assessments, which included a patient's whole life, rather than only their mental health needs. The service used the assessment tool called comprehensive assessment of at risk mental states, which was a nationally recognised assessment tool. However, we found that the assessment was difficult for service users to understand and was more of a clinical tool rather than one that service users could take part in. At this inspection we saw that the service were working on this by staff undertaking new training in the assessment tool and using person centred language in care plans. At this inspection, we reviewed 11 care plans and all were person centred and contained the service users' voice and wishes, ensuring this was a collaborative care plan.

We also found in June 2016, that assessments and care plans for young people were not designed to suit their age group (meaning that young people may be less likely to engage with them). As a result, the service had created a young persons' resource file to support their work with younger people and their understanding of their care and treatment.

In June 2016, staff accessed care records in two ways, either via a paper-based record or via the electronic system. Care records were difficult to navigate and information was stored in different places. The service manager explained that the service transferred to a new computer system in April 2016, and staff could not retrieve all information from the old system. Therefore some records were paper, some electronic, and some needed to

be ordered from patient records service to be viewed. At this inspection, we found that all service user records were stored electronically in one place and they were clear and accessible.

At the inspection in June 2016, we commented that the use of advocacy services was low. Since then, the service had put a number of things in place to improve this, which included inviting the local advocacy service to an event with clients and staff to promote their involvement and skills. The service had also increased awareness of the local advocacy service by ensuring their contact details were available to service users in the reception area. In the 11 records we reviewed during the inspection visit we did not find references to any involvement with advocacy services with individual service users. However, we did see that the electronic system used by the service did not allow for the recording of this outside of patient daily notes. Staff at the service had discussed this as a team and were moving forward to find a clear space on the system to record this information. The service was due to undertake an audit of their use of advocacy to improve engagement with the service. They were able to provide five examples of referrals and discussions about advocacy with service users in the last three months.

**Skilled staff to deliver care**

At the inspection in June 2016, we saw that staff completed a comprehensive four-week induction programme. The induction programme was thorough and explained the service in detail. It gave time to new staff to explore the service and observe practice of more experienced colleagues. However, we found that the induction programme did not include information for new staff about the duty of candour. At this inspection, we found that the service had revised their induction programme and it now included training regarding the duty of candour.

**Adherence to the MHA and the MHA Code of Practice**

The service did not provide inpatient care, but used the Mental Health Act when working with service users subject to a community treatment order. A psychiatrist can arrange a community treatment order for service users who have been in hospital; it allows their discharge with certain conditions to ensure the continuation of treatment in the community. The service also worked with service users detained in hospital and those who were at risk of being detained.

At the inspection in June 2016, training in the Mental Health Act was not mandatory for staff and only five staff (45%) had completed training. In addition, the service was not able to provide evidence of a Mental Health Act policy, which would act to provide guidance and instruction to staff. There was no evidence that training had taken place regarding the updated Mental Health Act Code of practice, published in 2015. Lack of training in the Act and the associated code of practice, placed service users at risk as the staff may not be aware of the guiding principles of the Act and may not have been fully aware of the legislation in place to protect people.

However, at this inspection, the service had implemented a Mental Health Act policy and it included guidance from the Mental Health Act Code of Practice (2015). The provider had made training in the Act mandatory for all staff. However staff had not undertaken this training due to a lack of available dates. The service was pursuing this. The inclusion of a policy, which gives clear guidance on the use of the Act and the support of the responsible clinician, reduced the risk of ongoing delays to staff accessing this training. The provider had made improvements by ensuring training became mandatory.

**Good practice in applying the MCA**

At the inspection in June 2016, training in the Mental Capacity Act (2005) was not mandatory for staff and only five staff (45%) had undertaken this training. At this inspection, training had become mandatory for staff, and 8 out of 14 (57%) staff had completed it. The provider was aware of the need for the remainder of the staff team to complete this training.

In addition, the service was now able to provide us with evidence of a Mental Capacity Act policy, which provided guidance and instruction to staff. The service had put this in place following the June 2016 inspection.

At our last inspection, care records evidenced that staff had a lack of knowledge regarding this legislation. We reviewed 10 care records at that inspection and found that where there was an indication of a need for support for service users to make specific decisions (such as a learning disability) staff did not always record this in their assessments and files. Service users under 16 were not having Gillick competency assessments undertaken.

At this inspection we saw that practice had improved. Of 11 patient files reviewed, only three files had no record of

Good

# Community-based mental health services for adults of working age

whether the service user had capacity to consent to share information or to make a specific decision about their treatment plan with the service. However, we reviewed two files of service users under 16 who had no recording of Gillick competence in their records. Gillick competence is a term used to describe an assessment of whether a child (under the age of 16) is able to consent to their own medical treatment without the need for parental consent. The service told us that doctors undertook this assessment during psychiatry appointments so staff did not record this on the electronic system There was a risk that because this information was not shared across services not all staff working with a service user would be aware of any issues in relation to capacity.

In order to rectify these issues, we saw evidence that the clinical lead for the service had provided guidance to staff around recording of capacity, consent and Gillick competence. The service was also liaising with the local child and adolescent mental health teams to develop a consistent approach to recording.

At this inspection, we saw good practice in the use of advance directives. These tell staff and carers what a person would or would not like to happen to them in the event they become unwell. We found that six of the 11 records we reviewed contained discussions with service users about what they would like to happen in the event they became unwell or reached a crisis. We found this to be person centred as it helped staff ensure they had information to support people in accordance with their own wishes.

## Are community-based mental health services for adults of working age caring?

Good

At the last inspection in June 2016, we rated caring as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

## Are community-based mental health services for adults of working age responsive to people's needs?

(for example, to feedback?)

Good

At the last inspection in June 2016, we rated caring as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

## Are community-based mental health services for adults of working age well-led?

Good

### Vision and values

During the inspection in June 2016, staff told us that they felt confused by being managed by both Community Links and the NHS trust holding their contract. We found that the governance between the service and the trust was not joined up and senior managers did not meet on a regular basis to discuss progress and expectations. The service manager was not involved in learning lessons from other services due to confidentiality issues.

At this inspection we found that this situation had improved. The service manager and area manager were meeting with the trust on a monthly basis to discuss any contract issues, incidents and expectations for the service. The trust now invited the service manager to all early intervention in psychosis meetings to share learning.

### Good governance

At the inspection in June 2016, we saw governance structures in place, which were not robust and had potential to impact the performance of the service and consequently the care and treatment provided to people using the service. The service had made several improvements to governance structures to rectify these concerns:

- The service previously operated two different lists of training staff had to complete. This had now been resolved and there was one set of training joined up with the training required by the NHS trust. This training

included resuscitation, management of aggression and violence, and the Mental Capacity Act. Training compliance had increased to 88% for the service almost reaching the target of 90%.

- Staff had received little training in the Mental Health Act or Mental Capacity Act despite caring for service users subject to this legislation being their main activity. Community Links did not have policies or guidance on either Act despite staff having a statutory duty to perform their roles within the scope of both. This had been partially resolved at this inspection; the service had policies for both Acts in place and training in the Mental Capacity Act and Mental Health Act had become mandatory. However, Mental Health Act training had not been completed by staff and not all staff had completed Mental Capacity Act training.
- At our last inspection, the whistleblowing policy was dated 2013 and did not contain a review date. The policy did not provide contact details for the Care Quality Commission. Staff should be clear on the role of the Care Quality Commission and how they can be contacted should they wish to raise a concern. At this inspection, we saw that the service had updated the whistleblowing policy, which now contained details of how to contact the Care Quality Commission.
- The service had written a duty of candour policy in June 2016. The duty of candour sets out the responsibilities for organisations to be transparent, open and honest. It sets requirements for organisations to acknowledge wrongdoing and provide apologies to service users and their families when things have gone wrong. Although this policy was in place, it was new and was not included in the induction training for staff. At this inspection in this policy had been included in staff training and the induction programme.
- The service had not recognised risks in the building and had not added these to the risk register to ensure they had oversight and management of these, such as ligature risks, and the loss of access to historical patient records. At this inspection, the service had mitigated risks in the building by changing the layout of the building, and removing some ligature points. The service had completed an environmental audit and updated the local risk register.
- At our last inspection we found the safeguarding policies did not provide correct information in relation to the service's duty to inform the Care Quality Commission of any safeguarding issues or alerts. The service had not updated the children's safeguarding policy since March 2014. At this inspection, the service had updated the safeguarding policies and both contained contact details for the Care Quality Commission. The service held a safeguarding tracker and reported safeguarding in an appropriate and timely manner to both the Care Quality Commission and the Local Authority.
- At our last inspection, the supervision policy was dated 2011 with no review date or update since this time. At this inspection we found that the service had updated the supervision policy in July 2016.

**Commitment to quality improvement and innovation**

During this inspection we found that the service remained committed to development and improvement of practice.

In response to their target for improved physical healthcare for service users, the service had developed the use of the Lester tool in reduction of cardio metabolic risk in service users with mental illness. This involved creating a computerised system to flag concerning blood test results and highlight the need for action. The service were also developing shared care work with GPs to aid a smoother transition to GP led care for service users.

The service manager had recently completed training in the comprehensive assessment of at risk mental states. This is the assessment tool used by the service. This training allowed the service manager to train all staff within the service to improve assessment and outcomes for service users.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure that staff have access to training in the Mental Health Act.
- The provider should ensure that staff complete mandatory training in relation to the Mental Capacity Act.
- The provider should review the keypad lock on the main door into the building from the reception area to ensure the view of the code is obscured.
- The provider should ensure that staff correctly label sharps boxes.
- The provider should ensure that the internal door on the first floor, to the next-door building is obscured to protect patient and staff anonymity.
- The provider should ensure that staff record service users' capacity to consent to care and treatment clearly. This includes assessment of Gillick competence for service users under the age of 16.