Good

Sussex Partnership NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

Trust Headquarters
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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Trust Headquarters, Swandean	RX2	Adur, Aran and Worthing treatment team	BN13 3 EP
East Brighton community mental health centre	RX2	East Brighton assessment and treatment team	BN2 2EW
Chapel street clinic, Chichester	RX2	Western assessment and treatment team	PO19 1BX

This report describes our judgement of the quality of care provided within this core service by Sussex 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.

Summary of findings

Where applicable, we have reported on each core service provided by Sussex Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Sussex 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 Community-based mental health services for adults of working age	Good
Are Community-based mental health services for adults of working age safe?	Good
Are Community-based mental health services for adults of working age effective?	Good
Are Community-based mental health services for adults of working age caring?	Good
Are Community-based mental health services for adults of working age responsive?	Good
Are Community-based mental health services for adults of working age 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 services for adults good because;

In all three teams we inspected staffing levels were close to the establishment set by the Trust. Vacancy levels (with the exception of the Bognor Regis team) were low along with only minimal sickness absences.

All the teams worked in line with the principles of the recovery model and were in the process of developing a recovery college. This was designed to offer people education to help them develop greater understanding and management of their mental health issues.

National guidance, standards and best practice were used by services to provide care and to ensure quality was continually assessed and improved. A multidisciplinary approach was also used to support and treat people effectively.

Overall, we found the risk assessments were comprehensive and holistic whether in electronic or paper form. The risk assessments included the persons' risks to themselves and others, plus they identified if the individual was vulnerable due to their mental health needs. Where a risk had been identified, we found good evidence that management plans, including relapse prevention plans, had been developed. We saw evidence of family involvement in developing these.

Staff were supported by their line managers, and received regular supervision and a range of specific training to meet people's needs.

Summary of findings

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

Are services safe?

Good

We rated services safe as good because

- We found staff understood the local safeguarding procedures, what their responsibilities were and how they could raise concerns. There were comprehensive meeting in place to support this. The agendas for these weekly multi-disciplinary team meetings showed that that safeguarding, staff safety and other issues were routinely discussed.
- Staff were able to learn from incidents occurring within their locality and were given time to discuss this in supervision and team meetings. However, they were not routinely made aware of learning from serious incidents in other parts of the trust.

Are services effective?

Good

We rated services effective as good because;

- Care records contained comprehensive information, and showed us people's physical healthcare needs were assessed and addressed in partnership with the person's GP. A care plan was developed with the patient to meet their identified needs under the framework of the Care Programme Approach (CPA).
- We found evidence which demonstrated the teams had implemented best practice guidance within their clinical practice. We observed appropriate sharing of information to ensure continuity and safety of care across teams including involvement of external agencies.
- All staff we spoke with said they appreciated the supervision available and it was always available when they needed it.

Are services caring?

Good

We rated services caring as good because

- People we spoke with who used the service all reported they were treated with respect and found staff to be supportive and helpful.
- The care plans we reviewed showed evidence of people deciding how they wanted to be supported. The care plans were comprehensive, individualised and incorporated peoples' views with regard to their care and treatment.

Are services responsive to people's needs?

Good

We rated services responsive as good because;

Summary of findings

- Each team had systems in place which ensured all new referrals were made through a single point of triage.
- Throughout the teams we saw how the care pathway had been implemented to ensure people received the right support for their needs in their community.
- Managers from each team showed us how they had developed the team models in response to the changing demographics and needing to target the resources on those with greatest need.

Are services well-led?

Good

We rated services well led as good because;

- All of the staff we spoke with below team manager level told us they felt supported and valued by the local managers.
- Staff we spoke with felt that at local level the service was well–led and there was a clear managerial structure for each team.
- We saw examples of very good service improvement initiatives, for example, the employment support service in the Chichester area and the development of peer support workers in Worthing.

Summary of findings

Background to the service

Sussex Partnership NHS Foundation Trust adult community based services offer people mental health problems a range of community based treatments, psychological support, medication and advice in the Sussex area. People can access adult services from the age of 18yrs.

The community services we inspected were based in a variety of urban and rural settings, within a wide geographical area. The population served was diverse and included significant areas of deprivation. In addition to the services we inspected, the trust also provides a wide range of other community based services including, crisis services, older people's services, and children's mental health services.

Our inspection team

Our inspection team was led by:

Chair: Dr Paul Lelliott

Team Leader: Natasha Sloman

The team which inspected adult community services included a CQC inspector, mental health social worker, occupational therapist and an expert by experience.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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 visiting, we reviewed a range of information we hold about Sussex Partnership NHS Foundation Trust and asked other organisations to share what they knew. We carried out an announced visit.

During this inspection we spoke with 20 people who used the service. We spoke with 55

members of staff from a range of disciplines. We looked at 32 care records, of which we case tracked five.

We also spoke with four carers or relatives. We attended two handovers, three care programme approach (CPA) meetings, one initial assessment of a patient, and a team meeting.

During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists.

What people who use the provider's services say

All twenty people we spoke with who used the service were positive about the service provided by the community mental health teams.

Some people we spoke with told us that getting access to inpatient care closer to home was not always possible

Summary of findings

and that they sometimes had to go out of the immediate area. People told us they found it difficult when they were out of the area, as they had limited access to family and friends.

People told us they were aware of the care and treatment they were receiving and said staff were good at explaining information to them. People told us they had received a copy of their care plan and had emergency contact numbers.

We saw staff interacting well with people and their carers and we observed that they used an empathic approach.

Good practice

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

There were no legal requirements for the provider to address for this core service.

Action the provider SHOULD take to improve

- Bognor Regis team: following the departure of a couple of staff and two others who are on sick leave the team has to deal with the sort term implications of this on their caseload. The situation has been exacerbated by the increasing number of care homes opening in the area, which has resulted in a rising number of people requiring community mental health services. The service needs to have support in place whilst the situation is addressed.
- Caseloads of all community teams need to be carefully managed to ensure they are in line with department of health guidance, to maintain effective services.
- The information technology provision is sporadic across the team basis with staff not having easy access to computers to access or record notes. This is time consuming and may lead to a loss of information.
- Medical and nursing records are currently used in either paper or electronic format. There is no consistency across the teams and this could lead to a potential loss of information.
- Reports into serious incidents we saw were comprehensive and we could see evidence of the dissemination of learning to the local teams. However, there are no systems in place across the organisation to share any lessons learnt across the wider Trust area.

Sussex Partnership NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
dur, Aran and Worthing treatment team	Trust HQ, Swandean
East Brighton assessment and treatment team	East Brighton Community mental health centre
Western assessment and treatment team	Chapel Street clinic, Chichester

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 Capacity Act and Deprivation of Liberty Safeguards

During our inspection we visited three Community Mental Health Teams at four bases in Sussex.

We were unable to speak to any people subject to Community Treatment Orders (CTOs) but attempts to facilitate this were made by care coordinators.

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

Summary of findings

We rated community based services for adults good because:

- We found staff understood the local safeguarding procedures, what their responsibilities were and how they could raise concerns. This included evidence of meetings where safeguarding and safety were routinely discussed.
- Staff were able to learn from incidents occurring within their locality and were given time to discuss issues in either supervision or team meetings. However, they were not routinely made aware of learning from serious incidents in other parts of the trust.

Our findings

We rated community based services for adults good because:

- We found staff understood the local safeguarding procedures, what their responsibilities were and how they could raise concerns. This included evidence of meetings where safeguarding and safety were routinely discussed.
- Staff were able to learn from incidents occurring within their locality and were given time to discuss issues in either supervision or team meetings. However, they were not routinely made aware of learning from serious incidents in other parts of the trust.

Safe and clean environment

- Access into the mental health centres for appointments and clinics was through a staffed reception with comfortable waiting areas.
- We saw the team's environments were generally well maintained. Call alarms were in place where required, with satisfactory maintenance arrangements, provided by the either trust's estate's department or another provider.
- We saw each base was equipped with clinic rooms where there was the necessary equipment to carry out physical examinations.
- The managers we spoke with at Swandean had identified the team based at Littlehampton as a cause of concern due to its age. We saw this had been identified on the local risk register and the Trust had allocated money to improve the building, with work scheduled to start in April 2015.

Safe Staffing

- In all three teams we inspected staffing levels were close to the establishment set by the Trust. Vacancy levels (with the exception of the Bognor Regis team) were low along with only minimal sickness absences. In the Bognor team, some staff had recently left and two others were on sick leave. The team leader told us he was in negotiations with his managers how best to cover and deal with the impact. The situation he told us was exacerbated by the increasing number of care homes opening in the area. This had resulted in a rising number of people requiring community mental health services.
- Staff within the teams told us their case loads had been increasing over the last twelve months from between 30-35 to over 50 in some cases. Staff attributed this to a wide range of increasing demands on the teams, such as the increasing population and new people moving into local care homes. This caseload figure is above the guidance produced by the Department of Health 'Policy Implementation Guide' for CMHT's (2002) which recommends caseloads of no more than 35.
- Each team had access to a consultant psychiatrist and approved mental health professional (AMHP) when required.

Assessing and monitoring safety and risk

- Overall, we found the risk assessments were comprehensive and holistic with the quality the same whether they were in in electronic format or on the paper. The risk assessments included the persons' risks to themselves and others, plus they identified if an individual was vulnerable due to their mental health

Good

Are services safe?

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

needs. Where a risk had been identified, we found good evidence that management plans, including relapse prevention plans, had been developed. We saw evidence of family involvement in developing these.

- The teams used a "zoning" risk assessment tool to identify risks for people on their caseloads. In East Brighton this was updated daily in response to changing needs. This identified changes to the person's risk levels and either the duty staff or care coordinator could call upon extra support to enable any increased risks to be safely dealt with. We observed two team meetings and saw how people`s risks were discussed, and how the decision was taken by the team to reduce the level of extra care.
- Staff told us about the regular caseload management supervision where they could discuss in more detail any strategies to managing risk.
- We reviewed a sample of at least six people's records in each team, and saw needs and risks were assessed and clearly documented. Risk assessments we were up to date and reflected current individual risks and relevant historical risk information.
- Staff were aware of the trust's lone worker policy. They confirmed they followed this and had reported any concerns promptly. The teams had a record of staff whereabouts and a message system had been introduced to identify any concerns when visiting people in the community.
- We saw joint visits and other precautions were undertaken by staff when required and these were supported by clear risk assessments.
- Across the teams the staff described each team's procedures for follow up of people did not attend for appointments. These ranged from telephone contact, conducting a home visit and sending of letters. They showed us how they recorded this and the information sent to the person's GP to keep them informed. Clear contingency plans were in place and staff were aware of these.
- We saw training records which showed staff received appropriate training on safeguarding adults and children. Staff confirmed that they had attended training. We also met the designated leads for safeguarding within each team. These were a range of social workers and nurses who were based in each team.
- All staff we spoke with demonstrated a good knowledge on how and where to report safeguarding issues. We saw safeguarding concerns were discussed during the multidisciplinary team meetings. There was a variety of current safeguarding issues at the time of inspection within the teams we inspected, and these were being managed appropriately.
- The teams had suitable arrangements in place for the management of medicines. This included the receipt, storage, administration and recording of medicines.

Reporting incidents and learning from when things go wrong

- Since 2004, NHS Trusts have to report all patient safety incidents to the national reporting and learning system (NRLS) and since 2010, it has been mandatory for them to report all death or severe harm incidents to the CQC via the NRLS. An analysis of the number of incidents reported to the NRLS and CQC showed there were 63 deaths of people in receipt on mental health care between April 2013 and March 2014 which had occurred within the Trust boundaries. In each of the three teams we inspected we saw information about how these tragic events had been investigated and what lessons had been learnt. Whilst these reports were comprehensive and we could see evidence of the dissemination of learning to the local teams, we were concerned there was no system from the Trust to share this across the whole area.
- The team managers showed us how they used the Trusts management information system

and local risk registers to identify and monitor risks. This included systems to report and record safety incidents, concerns and near misses. Staff were aware of how to report incidents. Although this information was collated centrally, feedback to staff via established governance processes was not consistent.

Good

Are services safe?

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

- We saw the local monthly clinical incident reports which were reviewed and discussed by the area management teams. The reports outlined the impact to the local service, any underlying causes as well as the managers' comments.
- Staff we spoke with described their role in the reporting process and told us they felt supported by their line managers following any incidents. They told us how debriefing was well organised and they could access psychological support from within each team.

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.

Summary of findings

We rated community based services for adults good because:

- Care records contained comprehensive information, and showed us people's physical healthcare needs were assessed and addressed in partnership with the person's GP. A care plan was developed with the patient to meet their identified needs under the framework of the Care Programme Approach (CPA).
- We found evidence which demonstrated the teams had implemented best practice guidance within their clinical practice. We observed appropriate sharing of information to ensure continuity and safety of care across teams including involvement of external agencies.
- All staff we spoke with said they appreciated the supervision available and said it was always available when they needed it.

Our findings

We rated community based services for adults good because:

- Care records contained comprehensive information, and showed us people's physical healthcare needs were assessed and addressed in partnership with the person's GP. A care plan was developed with the patient to meet their identified needs under the framework of the Care Programme Approach (CPA).
- We found evidence which demonstrated the teams had implemented best practice guidance within their clinical practice. We observed appropriate sharing of information to ensure continuity and safety of care across teams including involvement of external agencies.
- All staff we spoke with said they appreciated the supervision available and said it was always available when they needed it.

Assessment of needs and planning of care

- We looked at 32 care records across the three teams and this included both paper and electronic systems. We found each person had a comprehensive assessment completed as part of the assessment process which included social, occupational, cultural, and physical needs. It also included a relapse prevention plan. These plans provided specific details of interventions if required to prevent a relapse of their illness.
- The care records contained comprehensive information, and showed us people's physical healthcare needs were assessed and addressed in partnership with the person's GP. A care plan was developed with the patient to meet their identified needs under the framework of the Care Programme Approach (CPA). People were offered a copy of their care plan and this was confirmed by the people we spoke with. They also told us they had access to emergency numbers and a Trust wide helpline to enable them to access advice and support when required.
- Care records were held either on a secure computer system or in a traditional paper based system. We were told by managers in all three teams the Trust had plans to merge all the records onto the secure computer system later this year. The paper based records we saw in the Chichester base were comprehensive, up to date and stored securely. However, we were unable to establish when the project to merge records would be completed.

Best practice in treatment and care

- We found evidence which demonstrated the teams had implemented best practice guidance within their clinical practice. This included the establishment of care pathways incorporating National Institute of Clinical and Health Excellence (NICE) guidance. An example we saw was for psychological treatment using the STEPPS approach (systems training for emotional predictability and problem solving).The teams also provided a range of activities and therapeutic interventions to people to support their recovery. These included both group and individual interventions.
- Each of the areas we inspected had a group treatment programme which had been developed from the previous day hospital model. The purpose of this programme is to support people using the service with a range of recovery based sessions aimed at helping people cope and build new skills. These included topic areas such as coping, dealing with change and mindfulness. It also included a 12 week rolling programme specifically for clients over 65.

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.

- There were systems in place to monitor the performance within each team. The trust had a range of audit systems in place monitoring team performance, which team managers inputted and reported on. They showed us evidence of how they disseminated this information at their monthly team meetings. The team managers told us they also monitored performance and quality through individual supervision.
- We found teams ensured the physical health care needs' of people were being met. For example, the assertive outreach teams would help people to see their general practitioner if required. We also found the team's consultants retained responsibility for people who were prescribed high doses of anti-psychotic medication, in line with best practice, rather than their care being transferred to the GP.
- In each team we saw evidence which demonstrated that they were involved in the monitoring and measurements of quality and outcomes for people who use the service. The teams used a range of multi-disciplinary assessment tools to measure the outcomes for the people using the services and promote their recovery, such as Health of the Nation Outcome Scale (HoNoS). The homeless service in Brighton used a range of qualitative outcomes which they had devised to measure the effectiveness of the service. This included areas such as; finding accommodation, medication reviewed, help with benefits, and psychiatric review.
- We also saw how teams participated in clinical audits and discussed this in team meetings and incorporated it into the performance framework. An example we saw was from the Western assertive outreach team who had been auditing their use of forensic and/or secure beds. This showed they were using the lowest amount of any team.

Skilled staff to deliver care

- A full range of mental health disciplines worked within each team we saw. The community mental health teams were made up of staff which included; nurses, support workers, social workers and approved mental health professionals (AMHPs), psychologists, occupational therapists, administrative support, consultant psychiatrists and more junior doctors. Staff told us that they had close working relationships with pharmacy but were not supported on any site with a physical presence. Teams worked using a fully integrated health and social care model. Within some teams for example, nurses were employed as approved mental health professionals.
- Not all staff had attended the mandatory training required by the trust. Managers told us non-attendance at mandatory and other training opportunities was monitored through the trust's training department and they would be informed by email and an updated training matrix. They were aware of the individual exceptions and had plans in place to ensure a 100% completion by year end.
- Managers showed us the comprehensive induction programme in place for new staff. However, we were unable to speak to any new staff to ask if they felt this had been effective.
- The supervision records and systems we saw showed us staff received monthly supervision and these meetings were used to discuss caseload management and complex care delivery. All staff we spoke with said they appreciated the supervision available and it was always available when they needed it. Staff confirmed that they had received an appraisal in the last year and these were used to identify individual training needs and professional development opportunities.
- Staff told us they were supported by their managers to access a range of training to meet the needs of people they worked with. This included some staff accessing training in psycho-social interventions and leadership.

Multi-disciplinary and inter-agency team work

- We observed two handovers, a care programme meeting, an allocation meeting, a zoning meeting and a team meeting. These were all well planned and organised. Each person receiving care and of a higher risk was discussed, including any new referrals for follow up. Staff discussed their caseloads and the complexities of people's needs. We saw all staff worked well with other specialities and therapy services to provide good multi-disciplinary care. The records we saw identified people were able to access voluntary organisations to support their needs in the community. This included some day care provision which was provided by others such as MIND.
- We observed appropriate sharing of information to ensure continuity and safety of care across teams including involvement of external agencies.

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.

- The agreement with Sussex County Council to integrate staff within the teams we inspected had been established over the last couple of years. All the staff we spoke with told us they felt well integrated and part of the teams they were in and felt the arrangement was working effectively.
- In each team we were told by staff how much they appreciated having a range of disciplines. In particular we were told about the contribution of the psychologists. They were able to provide staff with a range of support and learning, plus they provided specific interventions for people using the service, such as cognitive and dialectical behavioural therapy.
- Each team allocated duty staff to work each day on a rota basis. This role was to support care coordinators, contribute to urgent assessments and enable people to be treated in a timely manner or to cover any absence or sickness within the team. We also saw clear guidance and protocols for accessing and working with other teams who could provide support out of normal working hours.
- We found evidence of close working and communication with GP's within the teams. This included in Brighton allocating consultants to work with specific clusters of GP practices to focus on their referrals. They also had well established and clear referral routes to the GP based mental health wellbeing services which were provided by another organisation.

Adherence to the MHA and the MHA Code of Practice

- Although the inspection team did not have a specialist mental health act reviewer we did review a small sample of care plans in relation to people subject to community treatment orders (CTO). These were found to be in order and up to date. Staff we spoke with providing care and treatment to these people subject to a CTO were aware of the conditions stipulated within the order. They were also aware of the statutory requirements of the Mental Health Act,
- Team managers we spoke with told us they operated a 'least restriction principle' in line with the MHA Code of Practice and treatment was underpinned by the principles of the recovery model.

Good practice in applying the MCA

- Staff we spoke with said they were familiar with obtaining a person's consent and if required they would gain consent from relatives and/or their representatives. This was supported by the records we saw. Staff also understood the process to follow should they have to make a decision about or on behalf of a person lacking mental capacity to consent to proposed decisions, in accordance with the MCA. People had access to an independent mental capacity advocate (IMCA) as required.
- People using the community mental health services had a high degree of freedom to determine aspects of their daily lives. We saw how staff took practicable steps to help people make decisions about their care and treatment wherever possible. For example, two people told us about the crisis plans they had drawn up with staff help to inform how they would like to be cared for in this event.

Assessment and treatment in line with Mental Health Act

- We were unable to speak to any people subject to Community Treatment Orders (CTOs) but attempts to facilitate this were made by care coordinators. The community mental health teams had approved mental health professionals integrated within the teams. When someone required a Mental Health Act assessment, it was arranged through the duty team who organised the assessment. We spoke to four care coordinators, one of whom was an 'approved'. They told us that although the service was under pressure, they were not aware of any assessments being missed. They did report there were delays in accessing a local bed though due to very high occupancy levels across the trust.

Good

Are services caring?

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

Summary of findings

We rated community based services for adults good because:

- People we spoke with who used the service all reported they were treated with respect and found staff to be supportive and helpful.
- The care plans we reviewed showed evidence of people deciding how they wanted to be supported. The care plans were comprehensive, individualised and incorporated peoples' views with regard to their care and treatment.

Our findings

We rated community based services for adults good because:

- People we spoke with who used the service all reported they were treated with respect and found staff to be supportive and helpful.
- The care plans we reviewed showed evidence of people deciding how they wanted to be supported. The care plans were comprehensive, individualised and incorporated peoples' views with regard to their care and treatment.

Kindness, dignity, respect and support

- During our inspection we saw on a range of occasions how different staff communicated with people using the service. They did so in a calm and professional way, using an empathic approach at all times. People we spoke with who used the service all reported they were treated with respect and found staff to be supportive and helpful.

The involvement of people in the care they receive

- The care plans we reviewed showed evidence of people deciding how they wanted to be supported. The care plans were comprehensive, individualised and incorporated peoples' views with regard to their care and treatment. However, in Chichester we noted that in three instances the plans had not been signed by the person receiving support. The team manager showed us a recent audit they had performed on the records looking in part at this and showed us how they were informing staff through supervision to remedy this issue.
- We saw how each team undertook carer's assessments of their needs and support. The team in Chichester had employed a dedicated carer's worker whose role was to provide practical support and information to carers.
- We were invited to see two care programme meetings, both of which involved the person receiving care. Records showed that people had received a review of their care on at least an annual basis under the care programme approach.
- Each team undertook surveys to seek the views of people who use the service. A sample of recent surveys showed the majority of people felt they received a good service and were supported in being involved in decisions about their care.
- People had access to information in different accessible formats, interpreting and advocacy services where available if necessary. We were given examples by staff where interpreters had been accessed to support people whose first language was not English to attend assessments. People also told us they received emotional support through the individual support and group work they were involved in.

Good

Are services responsive to people's needs?

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

Summary of findings

We rated community based services for adults good because:

- Each team had systems in place which ensured all new referrals were triaged through a single point of access.
- Throughout the teams we saw how the care pathway had been implemented to ensure people received the right support for their needs in their community.
- Managers from each team showed us how they had developed the team models in response to the changing demographics and needing to target the resources to those with greatest need.

Our findings

We rated community based services for adults good because:

- Each team had systems in place which ensured all new referrals were triaged through a single point of access.
- Throughout the teams we saw how the care pathway had been implemented to ensure people received the right support for their needs in their community.
- Managers from each team showed us how they had developed the team models in response to the changing demographics and needing to target the resources to those with greatest need.

Access and discharge

- Each team had systems in place which ensured all new referrals were triaged through a single point of access. The teams reviewed each new referral based upon the information they received and assessed and what further support and if required a referral to other services. The triage team used a risk rating system to triage each referral made to the team. All urgent referrals (high risk) were usually seen within 4 hours. Priority referrals were allocated an assessment within 5 days and a standard referral was seen within 28 days. We saw recording systems in each team which showed how all people received a follow up within seven days of being discharged from psychiatric inpatient care.
- Throughout the teams we saw how the care pathway had been implemented to ensure people received the right support for their needs in their community. All teams followed the same model of care. However, in Bognor Regis they faced a higher level of demand, with the consequence that until the new staff are in post, people may have to wait longer for the delivery of non-urgent service.
- The trust had introduced a "recovery college", which offered courses to staff and people using the service designed to increase their knowledge of recovery and support self-management. Each team we saw were in different stages of development with some colleges more advanced than others. We spoke to some people who had attended these courses and they all told us they had found them helpful and informative.
- Staff reported it was at times difficult to find a local bed if a person required admission to hospital for acute psychiatric care. This meant that some people had been accommodated in hospital beds which were some distance from their home.
- In Brighton we met with the team leader of the homeless service which is a team set up to specifically deal with homeless people suffering from mental health problems. This team had been created in response to the growing number of homeless people within the town. The team comprises of staff from SPFT, seconded from Brighton and Hove County Council and the Voluntary sector. They received referrals from a range of different areas and have adopted an assertive outreach approach.
- However; some people we spoke with did express concerns about the reduction in community based locations particularly in rural areas. This meant they had difficulty accessing services. For some, they had to use several buses to access their nearest team.

Facilities promote recovery, dignity and confidentiality

- In all three team bases we visited the facilities were clean, comfortable and well furnished. There was a range of rooms at each base designed to be used for individual or group work. However staff in each base said the pressure on room usage was great at all times of the day as a result of increasing workloads.
- The interview rooms we saw were adequately sound proofed to give people a good degree of privacy.

Good

Are services responsive to people's needs?

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

- All reception areas had clear and concise notice boards giving a range of information such as local self-help groups, advocacy services, treatment and advice, people's rights and how to complain.

Meeting the needs of all people who use the service

- The Trust covers a wide geographical area with a diverse population range. In Brighton there are diverse ethnic groups of people, some areas of high deprivation, drug and alcohol problems, and homelessness. In the other areas we were told of how increasing numbers of people with enduring mental health problems were re-locating into new care homes which were opening up on a regular basis. Managers from each team showed us how they had developed the team models in response to the changing demographics and needing to target the resources to those with greatest need.
- Staff we spoke with told us how they could access interpreting services and patient information in a variety of languages.
- Care focused on people's holistic needs and not just on treating their mental illness. For example care plans recorded discussions and promotions of vocational and educational opportunities. We met one person who had gained employment with the trust through the dedicated employment process.
- As the trust is an integrated health and social care trust, teams supported people with self-directed budgets to identify the care and support needs themselves and then commissioning their own care package.

Listening to and learning from concerns and complaints

- Information on the patient advice and liaison service (PALS) and independent mental health advocacy services were available in each base. People who were seen at home were provided with information on how to make a complaint or contact the patient advice and liaison service (PALS) through the introductory pack of information.
- Managers and team leaders told us they tried to address anyone's concerns informally as they arose and provided examples of changes made to care as a result. For example, a person wanted to change their care coordinator and this was arranged for them.
- We saw information detailing how to make a complaint displayed in waiting areas. Most of the people we spoke with told us they felt able to raise concerns or complaints about their care and were confident these would be listened to. The staff we spoke with told us they were aware of the complaints process and would re-direct people to the local PALS service, if they felt they were unable to deal with their query.
- We looked at a sample of some complaints received and the related correspondence. We found complaints were taken seriously and responded to promptly in line with the trusts complaint policy. The complainant was provided with an individualised response to their complaint and given contact details of other bodies if they were unhappy with the outcome.
- The team meeting minutes showed any complaint issues were discussed in team meetings and actions taken to ensure any lessons were learnt. Examples of this included a team acknowledging the need to ensure information was sent out in a timely manner.

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.

Summary of findings

We rated community based services for adults good because:

- All of the staff we spoke with below team manager level told us they felt supported and valued by the local managers.
- Staff we spoke with felt that at local level the service was well–led and there was a clear managerial structure for each team.
- We saw examples of very good service improvement initiatives, for example the employment support service in the Chichester area and the development of peer support workers in Worthing.

Our findings

Vision and values

- The majority of staff we spoke with felt the trust was providing a better vision since the service reconfiguration of two years ago. Staff were aware of the new chief executive and told us he had been out to visit some of the community teams. They also knew who the senior managers were within community services.
- Each team manager we spoke with told us they now felt part of the local management group, and were clear about the overall direction services were taking. All of the staff we spoke with below team manager level told us they felt supported and valued by the local managers.

Good governance

- There were monthly team meetings held for each team, where staff would discuss issues such as performance, incidents, and learning. Team managers told us they felt their line managers had a good grasp of the local issues within each team. They told us this was through a combination of information sharing, managerial supervision and being accessible to staff as well as people who used the service.
- The trust had an electronic reporting system which enabled team and senior managers to monitor quality and assurance at a local level. This included a range of indicators such as; the monitoring of follow up appointments for people who had been discharged from an acute in-patient unit within the last 7 days, staff training, appraisals, supervision and incidents.
- We saw some evidence of clinical audits being undertaken in the homeless team and the assertive outreach teams, but managers told us this did not happen across all teams.
- Staff were reporting incidents in line with the trust policy but learning from these was limited to the local knowledge of the managers. We did not see any comprehensive trust wide learning available to the teams we inspected. One manager was aware of a recent publication from the central governance team which had listed lessons learnt from across the trust. However, they acknowledged this had only been published once.

Leadership, morale and staff engagement

- Staff we spoke with felt that at local level the service was well–led and there was a clear managerial structure for each team. They told us they were aware of the whistleblowing policy and felt they could raise any issues either through supervision or directly with the team managers.
- Team managers held information about staff sickness and absence rates and were able to show us how levels were below average in all teams, except Bognor Regis.
- Team leaders spoke positively about the training and support they had been able to access in their roles as managers.

Commitment to quality improvement and innovation

- People using the service were given the opportunity to participate in an annual satisfaction survey in addition to formally feeding back their experiences at care planning meetings. We saw how psychology students were involved in gathering and analysing feedback from people on an individual basis. This included preparing and reviewing information leaflets about services and treatments available. Staff we spoke with felt the trust had tried to engage with them through information and staff surveys.
- The teams had monthly meetings which minutes showed there was a commitment to maintain quality. Such issues discussed included; medical cover, lessons learned from serious untoward incidents,

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administration support, supervision of staff and the team risk register. We also saw how specific projects aimed at improving outcomes for people using the service were discussed at these meetings.

- We saw examples of very good service improvement initiatives, for example the employment support service in the Chichester area and the development of peer support workers in Worthing. Both of these developments had been driven by committed staff in response to making better use of the available budgets and had been well received by the people we spoke with who were using these services.