

Sussex Partnership NHS Foundation Trust

# Community-based mental health services for older people

## Quality Report

Tel:  
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Date of inspection visit: 12 – 15 January 2015  
Date of publication: 28/05/2015

### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
	St Annes Centre	St Annes Centre	TN37 7PT
	<b>Uckfield Hospital</b>	Uckfield Hospital	TN22 5AW
	Linwood Community Services	Linwood Community Services	RH16 4BE

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.

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 the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We gave an overall rating for community mental health services for older adults as good because:

- The trust management had ensured that learning from serious incidents was shared with front-line staff. This meant that these staff members had the benefit from the results of investigations into the incidents.
- The patient's records did not always identify their involvement or their relative/carer in the care planning process. Not every risk assessments was up to date.
- The training records showed that most staff had completed their mandatory training. All outstanding and refresher training had been identified and updated electronically to staff with due dates.
- Some staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). When staff assessed the mental capacity of a patient to consent to care and the sharing of information, the assessment was thorough.
- Despite the work pressures, staff were compassionate, sensitive and kind to people who use the service.
- The services were aware of the diverse needs of the people who use the service and provided a range of support as required.
- There was positive awareness among staff of the values and expectations for patient care across the trust.
- The service held regular governance meetings where quality issues such as complaints, incidents and audits were discussed.
- Staff told us they felt there was effective team working across professional groups in the community service.
- Innovation was encouraged from all staff members across all disciplines.
- Staff said they were encouraged to develop new ideas and to make continuous improvement in the service provided.

# Summary of findings

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

### Are services safe?

We rated safe as **good** because:

- Staff told us they were encouraged to report any incidents which were discussed at weekly meetings. There was consistent feedback and learning from incidents reported. This meant that these staff members had the benefit from the results of investigations into the incidents.
- Handovers were well structured within the teams. Staff had been trained and knew how to make safeguarding alerts.
- Staff, where applicable, managed medicines well in the community.
- There were staff of different disciplines working within the service and the trust was recruiting to fill the vacant posts for qualified nurses.
- The environments were visibly clean and equipment had “I am clean” stickers. Staff followed the trust policy on infection control.

Good



### Are services effective?

We rated effective as **good** because:

- The service demonstrated that care was provided in accordance with evidence-based national guidelines. National guidelines and pathways were used extensively to ensure best practice. However, the patient's records did not identify their involvement or their relative/carer in the care planning process. Not all risk assessments were up to date.
- Clinical staff made a comprehensive assessment of people who were referred. This included a good assessment of people's physical health needs. The trust had an electronic system for recording and storing information about the care of patients. This meant that this information was available to doctors and nurses as people moved between services.
- Policies and procedures were accessible for staff. Staff were able to guide us to the relevant information using the trust's intranet.
- Patients were referred to the speech and language therapist and dieticians as required. Multidisciplinary working was evident to co-ordinate patient care.

Good



# Summary of findings

- Some staff demonstrated a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and their assessments of mental capacity were detailed. The trust had developed a rolling training programme to ensure MCA and DoLS were applied correctly.
- Patients had access to advocacy services when required

## Are services caring?

We rated caring as good because:

- Staff were caring and compassionate to patient's needs and treated patients with dignity and respect.
- Staff were kind and respectful to people and recognised their individual needs.
- Staff said they actively involved people in developing and reviewing their care plans although this was not always identified in the records reviewed.

Good 

## Are services responsive to people's needs?

We rated responsive as good because:

- The services were able to provide a range of different treatments and care. People could access a range of therapeutic interventions.
- There was support for people with a learning disability and reasonable adjustments were made to the service. Staff were able to refer any issues or concerns to the community psychiatric nurse and the learning disability lead.
- The services were aware of the diverse needs of the people who use the service and provided a range of support as required.
- Staff knew how to support people who wanted to make a complaint

Good 

## Are services well-led?

We rated well-led as good because:

- There was positive awareness among staff of the values and expectations for patient care across the trust.
- The service held monthly clinical governance meetings where quality issues such as complaints, incidents and audits were discussed. Staff told us they were able to speak openly about issues and felt this was positive for making improvements to the service.

Good 

# Summary of findings

- Staff told us they felt there was effective team working across professional groups in the community service.
- Innovation was encouraged from all staff members across all disciplines. Staff said they were encouraged to develop new ideas and to make continuous improvement to the service provided.

# Summary of findings

## Information about the service

Sussex Partnership provides a range of dementia services within the county. The trust's aim is to encourage patients to remain as independent as possible, whilst accessing relevant services and support. The dementia team also provides support to family members and/or carers.

The memory assessment service (MAS) is provided to patients following a GP referral. In Brighton and Hove the MAS service was run by Brighton and Hove Integrated Care Service (BICS) with Sussex Partnership Foundation Trust (SPFT) as a partner alongside the Carers Centre and the Alzheimer's Society. In other areas the service was run completely by the trust. The service offered a range of interventions/groups, such as memory management, reminiscence and cognitive stimulation. These groups support people diagnosed with mild to moderate dementia.

In Brighton and Hove the dementia and later life services had been realigned into Specialist Older Adult Services within the assessment treatment services (ATS). This ensured there was one management structure for all

community services. In other areas, there were specific management structures for dementia which covered acute and community. The trust managed all their acute services separately from the community services

The living well with dementia team is for patients whose needs have become complex and challenging. Referrals to this service are via the GP services. The teams assess patient's needs and provide advice and treatment to help manage their condition. This includes group work and psychological interventions.

The care home in-reach service allows the service to go into care and nursing homes with the aim of improving the quality of care for people with dementia. They do this by providing training and coaching to care home staff on person-centred care and by reviewing the treatment and medicines of individual patients.

When people with dementia experience behavioural and/or psychological symptoms which cannot be managed in the community the trust has five in-patient units which provide intensive assessment and treatment. The community dementia team works closely with the staff team within these units.

## Our inspection team

The team who inspected this service was a CQC inspector manager, two CQC inspectors, three mental health reviewers and a specialist advisor with knowledge of dementia and a further two specialist advisors with specialist nursing backgrounds.

## 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 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?

# Summary of findings

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients.

During the inspection visit, the inspection team visited:

- A care home in the community alongside the district nurses. This was with the approval of the person who uses the service and the care home.
- Visited four patients in their home and observed how staff were caring for people who use the service.

- Spoke with the service managers for each service.
- Spoke with 17 other staff members; including doctors, nurses and occupational therapists.
- Attended a crisis team meeting
- Attended and observed a multi-disciplinary hand-over
- Attended a "triangle of care" carers meeting

We also:

- Looked at 13 treatment records of patients
- Looked at a range of policies, procedures and other documents relating to the running of the service.

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

We did not speak with any people who use the service because of the severity of their illness but observed staffs' interaction whilst visiting patients in the community. We

spoke with a carer who was very positive about their experience and the care their relative had received. They told us that they found staff to be very supportive and had been involved in decisions about their relative's care.

## Good practice

The trust contributed to the IBIS scheme which ran in conjunction with the South East Coast Ambulance Service (SECAMB). The aim of the scheme is to prevent unnecessary admission to hospital by providing information to the ambulance service.

The trust had set up a recovery college which was available to people who use the service, relatives, carers and staff. The aim of the college was to help people

understand dementia, identify goals and provide people with access opportunities via courses/workshops. These courses were delivered by staff and people with experience with dementia.

Senior professionals told us the trust followed the National Dementia Strategy identified by the Department of Health (DoH). The aims of the strategy are to transform services for people with dementia and their carers. Staff were committed to providing the best service available for people with dementia.

## Areas for improvement

### Action the provider SHOULD take to improve

### Action the provider SHOULD take to improve

- The trust should ensure that all staff have completed their mandatory training
- The trust should review the people's records to ensure that people are actively involved in planning their care

- The trust should ensure that people's risk assessments are up to date
- The trust should ensure the discharge pathway is identifiable within people's records

Sussex Partnership NHS Foundation Trust

# Community-based mental health services for older people

## Detailed findings

### Locations inspected

**Name of service (e.g. ward/unit/team)**

**Name of CQC registered location**

St Annes Centre

Uckfield Hospital

Linwood Community Services

### 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

Some staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and demonstrated good understanding of how the legislation applied to their day to day work with patients.

However, many staff had not had training recently and some staff were unaware of the Deprivation of Liberty safeguards or recent legal judgements affecting patients without the capacity to consent to treatment.

# 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 safe as good because:

- Staff told us they were encouraged to report any incidents which were discussed at weekly meetings. There was consistent feedback and learning from incidents reported. This meant that these staff members had the benefit from the results of investigations into the incidents.
- Handovers were well structured within the teams. Staff had been trained and knew how to make safeguarding alerts.
- Staff, where applicable, managed medicines well in the community.
- There were staff of different disciplines working within the service and the trust was recruiting to fill the vacant posts for qualified nurses.
- The environments were visibly clean and equipment had “I am clean” stickers. Staff followed the trust policy on infection control.

included aprons and gloves. When visiting patients’ homes we observed staff using hand gel and kitchen roll to dry their hands. We saw staff throwing away their gloves after each use.

- We saw the service’s environments were clean and well maintained. We observed staff cleaning surfaces with antiseptic.
- All the clinical areas inspected had access to appropriate soap and hand washing facilities. Staff working in the community were supplied with hand gel.

### Safe staffing

- We reviewed the current and previous staff rotas and these showed us that there were enough staff on duty to meet the needs of the people in this service. We found that where gaps had been identified within the duty rotas this had been covered by the use of bank and/or agency staff. We saw that additional staff were used when the needs of people required this.
- We found the staffs’ caseloads across the services were variable. Some staff had around 14 whilst others averaged between 30 and 50. The high volume of cases was due to people’s awaiting medicine reviews.
- Staff’s caseloads were regularly reviewed at team meetings and at supervision.
- Staffing levels were discussed at daily bed call monitors who included the retention of agency staff, if required.

### Assessing and managing risk to patients and staff

- We saw that the services’ risk assessments used a red, amber and green (RAG) system. Staff said this assisted them with their workload planning. Most areas identified as a concern under the red system were patients who may be violent and at risk of self-harm or patients with no assessments in place.
- Staff had responded to an increase in falls by improving the monitoring of patients. We observed there were clear improvements in safety. Staff told us of their awareness of a higher risk of patients having slips, trips or falls. We saw completed risk assessments which had identified the risk.

## Our findings

### Safe environment/equipment

- Staff said they could make a request to an external company for equipment for example, pressure relieving mattresses. They said the company responded quickly usually within 24 hours. Staff could get additional equipment for bariatric patients when required.
- We observed that stored equipment for example, Zimmer frames and commodes had “I am clean” green stickers on them.
- Staff followed the trust’s infection control policy. Staff were “bare below the elbow” and we observed staff using appropriate hand washing techniques. Staff had access to personal protective equipment (PPE) which

# Are services safe?

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

- We saw the caseload monitoring tool for December 2014 which reviewed the person's needs/problems and current risk. The monitoring tool ranged between one and five with one being low risk and five presenting a danger to self and others.
- The monitoring tool identified the care the service currently provided as well as the next Care Programme Approach (CPA) review date. The tool also incorporated comments and actions for staff to complete for example, the update of risk assessments.
- National Institute for Clinical Excellence (NICE) guidance were followed when prescribing medication for individual patients. The trust had a drugs and therapeutics newsletter which was on display within the service. The newsletter reviewed the learning from medicine incidents.
- The Care Home in-Reach team (CHiR) reviewed the use of medicines with staff and offered advice on the use of alternative psychosocial interventions.
- Staff were able to demonstrate how they would report safeguarding concerns. They said the trust's electronic system had an icon which ensured the reported incident was allocated to the specific area. All safeguarding concerns were reviewed by the senior management.
- We looked at the safeguarding adults' weekly risk monitoring form which identified the number of cases that were open, the number of alerts made and the number of cases closed. The form provided a brief outline of what had happened. Examples included an unwitnessed fall and a person observed to have a bump to their head.
- We reviewed the lone working procedures. Staff were able to say how they kept themselves safe by updating their diaries and letting their colleagues know their whereabouts. The trust had good safety protocols in place to ensure staff safety.
- Handovers were comprehensive and included updates on potential risk factors.
- The community nursing teams used the NHS safety thermometer. This is a tool used at the point of care to measure harm and the proportion of patients that are harm-free. The safety thermometer looked at the incidence of pressure ulcers, falls and urinary tract infections. Analysis of the results was displayed for teams to see and discuss at team meetings.

## Reporting incidents and learning from when things go wrong

- We reviewed the serious incidents action plan for 2014-2015 which identified the incident, the action to be taken and the compliance required. For example the review of records which included an audit of care plans.
- We saw that incidents had been investigated appropriately and any lessons learnt had been shared through the trust's corporate governance structure.
- The report and learn bulletin newsletter identified that the trust acknowledged all Central Alerting System (CAS) notifications. During the period July 2014 to September 2014 48 alerts had been received, of these 41 were applicable. All matrons and service managers said they reviewed the alerts and reported back to the risk and safety team, where applicable.
- Staff knew how to report incidents on the trust's electronic reporting system and how lessons were learnt from root cause analysis. Staff reported good incident reporting and said feedback was cascaded during team meetings, supervision and regular newsletters. This meant that most staff had knowledge of incident learning across the organisation.
- Some senior staff within the dementia services felt their teams may be under reporting incidents for example, falls within people's homes. To ensure compliance, the reporting of incidents had been addressed at team meetings and supervisions. This was confirmed by front line staff.
- Senior staff were able to tell us of the new duty of candour regulations. They said the trust was committed to being open and transparent in their approach to safe care. They said they were incorporating the new duty of candour regulations during team meetings.

## Track record on safety

- Incident records showed there had been very few incidents within the community services. Where these had occurred, investigation had been carried out and action taken in response.

# 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 effective as good because:

- The service demonstrated that care was provided in accordance with evidence-based national guidelines. National guidelines and pathways were used extensively to ensure best practice. However, the patient's records did not identify their involvement or their relative/carer in the care planning procedures. Not all risk assessments were up to date.
- Clinical staff made a comprehensive assessment of people who were referred. This included a good assessment of people's physical health needs. The trust had an electronic system for recording and storing information about the care of patients. This meant that this information was available to doctors and nurses as people moved between services.
- Policies and procedures were accessible for staff. Staff were able to guide us to the relevant information using the trust's intranet.
- Patients were referred to the speech and language therapist and dieticians as required.
- Multidisciplinary working was evident to co-ordinate patient care.
- Some staff demonstrated a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and their assessments of mental capacity were detailed. The trust had developed a rolling training programme to ensure MCA and DoLS were applied correctly.

Patients had access to advocacy services when required.

assessments were updated regularly to ensure they took account of current risks. We saw the trust's data quality tool for 2014 had reviewed the recorded risk assessments of people who use the community services. The action plan from the quality tool required a review of the records to ensure people's risk assessments were up to date.

- Patients had care plans in place which were detailed and clearly linked to assessment of needs and risks. However, not all of the records viewed identified that people, relatives or their carers had been involved in the care planning process. We saw the trust's quality audit had identified this as an area that required improvement. The managers told us that all records were currently being reviewed. This was confirmed by staff spoken with.
- The records showed that patient's nutritional risk and needs were assessed. Staff could make referrals to the salt and language therapist and dieticians as required.
- All patients who accessed the memory assessment service (MAS) were assessed by qualified clinicians. The outcome of MAS's assessments were discussed and reviewed by doctors. Patients received a magnetic resonance imaging (MRI) scan and/or a computerised tomography (CT) scan prior to a medical review.
- The occupation therapist told us they used the Canadian Occupational Performance Measure (COPM). This is an evidence-based outcome measure designed to capture a patient's self-perception over time. The therapists supported patients to develop their skills and live independently. This included assessments of shopping and cooking skills.
- Access to the information technology (IT) equipment was variable across the trust. For example, the crisis team had "Word 2010" whereas the rest of the trust had "Word 2003." This meant that there was a risk of staff not having up to date information regarding the assessing and managing of risk to both patients and themselves. The trust had recognised this concern and training was in place for staff which would enable the central electronic system to be accessible to everyone.

### Best interest in treatment and care

- Staff were able to show how they provided care and treatment to both patients and carers in line with the

## Our findings

### Assessment of needs and planning of care

- We found that care was delivered in a holistic manner which promoted not only patient's physical health needs but also addressed their psychological needs.
- Comprehensive assessments were carried out before people accessed the dementia services. Most risk

# 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.

National Institute for Clinical Excellence (NICE) guidelines. For examples the records identified the association of patients in partnership with their health and social care professionals. For example, staff within the dementia services had access to a physiotherapist assistant who was able to provide support and advice when carrying out assessments.

- The trust used the Health of the Nation Outcome Scales (HoNOS), for working age people, together with the HoNOS 65+ (for older people). These were completed at the start and end of each episode of care and identified historical and current risks using a cluster tool.
- The January 2015 HoNOS review for High Weald, Lewes and Havens showed that a total of 888 patients had been referred of which 90% had a valid cluster tool.
- In line with NICE guidance the memory support service assessed people's needs before providing cognitive situation therapy (CST), reminiscence and memory management. The memory support services worked in partnership with the trust and the Alzheimer's Society.

## Skilled staff to deliver care

- All staff including agency staff undertook both local and trust wide induction. The service had a buddy system for all new nurses on preceptorship. We saw that staff unfamiliar to the service received an induction to the service.
- Checks were in place to ensure that any agency staff used had received the required training prior to being booked to work shifts.
- We reviewed the training records provided by the team leaders. The training records showed that most staff had completed their mandatory training with the exception of Basic Life Support and the Mental Capacity Act (MCA). We saw that both outstanding and refresher training had been identified and updated electronically to staff with due dates.
- Staff told us NICE guidelines had been used to format the prevention and management of violence and aggression (PMVA) training.
- Some staff were going on a dementia education and learning through simulation (DEALTS) course. Staff said, once trained, they would be able to cascade learning to staff.

- Senior staff said there was a good leadership training course within the trust and they had taken advantage and were attending the course.
- The trust had identified areas which required improvement in delivering care and a "working with emotionally unstable personality disorder" course was being rolled out in spring 2015. Family intervention training was also being rolled out in spring 2015 to improve working with families.
- Staff received regular one to one clinical supervision and had received an annual appraisal in the last 12 months. Staff described receiving good support from their line managers.
- The senior health professionals we spoke with confirmed they had regular time off every week and regular supervision/appraisals. This ensured that there were processes in place to ensure timely revalidation.

## Multi-disciplinary and inter-agency team work

- Staff in community teams told us that multi-disciplinary working was good. Staff felt able to consult with their colleagues. Specialist nurses were available to provide consultation when required. Community nursing teams and the specialist nurses worked well together and on occasions conducted joint visits which they felt were beneficial to the needs of the patients.
- Different therapist visited patients which were dependent on people's needs for example, a speech and language therapist or physiotherapist. We observed a therapist co-ordinating with a relative by phone. They ensured the relative understood the information given and were able to provide answers to questions raised.
- District nurses described a close working relationship with the tissue viability nurses and the leg ulcer specialist.
- There were good links between the memory assessment services (MAS), the GP services and other specialists for example, learning disabilities, hospital consultants and community teams.
- The trust was in discussion with the clinical commission group (CCG) regarding the continuation of the memory assessment service. A special project manager had been assigned to review the whole dementia pathway.

# 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.

## **Adherence to the Mental Health Act 1983 and accompanying Code of Practice**

- The records showed that staff had received their Mental Health Act training in December 2014 and there were clear procedures in place regarding their use and implementation.

## **Good practice in applying the Mental Capacity Act**

- Most staff had a good understanding of the Mental Capacity Act 2005 (MCA) and knowledge of Deprivation of Liberty Safeguards (DoLS).
- The records showed that patient's assessments of mental capacity and best interests were detailed.
- The trust had developed a rolling training programme to ensure MCA and DoLS were applied correctly.

# Are services caring?

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

## Summary of findings

We rated caring as **good** because:

- Staff were caring and compassionate to patient's needs and treated patients with dignity and respect.
- Staff were kind and respectful to people and recognised their individual needs.
- Staff said they actively involved people in developing and reviewing their care plan although this was not always identified in the records reviewed.

## Our findings

### Kindness, dignity, respect and support

- Staff were warm and kind towards patients. They were caring and passionate about their work. Patients and carers were treated with kindness and respect. Staff showed compassion towards patients and carers in all aspects of their work with them.
- We saw good staff and patient interaction during our visit into the community.
- Staff explained to us how they would deliver care to the different people who use the service. This demonstrated that they had a good understanding of these different needs.
- During our visit to a care home we observed the care home in-reach service providing emotional support to a person who was distressed. They spoke calmly and with respect whilst respecting the person's dignity.

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

- Families and carers were invited to attend the dementia post-diagnostic discussion appointment with their relative. The meeting provided people who use the service, families and carers with an understanding of the illness, the treatments available and how to get support locally. People were able to raise concerns and comments during their assessment meeting with the doctor and specialist staff.

- We found that policies and protocols had been updated to improve the involvement of families/carers (where appropriate), in decisions about care. The trust had introduced the 'triangle of care' scheme. The aim of the scheme was to improve staff communication with carers and to enable staff to understand their needs. We attended a triangle of care meeting and met with a carer. Areas covered included the consent to the sharing of information and the clinical judgement regarding the best interest of the person using the service.
- Due to the cognitive ability of some people it was difficult to involve some with their care planning. We found the records did not identify patients, relatives and/or their carer's involvement with their care planning.
- Staff supported patients to manage their own health care and maximise their independence. For example, we observed a staff member talking to a patient and giving practical advice to increase their mobility.
- The occupational therapist ran a carers clinic which looked at "Improving Carers' Experience" (ICE). This included a training course for carers and staff about mental health, the role of a carer and "how to keep going."
- The care home in-reach service (CHiR) visited care homes to provide support and education to both people with dementia and care staff. The CHiR team spent time with the care home staff team to develop a range of ideas about how to promote self-care to people with dementia.
- The trust had access to the POhWER independent advocacy services. POhWER provides a range of free, confidential and independent advocacy services to help people make choices about their lives and to understand their rights.
- Patients had access, if required, to an Independent Mental Health Advocacy (IMHA) and general advocacy services. Examples were seen of advocacy support during clinical reviews and at care programme approach (CPA) meetings.

# 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 responsive as good because:

- The services were able to provide a range of different treatments and care. People could access a range of therapeutic interventions.
- There was support for people with a learning disability and reasonable adjustments were made to the service. Staff were able to refer any issues or concerns to the community psychiatric nurse and the learning disability lead.
- The services were aware of the diverse needs of the people who use the service and provided a range of support as required.
- Staff knew how to support people who wanted to make a complaint

## Our findings

### Access, discharge and transfer

- Patients on their referral to the memory assessment service (MAS) were triaged by qualified clinicians to ensure they met the admission criteria.
- The trust's assessment and treatment service (ATS) provided a duty service during working hours. This ensured the delivery of a robust and professional screening of calls which looked at the degree of risk and/or the complexity of the enquiry. This meant that front line staff were able to prioritise people's referrals appropriately.
- The manager at Linwood community services told us the aim of the dementia crisis team's was to run a 24 hour service but due to staffing issues they currently ran a nine to five service. Patients out of hours were able to access the mental health line or their local surgery. In Brighton the service ran from 09:00 to 20:00 hrs. seven days a week.
- We saw the service had acknowledged that discharge planning was an area of concern. The community lead

clinical staff were assisting acute care by looking at delays in discharge and the actions to take to facilitate discharge. We saw this was identified on the governance audit.

- We were informed that discharge planning started soon after admission. However, it was difficult to identify the contact between the acute and community teams regarding the discharge planning of patients. We found no reference to the discharge planning within the records' index.
- Staff said that discharges were sometimes delayed due to a lack of suitable accommodation for people to move on to or funding for specialist placements.
- Each location visited had a local risk register. For example, the East Sussex team had identified patient discharge as an area of concern. The risk register identified the mitigation, the action and areas they were unable to address which included poor response from housing departments regarding the allocation of beds.
- Each afternoon the services' managers participated in an afternoon phone call to review the admissions and discharges within the last 24 hours. This enabled them to assess the bed availability within the service and manage their caseloads.

### The facilities promote recover, dignity and confidentiality

- The dementia services' aim was to encourage people to remain as independent as possible and to keep up with regular activities.
- Patients were supported to attend memory assessment sessions to enhance their memory management and cognitive stimulation.
- Patients were supported to self-medicate where appropriate.

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

- The dementia services liaised closely with social workers, patients' families and allocated care co-ordinators from their home area.
- Some patients were admitted to this service from different parts of the country. We saw that the provider had made efforts to ensure that family contact was maintained where appropriate.

# Are services responsive to people's needs?

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

- Patients' diverse needs such as religion and ethnicity were recorded and we saw these were being met for example through religious specific diets and access to religious services.
- Staff told us that if people with dementia, with a known learning disability were diagnosed, they would work alongside the community psychiatric nurse (CPN) to provide the support suitable to the needs of the person.
- The trust contributed to the IBIS scheme which ran in conjunction with the South East Coast Ambulance Service (SECAMB). The aim of the scheme was to prevent unnecessary admission to hospital by providing information to the ambulance service. For example, one patient since September 2014 had made 69 ambulance calls and had only had four admissions. This showed us that the trust were ensuring that people received the correct assessment and treatment interventions to avoid unnecessary admissions

## Listening to and learning from concerns and complaints

- Information was available for patients to report any 'concerns, complaints and/or compliments. There were systems for complaints to be investigated and complainants to be given a response.
- Patients were referred to the Patient Advice and Liaison Service (PALS) if they were unable to resolve the issue locally.
- Staff said they knew how to support people and carers to make complaints if required.
- We reviewed a complaint which had led to the formation of new forms for people in crisis who may need to move locations. The form had been created with approval from the GP services.
- Feedback and lessons learnt from complaints were discussed at team meetings.

# 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 well-led as **good** because:

- There was positive awareness among staff of the values and expectations for patient care across the trust.
- The service held monthly clinical governance meetings where quality issues such as complaints, incidents and audits were discussed. Staff told us they were able to speak openly about issues and incidents, and felt this was positive for making improvements to the service.
- Staff told us they felt there was effective team working across professional groups in the community service.
- Innovation was encouraged from all staff members across all disciplines. Staff said they were encouraged to develop new ideas and to make continuous improvement in the service provided.

## Our findings

### Vision and Values

- Staff were aware of the trust's visions and values which included the delivering of consistent, high quality, evidence-based care and treatment. These were on display within the services visited.
- The trust aimed to work with local and national partners in an open and transparent way whilst ensuring that patients and staff would recommend the trust as a place where they would be happy for their friends and family to be treated.
- Staff shared their views about the service openly and constructively. They were caring and passionate about the service and the care they provided to people who use the service.

### Good governance

- Senior clinicians had access to governance systems that enabled them to monitor the quality of care provided.

This included the provider's electronic incident reporting system, corporate and ward based audits. Action plans were in place to address concerns which monitored and measured progress.

- Local governance meetings took place which cascaded into divisional meetings. The minutes showed us that these were comprehensive and any actions arising had been addressed.
- Staff confirmed that they received e-mails from the trust giving updates on corporate developments. Regular trust wide performance meetings ensured staff represented their division. Team brief documents were circulated for staff to read.
- The managers were aware of the training completed by their staff team. There were staff resources available to deliver and monitor staff training on and off site. Staff were also able to access training via e-learning.
- Staff were able to attend a training course in mindfulness. This was developed within the trust to help staff monitor and manage their mental health and well-being.
- Staff had received annual appraisals and regular supervision. This was confirmed by those staff we spoke with.
- The care home in-reach service quarterly performance report for 2014/15 reviewed the care homes and the length of contact within the service. Areas covered included medicine intervention. There were 339 pharmacy reviews with 16 physical referrals for co-morbid issues. There were also two antipsychotic medicine prescription amendments in one home instigated by the care home following CHiR involvement.

### Leadership, morale and staff engagement

- Regular team meetings took place and staff told us that they felt supported by colleagues and managers. Daily clinical leads meetings were held in the morning to review any issues.
- Staff spoke highly of the leadership within their teams. They said that senior managers and clinicians were visible and approachable to front line staff and patients.

# 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.

- Staff told us they felt that managers listened and acted on any issues raised and could discuss any concerns with them.
- The managers said that they felt supported and enabled to manage poor staff performance and/or competencies.
- The managers said there were low levels of sickness in the service and said staff could be referred to occupational health services where applicable.
- Whilst there were challenges with recruitment and retention of staff for the services; evidence was seen that the provider was taking action to pro-actively recruit and retain staff. This included reviewing the reward package for experienced registered nurses.
- The trust had an obligation to ensure that staff employed were fit for their role. Senior management confirmed they had taken the necessary steps to ensure that staff employed were of good character, were physically and mentally fit, and had the necessary qualifications, skills and experience for the role. Senior staff confirmed they worked alongside the human resources department to ensure they obtained relevant information which included the disclosure and barring service (DBS) and a full employment history.

## Commitment to quality improvement and innovation

- The trust had set up a recovery college which was available to people who use the service, carers and staff. The aim of the college was to help people understand dementia, identify goals and provide people with access opportunities via courses/workshops which were delivered by staff and people with experience with dementia.
- Senior professionals told us the trust followed the National Dementia Strategy identified by the Department of Health (DoH). The aims of the strategy are to transform services for people with dementia and their carers. Staff were committed to providing the best service available for people with dementia.
- A framework for improvement has been laid out. Key performance indicators were discussed at the service's monthly clinical governance meeting. For example, safeguarding, incidents and complaints.
- Periodic service reviews had taken place to monitor the quality of the service with actions identified as relevant.