Tees, Esk and Wear Valleys NHS Foundation Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Trust Headquarters	RX301	Community Mental Health Team Scarborough	YO12 6DN
Trust Headquarters	RX301	Community Mental Health Team Whitby	YO21 1JH
Trust Headquarters	RX301	Community Mental Health Team Harrogate and Ripon	HG5 0UB
Trust Headquarters	RX301	Community Mental Health Team Hambleton	DL6 2NA

Summary of findings

Trust Headquarters	RX301	Middlesbrough Community Mental Health Services for Older People	TS4 3EB
Trust Headquarters	RX301	Teesside Intensive Community Liaison	TS4 JEB
Trust Headquarters	RX301	Derwentside Community Mental Health Services for Older People	DH8 0NB
Trust Headquarters	RX301	Easington Community Mental Health Services for Older People	SR7 0BG
Trust Headquarters	RX301	Darlington Acute Liaison Team	DL3 6HX
Trust Headquarters	RX301	Durham Acute Liaison Team	DH1 5RD

This report describes our judgement of the quality of care provided within this core service by Tees, Esk and Wear Valleys 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 Tees, Esk and Wear Valleys NHS Foundation Trust and these are brought together to inform our overall judgement of Tees, Esk and Wear Valleys 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

The services had reliable systems, processes and practices in place to keep people safe and safeguard people from abuse. There was an openness and transparency about safety. Staff understood their roles and responsibilities to raise concerns and report incidents and near misses.

Individual and environmental risks were monitored and managed appropriately. Comprehensive risk assessments were carried out for people who used the service and risk management plans developed in line with national guidance. Monitoring and reviewing risks enabled staff to understand risks and give a clear, accurate and current picture of safety.

There was a holistic approach to assessing, planning and delivering care and treatment to people who used the services. People's individual care and treatment was planned using best practice guidance with the outcomes being monitored to ensure changes are identified and reflected to meet their care needs.

Consent practices and records were monitored and reviewed to improve how people were involved in making decisions about their care. People's consent to care and treatment was sought in line with legislation and guidance of the Mental Capacity Act 2005. People who were subject to the Mental Health Act 1983 were assessed, cared for and treated in line with the Mental Health Act and Code of Practice.

Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were supported by means of supervision and appraisal processes, to identify additional training requirements and manage performance.

Feedback from people who used the services was positive about the way staff treated people and their families. People were treated with dignity, respect and compassion whilst receiving care and treatment. People and the ones who were close to them were involved in their care decisions. People and their families or carers told us they were supported emotionally during the care and treatment process.

Services were planned and delivered to take into consideration people's individual needs and circumstances. Access to care and treatment services was timely. Waiting times, delays and cancellations were minimal and managed appropriately.

The services managed complaints and concerns effectively; they listened to people's concerns with a view to improve the services being provided.

The services had a good structure, processes and systems in place to monitor quality assurance to drive improvements.

The services had the processes and information to manage current and future performance. The information used in reporting, performance management and delivering quality care was timely and relevant. Performance issues were escalated to the relevant monitoring committee and the board through clear structures and processes.

Summary of findings

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

Are services safe?

Good

We rated the community based services for older people as **'Good'** because:

- There were good staffing levels and skill mix planned and reviewed to ensure people received safe care and treatment.
- Staff managed and responded to changes in identified risks to people. People were risk assessed using the functional analysis of care environments tool.
- Staff we spoke with had safeguarding training and understood their responsibilities in raising concerns or alerts. They knew the procedure to escalate and report concerns.
- The service had good systems in place for reporting incidents and serious untowards incidents and for the investigation and feedback of any lessons learnt. Staff we spoke with understood their responsibilities in reporting incidents.
- There was a lone worker policy in place and staff had personal alarms.
- The 10 community based services we visited mainly had a safe environment which was suitable for delivering care to older people. The service moved into the premises in August 2014 and had no evacuation fire drill testing in place.

Are services effective?

Good

We rated the community based services for older people as **'Good'** because:

- People had their needs assessed and their care planned and delivered in line with best practice.
- People's outcomes of care and treatment ere routinely monitored.
- Staff had the correct qualifications, skills, knowledge and experience to deliver care and treatment.
- Arrangements were in place to support staff by means of clinical and management supervision, appraisal, handovers and team meetings.
- Multi-disciplinary teams managed the referral process, assessments, ongoing treatment and care by discussing best treatment and pathway options for individuals.

Summary of findings

- Care records contained up to date, individualised, holistic, recovery oriented care plans.
- The multi-disciplinary teams collaboratively developed the care plans for functional and organic patients.

Are services caring?

Good

We rated the community based services for older people as **'Good'** because:

- People who used the services told us that staff engaged with them in a caring, compassionate and respectful manner.
- People who used the services, carers and family members spoke positively about the support of regular appointments from the service.
- People who used the services, carers and family members told us they felt involved in the decisions about the care and treatment planned.
- People who used the services were supported to manage their own health and independence were possible.
- Care plans included carer support.
- Information leaflets were provided to carers to explain particular information in more detail.

Are services responsive to people's needs?

Good

We rated the community based services for older people as **'GOOD'** because:

- Services were planned and delivered to meet people's needs. An individualised approach was taken to consider people's care needs and cultural requirements.
- People who used the service had access to care and treatment in a timely manner.
- Concerns and complaints were listened and responded to appropriately. Lessons were learnt to improve the future quality of care and treatment.

Are services well-led?

Good

We rated the community based services for older people as **'GOOD'** because:

- There where clear team objectives which reflected the provider's values and strategy.

Summary of findings

- Staff knew who the executive and senior management team where as they were visual within the organisation.
- There was a good meeting structure in place to escalate and cascade information through all levels of staff. This included management, review and improvements of risks, incidents and performance monitoring.
- Staff understood their roles and responsibilities, including accountability. Staff felt respected, valued and supported by the management team and their peers.
- People who used the services views' and experiences' were gathered to drive performance.

Summary of findings

Background to the service

1. The Middlesbrough community mental health team (CMHT) provided mental health assessments for people living within the Middlesbrough locality who have memory problems or who have other mental health needs. The service had a memory clinic that assessed and diagnosed people with dementia. They provided on going support to the people who used the services and their carers or family members. The team accepted referrals for people who are predominantly aged 65 and over.

2. Teesside intensive community liaison service offered prompt comprehensive assessment and interventions for individuals who lived in the community and in care homes.

The team operated 365 days a year from 8am to 8pm to provide services to people aged 65 and over with mental health needs. It also provided care to people under 65 years if the services determined their needs would be best met by the mental health services for older people instead of the adult services. An example would be young onset dementia in later stages.

Interventions are designed to support people with acute mental health needs and behaviours that challenge. This included support for carers and family members, with the aim of reducing or avoiding a breakdown in care.

3. CMHT Hambleton is a community mental health team for older people. Its multi-disciplinary team provided mental health care for older people within the community. It provided a wide range of treatment aimed at supporting people with mental health needs. The teams worked closely with GP practices. It aimed to supplement and support the primary healthcare teams and to offer specialist mental health support to address peoples' identified needs. They undertook initial assessments to understand how they could meet the people's needs who used the service. This support included further appointments with a psychiatrist, psychologist, community mental health nursing support and occupational therapy support. They offered assessment of functional ability and the subsequent maintenance and restoration of these daily living skills.

4. Scarborough and Whitby CMHT offered assessment and care for people, mainly over the age of 65 with mental health needs. Once a referral had been made to the team an initial appointment either in the person's home or at an outpatient clinic was arranged. A series of appointments were usually arranged and spread over several weeks. During this time the team would assess the person's physical and mental health needs. This involved staff talking with the individual about their symptoms or problems affecting them and the people closest to them. During the assessment period the person may see a range of staff; this may include a doctor, nurse and work collaboratively with social services.

5. CMHT Harrogate and Rippon team served people residing in the Harrogate and Wetherby district and rural districts which included Knaresborough, Ripon, Boroughbridge, Niddlerdale and Masham. The team provided a service for people aged 65 and over with severe or acute mental health needs functional or degenerative organic illness.

This included people with

• Moderate or severe dementia who had significant and complex needs who require specialist input.

• Severe and persistent mental health needs associated with disability, psychoses and depressive illness.

• Any disorder where there is significant risk of self-harm or harm to others.

• Mental health needs requiring skilled or intensive treatments not available in primary care.

• Complex problems of management and engagement and severe disorders of personality, where these can be shown to benefit by continued contact and support.

The service includes a specialist younger dementia team for people under the age of 65 with an early onset dementia.

6. Derwentside community mental health service is for older people who living with depression, anxiety, dementia and other mental health illness and also had complex physical health problems or related frailty.

Summary of findings

The team provided a range of services including

• Memory services, including diagnosis of dementia.

• Monitoring of medication.

• Carer education.

• Specialist assessments from nursing and medical staff, occupational therapy, psychology and physiotherapy.

• Assessment of mood, anxiety and other symptoms of mental health illness.

People are given treatment and support to help them to recover or manage mental ill health, and the service also work closely with people with enduring mental health problems.

7. Easington community mental health service covered Seaham, Easington, Peterlee and surrounding villages and was for older people who are living with depression, anxiety, dementia and other mental health illness and also have complex physical health problems or related frailty.

This included those people living in 24 hour residential and nursing settings.

The team provided a range of services including

• Memory services, including diagnosis of dementia and monitoring of medication.

• Carer education.

• Specialist assessments from nursing and medical staff, occupational therapy, psychology and physiotherapy.

• Assessment of mood, anxiety and other symptoms of mental health illness.

People are given treatment and support to help them recover or manage mental ill health. The service also works closely with people with enduring mental health problems.

The service operated seven days a week, 9am-5pm, with flexible arrangements according to the needs of the person.

8. Darlington and Durham acute liaison teams respond to and provides a comprehensive psychosocial assessment of people who presented at or are admitted into the acute general hospitals across the County Durham and Darlington area. This included accident and emergency departments, wards and departments and into community hospitals.

Working with clinical ward staff, the person and their carers, the service support assessment and diagnosis, and develop care plans for the treatment and interventions needed to manage the person's psychiatric needs.

The service support staff in acute hospitals by helping them to build on and increase their skills and competencies in the early detection of mental health problems and the management of people with mental health needs.

The acute liaison teams also provide a link to the community and inpatient mental health services enabling a seamless service to be provided, including the arrangements for after care, where this is required.

The teams delivered support to acute and community hospital staff to help them identify potential mental health issues and to manage them appropriately by developing their knowledge and skills in mental health.

They promote assessments and interventions that

- Reduce the length of stay and improve discharge decision making for people with mental health issues
- Divert people from admissions, including those attending A&E with mental health and substance misuse problems.
- Increase the number of people discharged to their own home (or to the care home they were admitted from) and actively help to do this.
- Take action, tailored to individual needs, for people with medically unexplained physical symptoms.
- Respond rapidly to support people who self-harm.

Our inspection team

Our inspection team was led by:

Chair: David Bradley, Chief Executive for South West London and St Georges Trust

Summary of findings

Team Leader: Jenny Wilkes, Head of Hospital Inspection, Care Quality Commission

The team that inspected the community based services for older people included CQC inspectors and a variety of specialists: consultant psychiatrist, a mental health nurse, a mental health social worker and an occupational therapist.

Why we carried out this inspection

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

How we carried out this inspection

The inspection took place across a range of the community-based mental health services for older people. The sample size inspected was ten of the services based within the community which included community mental health teams, intensive community liaison and acute liaison services.

During this inspection we spoke with 10 people who used the service and one carer. We spoke with 40 members of staff from a range of disciplines and roles. We looked at 27 care records. We attended two handovers and two CPA/MDT meetings.

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 held about the core service and asked other organisations to share what they knew. We carried out announced visits on 19 January through to 30 January 2015. During the visit we held focus groups with a range of staff who worked within the service, such as senior managers, doctors, nurses, support workers and allied health professionals. We reviewed care or treatment records of people who used the service. We talked with people who used the services and their carer or family members to ask them to share with us their experience of care from Tees, Esk and Wear Valleys NHS Foundation Trust.

What people who use the provider's services say

The carer we spoke with described the service as "terrific" and they told us they really appreciated the support provided by the service.

People told us staff treated them with dignity, respect and compassion. They felt involved in the decisions about their care and treatment.

People and their carers told us that access to the service was good and support was given when needed in a crisis situation.

Good practice

- Middlesbrough CMHT showed us information on the recovery support groups which had been developed by the psychologists and run by a qualified nurse with a support worker. The CMHT set up the first recovery group in Middlesbrough and all recovery groups were linked to the trust's recovery college, 'cognitive

stimulation therapy pathway'. This was available for dementia patients and developed by a student nurse on a placement. All student nurses were now required to produce a service improvement project as part of their placement.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should ensure the environment is safe for people to visit for treatment and care. At the Old Vicarage the staff should ensure the doors which should be kept locked at all times are locked to protect people who use the services. The hot water geyser next to the patient area is a risk to people who use the service. The geyser needs to be in a restricted access area to minimise the risks.
- The provider should ensure that all teams and staff members have clinical and management supervision. At Derwentside supervision had not been occurring for functional community psychiatric nurses.

Tees, Esk and Wear Valleys 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
Community Mental Health Team Scarborough	Trust Headquarters
Community Mental Health Team Whitby	Trust Headquarters
Community Mental Health Team Harrogate and Ripon	Trust Headquarters
Community Mental Health Team Hambleton	Trust Headquarters
Middlesbrough Community Mental Health Services for Older People	Trust Headquarters
Teeside Intensive Community Liaison	Trust Headquarters
Derwentside Community Mental Health Services for Older People	Trust Headquarters
Easington Community Mental Health Services for Older People	Trust Headquarters
Darlington Acute Liaison Team	Trust Headquarters
Durham Acute Liaison Team	Trust Headquarters

Detailed findings

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.

Overall we found good evidence to demonstrate that the MHA was being complied with.

People told us about how they could access advocate services if they wanted assistance. They discussed consenting to their medication and the side effects.

Overall the services had effective systems in place to assess and monitor risks to individual people who were monitored under the Mental Health Act, such as a community treatment order or Section 17 leave.

Mental Capacity Act and Deprivation of Liberty Safeguards

Overall we found the services were compliant with the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguardings. There was a record and monitoring of mental capacity and consent with regular review of mental capacity assessments.

Staff we met with had a clear understanding of their responsibilities in undertaking mental capacity assessments and continuous monitoring to ensure health decisions were made based on mental capacity or in the best interest of the person.

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 the community based services for older people as **'Good'** because:

- There were good staffing levels and skill mix planned and reviewed to ensure people received safe care and treatment.
- Staff managed and responded to changes in identified risks to people. People were risk assessed using the functional analysis of care environments tool.
- Staff we spoke with had safeguarding training and understood their responsibilities in raising concerns or alerts. They knew the procedure to escalate and report concerns.
- The service had good systems in place for reporting incidents and serious untowards incidents and for the investigation and feedback of any lessons learnt. Staff we spoke with understood their responsibilities in reporting incidents.
- There was a lone worker policy in place and staff had personal alarms.
- The 10 community based services we visited mainly had a safe environment which was suitable for delivering care to older people. The service moved into the premises in August 2014 and had no evacuation fire drill testing in place.

Our findings

Safe and clean environment

The team locations we visited were clean and generally well maintained with a safe environment for delivering care.

The service moved into the premises in August 2014 and had not got an evacuation fire drill testing process in place.

Some building works were underway; we asked for the risk assessments and an action plans in relation to the building works but did not see sight of them as this was an area led by the estates department and not by the service.

At he Old Vicarage were Easington community mental health team (CMHT) was based, we spoke with the manager about a hot water geyser next to a patient area. The manager informed us that the estates department had carried out a risk assessment of this but they had not yet seen it. The manager advised they would follow this up with the estates department.

Locations had disability access throughout. Clinic and interview rooms where well positioned and fit for purpose. Medical emergency equipment was available and checked routinely.

There was a lone worker policy in place across the sites which promoted staff safety. To support this policy the teams had a sign in and out system where they advised reception staff of an expected return time. There was a member of staff responsible each day for checking the safety of all staff members before they left the office.

There was a personal alarm system in place for staff.

Safe staffing

Key Staffing Indicators (reported at core service level for teams visited)

Establishment levels of staff: (WTE)

462

Number of vacancies: (WTE) average over last 12 months

9%

Staff sickness rate average (%) in 12 month period

4.8%

Number of staff leavers in 12 month period

35

Staffing levels and skill mix were planned, applied and reviewed to keep people safe at all times. Any staff

Good

Are services safe?

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

shortages were responded to quickly and adequately. There were effective handovers and shift changes, to ensure staff can manage risks to people who used the services.

The service had low levels of usage of bank and agency staff.

Assessing and managing risk to patients and staff

At all sites that stored medications, they were stored appropriately in a securely lockable room within a locked cupboard. Staff had drugs cases for transportation of medication and portable sharps bins for safety of used needles. Stock levels of medication were audited on a weekly basis.

Risks to people who used the services were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health, medical emergencies or behaviour that challenges. People were involved in managing risks and risk assessments were person-centred, proportionate and reviewed regularly. FACE risk assessments were completed on each person on admission to the service and reviewed regularly to monitor any changes in risk. The risk assessments were electronically maintained. This risk assessment was a "live" document which was updated following any identified changes and a full review is held within the multi-disciplinary team meeting (MDT).

Risk assessments formed part of the initial assessment and was completed using the FACE tool. Risk assessments were reflected in the care plans and treatment interventions. If any risks were identified as changed then this would trigger a full review and case discussion within the MDT. The risk assessments were held electronically on the computer system, they were "live" documents which were reviewed and updated regularly.

Safeguarding vulnerable adults was given priority by the services. Staff took a proactive approach to safeguarding and focused on early identification. They took steps to prevent abuse from occurring, responded appropriately to any signs or allegations of abuse and worked effectively with others to implement protection plans. Safeguarding leads were identified within the teams. There was a trust policy and procedure in place. Safeguarding alerts were recorded on the incident reporting system, Datix and any local alerts were discussed at the team meetings or multi-disciplinary meetings.

There was active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations.

Reporting incidents and learning from when things go wrong

Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Staff were aware of the process for reporting incidents using the Datix system. The process had a 72 hour review for serious incidents as well as a de-briefing and support for staff. A trend analysis of Datix incidents were monitored by the trust's quality assurance group and fed back via the team meetings. Any lessons learnt were discussed at the team meetings as well as being supported via an email communication to all staff.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

We rated the community based services for older people as **'Good'** because:

- People had their needs assessed, care planned and delivered in line with best practice.
- People's outcomes of care and treatment were routinely monitored.
- Staff had the correct qualifications, skills, knowledge and experience to deliver care and treatment.
- Arrangements were in place to support staff by means of clinical and management supervision, appraisal, handovers and team meetings.
- Multi-disciplinary teams managed the referral process, assessments, on-going treatment and care by discussing the best treatment and pathway options for each individual.
- Care records contained up to date, individualised, holistic, recovery oriented care plans. Care plans are developed collaboratively for functional and organic patients.

Our findings

Assessment of needs and planning of care

Referrals were allocated on a daily basis, this meant there was no "referral wait" but it could take up to four weeks to be seen. Each referral was discussed and prioritised at the multi-disciplinary team MDT) meeting which took place each day.

Care plans contained up to date, personalised, holistic, recovery focused information to support the treatment pathway. A discharge summary was included within the care plan and a copy was sent onto the person's own GP.

The people who used services were cared for by the community teams in an out-patient like setting so there were no annual physical health care checks unless triggered by a specific need such as weight loss, this would trigger a dietician referral. At each appointment the person's pulse and blood pressure was taken.

The teams completed a physical health screen at the point of referral and people with physical health needs were signposted to the appropriate service. The teams linked in with GP practices over physical health needs.

Best practice in treatment and care

The liaison teams ran a range of groups including cognitive stimulation therapy and recovery groups. Talking therapies was also available.

The services followed a dementia pathway which was based on National Institute for Health and Care Excellence (NICE) guidance; this included cognitive stimulation therapy as part of the pathway.

The services used a range of outcome measures which included Health of the Nation Outcome Scales, Short Warwick Edinburgh Mental Well-being Scale, and Model of Human Occupational Screening Tool for occupational therapies, Patient Health Questionnaire for functional patients to ensure consistency with their GP measuring tools.

The liaison service was involved in a nursing forum which reviewed and discussed best practice along with how it can be implemented within the trust.

Skilled staff to deliver care

The services had access to a range of mental health disciplines which included psychiatrist, specialist and staff grade nursing staff, psychologists, occupational therapies, social workers, and community psychiatric nurses, consultant psychologists, advanced nurse practitioners, medical secretaries and administration support.

There was a core programme for mandatory training which included quality and diversity, fire, infection control, safeguarding children, safeguarding adults, health and safety and information governance.

The trust has an internal target of 95% for mandatory training. The services were meeting the training requirements as follows:-

- Equality and diversity 97%
- Fire 94%
- Infection control 91%
- Safeguarding children 98%
- Safeguarding adults 96%
- Health and safety 93%
- Information governance 95%

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 was a supervision tree in place to ensure the appropriate clinical and management supervision programme was effective. Supervision training had been delivered and met 95% completion. Supervision took place on a monthly basis apart from Derwentside CMHT. Derwentside CMHT told us clinical supervision took place 8 times a year and management supervision took place 5 times a year. Records reviewed support this but highlighted a problem with supervision not occurring for functional community psychiatric nurses. The team were reviewing this and implementing a supervision schedule.

The liaison service advised staff have quarterly supervision which included objective goal settings.

Multi-disciplinary and inter-agency team work

Services worked together to plan ongoing care and treatment in a timely way through the MDT meetings and handover structures which were in place. Care was co-ordinated between teams and services from referral through to discharge or transition to another service.

MDT meetings were used to collaboratively manage referrals, risks, treatment and appropriate care pathways options.

The CMHT teams linked in with the inpatient services for people who have been admitted under a section or informal to complete the 72 hour formulation.

Adherence to the MHA and the MHA Code of Practice

Overall we found good evidence to demonstrate that the MHA was being complied with.

People told us about how they could access advocate services if they wanted assistance. They discussed consenting to their medication and the side effects.

Overall the services had effective systems in place to assess and monitor risks to individual people who were monitored under the Mental Health Act, such as a community treatment order or Section 17 leave.

Not all staff had not been trained on Mental Health Act, the Code of Practice and Mental Capacity Act. Although staff we spoke with had a good understanding of how to apply the principles.

Consent to treatment and mental capacity requirements were adhered to.

People told us they had access to the independent mental health advocacy services and that staff supported engagement with the service.

Good practice in applying the MCA

Overall we found the services were compliant with the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguarding. There was a record and monitoring of capacity and consent which was regularly reviewed.

Staff we met with had a clear understanding of their responsibilities in undertaking capacity assessments and continuous monitoring to ensure health decisions were made based on mental capacity or the best interest of the person.

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 the community based services for older people as **'Good'** because:

- People told us that staff engaged with them in a caring, compassionate and respectful manner.
- People, carers and family members spoke positively about the support of regular appointments from the service.
- People, carers and family members told us they felt involved in the decisions about the care and treatment planned.
- People were supported to manage their own health and independence were possible.
- Care plans included carer support.
- Information leaflets were provided to carers to explain particular information in more detail.

Our findings

Kindness, dignity, respect and support

Feedback from people who used the service and their carers was positive about the way staff treated them. People told us they were treated with dignity, respect and kindness during all interactions with staff.

People told us staff understood their needs and respected their privacy and confidentiality.

The involvement of people in the care they receive

People were involved and encouraged to be part of their care and treatment decisions with support when it was needed.

Staff helped people and those close to them to cope emotionally with their care and treatment. People were supported to maintain and develop their relationships with those close to them, their social networks and community.

People were provided with copies of their care plans and it was recorded in the care records when a copy had been declined by the person with an explanation.

People with dementia and their carers were provided with information on Age UK regarding benefits, power of advocacy, lasting power of attorney and advanced decisions.

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 the community based services for older people as **'GOOD'** because:

- Services were planned and delivered to meet people's needs with an individualised approach taking into their cultural needs and complex needs.
- People had access to care and treatment in a timely manner.
- Concerns and complaints were listened and responded to appropriately. Lessons were learnt to improve the future quality of care and treatment.

Our findings

Access and discharge

Multi-disciplinary team (MDT) meetings took place daily to allocate referrals for initial assessment. If a person had been seen within the last year then an appointment was arranged for them within the trust's target of 28 days with a member of the team. New referral cases were discussed and allocated at the MDT meetings to ensure the best care pathway and treatment options were assigned to meet the individual's needs. If people were not previously known to services, a more senior member of the team would be allocated the person's initial assessment appointment to meet the trust's target of 28 days from referral.

The acute liaison teams also provided a link to the community and inpatient mental health services enabling a seamless service to be provided. This included the arrangements for after care, where this was required. They provided support to acute and community hospital staff to help them identify potential mental health needs and to manage them appropriately by developing their knowledge and skills in mental health.

Meeting the needs of all people who use the service

The service could access interpreters when required.

Easington CMHT had a prescription service where they transported the prescription to the people who used the service and only handed them to the named individual. This was controlled by a prescription log to manage the dispatch of prescriptions which were transported.

Dewentside CMHT had access to two lease vehicles which they used with their own drivers to transport patients to appointments. This meant they did not need to use the patient transfer service and allowed patients to receive a more flexible service.

Easington CMHT was involved in a pilot that had just been completed and evaluated with a positive outcome. The pilot included delivering services from GP surgeries which was led by a community nurse from the team. Referrals still went to a central team but are allocated to the nurse clinic at the GP surgery the following Friday. The nurse hosting the clinic had access to the electronic patient records so they could request any tests or investigations. The manager advised us that the pilot was successful and the trust is now working with other GP surgeries to roll out the same service.

The manager at Middlesbrough advised there was a recent review of the black minority ethnicity support within the community. The report analysed and made recommendations on how to improve the support. This is currently being reviewed for approval by the trust.

People with dementia and their carers were given information about Age UK regarding benefits, power of advocacy, lasting power of attorney and advanced decisions.

Listening to and learning from concerns and complaints

Complaints about the service were usually addressed at a local level to attempt a resolution. If a local attempt at resolution failed then it was escalated through the trust's formal complaints process and patient advisory liaison service. A complaint made through the formal process was monitored and feedback shared with all teams on improvements or lessons learnt. These were monitored through the trust's quality assurance group.

In the last 12 month period there has been one formal complaint reported at Darlington Community Mental Health Services for older people. This is still under review; so no learning had been shared at the time of our visit.

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 the community based services for older people as **'GOOD'** because:

- There where clear team objectives which reflected the provider's values and strategy.
- Staff knew who the executive and senior management team where as they were visual within the organisation.
- There was a good meeting structure in place to escalate and cascade information through all levels of staff. This included management, review and improvements of risks, incidents and performance monitoring.
- Staff understood their roles and responsibilities, including accountability. Staff felt respected, valued and supported by the management team and their peers.
- People's views and experience were gathered to drive performance.

Our findings

Vision and values

The trust's visions and strategies for the services were evident and most staff considered that they understood the vision and direction of the trust. Staff were able to tell us about specific initiatives such as the staff compact, which was an agreement between staff and the trust to provide high quality care.

Good governance

There was an effective governance framework in place to support the delivery of the strategy and quality assurance to drive performance improvement.

The performance management meeting covered the management and monitoring of training, CPA reviews, waiting time, data quality, ward stay information, clustering and payment by results. If there were any particular areas of improvement identified then the team manager had to produce an action plan. This was monitored by the performance management meeting until improvements have been met.

Teams held their own risk registers and could raise issues to put forward for the trust's risk register in order to escalate the matter up to the board.

There was a trust clinical audit programme in place. Results were displayed on notice boards within the team location offices. The quality assurance group managed and monitored the outcomes of the audits and services were required to provide action plans to meet any recommendations as a result of the audit outcome.

Datix incidents and complaints are also managed and monitored by the trust's quality assurance group to review lessons learnt and monitor themes.

Patient experience surveys and results were displayed in the clinic areas at most of the teams. Results of the surveys were discussed at the team meetings. Middlesbrough CMHT acknowledged there were some problems in capturing feedback from people who used the services on their experience. The team had taken some steps to include the development of dementia specific forms for use with dementia people to improve and capture their feedback. Following some of the feedback already received there was an agreement that from February 2015, administration staff would wear a specific type of blouse to enable people who used the service and their carers to distinguish between them and other staff when in the busy reception area.

The trust used shared agendas from trust board to service level meetings, down to team meetings. Minutes were shared on the trust drive to encourage openness and transparency.

Leadership, morale and staff engagement

Staff spoke of a strong culture of openness and honesty with effective processes in place to share lessons learnt via team meetings, de-briefings and the governance structure to communicate down through from the board to teams and upwards. Staff spoke of feeling valued and supported by the management and their peers.

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.

Sickness and absence rates across the service was an average of 4.8% Trust sickness rates had remained consistently above the national average rate of 4% over the past 12 months.

There was additional training in place to support the development of staff and quality of care. The services were meeting as follows.

- Dual diagnosis 95%
- Care programme approach and care co-ordination 96%
- Manual Handling 100%
- Medicines Management 94%
- Resuscitation 84%

Commitment to quality improvement and innovation

The services were involved in rapid process improvement workshops which looked at the number of out of date 6 monthly reviews. This led to a change in the way the team worked with the introduction of the allocations system.

Middlesbrough CMHT showed us information on the recovery support groups which had been developed by the psychologists and run by a qualified nurse with a support worker. The CMHT set up the first recovery group in Middlesbrough and all recovery groups were linked to the trust's recovery college, 'cognitive stimulation therapy pathway'. This was available for dementia patients and developed by a student nurse on a placement within the trust. All student nurses are now required to produce a service improvement project as part of their placement.