

Lincolnshire Partnership NHS Foundation Trust

# Community-based mental health services for older people

## Quality Report

Trust Headquarters  
St. George's  
Long Leys Road  
Lincoln  
Lincolnshire  
LN1 1FS  
Tel: 0303 123 4000  
Website: [www.lpft.nhs.uk](http://www.lpft.nhs.uk)

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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)
RP7HQ	Trust Headquarters	Windsor House, Louth - Community based mental health services for older people	LN11 0YG
RP7RK	Johnson Community Hospital, Spalding	Community based mental health services for older people	PE11 3DT
RP7RH	Stamford Resource Centre, Stamford	Community based mental health services for older people	PE9 1UN
RP7CG	Witham Court, Lincoln	community based mental health services for older people	LN6 8UZ

# Summary of findings

RP7LP	Manthorpe Centre, Grantham	Community based mental health services for older people	NG31 8DG
RP7LA	Pilgrim Hospital, Boston	Community based mental health services for older people	PE21 9QS

This report describes our judgement of the quality of care provided within this core service by Lincolnshire 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 Lincolnshire Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Lincolnshire 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 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 / 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 community based community mental health services for older people as good because:**

- All patient information was stored electronically and was accessible to staff.
- The service followed National Institute for Health and Care and Excellence (NICE) guidance in prescribing medication and reviewing patients who had dementia.
- Patients were consistently positive about the centres and about the staff, patients felt understood and cared for.
- Patients told us that they felt involved in their care planning and that they had been offered a copy of their care plan.
- Staff were able to prioritise and see urgent referrals quickly.
- There was a safeguarding champion available to support staff with safeguarding concerns and safeguarding posters were displayed in the reception areas at each of the locations.
- Staff learned from incidents, complaints and patient feedback via the bi monthly lessons learned bulletin, at team meetings and during supervision. We saw examples of lessons learned and changes in practice as a result of this.
- Leaflets were available in different languages and information was available in different formats on request.
- Staff were passionate about their jobs and used the trusts' vision and values in their everyday work.
- Senior managers were visible and known to staff. They visited the locations to update staff on changes within the service and the trust.
- Sickness and absence rates were low and clear strategies were in place to cover any staffing shortfalls.

# Summary of findings

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

### Are services safe?

#### We rated safe as good because

- There was a safeguarding champion available to support staff with safeguarding concerns and safeguarding posters were displayed in the reception areas at each of the locations
- Staff learned from incidents, complaints and patient feedback via the bi monthly lessons learned bulletin, at team meetings and during supervision. We saw examples of lessons learned and changes in practice as a result of this.
- Staff were open and transparent and gave face to face explanations to patients and their families when things went wrong.
- There was very low use of bank staff to cover sickness and vacancies. This provided continuity of care for patients with staff who were familiar to them.
- Risk assessments had been completed in 87% of patient care records.

However

Caseloads were variable in number and high in some locations

Good



### Are services effective?

#### We rated effective as good because:

- All patient information was stored electronically and was accessible to staff.
- The service followed National Institute for Health and Care and Excellence (NICE) guidance in prescribing medication and reviewing patients who had dementia.
- There was evidence of capacity tests being carried out, families and carers were consulted where appropriate to establish the wishes, feelings, history and culture of patients.
- Cognitive stimulation therapy courses to assist with memory were available to the people using the service.
- Physical health was monitored by nursing staff which complemented the physical health monitoring carried out by GP's.
- Staff had access to additional training to compliment working with older people

However:

Supervision was not always being recorded effectively

Good



# Summary of findings

## Are services caring?

### We rated caring as good because:

- Patients were consistently positive about the centres and about the staff, patients felt understood and cared for.
- Patients told us that they felt involved in their care planning and that they had been offered a copy of their care plan.
- Staff gave patients a full explanation of the different treatments available.
- We saw evidence of confidentiality being maintained.
- Independent mental health advocacy posters and leaflets were on visible across the services.
- Meridian feedback forms for patient and carer feedback were consistently high scoring and feedback was reviewed to improve the services.

Good



## Are services responsive to people's needs?

- Staff were able to prioritise and see urgent referrals quickly.
- Leaflets were available in different languages and information was available in different formats on request.
- Waiting areas were clean bright and dementia friendly.
- Appointments were rarely cancelled and there was flexibility in appointment times to accommodate the availability of families and carers.
- Staff were able to access interpreters and signers quickly and easily.
- There was disabled access across all services.

Good



## Are services well-led?

### We rated well-led as good because:

- Staff were passionate about their jobs and used the vision and values in their everyday work.
- Senior managers were visible and known to staff. They visited the locations to update staff on changes within the service and the trust.
- There was a variety of policies and procedures in place that staff were familiar with and knew how to access.
- There were robust systems in place to support the safeguarding process, reporting of incidents and staff could access a safeguarding champion for additional guidance.
- Staff had opportunities for leadership training and development.
- Sickness and absence rates were low and clear strategies were in place to cover any staffing shortfall

Good



# Summary of findings

## Information about the service

There are seven community based mental health teams for older people, across the geographical area of Lincolnshire and aligned with the four clinical commissioning groups. We visited locations at Boston, Louth, Grantham, Lincoln, Spalding and Stamford.

The community mental health teams for older adults provide the following pathways of care: memory assessment and management services providing specialist assessment, diagnosis and early intervention for people with mild to moderate or suspected dementia.

Mental health intermediate care is provided to support access to mainstream physical rehabilitation services by older adults with existing complex mental health needs or dementia during or following a period of rehabilitation. The mental health liaison nurses see and support patients who are already known to the older adults community mental health teams.

Mental health assessments are carried out for mental health needs, mild non cognitive, behavioural and psychological symptoms of dementia along with co morbid emotional disorders.

The mental health liaison nurses see and support patients who are already known to the older adults community mental health teams.

The community mental health teams for older adults are staffed by a multi-disciplinary team including doctors, nurses, support workers, occupational therapists, psychologists and administrative staff.

The teams work closely with care homes, GP's, older adult inpatient wards and other mental health providers and the services open from Monday to Friday, 9am to 5pm.

The Care Quality Commission inspected this core service in 2016. There were five compliance actions from the last inspection of this core service which were:

- The trust should continue the planned review of caseloads and identify ways to reduce these.
- The trust should ensure the staff in the community based mental health services for older people always record the patient risk assessment in the same location on the electronic patient record system.
- The trust should ensure that capacity is clearly and consistently recorded, whether a patient has capacity or a patient lacks capacity.
- The trust should review how they are ensuring support groups are available for carers and patients receiving services.
- The trust should ensure that all areas that patients are accessing are dementia friendly.

At the current inspection capacity was clearly and consistently recorded, carers had access to support groups and carers assessments and patient waiting areas were dementia friendly. However, caseloads within some teams were still high and some risk assessments were missing or incomplete.

## Our inspection team

Our inspection team was led by:

Chair: Mick Tutt, Deputy Chair, Solent NHS Trust

Team Leader: Julie Meikle, Head of Hospital Inspection, mental health hospitals CQC

Inspection Manager: Karen Holland, Inspection Manager, mental health hospitals

The team that inspected this core service consisted of two CQC inspectors; four specialist advisors with

experience of working in community-based mental health services for older people and one expert by experience. Experts by experience are people who have direct experience of the care services that we regulate, or are caring for someone who has experience of using those services.

# Summary of findings

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

## Why we carried out this inspection

We inspected this core service as part of our on going comprehensive mental health inspection programme

## 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 visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited six community based mental health services for older adults, looked at the quality of the environment and observed how staff were caring for patients
- spoke with eight people who were using the service

- spoke with eight carers for people who were using the service
- spoke with the managers or acting managers for each of the teams
- spoke with 42 other staff members; including doctors, nurses, occupational therapists, administration staff and psychologists
- accompanied nursing staff on two home visits to see patients who were using the service
- interviewed the service manager with responsibility for these services, and
- attended and observed two multi-disciplinary meetings.
- looked at 59 treatment records of people using the service
- carried out a specific medication check at three of the locations visited
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

We spoke to eight people who used the service and eight carers of people who used the service.

All eight people who used the services said that staff treated them with kindness, dignity and respect and that they had good knowledge of individual needs.

Five people said that they had been given a copy of their care plan and all eight carers said that they either had a copy of the care plan or felt involved in the care and treatment of the person using the service.

# Summary of findings

Seven of the patients that used the service had been told about the complaints process or given a leaflet and all said that they would feel able to complain. Some said that they would prefer to speak to staff first.

## Good practice

## Areas for improvement

### Action the provider SHOULD take to improve

- The trust should ensure caseloads are reviewed and reduced.
- The trust should ensure that all staff receive supervision in line with their policy and accurate records are kept.

# Lincolnshire Partnership NHS Foundation Trust

## 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
Windsor House	Trust Headquarters
Johnson Community Hospital	Trust Headquarters
Pilgrim Hospital	Trust Headquarters
Manthorpe Centre	Trust Headquarters
Witham Court	Trust Headquarters
Stamford Resource Centre	Trust Headquarters

#### 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.

- Mental Health Act training was mandatory for all staff. The service scored 96% annual compliance against a target of 95% for the number of staff trained in the

Mental Health Act. The renewal timeframe for this course was every two years. However, two teams fell below the target compliance for MHA training, at 80% and 87%.

- A Legislative committee had formed early in 2017 and had met on a monthly basis since. It considered MHA

# Detailed findings

data, including information from the trust's MHA dashboard, legislative changes, audits, policy and procedures. The committee fed into the trust's quality board and provided a MHA report six times a year.

- There was a MHA policy with useful flowcharts for staff to follow along with an online MHA resource centre available to all staff, providing easy access to the relevant MHA policies, procedures, forms and other information.
- There was an audit programme in place. Recent audits included MHA treatment forms with associated capacity assessments, patients' rights and section 17 leave.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff received mandatory Mental Capacity Act training. As at 31 December 2016 the overall compliance rate for this training course across the trust and within this core service was 85% against a target of 95%. Three of the seven community based mental health services for older people achieved 100% compliance with Mental capacity Act training. The renewal timeframe for this training course was every three years and was mandatory for staff. Staff we spoke with had a good working knowledge of the five core principles and were aware that capacity assessments should be decision specific. A Mental Capacity Act policy was in place. Capacity assessments were recorded in the case notes and on a separate form; this was embedded in the service.
- A legislative committee had formed early in 2017 four months ago, and had met on a monthly basis thereafter.

This was chaired by the director of nursing or medical director, and attended by a non-executive director, safeguarding/MCA champion, divisional managers and leads, and the lead AMHP for the trust. The committee fed into the trust's quality board. The trust board is provided with a MCA report three times a year.

- Members of the MCA team chaired complex best interests' meetings. In relation to DoLS assessments. The supervising body had previously prioritised the trust, however we were told this was no longer the case. This resulted in a delay in assessments taking place.
- There were 83 safeguarding/MCA champions across the trust who could be consulted by staff for support with safeguarding or Mental Capacity Act issues

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- Interview rooms at three of the six locations were fitted with alarms. There were no alarms in the interview rooms at Manthorpe Centre, Witham Court and the Pilgrim Centre. Personal alarms were available to all staff when meeting with people using the service.
- There was no clinic room at Witham Court, Manthorpe Centre and the Pilgrim Centre. Staff had access to calibrated medical equipment if this was required. There were clinic rooms at Windsor House, Stamford Resource Centre and at Johnson Community Hospital this was shared with the adult community mental health team.
- All areas seen were clean and well maintained with décor and furniture in good order.
- Cleaning records were up to date and demonstrated that all of the locations were cleaned regularly.
- Staff adhered to infection control principles, there were handwashing signs visible and hand sanitiser available in the clinic rooms and the reception areas.
- Equipment was well maintained and clean stickers were visible and in date.
- Ligature audits were in place at all of the locations attended by the people using the service.

### Safe staffing

- The establishment levels for whole time equivalent (WTE) qualified nurses was 45 and the establishment levels for WTE nursing assistants was 13. At the time of inspection there were no vacancies for qualified nurses or nursing assistants. Staff sickness rate was 3% in the 12 month period prior to inspection and staff turnover rate was 11% in the 12 month period prior to inspection.
- The provider had estimated the number and grade of nurses required for the team using a system of capacity analysis and resource planning.
- The number of nurses matched this number on all shifts.

- The average caseload was high at 50 patients per qualified nurse. Caseload numbers varied widely from 36 at Spalding to 98 at Grantham. High caseloads numbers were influenced by high numbers of dementia related referrals. The people using the service with dementia had long term monitoring requirements in line with NICE guidelines, so remained on staff caseloads for longer periods of time. However we did not find that this impacted on patient safety or experience.
- We concluded that none of the people using the service were awaiting allocation of a care coordinator.
- Cover arrangements for sickness, leave and vacant posts were in place with existing staff and the weekly duty worker providing cover to ensure patient safety.
- The older adult's community team at Louth had 39 qualified nursing shifts filled by bank staff, which equated to 7% of all shifts. There were no qualified nursing shifts filled by agency staff during January to March 2017 three month time period. There was no use of agency or bank staff for unqualified nurse shifts.
- There was prompt access to a psychiatrist either on site or on the phone during the opening hours of Monday to Friday, nine to five.
- Overall, the services' training compliance rate was 91%. Five training courses had achieved 100% compliance, these included falls Level 1, Infection Control (Initial), Manual Handling (Moving and Handling), Safeguarding Adults Level 3 and Fire safety. There were no training courses that fell below 75% compliance.

### Assessing and managing risk to patients and staff

- We looked at 59 care records during this inspection. Of those, eight (13%) did not have an up to date risk assessment present.
- Crisis plans were created within the assessment process and for all patients under the care programme approach (CPA). Carers would be consulted in creating crisis plans if this was appropriate

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- Where cases became urgent, staff saw the patient the same day or the next day and this was provided by the duty worker if required.
- Staff monitored the waiting list and wrote to the patients' GP advising them to telephone the service if the referral became urgent or if there had been deterioration in the person's health.
- Staff were able to tell us the process for making a safeguarding alert. Safeguarding Adults Level 3 training had achieved 100% compliance. Community-based mental health services for older people had nine safeguarding referrals to the local authority between 1 January and 31 December 2016. These were all adult safeguarding referrals. Three referrals, equating to 34% were from Spalding. The remaining 66% of safeguarding referrals came from Stamford, Louth, Skegness and Lincoln. Grantham and Gainsborough teams had no safeguarding referrals during the reporting period.
- A robust lone working policy was in place, staff used a signing in and out board in reception, work mobiles and had a code word to indicate significant concerns whilst seeing patients. The duty worker checked where all staff were at the end of the day and anyone not accounted for would be contacted with escalation if contact was not achieved.
- Team coordinators told us that there was robust checking of medication and frequent dialogue with the GP to ensure that all mental health professionals are aware of current levels of medication and any changes made

## Track record on safety

- Between 1 October 2015 and 30 September 2016, trust staff reported 15 serious incidents within this core service. Of these, 11 involved the death of a patient. The teams that reported the highest number of incidents

were Grantham with five (33%) and Boston with four (27%). The most common type of serious incident was 'apparent/actual/suspected self-inflicted harm meeting serious incident criteria' with 12, equating to 80%.

## Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and gave us examples of what kind of incidents they would report using the trust system.
- Incidents were discussed at the weekly multi-disciplinary team meeting, at the monthly staff meeting and at supervision.
- Staff told us that they were open and transparent when something went wrong. A team coordinator gave the example of a letter being sent to the wrong person due to human error. The same day the manager went to the patients home, apologised and collected the letter. The letter was then delivered to the correct patient with a further apology and explanation for the incident.
- Staff received feedback from the investigation of incidents at staff meetings, through the trust bi monthly learning lessons electronic bulletin and the trust intranet.
- Staff met to discuss feedback at the staff meetings, multi-disciplinary team meetings and during supervision.
- We saw evidence of changes being made to practice in the way that letters were sent out through changes to the letter templates and the development of a double checking system to include the clinical staff and then the administrator to minimise future incidents.
- Debriefs were held immediately after incidents or as soon as possible thereafter. Staff were referred to the wellbeing service for physical and mental health issues if they required additional support following an incident.

# 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

- We examined 59 care records and comprehensive assessments were completed in the review letter sent out to the GP for patients who were not on care program approach. Wellbeing plans, which were equivalent to comprehensive risk assessments were completed for patients who were on care program approach.
- All care plans contained up to date personalised and recovery orientated information and patients were offered a copy if they had capacity.
- Care plans seen evidenced section 117 aftercare services for those people who had been subject to Section 3 of the Mental Health Act.
- All information to deliver care was stored electronically and staff were able to access records as required.

### Best practice in treatment and care

- We examined 59 care records, and almost all of those contained outcome measures and followed NICE guidance. There was detailed discussion during the multidisciplinary team meeting about medication, side effects and a review completed by the multidisciplinary team. We saw evidence that regular monitoring was carried out for people prescribed lithium, anti-psychotic and anti-dementia medication and a clinical audit had taken place in 2016 for prescribing anti-psychotic medication for older people with dementia.
- Patients with dementia were offered cognitive stimulation therapy 14 week courses, to assist with improving and maintaining memory. This is recognised in the National Institute for Health and Care Excellence (NICE) guidelines. Staff told us that this provided an opportunity for them to get to know patients in a way that they otherwise wouldn't have done.
- Interventions included referral to locality social workers, age concern, Alzheimer's Society and citizen's advice bureau for support with benefits. Staff described close links with local partner organisations.
- Additional physical health training was available to staff and physical health was discussed as part of every appointment with a patient. Physical health was led and

monitored by the GP who provided an annual healthcare check. Staff routinely monitored physical health and all staff could access guidance from the physical health care champion.

- We observed two multi-disciplinary team meetings at which patients anti-psychotic medication was reviewed and discussed with the consultant.
- Outcome measures were used to rate severity and outcomes such as the geriatric depression scales, Addenbrooke's Cognitive Examination-III (ACE-III) which is a screening test used to assess cognitive performance. The depression and suicide pathway had been reviewed by the trust and new tests were available with ratings to create a standard approach for staff and patients.
- Clinical staff routinely participated in clinical audit including use of anti-psychotic medication in patients with dementia, health and safety audit, safeguarding audits and ligature audit for premises where patients were seen.

### Skilled staff to deliver care

- Multi-disciplinary teams included a full range of mental health disciplines required for the patient group including psychiatrists, occupational therapists, qualified nurses and associate practitioners. Two psychologists were also available across the community and older adult inpatient services. Social workers were not employed by the trust but could be accessed if needed through the local authority.
- Staff were experienced and qualified and had access to specialised training specific to their role.
- Staff received an appropriate induction including access to mandatory training and management and clinical supervision. A newly appointed staff member told us that they had received an induction when they had commenced working for the team.
- We saw minutes for the monthly team meetings and saw staff received supervision and appraisal. The trust provided data for staff compliance with clinical supervision; however, this was unclear. Data showed significant variance in compliance across teams. The trust told us they had introduced a new method of recording supervision, which was not yet fully embedded. We were unable to determine how supervision was delivered, for example how often staff

# 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.

received one to one support, or whether managerial supervision was being provided in accordance with the trust policy. It was unclear how outcomes from staff supervision were reviewed or acted upon.

- As of 31 March 2017, the service overall compliance for non-medical staff having received an appraisal was 87%. The trust's target rate for appraisals was 95%.
- Staff had access to the trust induction and a variety of specialist training was available for staff to access in order to carry out their roles.
- Poor staff performance was addressed promptly during supervision. Managers described seeking support from human resources along with managerial support to improve performance.

## Multi-disciplinary and inter-agency team work

- During inspection we attended two multidisciplinary team meetings and observed detailed discussion whilst notes were updated on patients' records.
- The intermediate care nurses who were commissioned separately provided a direct link with older adult inpatient services and staff described working closely with the crisis team who were helpful although unable to provide out of hours support.
- There were good working links with GP surgeries, social services and other teams external to the organisation. Social workers attended the multidisciplinary team meetings on request.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- Staff had a good working knowledge of the Mental Health Act, the code of practice and the guiding principles. As at 31 December 2016, community based mental health services for older people scored 96% annual compliance (against a target of 95%) for the number of staff trained in the Mental Health Act. The renewal timeframe for this course is every two years. This course is mandatory for staff. Two teams failed to achieve the target of 95% compliance, with community based mental health services for older people at Skegness having the lowest compliance rate at 80%. Three out of seven teams had 100% compliance for this training course.

- Consent to treatment and capacity assessments were recorded in the records of the people using the service. Staff had a good understanding of capacity and consent and sought guidance from specialist champions if required.
- Rights under the Mental Health Act and community treatment orders were explained to the people using the service and their families and carers.
- Staff were able to seek support from the Mental Health Act office on the implementation of the Mental Health Act and the code of practice.
- At the Lincoln base we found an issue with the paperwork for a Community Treatment Order. We drew this to the attention of the trust. As a result of the inspection the trust introduced a second checking procedure within the Mental Health Act office to reduce the risk of further issues.
- There were regular audits to ensure that the Mental Health Act was being applied correctly and evidence of learning from this was seen in team meeting minutes.
- Independent mental health advocacy posters and leaflets were displayed in the reception areas at all of the bases and was provided by POHWER. Staff knew how to refer to the advocate and were familiar with the scope of their role.

## Good practice in applying the Mental Capacity Act

- Mental Capacity Act training was mandatory for all staff. Compliance for this core service was 85% with three teams achieving 100% compliance in Mental Capacity Act Training. The trust had a Mental Capacity Act policy which staff were aware of and referred to. Staff had a good working knowledge of the Mental Capacity Act and were able to tell us about the five statutory principles.
- Staff told us that they assumed capacity and if people who used the service may have impaired capacity this was assessed and recorded in the clinical notes and on a dedicated capacity assessment form.
- Staff supported people to make decisions and involved families and carers in order to ascertain people's wishes, feelings culture and history. There were best interests assessors within the teams who assisted with this process.

# 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.

- Staff sought advice from a nurse based at Witham court who was the Mental Capacity Act champion within the core service for specific advice on capacity issues.
- Members of the MCA team chaired complex best interest's meetings. There were 83 safeguarding/MCA champions across the trust.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- We observed positive interactions between staff and a patient, offering hot drinks when they arrived for an appointment at the wrong time.
- Patients told us that they felt understood and well cared for and were complimentary about the service and the staff.
- We attended a home visit to a patient and observed that staff had a detailed level of understanding of the patients' needs and those of the carer. Staff gave explanations for the different treatments available.
- We saw confidentiality forms in patient records and staff sought permission for us to contact patients during the inspection. There was a confidentiality policy and patient records were stored electronically.

### The involvement of people in the care that they receive

- Patients told us that they felt involved in their care planning and that they had been offered a copy of their care plan. The service manager described a case in which a patient was supported to maintain independence by spending time at home during the day and travelling to a care home by taxi to sleep each night.
- Families were able to access the dementia cafe and could access carers groups and referral for a carer's assessment. Cognitive stimulation therapy was also available to families and carers. A carers group was facilitated at Spalding by a volunteer and carers were encouraged to meet informally outside of services.
- Advocacy posters and leaflets were visible at the services and were provided by POHWER advocacy service.
- Meridian feedback forms were seen and were consistently high scoring. Outcomes of feedback were discussed at the monthly staff meetings.

# 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

- All teams within this core service met the trust target for assessment to onset of treatment. Overall, 95% of patients should be seen within 18 weeks. We concluded from the data provided that other local referral to treatment targets for intermediate and urgent care were being met. There had historically been a lengthy waiting list for access to psychology which was being addressed by offering access to contracted independent providers from mid April 2017.
- Teams operated a weekly duty rota which allowed the duty staff member to see urgent referrals quickly. Non urgent referrals could be waiting up to 20 weeks to be seen but were able to be fast tracked should their situation deteriorate. The service provision was Monday to Friday, nine to five and the crisis team did not see patients outside of those hours. Patients were advised to phone accident and emergency during evenings and weekends.
- Staff told us that they offered patients different methods of engaging and provided appointments at the base, home visits, appointments at GP surgeries and home visits with the consultant.
- When patients did not attend their appointments staff would telephone them or their relative or carer, write a follow up letter and contact the GP or district nurse. Staff offered alternative appointments and alternative methods of engagement.
- Patients told us there was flexibility in appointments and that staff would phone them to discuss a more convenient time and consider carers' availability if they worked or did not live locally.
- Appointments were very rarely cancelled as any staffing shortfall would be covered by the duty worker that week or by other staff within the team. Staff told patients in the event that a cancellation was necessary.
- Appointments ran on time and patients were informed in person or by a phone call if there was a time delay.

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

- Reception areas were welcoming and provision was made for patients to access hot and cold drinks. There were clinic rooms at three out of the six services that we visited. There was a range of other rooms available including therapy rooms, one to one rooms and at Johnson community hospital there was a relaxation room containing a radio, fairy lights, large cushions and soft lighting to assist with stress management and relaxation for people using the service.
- Interview rooms were adequately soundproofed.
- Notice boards were visible at all of the services that we visited. We saw a range of leaflets, including information on complaints, carers support, Mental Health Act rights, dementia café, safeguarding, advocacy and treatments

### Meeting the needs of all people who use the service

- Disabled access and facilities were available at all of the locations that we visited. All patient areas were on the ground floor and some services had automatic doors in reception.
- Some leaflets were displayed in different languages and alternative formats were available on request.
- Staff told us that they could access interpreters and signers if required. We saw leaflets in reception advertising interpreters.

### Listening to and learning from concerns and complaints

- Complaints posters and leaflets were on display in all but one of the locations.
- The core service received 13 complaints between 1 January and 31 December 2016. Three complaints were then referred to the Ombudsman, and none of the three were upheld. Lincoln had the most complaints received during this time with four. Some complaints related to a lack of information or insufficient communication of information. From the complaints referred to the Ombudsman, one concerned the length of time to get an appointment, one concerned a complaint about

# Are services responsive to people's needs?

Good 

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

staff at a home visit undertaking an assessment and poor communication and the other concerned the relatives of a patient who died being offered little support whilst caring for them at home.

- The core service received 431 compliments between 01 January and 31 December 2016. Stamford received 128 of these compliments.
- Patients told us that they knew how to complain and that they were able to talk informally to staff in the first instance if they had concerns. Staff gave face to face and written feedback to patients following a complaint.
- Staff were familiar with the complaints policy and were able to describe a process of receiving complaints via the patient advice and liaison service and a full investigation being completed by the team coordinator. Staff told us that the advocacy service may also get involved in complaints and that the patient was placed at the heart of the investigation with a focus on improving patients and carers quality of life.
- Investigations into complaints were taken to the quality lead for review and feedback was provided at team meetings, supervision and through the bi monthly electronic lessons learned bulletin.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- The trust's vision and values were on display in reception and waiting areas across the locations. Staff were passionate about their roles and used the visions and values in their everyday work. We saw evidence of effective team working and team objectives were linked to the vision and values
- Staff told us that they strived for the best care and quality of life for the people using the service and sought to place them at the heart of everything that they do.
- Staff knew who the most senior managers were and said that they visited services; senior managers informed staff when changes were planned within the trust. Staff told us that they would email senior managers directly to discuss issues.

### Good governance

- Staff received mandatory training.
- Supervision and appraisal were in place but fell below trust targets in some cases.
- Staff were motivated and committed to their roles and maximised shift time on direct care activities.
- Incidents were reported and there were clear pathways for lessons learned to be fed back to staff along with changes arising from complaints, feedback and feedback from the people who used the service.
- Staff routinely participated in clinical audit processes.
- Safeguarding, Mental Capacity Act and Mental Health Act training was mandatory and procedures were followed with review processes. There was regular discussion on these areas at the multi-disciplinary team meeting and these were agenda items at the monthly staff meetings. Safeguarding, Mental Health Act and Mental Capacity Act champions were in place to provide additional support.
- Key performance indicators were not used within this service.

- The team manager told us they had sufficient authority and administrative support and this was evidenced in the tasks carried out by administrative staff and team secretaries to assist with the running of the teams.
- Staff submitted items to the risk register. Caseload numbers had been submitted and reviewed by team coordinators. There were monthly divisional meetings attended by all of the older adult divisional managers at which key headlines and early warning indicators were discussed.

### Leadership, morale and staff engagement

- Staff consistently told us that morale was high, teams were supportive of each other and they felt a high level of satisfaction within their roles.
- Sickness and absence rates were low and clear strategies were in place to cover any staffing shortfall.
- There had been no bullying and harassment cases and no incidents of staff suspension or supervised practice.
- Staff knew where to access the whistle blowing policy and told us that they would have no hesitation in using it if they needed to.
- Staff were able to make suggestions about the service and had direct contact with senior managers within the service.
- There were opportunities for leadership development and staff said that there was a leadership training course available. We saw evidence of promotion within teams.

### Commitment to quality improvement and innovation

- The service had developed a set of standards for letters to the people using the service to ensure that they were personalised and contained all areas of relevant information. We saw a copy of the standards and evidence in minutes that this had been discussed at team meetings. Use of the standards being used was reflected in the patients' notes.
- The Memory Services National Accreditation Programme (MSNAP) works with services to assure and improve the quality of memory services for people with memory problems/ dementia and their carers. MSNAP was being planned for Lincoln initially and Grantham

# Are services well-led?

Good 

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Older Adult Community Team. This was originally scheduled for January however this had been deferred until June 2017. Self-review is scheduled to commence and a full peer review in September.