Outstanding ☆

Barnet, Enfield and Haringey Mental Health NHS Trust

Community-based mental health services for older people

Quality Report

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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)
RRPXX	Trust Headquarters	Enfield Older Adult Community Mental Health Team	EN2 8JL
RRPXX	Trust Headquarters	Enfield Memory Service	EN2 8JL
RRPXX	Trust Headquarters	Haringey Older Adult Community Mental Health Team	N15 3TH
RRPXX	Trust Headquarters	Haringey Memory Service	N15 3TH
RRPXX	Trust Headquarters	Barnet Older Adult Community Mental Health Team	EN5 3DJ

Summary of findings

RRPXX	Trust Headquarters	Barnet Memory Service	EN5 3DJ

This report describes our judgement of the quality of care provided within this core service by Barnet, Enfield and Haringey Mental Health NHS 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 Barnet, Enfield and Haringey Mental Health NHS trust and these are brought together to inform our overall judgement of Barnet, Enfield and Haringey Mental Health NHS 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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
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 mental health services for older people as **outstanding** because:

- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients. Staff were responsive to individual patients' needs and actively engaged in assessing and managing risk. Patients could access a comprehensive range of treatments and therapies.
- Staff empowered patients and carers to be partners in their care and treatment. Staff developed positive relationships with patients and carers to ensure their needs and individual preferences were reflected in planning their care. Patients and carers reported that staff went the extra mile and exceeded their expectations.
- The services were flexible, provided choice and patients could access them at times that suited them. Staff responded promptly and appropriately to heightened patient risk. Carers were provided with extensive support and opportunities to gain skills to help them with their caring responsibilities. For example, carers programmes featured guest speakers who shared tips and experiences, events were held with community organisations to give advice about how to care for loved ones safely in the community, and carers were trained to continue practicing cognitive behavioural therapy with their loved one at home.
- Staff were fully engaged with developing services. They took individual responsibility for completing quality improvement projects and quality audits. Staff supported each other through regular clinical discussions in groups and as part of one to one supervision sessions. This ensured they were providing the most appropriate support possible to patients on their caseload.
- Staff worked hard to keep waiting times as short as possible. They had collaborated with stakeholders such as GPs and other healthcare providers to help improve the flow of patients through services and the timeliness of diagnoses.
- Staff met the individual and diverse needs of patients, and the facilities were appropriate for the patient group they served. Staff took time to make links with local organisations that could help promote the wellbeing of patients and carers. For example, staff had developed links with a Greek care home, which could be accessed to offer respite care to Greek patients, and with an LGBT support charity, which provided a community for older LGBT people.
- Staff were well supported by their managers, and were given opportunities to have a say about how the services were run. Staff had access to career development opportunities, specialist training, and regularly discussed career progression plans with their supervisors.

Summary of findings

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

Are services safe?

Good

We rated **safe** as **good** because:

- Detailed, up to date risk assessments and management plans were in place for all patients. Staff proactively responded to changes in patients' risk.
- Staff followed safe medication management practices, including safe storage, transportation and disposal of medicines.
- Staff in all teams followed robust lone working practices.
- All facilities and clinical equipment was visibly clean and in working order. Staff completed records to indicate they had cleaned clinical equipment.
- Teams had safeguarding tracker systems in place and were proactively monitoring the progress of safeguarding investigations. Staff put in place measures to ensure patients were safe whilst any safeguarding concerns were investigated.

Are services effective?

Good

We rated **effective** as **good** because:

- The services promoted the wellbeing and social inclusion of patients. Patients had goals as part of their care plans to help integrate them into their community.
- There was a holistic approach to assessing, planning and delivering care and treatment to people who used the services. Care plans were person centred and covered all aspects of the patients' needs. Patients and carers collaborated with staff in producing care plans that included advance directives.
- Staff followed professional guidance when prescribing medications. When they prescribed antipsychotic medication for patients with a functional mental illness, staff completed regular physical health checks for patients. Patients' physical health was closely monitored and advice was given to support a healthy lifestyle.
- Patients could access a wide range of treatments and therapies led by different professional disciplines. Psychological therapies were delivered in line with best practice guidance.
- The teams worked closely with external services, including third sector providers to meet the needs of the patients and carers.

Summary of findings

Specialist dementia navigators supported patients and carers in Haringey following initial diagnosis of dementia and signposted them to local services that offered support such as dementia cafes and activity groups.

- Staff proactively supported patients with social needs such as accessing housing benefit. In Haringey, staff had successfully increased the uptake of carers' assessments in the borough by supporting carers through the process.
- Evidence based techniques were used to support the delivery of high quality care. Dementia service practitioners worked closely with local care homes to enable their staff to manage patients with dementia better, reducing referrals to the older adult community and inpatient services.
- The teams worked well with other services provided by the trust. Staff from all teams routinely attended bed management meetings at older adult inpatient mental health wards. This helped to share essential information about each patient's individual needs.

However:

- The Haringey older adult CMHT needed to continue their work with GPs to improve the completion of physical health checks for patients using the service.

Are services caring?

Outstanding ☆

We rated **caring** as **outstanding** because:

- Patients and carers were very positive about the support they received from staff, across all the teams we visited. They told us that staff were very caring and the service they received exceeded their expectations.
- Staff respected and empowered patients and carers. Staff described colleagues as highly committed and caring. All staff spoke enthusiastically about their work.
- Staff gave essential and useful information to patients and carers in an accessible format, in line with their assessed needs. Dementia navigators at the Haringey memory service supported patients and carers and visited them at home following the initial diagnosis. They went through detailed information about the diagnosis and the support available to patients and families; at a pace that suited them and reinforced the initial information, they had been given in the clinic.

Summary of findings

- The teams had a strong person centred-culture. Staff placed the views of patients and their carers at the centre of care planning and actively involved patients and carers in making decisions about their care and treatment. Staff enabled patients to lead their own care programme approach meetings where possible.
- Staff recognised and understood the wider individual needs of patients and carers, including their personal, social and cultural needs. Dementia navigators identified where patients needed a key safe or pendant alarm and helped them to obtain these. Staff sign posted patients and carers to other agencies that could meet their needs, such as voluntary sector providers and made referrals to the fire service for the provision of appropriate safety equipment. The Haringey speech and language therapist carried out assessments in patients' homes so that they could better understand the context in which patients lived and tailor interventions accordingly. All staff were aware of the diversity of the local population and developed care and treatment strategies that matched people's cultural and religious needs.
- Staff provided carers with extensive support to help them cope with their caring responsibilities. The number of carers having carer assessments had increased because of staff interventions. Staff offered and supported peer support programmes where guest speakers gave presentations to carers and 'mini dementia sessions' in which local stakeholders provided advice and information about local community support. Carers had access to psychological therapies to support them to cope emotionally.
- The Haringey memory service had recruited volunteers, who were about to undergo training, to provide a welcome and peer support to patients and carers attending appointments at the service. This intervention aimed to empower patients to have a voice and to realise their potential.

Are services responsive to people's needs?

Outstanding ☆

We rated **responsive** as **outstanding** because:

- Staff took innovative approaches to providing integrated, person centred pathways by involving other organisations. Staff were alert to the specific needs of patients, such as language, culture and sexuality, and they always strove to support patients' diverse needs.
- The services actively reviewed complaints to identify any learning. They made improvements following feedback. Staff

Summary of findings

collected feedback in different ways to help bring about improvements to services. For example, staff had improved the level of detail they recorded in patients' notes in response to a complaint regarding a meeting with a patient.

- All teams met the 13 week overall referral to treatment/ diagnosis targets. There were no waiting lists for access to the older adult CMHTs. The memory services met the six week referral to assessment targets and most patients received a diagnosis on the day of their assessment.
- Staff at the memory services worked with local GPs to ensure they only made appropriate referrals, which reduced waiting times for memory assessments. Staff had also worked with the organisation that provided head scans to reduce waiting times, meaning that patients received a diagnosis quicker and could start treatments to slow the progression of dementia sooner.
- People could access services in a way and at a time that suited them. Waiting times for access to services were low and staff responded quicker to patients who displayed high or increased levels of risk.
- Staff in Enfield had developed psychological support groups for patients whilst they waited for individual therapy.
- The facilities were welcoming and appropriate to the needs of the patient group. Staff displayed information that was easy to read and made use of colours and diagrams. They displayed important information in languages that were prominent in the local community. They provided information in waiting areas to help patients orientate themselves.

Are services well-led?

Good

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

- Staff across the teams told us they felt well supported by their managers. Team managers also felt well supported and could access leadership development opportunities.
- All staff had a good understanding of the trust's vision and values and they demonstrated these values in their day to day work.
- Monthly quality assurance audits were completed and the results were acted upon. Individual staff were given responsibility for completing specific audits and all staff ensured follow up actions were progressed.

Summary of findings

- Staff were given the time and support to consider opportunities for quality improvement and innovation. Staff met regularly to discuss the progress of quality improvement projects for which they had responsibility.

However:

- Communication between the teams across the three boroughs was poor. There were no routine mechanisms in place for sharing of information, such as learning from incidents or success with local improvement initiatives, between them. Any communication that did take place between the boroughs was ad-hoc and informal.

Summary of findings

Information about the service

We inspected three older adult community mental health teams and memory services in Barnet, Enfield and Haringey. Teams included psychiatrists, community psychiatric nurses, occupational therapists, psychologists, admiral nurses (who were specifically trained to work with carers) and administrators. Social workers, who were employed by the local authorities, also worked within the teams.

The teams provided specialist assessment, diagnosis, treatment and support to older adults living with progressive memory problems, such as dementia. Some patients had functional mental health conditions, such as depression, anxiety and psychosis. The majority of patients seen by the teams were living with dementia.

The teams worked closely with social services, GPs, local care homes and voluntary organisations to ensure everyone received a holistic, comprehensive plan of treatment and care. Patients were either visited by staff at home, or attended appointments at clinics.

We previously inspected the community-based mental health services for older people's teams in December 2015. We found the teams to be fully compliant at that time, but did identify the following area the provider should improve:

The provider should review the arrangements for the provision of the Haringey memory service in order to reduce the length of time patients have to wait between assessment and diagnosis.

Our inspection team

The team that inspected this core service comprised a lead CQC inspector, two other CQC inspectors, two nurse specialist advisors with a background working in older people's mental health services and an expert by experience, who had lived experience of caring for a relative who used similar services.

Why we carried out this inspection

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We undertook this announced comprehensive inspection in September 2017 to find out whether Barnet, Enfield and Haringey Mental Health NHS Trust had made improvements to community-based mental health services for older people since our last comprehensive inspection of the trust in December 2015.

At our last comprehensive inspection of the trust, in December 2015, we rated community-based mental health services for older people as good overall and as good for all five key questions.

After the inspection, we made no requirement notices but we did recommend some areas where the service could improve.

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?

Summary of findings

Before the inspection visit, the inspection team:

- Requested information from the trust and reviewed the information we received
- Asked a range of other organisations for information including NHS improvement, NHS England, clinical commissioning groups and other professional bodies and user and carer groups
- Received information from patients, carers and other groups.

During the inspection visit, the inspection team:

- visited the older adult community mental health teams and memory services in each of the three boroughs
- spoke with six team managers and team leaders
- toured the premises at each site, including checks of clinic rooms
- spoke with 16 patients and nine relatives and carers
- spoke with 24 staff members including nurses, doctors, social workers, occupational therapists, psychologists, administrators, speech and language therapists, dementia navigators and associate mental health workers
- attended a quality improvement meeting
- attended a support group for patients and carers
- looked at 18 patient care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the services
- attended and observed four home visits and clinic appointments

What people who use the provider's services say

The patients and carers we spoke with were very positive about their experience of using the service. We received positive feedback about the support that staff gave patients and carers and patients told us that staff had a good, positive attitude and were very polite.

Patients felt involved in their care and had the opportunity to discuss their medication and treatments with staff. They told us that staff had given them information about their conditions, their medications and additional support that was available to them. Patients told us they were comfortable giving feedback about the service and knew how they would raise a complaint if they wanted to.

Carers told us they felt involved in their loved ones care and staff were supportive and asked them how they were managing. Carers had copies of their loved ones' care plans and were given information about how to access support groups and charities.

Good practice

- The teams offered programmes of cognitive stimulation therapy, which helped improve outcomes for patients. Staff tailored these sessions to ensure they suited the needs of the group. At Haringey and Barnet memory services, carers were invited to a maintenance therapy group so they could continue to practice cognitive stimulation therapy with their loved one at home in future.
- Staff worked with other organisations to ensure patients received the most appropriate care and treatment and to improve waiting times at community services.For example, staff worked closely with local GP practices to ensure they only made appropriate referrals to memory services. Staff had also worked with the organisation that provided head scans to reduce waiting times, meaning that patients received a diagnosis quicker and could start treatments to slow the progression of dementia sooner.
- Dementia service practitioners worked closely with local care homes to develop staff skills in caring for people living with dementia, reducing hospital admissions.

Summary of findings

- Dementia navigators at Haringey memory service gave extensive support to carers and helped them to access carers' assessments. Staff also set up an enablement project to help find the activities that patients liked to do and then link them in with relevant local community groups.
- Staff established close links with local community organisations to provide patients with personalised support. Staff had developed links with a local Greek care home in Enfield and had links with a local LGBT support charity in Barnet.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should implement a governance system for sharing information and learning across the community older adult services in different boroughs.
- The provider should continue its work to improve the completion of physical health checks by GPs for patients using Haringey older adult CMHT.

Barnet, Enfield and Haringey Mental Health NHS 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
Enfield older adult community mental health team Enfield memory service Haringey older adult community mental health team Haringey memory service Barnet older adult community mental health team Barnet memory service	Trust headquarters

Mental Health Act responsibilities

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

Mental Health Act (MHA) training was not mandatory, but staff demonstrated a good understanding of the Mental Health Act and Community Treatment Orders (CTO).

Staff could contact MHA professionals within the trust if they had queries about the application of the MHA. Policies and procedures regarding the MHA were accessible for all staff to refer to.

During our inspection, one patient was subject to a Community Treatment Order at Barnet older adult CMHT. The patient's understanding of their rights was clearly recorded and they were able to access an advocate if needed.

Multidisciplinary team members frequently discussed the mental health act and ensured that the community treatment order was being followed correctly for this patient.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act 2005 (MCA) training was not mandatory, but staff demonstrated a good understanding of capacity. Staff were aware of the trust's MCA policy and knew how to access it.

Staff completed detailed assessments of patients' capacity that showed clearly how staff had determined whether the patient had capacity to make a specific decision.

For patients with impaired capacity to make specific decisions, staff made best interest decisions that recognised the importance of the person's wishes, feelings, culture and history.

The trust target was that 90% of all patients seen should have an assessment of their capacity to consent to treatment completed. This data was collected as part of the monthly quality assurance audits and was generally met. However, at Enfield older adult CMHT compliance had dropped below 90% on eight occasions during the year prior to our inspection.

Good

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

- Staff completed regular risk assessments of the clinic environments where they saw patients' and carers. Any areas that needed attention were reported and progress was monitored by staff using the team risk register.
- All interview rooms were fitted with alarms so that staff could call for assistance if needed. Display panels were in place at all buildings to alert staff to the location where an alarm had been activated.
- Clinic rooms were suitably equipped to enable staff to carry out physical examinations. All equipment was regularly serviced and calibrated to ensure it was fit for use. Staff checked defibrillators each day. Barnet community mental health team (CMHT) accessed a clinic room managed by the day hospital, which was located in the same building.
- All areas were clean and well maintained. During our last inspection in December 2015, the provider did not keep records to show that staff had cleaned clinical equipment. During this inspection, we found that this had improved and staff now completed records to show they had cleaned clinical equipment.
- Staff adhered to infection control principles. Information about the correct procedure for safe hand washing to minimise the risk of cross infection was prominently displayed at all the services we inspected.

Safe staffing

- Safe staffing levels were maintained. The provider used a tool to work out how many staff were needed. Agency staff covered vacant posts and caseloads were manageable.
- A variety of professional disciplines made up each team. Each of the older adult CMHTs consisted of nurses, occupational therapists and social workers. In Enfield and Haringey, all of these staff acted as care coordinators, but in Barnet, only nurses acted as care coordinators. Each memory service consisted of a team leader, nurses, an admiral nurse and occupational therapists. All patients could readily access psychology if needed. Staff at Haringey memory service were also supported by an associate mental health worker and two dementia navigators.
- The service manager post at the Haringey community older adult services and the team leader post at Barnet memory service were vacant during the time of our inspection. Interim staff had covered both roles and the teams were functioning well. At the time of our inspection, the trust had frozen recruitment to an occupational therapy vacancy at Enfield older adult CMHT. However, an occupational therapist was working in the team filling a nurse vacancy and was available to offer advice.
- Both Barnet and Enfield memory services had one nurse vacancy. One psychiatrist post was vacant across the Haringey older adult community services. However, recruitment was taking place for this post and was being filled by a locum psychiatrist in the meantime. Appropriate arrangements were in place to manage staff absences.
- Duty systems were in place at each older adult CMHT. Patients whose appointments were cancelled due to staff sickness or leave, or whose health had deteriorated, could be seen by duty staff if their care coordinator was unable to see them. Care co-ordinators were normally able to see high-risk patients on the same day.
- Across all teams, it was very rare for appointments to be cancelled due to short staffing.
- Staff at all teams reported that psychiatrists could be accessed easily at short notice when needed.
- Staff reported that their caseloads were manageable. The average caseload for staff working in the older adult CMHTs was between 14 and 25. No patients were awaiting allocation of a care co-ordinator during the time of our inspection. Staff routinely reviewed caseloads every week in Enfield and every month in Haringey. In Barnet, staff discussed caseloads at individual supervision sessions and fed into a twice-weekly allocation meeting.

Good

Are services safe?

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- The admiral nurse at Barnet memory service had a caseload of 77 carers and consequently felt under a lot of pressure at work. Managers were trying to secure additional funding to recruit an additional admiral nurse to the team, so the service could continue to provide an appropriate amount of support to carers.
- Most staff across the services were up to date with mandatory training requirements. The trust target for mandatory training was 90% compliance for all courses, except for information governance, which was 95%. The services were generally performing well against this target.
- However, less than 75% of staff had completed mandatory training courses in breakaway at Barnet and Haringey memory services, resuscitation basic life support at Barnet and Enfield memory services and older adults CMHTs, and care programme approach training at Enfield older adult CMHT. Fifty six per cent of staff working in the western section of Barnet older adult CMHT had completed moving and handling training. There had been some issues around accessing breakaway and resuscitation basic life support, and moving and handling training had only recently been made mandatory, but all staff who needed to be trained were booked and were due to complete the training soon.

Assessing and managing risk to patients and staff

Assessing patient risk

- Detailed, up to date risk assessments were in place in all of the 18 patient records we reviewed. Risk assessments were completed at all initial assessments. Staff discussed risk at referral meetings and triaged referrals accordingly.
- Risk assessments were completed using a standardised tool and were routinely reviewed every six months or more frequently if there was change in the patients circumstances.
- Crisis plans were in place for patients. These were individualised and outlined coping strategies and useful contacts if patients experienced a mental health crisis.

Management of risk

- There were no waiting lists for access to older adult CMHTs. Staff were alert to the need to maintain contact with and triage patients if waiting lists did develop in future.
- At the time of our inspection, average waiting times for referral to assessment across the memory services was between four and nine weeks. Patients received contact information on their initial referral confirmation letter. Staff at the memory services responded to changes in risk if the patient or a carer contacted them during this time. Staff could book an appointment at the nearest older adult CMHT, where the duty worker would see the patient.
- Staff followed robust lone working practices. Staff who visited patients on their own had a 'buddy' who took responsibility for ensuring the lone worker had either returned to the office safely after a visit or had contacted them once they had left the patient's home. Lone workers also carried a telephone and would use a code word if they required assistance. Staff always visited new patients or patients with elevated risks in pairs and staff had a good understanding of the lone working procedures.

Safeguarding

- All staff had a good understanding of safeguarding issues and knew how to make a safeguarding referral. Training in both safeguarding adults and children was delivered to all staff, and all staff in Enfield had been trained in how to undertake a safeguarding investigation.
- At Barnet and Enfield, in-house safeguarding investigations normally took place, except for referrals that concerned staff members working in the services, which staff escalated to the trust safeguarding lead. In Haringey, staff referred all safeguarding incidents to the local authority safeguarding team to investigate. Each team had a designated safeguarding lead, who staff could approach for advice.
- Staff worked in partnership with other agencies when completing safeguarding investigations, such as social services. Staff used safeguarding trackers to monitor the progress and outcome of investigations.
- Staff at the Haringey older adult community services told us that safeguarding investigations by the local

Good

Are services safe?

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

authority sometimes took a long time to complete. Staff completed incident reports when they were not kept updated about safeguarding referrals in a timely manner. The teams safeguarding champion was working on a quality improvement project to identify how this could be improved.

Staff access to essential information

- Teams used electronic patient records, which all staff, including bank and agency, could access. Teams could easily access archived paper patient records if they needed to, for example, when an existing patients were re-referred.
- All information used to deliver patient care was accessible by agency staff and other teams in the trust in case patients were transferred to other services.

Medicines management

- Staff followed good medicine management practices. Monthly pharmacy audits were completed to ensure medicines were managed safely and regular stock checks were completed.
- Staff recorded prescribed medicines appropriately on medication charts and transported medicines in an appropriate lockable case.
- Appropriate arrangements were in place for medicines and clinical waste disposal. Staff checked the temperature of clinic rooms daily to ensure the efficacy of medicines was not affected.

Track record on safety

- There were three serious incidents reported over the last 12 months within this core service. These incidents had been subject to investigation, one of which was ongoing at the time of our inspection.
- Staff received a debrief following serious incidents and could access external counselling if they needed it.

Reporting incidents and learning from when things go wrong

- Staff who we spoke with knew what incidents they should report and how to do this.
- Staff discussed feedback and learning from incidents at monthly service improvement meetings, which were specific to each team and changes were made to the way in which services operated to prevent similar incidents happening in future. For example, at Haringey older adult CMHT there was a cluster of incidents involving patient's transport not turning up, resulting in missed appointments. The team changed the process for booking transport to a 'pool' system, which was more efficient and had resolved the issue.
- Staff had also made changes to improve the safety of the services. For example, at Barnet older adult CMHT, a patient visited the hospital pharmacy to collect their own medication when an agreement was in place that stated that this patient should not collect their own medication because of their level of risk. The service learned to work collaboratively with the pharmacy on-site to ensure they were aware of patients who were not able to collect their own medications to prevent a similar incident re-occurring.
- During our last inspection in December 2015, we found that there was a lack of systems to share learning across the three boroughs. During this inspection, we found that key messages, for example, following serious incidents, could be shared across the trust. However, there was still no formal mechanism for routine shared discussions about governance, including learning from incidents, between the older adult community teams in the three boroughs.
- Staff understood the duty of candour, being open and transparent with people when things go wrong. A flowchart was displayed at the Haringey older adult community services to reminded staff to exercise their duty of candour when necessary.

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

- There was a holistic approach to assessing, planning and delivering care and treatment to people who used services. We reviewed 18 care records and found that staff had completed comprehensive assessments for all patients. These assessments included level of functioning, social and family histories and physical healthcare. Patients and their families or carers were involved in these assessments and staff recorded their views in care plans.
- Care plans were person-centred and holistic. They included the patient and carer views and addressed the needs identified during assessment. Staff updated them regularly and included information about physical health conditions. Patients' GPs completed routine physical health checks at the time of referral and these were repeated routinely afterwards. Staff documented these physical health checks in patients' records.
- Care plans included constructive goals that patients worked towards, which promoted their health and wellbeing. For example, one patient's goal was to progress from walking short distances near their home to visiting a local shop each day, to improve their physical health and their social inclusion.
- Staff updated care plans with patients on a regular basis. In Haringey, staff worked with patients and carers to develop advance directives for patients living with dementia. This meant that patients could be supported in line with their wishes as their condition progressed. Staff gave patients leaflets that explained advance directives and the benefit of completing them.

Best practice in treatment and care

- Patients could access a range of care and treatment interventions to promote their health and wellbeing. Staff delivered these in line with national institute for health and care excellence guidance. All services had input from occupational therapists, who had clinic appointments or visited patients at home to enable them to maintain their daily living skills.
- Patients at all locations were referred for psychological interventions when necessary. At Haringey older adult CMHT, psychologists ran a tree of life group, based on the idea of using the tree as a metaphor to tell stories about individuals' lives.
- The speech and language therapist at the Haringey services provided communication training for carers and families to increase their understanding of patients' difficulties so they could better support them. Staff referred patients to specialist services where swallowing difficulties were identified.
- Staff offered patients support with housing and benefits. Staff also supported carers with issues such as power of attorney and accessing carers' assessments. At Haringey memory service, two dementia navigators worked to provide this support to carers and they had increased the uptake of carers' assessments in the borough.
- All teams offered cognitive stimulation therapy (CST) groups, which provided post-diagnostic therapeutic interventions for patients with dementia. At Haringey, staff invited relatives and carers to attend these groups towards the end of the programme. Staff collected feedback about the group to measure outcomes for patients. Staff also used this opportunity to pass skills on to carers so they could continue to follow the principles of CST at home.
- In line with best practice, staff referred younger patients with cognitive impairments to other specialist services for a diagnosis to rule out other potential diagnoses before commencing treatment at the older adult CMHTs. Staff at Haringey older adult CMHT ran a CST group for patients living with early onset dementia, which people from across London attended.
- The teams had other groups to support carers. Admiral nurses at each of the memory services ran groups offering carers support and facilitated peer support for carers. We attended 'Tom's club' in Haringey, which was a support group for both patients and carers. Different coping strategies were discussed during sessions and patients' participated in group exercises to help improve their physical health.
- A psychologist and another staff member ran the Haringey older people's enablement group (HOPE). This

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.

group aimed to find the activities that patients liked to do and then link them in with local community groups so that they could continue the activities on a regular basis.

- Staff at all three CMHTs held case presentation meetings, where one staff member presented a complex case or challenging situation and colleagues offered suggestions about how best to manage the situation.
- Patients who had a mental illness were prescribed high dose antipsychotic or lithium medication received regular physical health monitoring. Staff followed the Maudsley prescribing guidelines on administering antipsychotic medication to older people. Monitoring charts were available to prompt clinicians to complete physical health monitoring for these patients. At Haringey older adult CMHT, staff provided a well-being clinic once a month where they carried out physical health checks for patients, including those prescribed anti-psychotic medicines. The clinic was 'mobile' and it visited some patients at home.
- GPs completed physical health checks on referral to the services and at least annually thereafter. At Enfield and Haringey, the older adult CMHTs had facilities for physical health examinations to take place on site. At Haringey older adult CMHT, 75% of patients had up-to-date physical examinations by GPs at the time of the inspection. Staff were working to follow these cases up.
- Staff were responsive to changes in patients' physical health. For example, staff had altered medications and referred patients for further physical health investigations when their physical health changed.
- Staff routinely offered patients support to improve their lifestyles. For example, staff gave patients who smoked information about how to access smoking cessation. Staff also supported patients to improve their physical activity and diet.
- Staff used health of the nation outcome scales (HoNOS) to measure outcomes for patients.
- Staff completed detailed discharge summaries for other care providers to refer to, which complied with the NHS England transfer of care standards.
- All staff took responsibility for completing monthly audits, which fed in to team 'heat maps'. Recent audits included identifying whether patients smoked, whether they had capacity to consent to treatment and their marital and accommodation status.
- Team managers presented routine audit and monitoring information at quarterly 'deep dive' meetings, which took place with other service managers within their borough. Managers talked through their results and discussed the challenges there were around meeting targets during the deep dive.

Skilled staff to deliver care

- Teams consisted of a range of disciplines including nurses, doctors, occupational therapists, occupational therapy assistants, psychologists, psychology assistants, social workers, speech and language therapists, associate mental health workers and admiral nurses in the memory services. The Haringey memory service also had dementia navigators.
- Occupational therapists helped patients to access specialist equipment to support them at home and help them maintain their independence.
- Admiral nurses provided long-term practical and emotional support, primarily to carers of patients with dementia. They gave this support through both group support sessions and one to one appointments.
- Some nurses had undertaken training to become specialist dementia service practitioners. They gave advice to carers about how to manage behaviours that challenge at home. They also supported other staff through training and could be consulted regarding care and discharge planning.
- New staff and agency staff received a comprehensive induction when they started working at the service. This included access to training and a detailed orientation to the service.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. The trust proactively supported staff to acquire new skills and share best practice. Staff could access specialist training. For example, an administrator at Barnet older adult CMHT

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.

had recently completed training in computer spread sheets and speed typing. Dementia service practitioners had shared their knowledge of caring for people with dementia during training sessions for all staff.

- Supervision sessions took place at least every six weeks for all staff, and staff had completed annual appraisals. Staff received supervision from staff members with the same professional background supervised. During our last inspection in December 2015, we found that occupational therapists at Barnet older adult CMHT received managerial supervision only. During this inspection, we saw that this had improved. This staff group now received monthly group clinical supervision in addition to individual management supervision.
- Staff held clinical discussions regarding their patients during supervision and supervisors gave clinical advice. Staff also discussed mandatory training compliance, other professional development opportunities and involvement in service improvement initiatives. Staff told us that they found these sessions supportive and helpful. Managers discussed career progression and recognised good performance during annual appraisals.
- Managers dealt with poor staff performance promptly and effectively. We identified examples where managers supported staff following episodes of poor performance to access additional training and change aspects of practice to help improve their performance.
- Haringey memory had developed a new carer volunteer scheme to provide additional peer support to carers, which it planned to launch shortly after the inspection. Members of the public were keen to volunteer at Barnet older adult CMHT and staff were in the process of establishing what their responsibilities would be.

Multi-disciplinary and inter-agency team work

- Regular business meetings took place at each team. Staff discussed operational issues and held discussions about learning from incidents and ways to improve the service.
- Case presentation meetings took place across the services. For example, in Enfield a psychologist ran a monthly case discussion group for all staff. Staff discussed complex cases and provided professional support and advice to each other.
- Handovers took place between individual staff members when they were going on planned leave. Managers planned handover periods when new staff came into post, so they could learn the skills needed to do their new job from the existing staff member.
- Staff from all older adult CMHTs kept in close contact with inpatient services. Care co-ordinators attended ward rounds when patients on their caseload were admitted to hospital. Detailed handovers also took place between teams when patients admitted or discharged from wards. Staff from all three older adult CMHTs also attended delayed transfer of care meetings at inpatient services to ensure timely and smooth transition between services.
- Staff kept in close contact with GPs and maintained on-going contact when there was a change in patients' physical health needs. Following care programme approach meetings, staff sent detailed update letters to GPs.
- Dementia service practitioners worked closely with local care homes. They provided advice to staff, which helped to develop their skills in supporting their residents living with dementia and minimised the need to admit individuals to hospital.
- The memory services had a target to diagnose at least 80% of their patients with dementia, in a bid to encourage them not to accept inappropriate referrals. Staff worked closely with local GPs to ensure they only made appropriate referrals to the memory services. This work had also led to a decrease in waiting times in Barnet and Haringey.

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

- Mental Health Act (MHA) training was not mandatory, but staff demonstrated a good understanding of the Mental Health Act and Community Treatment Orders (CTO).
- Staff could contact MHA professionals within the trust if they had queries about the application of the MHA and policies and procedures regarding the MHA were accessible.
- During our inspection, one patient was subject to a Community Treatment Order at Barnet older adult

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CMHT. Staff clearly recorded that they had explained to patients their rights under the MHA and patients could access an advocate if needed. Multidisciplinary team members frequently discussed the mental health act and ensured that they followed the community treatment order correctly for this patient.

Good practice in applying the Mental Capacity Act

- Mental Capacity Act 2005 (MCA) training was not mandatory, but staff demonstrated a good understanding of capacity. Staff were aware of the trusts MCA policy and knew how to access it.
- Staff completed detailed assessments of patients' capacity that showed clearly how staff had determined whether the patient had capacity to make a specific decision.
- For patients with impaired capacity to make specific decisions, staff made best interest decisions that recognised the importance of the person's wishes, feelings, culture and history.
- The trust target was that 90% of all patients seen should have an assessment of their capacity to consent to treatment completed. This data was collected as part of the monthly quality assurance audits. However, at Enfield older adult CMHT compliance had dropped below 90% on eight occasions during the year prior to our inspection.

Outstanding ☆

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

- Patients and carers across all teams were positive about staff, saying that they were polite, treated them with compassion and went the extra mile to help them. We observed very positive interactions between staff and patients, and we saw staff responding in a timely manner to people who telephoned services for advice and support.
- Patients found it easy to contact the service. Staff answered their queries promptly and provided support whenever they needed it. Staff were often able to meet patients on the same day if necessary, and made sure somebody was able to see patients who turned up at the services unexpectedly.
- Patients and carers said that staff took time to explain their condition and treatments and answered any questions they had. Staff provided patients with leaflets to which they could refer, including leaflets in Turkish, a language spoken widely in the local community. Staff gave patients a choice of treatment options whenever this was possible.
- Haringey memory service employed dementia navigators. They supported patients and carers to understand their condition and access additional support. Patients who were newly diagnosed received dementia packs, which dementia navigators took time to review with patients and carers. These were tailored according to the type of dementia the patient was diagnosed with. They included information about their condition, details of support organisations for patients and carers, and information about how carers could access carers' assessments.
- Staff took time to consider the range of needs that patients had, and signposted them as necessary. For example, one carer told us they had attended a mobility and falls prevention course following a recommendation by a staff member. This had helped them to safely support their loved one and minimise their risk of falls.
- Staff considered personal, cultural, social and religious needs when allocating patients to care coordinators. Staff always worked hard to support and understand these needs by spoke with patients to establish which staff member they might feel most comfortable working with.
- Staff understood the individual and diverse needs of patients and the diverse communities from which they came. The speech and language therapist visited patients at home so that they could better understand the context in which patients lived and tailor interventions to meet the needs of the family as well as the patient. For example, by understanding the types of food a family ate the speech and language therapist was able to individualise the advice they gave and make it more relevant to the patient's everyday life.
- Staff recognised and understood the social and practical needs of patients and directed patients and carers to other services when needed. During home visits, the dementia navigator identified whether patients needed a key safe or pendant alarms and supported patients and carers to obtain these. They also made referrals to the fire brigade for the provision of smoke alarms and fire retardant mattresses.
- Staff were able to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff described colleagues as highly committed and caring. All staff spoke enthusiastically about their work with older people.
- Staff maintained the confidentiality of information about patients. For example, staff referred to patients by their initials in the staff office, and patient records were stored securely on an electronic system that only authorised persons could access. Staff stored archived historic paper records securely away from patient areas.

Involvement in care

Involvement of patients

- The teams demonstrated a strong, visible, person centred culture. Patients and their carers were empowered as partners in their care. Staff wrote care plans with patients and, if the patient consented, their carers. The care plans we reviewed contained patients' views and opinions, as well as those of carers. Patients and carers we spoke with knew about their care plans and kept their own copy if they wanted.

Outstanding ☆

Are services caring?

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- Patients were actively involved in care programme approach (CPA) meetings. We observed one CPA meeting, which was led by the patient, enabling them to make their views and opinions known throughout.
- Staff made time to speak with patients so they could gain a good understanding of their diagnosis, care and treatment. Where English was not a patient's first language, staff obtained written information in their preferred language and interpreters were booked when needed. Staff found creative ways to communicate with patients who had communication difficulties, for example, using diagrams.
- Barnet memory service had established a user involvement group. Initially, staff used this group to gather feedback about the service. During the time of our inspection, staff were considering other ways in which these individuals could be involved in decisions about the service, such as sitting on staff interview panels.
- Staff took people's individual preferences and needs into account, and they used this feedback to inform how they delivered the service. At the end of group sessions, staff asked patients for their feedback, both to improve the overall service and to make minor adjustments to improve the groups for the next cohort of patients.
- Patients regularly received surveys about the service. Staff shared positive feedback with the staff member concerned. Questionnaires for patients and carers were available in waiting areas. The results were analysed regularly by staff and used to improve services.
- Staff supported patients to complete detailed advance care plans, which covered issues such as clothing styles and preferred make up. This helped preserve the dignity of patients should they be unable to express these preferences as their condition progressed.
- Staff supported all patients to access advocacy, and details about advocacy were displayed at the services. Staff involved advocates in best interest decisions when they assessed a patient as lacking capacity.
- Staff planned to involve patients and carers as volunteers in the memory service. They were to be ambassadors for the service, welcome patients and carers in reception as they came to the service for appointments and provide opportunities for informal peer support. Three patients and carers had been recruited as volunteers and were about to undergo training before the programme was rolled out in November 2017. A patient attends the weekly staff meeting once a month to provide user feedback.

Involvement of families and carers

- The service provided excellent support for carers and involved them in the design and delivery of the service. Carers told us that staff worked in partnership with them and offered them all the support they could. Where appropriate, staff invited carers to attend appointments with their relatives and contribute to care plans and risk assessments. Staff gave carers guidance on how to help their relative complete a 'this is me' summary to bring along to their next appointment, allowing them to take time over it and ensure it was as accurate as possible. Carers also told us staff were available to give advice on important topics such as lasting power of attorney.
- The service provided a group psychological intervention programme for carers. This lasted for eight weeks, and supported carers with anxiety and other psychological issues.
- Enfield memory service held 'mini dementia sessions' for carers twice per year to provide them with advice, support and useful information to help them and their relative stay safe in the community. The event included different stalls representing stakeholders such as the police, fire brigade, dementia charities and carers support charities.
- Staff sought feedback from carers at the end of each group programme and via questionnaires that were present in waiting areas. They used this feedback to improve subsequent support programmes and to improve the overall service.
- Staff went to great lengths to inform carers and families appropriately and enabled them to access a range of additional support to meet their needs. For example, staff had received training in the Carers Act and supported carers to make applications for a carer's assessment. The dementia navigator referred carers to the carers' information and support programme, provided by the Alzheimer's Society, for support. Information on how to support to a person with dementia was provided in different languages including Turkish.

Outstanding ☆

Are services caring?

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- The service in Haringey ran a carers programme in partnership with an admiral nurse. The programme ran over eight weeks and covered different topics relevant to carers, such as the diagnosis of dementia, lasting power of attorney, making a will and information about aids available for the home such as falls censors. The programme created a supportive and lasting peer group for carers.
- In order to the measure outcomes of CST more effectively, the Haringey and Barnet teams had introduced an additional session at the end of the formal CST groups where relatives were invited to attend. As well as receiving feedback from participants and carers about the outcomes of the therapy, staff took time to explain to carers how CST worked, how they ran the groups and suggestions for carers to continue and follow up at home with the patient.
- Staff also provided support to care home staff caring for older people with dementia. They offered advice to staff on how to provide high quality care to people with dementia and prevent unnecessary admissions to hospital.

Are services responsive to people's needs?

Outstanding ☆

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

Our findings

Access and discharge

Access and waiting times

- Referrals to older adult CMHTs mostly came from GPs and each borough had a single point of access. A duty worker reviewed, triaged and directed referrals to the appropriate team.
- None of the three older adult CMHTs had waiting lists for allocating patients to care coordinators. Referral meetings took place at least weekly and staff took the cultural and social needs of the individual into account when allocating care coordinators. Once referred, staff completed initial referral assessments quickly. The target time for referral to assessment at older adult CMHTs was thirteen weeks. Staff completed most assessments between seven and 14 days after receiving the referral.
- Duty staff at all three older adult CMHTs could see urgent referrals on the same day and the crisis team picked up urgent referrals made out of hours.
- Memory services worked towards a six-week referral to assessment target and an overall 13-week referral to diagnosis/treatment target. At Barnet and Haringey, assessments took place between four and six weeks after referral. More than 70% of patients attending memory services received a diagnosis on the day of their assessment, which was well within the overall 13-week referral to treatment/diagnosis target.
- At the time of our inspection, average waiting time for an assessment at Enfield memory service had recently increased from six to nine weeks, because a qualified nurse post had recently become vacant. However, 75% of patients received a diagnosis on the day of their assessment, which was well within the overall 13-week target. Staff were confident that the wait for an assessment would reduce back down to six weeks once a nurse was recruited. Staff were working hard to fit in additional appointments and prioritise those waiting for an assessment in the meantime.
- During our last inspection in December 2015, we found that the provider should review the arrangements for the provision of the Haringey memory service in order to reduce the length of time patients had to wait between assessment and diagnosis. During this inspection, we found that 70% of patients using the Haringey memory service had received a diagnosis within four weeks of their referral.
- Memory services had reduced the time patients had to wait between referral and diagnosis since our last inspection. Staff at Enfield memory service had worked with the provider that completes magnetic resonance imaging and computerised tomography scans to ensure neuro-radiologists, rather than general radiologists interpreted them. The memory service received scan reports quicker because of this. Consequently, they had reduced their waiting list and given diagnoses in a more timely way.
- Staff at Haringey and Barnet memory services had worked closely with local GPs to explain the referral criteria to the services. This had led to a reduction in inappropriate referrals and reduced time patients had to wait for an assessment. Associate mental health workers at Haringey memory service also supported doctors to interpret psychometric tests, which sped up the diagnosis process, meaning that doctors could see more patients each day. Referral criteria did not exclude patients who needed treatment and would benefit from it.
- The service offered appointments to patients who telephoned the service or turned up unexpectedly with their care coordinator or a duty worker.
- Staff effectively followed up patients who did not attend appointments. Staff telephoned patients to remind them about their appointments. When patients did not attend appointments staff contacted them to find out why they had not attended and considered ways to support the patient to attend in future such as arranging transport for them.
- People could access services in a way and at a time that suited them. Staff arranged subsequent appointments at the end of appointments. Patients and carers could telephone the service to re-schedule appointments.
- The teams rarely cancelled appointments. If staff called in sick, staff either re-arranged appointments or patients were seen by other members of the team or the duty workers.

Are services responsive to people's needs?

Outstanding ☆

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

The facilities promote recovery, comfort, dignity and confidentiality

- The facilities where the services were located had been tailored to meet the needs of the patient group. Clear signage and contrasting colours were used along with pictures to help patients orientate themselves. Waiting areas were bright, spacious and comfortable. In Haringey, the team clearly displayed the time, date and season on a board and music was playing in the waiting area.
- Suitable rooms were available at each service for individual patient consultations to take place. These rooms were comfortable and adequately soundproofed. Larger rooms were used for group support and therapy sessions.
- Information leaflets on a range of relevant topics were available in waiting areas. This included information about carers support, help for men suffering domestic abuse, the 'ten commandments' when caring for people living with dementia and patient transport information, which was also displayed in Greek and Turkish in Haringey. Each service had a notice board with pictures of staff members displayed in waiting areas, along with information about how to provide feedback about the service or make a formal complaint.
- Where appropriate, staff spoke with patients under the age of 68 about employment and education opportunities and they supported them to access these.

Meeting the needs of all people who use the service

- Staff took a proactive approach to understanding the needs of different groups of people and delivered care in a way that met their needs and promoted equality.
- All buildings were fully accessible to people who attended appointments. Staff arranged transport for patients with mobility issues and they supported patients to move around the building if they needed assistance. Walking aids were available for patients to use at each location.
- Staff proactively considered how to meet the needs of LGBT patients. Following their first known LGBT patient referral, staff in Barnet older adult CMHT met to discuss how the service would work to meet the needs of LGBT patients in future. This meeting included a discussion about how to identify and support people's partners or companions. Staff could refer LGBT patients to a local charity that provided an activity group for older adults. This enabled patients to actively participate in a local LGBT community.
- Staff worked with other organisations and the local community to plan patient's care and ensure they met patient's needs. Staff involved GPs, care homes and support charities to provide person-centred pathways for patients.
- Staff at Enfield older adult CMHT maintained contact with a local Greek care home. This benefitted patients with Greek as a first language who wanted to be in a Greek-speaking environment if their dementia progressed.
- Staff referred patients who were socially isolated or who struggled to maintain their relationships to local day hospitals in Barnet and Enfield. Staff ran groups for patients at these services to promote and maintain social inclusion.
- All trust leaflets and other information could be translated into any language. To minimise the wait for this information to be translated, key information was available on hand already translated into the most widely spoken languages in the local area. At Haringey older adult CMHT, we found that some information displayed on walls, such as fire safety instructions and details about patient transport, in Greek and Turkish.
- To help patients living with dementia to understand information leaflets and posters, staff wrote them in plain English and included pictures and bright colours.
- Staff could access interpreters were easily across the services. Staff could request any language and interpreters attended appointments and joined staff on home visits.

Listening to and learning from concerns and complaints

- The services had received few formal complaints from patients and carers. During the 12 months leading up to

Are services responsive to people's needs?

Outstanding ☆

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our inspection, the services we inspected had received six formal complaints. Enfield older adult CMHT received four complaints; Haringey and Enfield older adult had each received one complaint.

- Patients who we spoke with had a good understanding of how they would make a complaint if they wanted to. The teams had leaflets and posters informing people about how to make a complaint displayed in waiting areas. People could complain in writing, on the telephone or in person.
- Staff knew how to support patients to make complaints. Staff knew how to protect patients who complained from discrimination. The teams managed informal complaints and compliments locally, but ensured they logged them with the trust's patient experience team so they could identify themes and learning.
- The services actively reviewed complaints, including informal complaints, to identify any learning and made improvements using the feedback. They communicated feedback on the outcome of complaints to both the complainant and staff. Staff discussed recent complaints and learning at monthly clinical governance meetings, to help prevent similar issues happening in the future.
- Team managers provided examples of changes they had made to their service in response to complaints. For example, following a complaint about poor communication from staff at a care programme approach meeting, staff learned about the importance of documenting conversations during meetings on the patient records system in detail, so that they could be easily referred back to in future by other staff.

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

Leadership

- Team managers had the skills, knowledge and experience to perform their roles. Their immediate managers supported them well and most had extensive experience of working in management positions in the past. Leaders had a good understanding of the services they were providing and could explain how the teams were working to provide high quality care.
- Staff at all teams were comfortable with their managers and felt able to approach them for support. The service manager at the Haringey community older adult mental health services was working on an interim basis, but had been in post for almost one year. The team leader at Barnet memory service also worked on an interim basis, but had been in post for 10 months. These teams functioned very well under interim management arrangements.
- Leadership development opportunities were available for staff. Some managers told us they had completed postgraduate diplomas in leadership, which had been supported and funded by the trust. Other staff were also supported with career development, which was discussed during supervision. Some staff had been given the opportunity to act up into more senior positions and were supported in their new roles. Existing leaders gradually handed over and explained their responsibilities to their successor.

Vision and strategy

- Staff had a good understanding of the trust's vision and values. All staff attended mandatory training in the trust's vision and values. Staff were given the opportunity to participate in role play and discuss each value, considering how they demonstrated them in their roles. The teams also displayed the vision and values for all staff and patients to refer to.
- Staff were given the opportunity to discuss and reflect on the service's strategy during monthly team meetings. They were able to explain how they were working hard to deliver high quality services within budget constraints. For example, staff told us about how they were pulling together to maintain a high standard of safe care for patients whilst posts were either frozen or not planned to be recruited to.

Culture

- Staff who we spoke with said they felt respected, supported and valued by their leaders and by each other. Staff described a strong sense of team working and reported that all team members had an equal say.
- Staff felt able to raise concerns without fear of retribution and were aware of the whistleblowing process.
- Managers told us about occasions when they addressed staff performance issues and how this had led to an improvement in the quality of service delivery.
- Average staff absence was 4% across the older adult community services.
- We reviewed staff appraisal records at Barnet older adult CMHT. Discussions about specialist training and career progression and staff development goals took place during appraisals. Staff told us that they discussed their career goals with their managers.

Governance

- There were clear governance systems in place that helped embed continuous improvement in the service.
- Staff completed high standard care plans, risk assessments and risk management plans across all of the teams and they delivered high quality care to all patients and carers. They provided care and treatment in accordance with national guidance and best practice. Systems were in place to ensure staff regularly discussed the safety of individual patients. All of the services responded quickly when risks to patients increased.
- Staff members completed quality-assurance audits on a monthly basis. Managers gave individual team members responsibility for completing a specific audit on care records to feed in to heat maps. The team leader at Barnet memory service explained that delegating this responsibility to team members had improved staff engagement with the audit process. This had driven

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improvements in record keeping. Audits included quality of care plans, completion of physical health checks and presence of crisis plans. This process had led to improvements where needed.

- Team managers attended quarterly deep dive meetings with managers from other services within the borough they worked in, which the director of nursing chaired. At these meetings, staff reviewed the monthly 'heat map' quality indicators for each service and managers were held to account for areas that required improvement. Whilst managers appreciated that these meetings encouraged them to drive up standards, they also told us they could be pressurised and stressful.
- The teams used a clear framework at staff meetings to ensure they discussed key information. They discussed recent incidents and complaints and the learning from them at business meetings.
- Communication between services across the three boroughs was poor. The teams did not have a formal processes share innovative practice, learning from incidents and complaints, and any other key governance information across the teams. Team managers told us that, whilst they were able to contact fellow managers in other boroughs informally for advice, there were no routine occasions where managers came together to discuss clinical governance. This meant the teams could miss on good practice and learning made in other teams.

Management of risk, issues and performance

- Staff maintained and had access to team risk registers. Staff could escalate specific risks via the incident reporting system to directorate level. At directorate level, staff could escalate significant risks to the trust risk register.
- Staff concerns matched those on team risk registers. For example, managers knew the risk of staff receiving violence and aggression and had reduced these risks by ensuring staff carried alarms and completed breakaway training. Staff summarised any identified environmental risks on team risk registers.
- Each location had a business continuity plan in place, which detailed how service delivery would continue in the event of an emergency such as building failure or widespread staff sickness. The Barnet older adult CMHT kept a folder that contained all the necessary templates for documentation, should the service have to relocate at short notice.

Information management

- The systems used to collect data from the services were not over burdensome for frontline staff. The trust pulled most information that fed into monthly heat maps automatically from an online system or from routine audits that staff completed.
- Staff had access to the equipment and information technology needed to do their work. All records systems respected the confidentiality of patients. However, some staff said that the online patient records system worked slowly from time to time.
- Each team manager received a monthly heat map. This included key information about the performance of the team and meant that managers could promptly identify and work on areas that required focussed improvement. A centralised reporting system fed information in to the heat map, such as incidents, complaints and mandatory training compliance. A series of monthly quality assurance audits also fed into the heat map.
- Staff made notifications to external bodies as needed. Staff sent all safeguarding incidents to the relevant local authority. They reported on the online incident reporting system and the system was used to identify information that needed to be sent to external bodies.

Engagement

- Staff received regular up-to-date information about the work of the trust through the trust intranet system and newsletters. The chief executive regularly wrote a blog, which staff could follow.
- Patients and carers had numerous opportunities to provide feedback about the services. Feedback boxes were positioned in waiting areas and satisfaction surveys were often sent. At the end of group programmes, such as carer support groups or cognitive stimulation therapy groups, staff actively sought feedback about both the usefulness of the group and the service overall.

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Good

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- All feedback was referred to the patient experience team and staff also had access to this feedback so they could reflect on it.
- At Barnet memory service, staff were considering ways they could include patients in decisions about the service, such as including a patient on staff interview panels.

Learning, continuous improvement and innovation

- Staff at all services considered opportunities for improvements. A 'Kanban' meeting took place once a week at each location. In these meetings, staff shared progress with quality improvement initiatives, updates on NICE guidance and learning from other sources. At the 'Kanban' meeting we observed during the inspection, staff fed back learning from a study day and reviewed quality improvement strategies. The whole team attended the meeting.
- Staff were innovative and committed to quality improvement. They brought back ideas from training and conferences, which they tried to develop and introduce to benefit patients. Managers encouraged all staff to lead grass roots initiatives aimed at producing sustainable improvements. For example, at the Haringey older adult community services, staff had recently made the move to paperless record keeping.
- Local clinical improvement group meetings took place at each service every month, where all staff discussed the monthly performance audit and the ways the service could improve. Team managers used these meetings to share learning and ways in which other teams in the borough were improving.
- All three memory services were accredited by the Royal College of Psychiatrists Memory Service National Accreditation Programme. Staff at Enfield older adult CMHT were working towards gaining accreditation from the Royal College of Psychiatrists.