Surrey and Borders Partnership NHS Foundation Trust

Adult Community-based services

Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Trust Headquarters	RXXHQ	Community Mental Health Recovery Services (CMHRS) Guildford, Horizon Centre - Farnham Road Hospital, Guildford, Surrey.	GU2 7LX
Trust Headquarters	RXXHQ	Community Mental Health Recovery Services (CMHRS) Reigate and Banstead and Banstead, Shaws Corner, Blackborough Road, Reigate and Banstead, Surrey.	RH2 7DG
Trust Headquarters	RXXHQ	Community Mental Health Recovery Services (CMHRS) Elmbridge - Joseph Palmer Centre, 319a Walton Road, West Molesey, Surrey.	KT8 2QG

Summary of findings

Trust Headquarters	RXXHQ	Community Mental Health Recovery Services (CMHRS) Epsom and Ewell and Ewell - Farmside, Horton Lane, Epsom and Ewell.	KT19 8PB
Trust Headquarters	RXXHQ	Community Forensic Mental Health, Lake House, Guildford Road, Chertsey, Surrey.	KT16 0QA
Trust Headquarters	RXXHQ	Criminal Justice Liaison and Diversion Service, Farnham Road Hospital, Guildford, Surrey.	GU2 7LX

This report describes our judgement of the quality of care provided within this core service by Surrey and Borders 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 Surrey and Borders Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Surrey and Borders Partnership NHS Foundation Trust.

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

Surrey and Borders Partnership NHS Foundation Trust provides health and social care services for people with mental health problems, drug and alcohol problems and learning disabilities in Surrey and North East Hampshire. It supports children and young people, adults aged 18 to 65 years, adults with learning disabilities, and older people. We visited four community mental health recovery services (CMHRS) and two specialist service teams – the community forensic mental health team and the criminal justice mental health liaison and diversion team. These services were a sample of the trusts adult community based services.

The processes in place for staff to report incidents and alert safeguarding issues worked well. Staff learnt from incidents and complaints that directly related to their service and from other parts of the trust. Risk assessments were also comprehensive. We saw that there were some staff vacancies across the teams, but these were being actively recruited to, where needed, temporary staff were being employed.

Professionals worked well together to make sure that people's needs were met. Staff were also well supported through training, supervision and team meetings. Staff were skilled and knowledgeable, and were able to respond to people's individual needs and preferences although staff in the criminal justice liaison and diversion team needed training in how to support people with challenging behaviours.

Based on their individual need and assessed risk, people accessed the services through home visits or by attending the team base. The service had systems in place for monitoring the team's response when people were referred to a service. Where teams were not meeting targets, the service was taking action.

People received information about how to access help out of hours.

Staff were dedicated and said they were effectively managed and well-led. We also saw a supportive culture in the teams. People using the service, staff and others were able to provide feedback on the service.

Summary of findings

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

Are services safe?

There were systems in place for reporting incidents and learning lessons to prevent them from happening again.

Risks to people were identified through assessments, as well as the ongoing monitoring and review of people and risk management plans.

Staff demonstrated that they understood the procedures for safeguarding children and vulnerable adults, and the need to keep them safe.

Where there were staff vacancies, these were being filled to maintain safe levels of staffing.

Are services effective?

A range of assessment tools were used to carry out comprehensive assessments of people.

People had access to a range of therapies that reflected national guidance and best practice.

Recruitment was taking place to fill staff vacancies and, where needed, posts were being covered by temporary staff.

Staff had received a trust and local inductions and had access to continuing professional development.

We saw many positive examples of multidisciplinary and cross-agency working.

An accurate record does need to be maintained for medications stored at community team bases.

Are services caring?

Most people reported they felt listened to and they respected by the staff.

People felt supported and worked with staff to ensure that the treatment they received was what they wanted and needed.

The community teams do need to record if people are involved in the development of their care plan and ensure they are offered a copy.

Are services responsive to people's needs?

People received an individualised service that suited their needs. They could also access services across a number of different community sites.

Summary of findings

Complaints were taken seriously, investigated and responded to promptly, and staff learned from complaints.

Waiting times were measured to monitor the responsiveness of the services.

Are services well-led?

In general, adult community-based services were well-led. There were also systems in place for people and staff to engage with the work of the trust and give feedback to senior managers.

Staff were proud and committed to their work and aware of the future plans for the service.

Summary of findings

Background to the service

Surrey and Borders Partnership NHS Foundation Trust provides health and social care services for people with mental health problems, drug and alcohol problems and learning disabilities in Surrey and North East Hampshire.

Services are provided to children and young people, adults of working age, adults with learning disabilities, and to older people.

The trust has 24 locations registered with CQC. Thirteen locations are registered to provide social care to children and adults with learning disabilities. The remaining locations are registered to provide a range of healthcare services. Acute and older people's inpatient beds are provided at a number of locations: Farnham Road Hospital, West Park Epsom, Mid Surrey Assessment & Treatment Service, Ridgewood Centre, St Peters Site, and Willows, Woking Community Hospital. Services for people with learning disabilities are provided at Bramdean and April Cottage. Margaret Laurie House provides inpatient rehabilitation services. Community based services are registered to the trust headquarters in Leatherhead.

The trust was formed in 2005 and became a foundation trust in May 2008. It employs 2,300 staff across 56 sites, including nursing, medical, psychology, occupational therapy, social care, administrative and management staff. The trust is currently undertaking a programme of work costing £64m to replace, modernize or maintain its building stock which is a significant programme of change for the trust.

The trust serves a population of 1.3 million people. Deprivation in the population is lower than the national average, although some areas of deprivation do exist. Life expectancy is 6.3 years lower for men and 4.0 years lower for women in the most deprived areas of Surrey than in the least deprived areas. In Surrey, 9.7% of the population is non-White.

The trust works with partner agencies and the voluntary sector to provide a range of services. The services are delivered through four divisions:

- Mental Health Services for Adults of Working Age
- Mental Health Services for Older People and Specialist Services
- Services for People with Learning Disabilities
- Services for Children and Young People

Surrey and Borders Partnership Foundation NHS Trust's locations have been inspected on 51 occasions since registration across 29 of its locations. Reports of these inspections were published between April 2011 and March 2014. At the time the comprehensive inspection was undertaken the trust was non-compliant for at least one regulation at 20 of its locations. Of these locations 12 were non-compliant for the safety and suitability of their premises and 10 for the care and welfare of people who use services. Two locations were compliant for all regulations. Seven locations were no longer registered to provide services. This non-compliance was followed up across the relevant locations as part of this comprehensive inspection.

As part of our inspection of adult community-based services, we inspected four community mental health recovery services (CMHRS) and two specialist service teams: the community forensic mental health team and the criminal justice mental health liaison and diversion team.

The multidisciplinary teams comprise a range of professionals, including doctors, nurses, occupational therapists, and psychologists. Social workers are employed by the local authority, Surrey County Council. The teams are supported by trust and local authority administrators, and are based in either trust or local authority premises. Most staff are based in the community, and visit people in the community, for example their own homes, residential homes, supported housing or at team offices. In Epsom and Ewell CMHRS we saw that people could also be seen at a local resource centre.

Teams use a 'recovery' approach to empower people to people to take control over their lives. Services provided include:

- **Community mental health recovery services (CMHRS)** – this service focuses specifically on adults with severe and enduring mental health issues.
- **Community forensic mental health team** – this team provides mental health assessment and advice to police custody areas and magistrates courts. People

Summary of findings

using this service are adults aged 16 years and over, who live in Surrey or North East Hampshire. They have a diagnosis of mental illness and have either committed (or are suspected of, or alleged to have committed) a serious offence, or are deemed at risk of doing so.

- **Criminal justice liaison and diversion service (CJLDS)** – this team offers expert assessment of people who are detained in custody and are thought to have mental health problems. The team gives written or verbal reports to courts or the police.

Our inspection team

Our inspection team was led by:

Chair: Sheena Cumiskey Chief Executive Officer at Cheshire and Wirral Partnership NHS Foundation Trust

Team Leader: Jane Ray, Care Quality Commission (CQC)

The team of 50 people included CQC inspectors, Mental Health Act reviewers, and an analyst. We also had a variety of specialist advisors which included a consultant psychiatrist, nurses, junior doctors and social workers.

In addition, we were supported by five Experts by Experience who have personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected adult community-based services included a CQC inspector and a variety of specialists including a hospital director and specialists in community rehabilitation and forensic work.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health inspection programme. This trust was selected to enable CQC to test and evaluate its methodology across a range of different trusts.

How we carried out this inspection

To get to the heart of people who use services' experiences 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?

The inspection team inspected the following core services, which are inspected at each trust:

- Acute admission wards
- Health-based places of safety
- Psychiatric Intensive Care Unit
- Services for older people
- Adult community-based services
- Community-based crisis services
- Child and adolescent mental health services
- Services for people with learning disabilities or autism
- Long stay/rehabilitation services

We also inspected the Specialist eating disorder services provided by the trust.

Before visiting, we reviewed a range of information we hold about the provider and asked other organisations to share what they knew about the provider.

Summary of findings

Before the inspection visit took place, we met with five different groups of people who use the services provided by the trust. We also met with the trust's council of governors. They shared their views and experiences of receiving services from the provider.

Before and during the week of the inspection we undertook separate inspections at 10 social care services provided by the trust: Ashmount, Beeches Bungalow, Court Hill House, Derby House, Ethel Bailey & Oak Glade, Hillcroft, Larkfield, Redstone House, Rosewood and The Shieling. These inspections are reported on separately, although their findings are included in the 'well-led' section of this report.

We inspected all the acute inpatient services and crisis teams for adults of working age. We visited the psychiatric intensive care unit on Langley wing at Epsom hospital. We went to the three places of safety located in Langley Wing, Epsom General Hospital, Wingfield ward, Ridgewood Centre, Frimley and St Peter's Hospital.

We also inspected the inpatient and some community services for older people. We visited a sample of community teams across a range of services, including services for adults, services for people with learning disabilities, and services for people with eating disorders,

During our visit the team:

- Held focus groups with different staff members such as nurses, student nurses and healthcare assistants, senior and junior doctors, allied health professionals and governance staff.
- Talked with patients, carers, family members and staff.
- Looked at the personal care or treatment records of a sample of patients.
- Observed how staff were caring for people.
- Interviewed staff members.
- Reviewed information we had asked the trust to provide.
- Attended multi-disciplinary team meetings.
- Collected feedback using comment cards.

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

What people who use the provider's services say

We reviewed the trust's 'your views matter' surveys from April 2013 to March 2014, for which there were 341 responses. While feedback for community services was more positive than for the inpatient wards, overall most people were satisfied with the services. Some actions were identified, for example to improve people's involvement in their care plans, to be involved in decision about their medication and to receive copies of their care plans.

Results from the 2013 community mental health patient experience survey showed that most people were satisfied with the service they received. However, 47.5% of respondents stated that they were not given a chance to talk to their care coordinator about what would happen before their review meeting.

Good practice

- The criminal justice liaison and diversion service was an innovative service and had provided specialist mental health awareness training to police custody officers.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

Actions the provider SHOULD take to improve:

- The trust should make sure that staff working in the criminal justice liaison and diversion service, have received training on how to work with people who have challenging behaviours.
- The trust should make sure that accurate records are maintained for medicines stored at community team bases.
- The trust should make sure that community teams record whether people are involved in the development of their care plans, and that people are offered a copy of their care plan.

Detailed findings

Surrey and Borders Partnership NHS Foundation Trust

Adult community-based services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Community Mental Health Recovery Services (CMHRS) Guildford	Trust Headquarters
Community Mental Health Recovery Services (CMHRS) Reigate and Banstead and Banstead	Trust Headquarters
Community Mental Health Recovery Services (CMHRS) Elmbridge	Trust Headquarters
Community Mental Health Recovery Services (CMHRS) Epsom and Ewell and Ewell	Trust Headquarters
Community Forensic Mental Health Team	Trust Headquarters
Criminal Justice Liaison and Diversion Service (PCJLDS)	Trust Headquarters

Mental Health Act responsibilities

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

Each community mental health recovery service (CMHRS) had allocated approved mental health professionals (AMHP) who were available to coordinate assessments under the MHA, if necessary. Senior AMHPS worked across teams giving support and supervision.

Team managers stated that, where needed, they liaised with the mental health administration team.

Detailed findings

In addition, the staff provided supervision and statutory reports for people placed on community treatment orders (CTO) or who were subject to a conditional discharge (MHA section 41).

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had been trained in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Training logs showed that refresher training was available every three years.

The service manager for the community mental health recovery service (CMHRS) told us that a new training provider was now providing MCA training and staff were in the process of undertaking the new training. This had been identified in mental health division meetings with senior managers as a need.

We saw some examples in CMHRS of capacity assessments completed by staff, for example to establish if someone had capacity to make a decision about their accommodation. The assessment was not detailed on the electronic patient records RiO, but was found elsewhere.

We could not find MCA assessments for people where it was identified that they lacked capacity to manage their finances and the trust held 'appointeeship' for them. The CMHRS service manager told us that the local authority staff undertook these assessments and held the records.

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

There were systems in place for reporting incidents and learning lessons to prevent them from happening again.

Risks to people were identified through assessments, as well as the ongoing monitoring and review of people and risk management plans.

Staff demonstrated that they understood the procedures for safeguarding children and vulnerable adults, and the need to keep them safe.

Where there were staff vacancies, these were being filled to maintain safe levels of staffing.

Our findings

Adult community-based services – community mental health recovery service

Track record on safety

Staff knew how to correctly report serious incidents so that they could be shared with senior staff to make sure that they were investigated promptly.

The trust reported a total of 86 serious incidents and 43% (37) of these were related to the adult mental health division. Of these serious incidents 41% (15) occurred in the patients home and were known to the CMHRS services.

Learning from incidents and improving safety standards

CMHRS managers received information about serious incidents and the learning from them through attending the quality action group meetings. There was a trust lead for suicide prevention who was arranging an ongoing series of seminars to learn from previous incidents. One manager told us they had attended a multi-agency suicide prevention panel, which had provided valuable learning that was then fed back to teams.

Staff shared examples of learning from serious incidents and investigations that that had taken place in their team or were relevant for their work. They referred to being kept informed through use of e-bulletins, team meetings, reading investigation reports and through individual supervision.

Debriefing sessions took place following an incident and staff spoke about using these to reflect on their own behaviour and learning needs in response to incidents, to learn from and prevent a recurrence.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff we spoke with had a clear understanding of safeguarding and their responsibilities in relation to identifying and reporting allegations of abuse. All the staff we spoke with knew who the safeguarding lead was and felt able to contact them for advice when needed. Systems were in place for managers to review referrals and reports from the police and crisis service to screen for safeguarding children and vulnerable adult concerns. Safeguarding issues were discussed in supervision and team meetings. The risk summaries we saw identified any safeguarding issues. Safeguarding surgeries also took place for staff to raise issues and get advice.

The training records confirmed that staff had received training in safeguarding. Staff across CMHRS reported having had a recent disclosure and barring service (DBS) check to make sure that they were safe to work with vulnerable people.

Assessing and monitoring safety and risk

In the care records we reviewed, we saw that the risks that people presented to themselves and others had been assessed and reviewed regularly to make sure that people received appropriate support. Risk management plans detailed the actions that were needed to minimise the risk to the individual and any triggers/risk behaviours that people needed to be aware of, and strategies for coping with these. In addition, people had crisis contingency plans identifying identifying any indicators of a relapse and management plans. The staff told us that risks were reviewed each time they had contact with a person, and in case management meetings and Care Programme

Are services safe?

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

Approach (CPA) meetings. This ensured that the level of support and treatment people received was monitored and adapted to any changes in the person's mental health or social circumstances.

Across the CMHRS, staff told us there were adequate levels of staffing. Staff at Elmbridge reported that there had been staffing vacancies, which had impacted on the team, for example in terms of carrying increased case loads and not having time to undertake training. In addition, staff had been 'acting up' to cover the manager role until April 2014 when a person came into post. We found that in the last year the trust's risk register had identified high risks for CMHRS Elmbridge and Guildford because of staffing vacancies. We found that action had been taken by the trust to address this. Elmbridge CMHRS still had 2.5 staff vacancies, but a locum was employed and the part-time vacancy was to be filled soon by a new starter. They were undertaking recruitment and staff reported things had significantly improved.

Understanding and management of foreseeable risks

Each CMHRS had systems for reviewing referrals to determine if an urgent response was needed. For example, Elmbridge CMHRS held a daily multidisciplinary team meetings. Each CMHRS had a rapid assessment system where identified workers and 'back-up' staff were available for urgent visits and appointments. Systems were in place to review people who did not attend appointments. These ranged from telephone contact, to home visits and sending of letters to ensure they were not at risk. Information was sent to the person's GP to keep them informed.

Additionally across the CMHRS there were weekly multidisciplinary team meetings with a traffic light system for staff to discuss people where they had concerns about the level of risk they may pose to themselves or others. We saw that staff could refer cases to the trust risk management panel for information and advice for complex cases where risks were escalating.

Within the CMHRS, there was a lone working policy and trust guidelines that staff were aware of. There were also local CMHRS arrangements so that staff knew when other staff were visiting people in their home to ensure staff were safe. Each situation was risk assessed, staff carried mobile phones and joint visits of two professionals took place where necessary.

CMHRS managers took part in the trust out of hours on-call rota. CMHRS had emergency contingency plans in place which were routinely updated.

Adult community-based services – community forensic mental health team

Track record on safety

Staff knew how to report incidents. There had not been any identified recent serious incidents for this team.

Learning from incidents and Improving safety standards

Staff discussed with us examples of learning from serious incidents through team meetings.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

There were low staff vacancy levels in the team and the team was well established with 12 multidisciplinary professionals and two administrators. Staff reported caseloads of approximately 12 people and the team supported approximately 36 people in the community and 68 people in hospital. We found that staff also worked across other teams such as probation, drug and alcohol teams and early psychosis intervention teams. We found there were low staff sickness rates.

Assessing and monitoring safety and risk

Staff documented their risk assessments of people using the trust risk summary formats. These risk assessments were updated at least once a year although three out of the ten risk summaries we checked had been updated more regularly. There was no evidence to suggest that people's current risk had not been documented. Staff undertook close monitoring and review of people they worked with for example the consultant told us they reviewed people monthly and people in hospital were regularly visited.

Staff had strong working relationships with the local multi agency public protection arrangements (MAPPA). The MAPPA strategic management board (SMB) is chaired jointly by police and probation to ensure the successful management of violent and sexual offenders. MAPPA additionally had links with local Safeguarding Children and Adults Boards. Staff we spoke to understood the process for reporting any safeguarding children or vulnerable adults concerns.

Are services safe?

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

Understanding and management of foreseeable risks

Staff used the lone working policy and told us they kept their diaries online so staff could track their availability and location as required. There were systems in place for two staff to undertake visits where needed and for staff to check in with the team after visits.

Adult community-based services – criminal justice liaison and diversion service

Track record on safety

Staff knew how to report incidents. There had not been any identified recent serious incidents for this team.

Learning from incidents and Improving safety standards

Staff discussed with us examples of learning from serious incidents. Some staff had undertaken investigations for incidents in other teams. We saw that these were discussed and recorded within team meeting minutes.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff we spoke with had a clear understanding of safeguarding and their responsibilities in relation to identifying and reporting safeguarding issues. There was an identified safeguarding lead for their area and staff felt able to contact them for advice when needed. Safeguarding issues were discussed in supervision and team meetings.

There were 11 staff in the team (five full time) covering a seven day service. Two staff were newly recruited in response to service needs. Regular bank staff were used weekly mainly from the community forensic mental health team. The manager stated that, band six nursing staff were proving difficult to recruit. There was a low staff sickness rate.

Assessing and monitoring safety and risk

The electronic patient record gave staff easier access to multi-disciplinary records to be able to review information held about people such as current concerns about risks**.** We saw that risks people presented to themselves and others had been assessed.

Understanding and management of foreseeable risks

Staff used the lone working policy. One new member of staff said they had not received training on how to support people with challenging behaviours. People were often seen in custody or court in secure conditions with other staff nearby therefore risks of assault were reduced. However it is important that staff have the training and skills and knowledge to feel confident to deal with people with challenging behaviour.

Are services effective?

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

Comprehensive assessments of people were carried out using a range of assessment tools.

People had access to a range of therapies that reflected national guidance and best practice.

Recruitment was taking place to fill staff vacancies and where needed posts were covered by temporary staff.

Staff had received a trust and local induction and had access to continuing professional development.

There were many positive examples of multi-disciplinary and cross agency working.

An accurate record does need to be maintained for medications stored at community team bases.

Our findings

Assessment and delivery of care and treatment

On referral to the CMHRS an assessment was offered and then where appropriate people were allocated a care coordinator. Staff referred to carrying out "holistic" assessments considering people's mental health and social circumstances, also their history and current presentation. Multi-disciplinary assessments and discussions took place following initial referrals to screen and identify the level of urgency and response required. Risk factors such as homelessness or substance misuse were also considered.

Care plans were developed for people's needs using the care programme approach (CPA). People's physical health needs were identified in Health Assessment Action Plans. The care records also showed that people were supported to attend appointments and see specialists.

We noted that there was not one integrated system to record assessments and care plans for example at Reigate and Banstead CMHRS staff reported using the self-directed support assessment as a framework.

CMHRS provided a range of therapeutic interventions in line with National Institute of Health and Clinical Excellence (NICE) such as mindfulness and cognitive behavioural therapy. Additionally groups included using nationally recognised approaches such as STEPPS (systems training for emotional predictability and problem solving), wellness recovery action planning (WRAP) and groups supporting people to develop coping skills. Groups were set up according to people's needs identified by individual CMHRS such at the 'rumination group' at Elmbridge.

Outcomes for people using services

CMHRS had various ways for measuring outcomes of people using the service. For example staff used the health of the nation outcome scales problem rating tool to measure the health and social functioning of people with severe mental illness as part of reviewing people's care and treatment needs. Staff at Epsom and Ewell reported use of the generalised anxiety disorder questionnaire (GAD-7) and the patient health questionnaire (PHQ9) a self-assessment tool used by practitioners to assess people's depression.

Guildford CMHRS had developed 'a new horizons pathway' supporting people for example to increase their roles and occupational participation to enable discharge from the CMHRS.

Staff, equipment and facilities

Managers across adult community services and the specialist teams had systems in place to track staff attendance at mandatory and statutory training. New and temporary staff confirmed they had attended induction training including 'shadowing' opportunities. CMHRS presented a learning culture with students on placement receiving support from onsite mentors and a trust practice placement facilitator. Staff told us they had access to training and could keep up-to-date with their continued professional development. Examples of receiving specialist training for their role included suicide prevention and courses for staff to learn how to take blood samples relating to monitoring patients who took clozapine medication. In March 2014, the trust's health and wellbeing committee identified an increase of violence towards staff. CMHRS staff told us they all receive training in de-escalation and have support from the local security manager.

We found systems were in place to review the CMHRS facilities and equipment. For example health and safety audits of working environments were regularly undertaken. Guidance was available for staff on infection control and dealing with accidents such as sharps injuries. At Guildford CMHRS premises it was not clear that records were held when people entered the building as part of fire safety procedures, however staff took immediate action to address this. We received some fire drill proformas. Also

details of who the first aider was not apparent. At Reigate and Banstead we noted a four minute delay in responding to a panic alarm going off, the manager advised that action would be taken to prevent a reoccurrence.

We found that where CMHRS had a depot or clozapine clinic equipment such as ECG machines were available to check on people's physical health.

However medication monitoring systems varied. At Reigate and Banstead medication was well organised with clear records however we found at Guildford that records relating to the storage of medications were not available.

We had received some negative feedback from people using the service regarding Reigate and Banstead CMHRS environment. We found that the building was not purpose built and had limited storage however the decor and furnishings had recently been updated. At Epsom and Ewell CMHRS staff offices were located in a different building to where interviews and assessment of people took place. The service manager told us that as part of the trust hub strategy, premises were reviewed to ensure locations were "fit for purpose" and alternative premises for Reigate and Banstead were being investigated as a priority. Centralised community 'hubs' were being set up with a range of community services together onsite.

Multi-disciplinary working

Staff spoke positively about integrated working and about being part of a multi-disciplinary team. CMHR staff spoke about a range of cross team and interagency working. They reported good links with home treatment teams and joint working when people were due for discharge from hospital or in crisis. Other examples of working with other teams included the eating disorder and community drug advisory services, community forensic mental health team when people had specialist needs. Staff liaised with the enabling independence service a county-wide service promoting recovery, independence and social inclusion and supporting people. Systems were in place for staff to assess and support people to access self-directed support.

A carer reported a lack of communication between the GP and consultant and team members not always listening to people. Staff reported good links with GP and having worked with them to ensure more effective referral systems. Staff had contact with agencies such as the police for example when requesting 'welfare checks' on people. Staff liaised with voluntary agencies such as the Richmond Fellowship as part of supporting people to get back into employment or with accommodation. Or the LA housing department when people were homeless. Staff could contact the Citizen Advice Bureau when people needed support with benefits or debts.

Adult community-based services – community forensic mental health team

Assessment and delivery of care and treatment

We saw that there were systems for people to be assessed and care plans to address issues identified.

Outcomes for people using services

Staff used specialist evidenced based practice risk assessment tools. Regular multi-disciplinary reviews took place enabling staff to assess and monitor people.

Staff, equipment and facilities

Whilst staff had an office base, the majority of their work took place off site. Consequently, staff were equipped with devices such as smart phones, laptop computers, and voice recognition systems so they access records easily when away from the office. Staff used a hot desk system of sharing workstations.

The statutory training log identified five out of nine staff achieving 50% or less and this was confirmed by the manager. However staff reporting having good access to training as part of their continued professional development to maintain their professional registration. Examples of specialist training for their work included mindfulness and cognitive behavioural therapy so they had those skills available to support people using the service. A staff member told us they had not had training to support them in working with people who had challenging behaviours.

Multi-disciplinary working

Staff spoke of partnership working with a range of professionals and agencies such as having good links with the criminal justice systems, courts, prisons, probation service and independent hospitals. Staff said they had attended a Ministry of Justice 'open day' to learn more about their work. A Consultant psychiatrist was employed by the trust to work with people placed in a local independent secure hospital to ensure effective communication and transition back into trust services.

Adult community-based services – criminal justice liaison and diversion service

Are services effective?

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.

Assessment and delivery of care and treatment

Referrals were made to the PCJLDS from a range of people and agencies. For example from magistrates, district judges, court cell managers, probation, youth support service, Surrey police, trust mental health staff. Staff attended Guilford and Redhill Magistrates Courts, Staines, Guildford and Salford custody centres and could receive referrals on site. Any assessments were shared with relevant court agencies.

Managers had a rota system for allocating staff to areas and had systems for prioritising the order of assessments. For example, checking that people were not intoxicated or under the influence of substances. Following assessment the CJLDS offered advice and guidance to police officers, magistrates and other criminal justice system professionals. This was in the form of a verbal or written report. This was then considered as part of determining the outcome for a person. Recommendations could include treatment or hospitalisation or advice on how to manage the person in court/custody or that they required an outpatient follow up.

Where staff identified that a person required an assessment under the Mental Health Act staff contacted AMHPS.The team kept records of this and identified this was only required for 7% of people seen.

Staff, equipment and facilities

New staff reported having access to an induction at a trust and local level. The manger had developed a starter pack for new staff detailing processes and procedures for their roles. Specialist training on presenting information in court was being investigated for the team

We received some feedback from a new staff member that that the human resources communication with them and recruitment procedure had been, "excellent."

Multi-disciplinary working

It was evident that staff worked with a variety of agencies and professionals. Staff spoke positively of partnership working. Staff reported effective working relationships with the police with joint working to develop the custody diversion service.

Staff from the CJLDS were nominated for and had won a trust staff achievement and recognition scheme (STARS) award for partnership working.

Are services caring?

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

Summary of findings

Most people reported they felt listened to and they respected by the staff.

People felt supported and worked with staff to ensure that the treatment they received was what they wanted and needed.

The community teams do need to record if people are involved in the development of their care plan and ensure they are offered a copy.

Our findings

Adult community-based services – community mental health recovery teams

Kindness, dignity and respect

Where we observed interactions with staff and people using the service we found that staff communicated with them in a calm and professional way. People we spoke with told us they staff were respectful and we saw mostly positive feedback from people who used the CMHRS in the trust survey. We heard staff taking about people using the service in a respectful compassionate manner.

People using services involvement

Several staff told us how they involved people in their care and treatment. We saw examples were people we encouraged to give their opinions and to raise any concerns about their care and treatment. CMHRS gave people 'welcome packs' which had a range of informative leaflets about the services they were going to use.

Care plans had sections for recording 'client's views' however these were not consistently completed. We found evidence of people being offered care plans and there were trust systems for monitoring this and this was a standard question on the 'your views matter' trust survey. From information available we saw that people fedback that this was not taking place consistently.

One person told us, that their care coordinator, "always asks me if they've correctly represented me in care plans. They explain the terminology. They ask me to sign it and I get a copy."

Emotional support for care and treatment

We received some mixed feedback from people who use services about the support they received from CMHRS. Most people were very positive about the support they received. One person said that a previous care co-ordinator had not supported them well but their current care co-ordinator, "Is a rare breed and has helped me immensely". Another told us, "I now believe that without all the carers and help from everyone, I would have been dead by now". Another person said that individual staff could be, "brilliant" but the quality of care was not consistent. One person told us staff were focused on prescribing as opposed to helping them with underlying care.

We saw examples of people's family and friend being identified in care plans. We saw that information was available to people about how to access advocacy services.

Information from the 'your views matter' trust survey indicated most people felt able to contact their care coordinator if they had a problem.

Adult community-based services –community forensic mental health team

Kindness, dignity and respect

During our inspection we met some people who used the service and observed appointments. We saw that staff communicated with people in a calm and professional way and ensured conversations were private. We observed and heard staff talking about people using the service in a respectful manner.

People using services involvement

We observed staff giving people opportunities to express their concerns and give feedback on the care and treatment received, with staff identifying actions for issues. Staff gave people choices about the service offered. We saw that people had been supported to get back into employment as part of using a recovery approach.

Emotional support for care and treatment

We met with people and carers attending a support group for co facilitated by Rethink voluntary organisation and received positive feedback about the group being supportive and helpful to them. Also that the service provided by the forensic team was effective.

Adult community-based services – criminal justice liaison and diversion service

Are services caring?

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

Kindness, dignity and respect

Staff talked to us about the ways in which they ensured they talked to people with dignity and respect when carrying out assessments.

People using services involvement

We saw from reports that people chose if they wanted to meet with staff for an assessment and team leaflets detailed that people had the right to refuse to see staff if they chose to.

Emotional support for care and treatment

During the assessment staff considered what staff a person might need. For example if an 'appropriate adult' with regards to the Police and Criminal Evidence Act 1984 was needed to give support and aid communication during police interviews or advocacy services.

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

People were able to access services across a number of different community sites. They also received a service that was individualised and suited their needs.

Complaints were taken seriously, investigated and responded to promptly, and staff learned from complaints.

Waiting times were measured to monitor the responsiveness of the services.

Our findings

Adult community-based services – community mental health recovery service

Planning and delivering services

Staff talked about the changes that had taken place to improve how the teams provided a service.

Examples of developments to improve the delivery of the CMHRS included at Elmbridge where staff were planning a depot clinic to reduce staff travelling time on visits and to more effectively incorporate physical health checks.

Right care at the right time

We received some mixed feedback from people about the flexibility of appointments. At Elmbridge a person told us that a staff member and had stayed at work late when they were in crisis and needed hospital admission. Another person reported staff were unable to see them outside of their scheduled appointments. Most CMHRS provided a service to people 9am to 5pm with flexibility for offering people assessment appointments outside the times. We saw Epsom and Ewell and Mole Valley CMHRS had piloted (on behalf of all the CMHRS) an extended service until 7 pm across the working week in response to people's feedback. If a person wanted an assessment by a certain gender of staff, then this would be accommodated. CMHRS managers took part in the trust out of hours, on call rota, dealing with any urgent queries as required.

We had some feedback from people that said they were not always allocated care coordinators. We checked this with CMHRS managers who told us that people were not allocated a care coordinator until after the initial assessment where it had been identified that the CMHRS would provide a service.

Urgent referrals have an assessment target of 5 days and this had been achieved 94% of the time in the last five months. Routine assessments have a target of four weeks for an assessment and this had been achieved 99% of the time in the last five months. Assessments could take place at different community team bases or in the person's home if necessary. People waiting for an assessment were signposted to the crisis helpline or the CMHRS duty services. Managers told us that following a serious incident, systems had been put into place to ensure that people were not allocated to the 'team' or managed by duty workers. There were systems to check when a staff member was on leave to ensure their case load was covered by another member of staff. Some CMHRS had started texting people appointments to improve communication with people and reduce the number of people not attending their appointments.

Letters and communication to people could also be provided in a person's own language or in large print for people with a visual impairment or easy read versions. Induction loops were available to use with people using a hearing aid. We saw that in some CMHRS waiting areas, televisions were available giving public information. Staff advised that they were able to access interpreter services where needed.

Care Pathway

CMHRS mainly received referrals from GPs additionally referrals were received via the local authority, police such as through vulnerable adult alerts, accident and emergency or other local agencies. CMHRS staff offered initial assessment and if not suitable for a CMHR service would signpost people to services.

Staff reported a cultural change in the CMHRS, whereas it used to be, "a service for life" now people were discharged when they no longer needed the service.

Staff talked about the challenge of maintaining contact with patients if they were admitted to an inpatient service a long way from their home. Some staff also talked about the challenges of accessing acute inpatient beds.

Are services responsive to people's needs?

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

Learning from concerns and complaints

Systems were in place such as suggestion boxes for people using the service, staff and others to make complaints and give feedback on the quality of care. CMHRS waiting areas held information about how people could make a complaint, receive support from the Patient Advice and Liaison service or appeal if they were unhappy with the outcome. The trust website gave additional information for people.

Thirty-nine complaints for CMHRS were received from in April 2013 to March 2014. There was a trust process for responding to complaints and an analysis of complaints and compliments. These were reviewed at CMHRS team meetings and actions taken. For example following some complaints they had ensured appropriate measures were in place to communicate directly with patients regarding referrals for psychological therapies when a person does not meet the criteria for a service.

Most people we spoke with told us that they felt able to raise complaints about their care and these were listened to. Staff understood the need to report any complaints and during our visit we observed staff responding to a complaint.

Adult community-based services – community forensic mental health team

Right care at the right time

The forensic team provided a service across the trust. A 'duty' system was in place with designated staff available for contact in an emergency.

The team had clear referral criteria and a weekly meeting reviewed referrals to ensure they were appropriate for the service. The team have promoted their work to raise awareness of their service. Staff from other teams praised the support offered by the consultant psychiatrist from the forensic team.

Care Pathway

Staff told us they worked closely with people while they were in hospital well in advance of their discharge to the community. If a person required an admission to a bed in a secure hospital this would be commissioned from the independent health sector. Team members routinely travelled out of area to see patients.

Learning from concerns and complaints

People and carers told us that staff were, "doing a good job" at present. Information was available on how to make a complaint but no complaints had been received by the team.

Adult community-based services – criminal justice liaison and diversion service

Planning and delivering services

The manager reported there was, "a high demand" for the service and that they covered across the trust and Surrey area. The team received 838 referrals from July 2013 to April 2014. A nine month service review had been undertaken at April 2014. Eighty three per cent of people referred were seen and where not seen, people either refused, were intoxicated or there were specific time constraints. The number of referrals had increased and this was attributed to staff and agencies having awareness of the service.

We saw the team was reviewing the team composition so it could be responsive. For example in April 2014 the team and introduced a court practitioner post to work with overnight courts. We saw that the trust was looking at creating a new staff post in preparation for liaising with immigration removal centres.

Staff had delivered specialist mental health awareness training to custody officers in response to a request to assist them to feel more competent in their work with people with mental health difficulties. They had received positive feedback from the custody staff that this was effective.

Right care at the right time

Staff provided a service across courts from 8:45 am to 4.45 pm (Redhill twice a week and Guilford three days a week). Staff provided a daily service throughout the year to Surrey custody suites from 7am to 7pm on a priority basis.

The team had put together a case study for the director as evidence of good practice so this could be reviewed and shared with other staff as part of developing their service.

Care Pathway

Staff carried out short term work and therefore did not provide a care coordinator role. The team immediately refers people to other services as required.

Learning from concerns and complaints

Systems were in place for people to make complaints. The team had not received any complaints from people.

Are services well-led?

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

Adult community-based services were generally well-led.

There were also systems for people who used the service and staff to engage with the work of the trust and give feedback to the trust's senior managers.

Staff were proud and committed to their work and aware of the future plans for the service.

Our findings

Adult community-based services – community mental health recovery teams

Vision and strategy

Staff felt that at a local level the service was well–led. They felt there was good communication and that meant staff working in the teams had an understanding of the vision and strategy of the trust.

Responsible governance

The trust had systems for auditing and benchmarking services. For example periodic service reviews were undertaken by staff from other services to evaluate the service provided. Staff considered them to be a positive process as staff from outside their teams reviewed their performance. However several CMHRS managers told us that staff were unhappy about some of the results and did not consider the methodology was effective as staff from the teams had not felt involved. A person likened it to a, "tick box" review.

Staff we spoke with were aware of wider governance processes such as information about their teams performance being reviewed at divisional meetings such as the quality action groups. They felt informed about the outcomes of these meetings and where their service needed to make improvements.

Leadership and culture

The managers of the Guildford CMHRS and Waverley CMHRS were observed to have strong leadership skills. Some managers of other teams were observed to have areas for development to ensure they are fully effective in all aspects of their role.

Staff said that their managers at service level were visible, accessible and approachable. Reference was made to the chef executive and board members undertaking 'walkabouts' at services. Other reference was made to having the opportunity to meet with them or "shadow" them to understand their role and work.

Engagement

The trust had a forum of carers and people who use services (FoCUS) with area group meetings giving opportunities for people who use services to get involved in the trusts work. Information encouraging people to become 'a member' to help influence how the trusts services were run were displayed on notice boards and at one CMHRS they referred to a person being on the board of governors.

Additionally the trust had developed a system for gaining more real time feedback from people through use of the 'your view matters' website where staff expressed their views using a tablet, comment cards or through the website

The staff told us they felt reasonably engaged with the work of the trust. Comments from staff included, "I feel part of and involved in change management where possible". Another staff member said that staff were encouraged to be, "creative and try new ideas".

Staff also talked about how they were kept informed through the trust newsletter and had seen senior staff doing walk-abouts.

The trust operated a staff achievement and recognition scheme, (STARS)' awards where people using the service, staff or others could nominate individual staff or a team who deserves special recognition for their work .Categories included 'leadership', 'involving people who use services and carers', 'creativity and innovation' with gold, silver and bronze wards. We noted staff from several CMHRS had won these awards.

Adult community-based services – community forensic team

Vision and strategy

We found that staff were aware of the trust visions and value. There was a range of information for staff such as posters and intranet information.

Are services well-led?

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.

Responsible governance

We received some mixed feedback from staff about contact with senior managers. Some reported a very visible trust board team. One staff member reported that the chief executive officer was a "good communicator" and felt they were kept abreast of information. Another reported that whilst they knew about the management of their service they did not know much, "about the bigger picture".

Leadership and culture

Staff comment's included, "It's a very good team to work with" and reported supporting one another. Staff referred to having good support from their colleagues and line managers and effective leadership. We learnt from a staff member that there had been a team building opportunities, to review the teams work and support required. There was an interim team manager in post. However it was not clear what actions were being taken to address staff meeting the targets for trust statutory training.

Engagement

Staff reported that they had regular team meetings and could give feedback during them and in supervision. Staff said they were aware of trust whistleblowing procedures should they not feel able to discuss an issue with their manager.

Adult community-based services – criminal justice liaison and diversion service

Vision and strategy

Information was available at all times for staff, people and others regarding the trust vision and strategy and future plans to improve the service.

We noted that whilst there had been publicity about this service there appeared to be some confusion about the name of this service within the trust. For example the trust website and some documentation reviewed gave one name and address. Leaflets gave a slightly different name. We noted the trust website did not have the correct team office details.

Responsible governance

The manager attended their local quality action group meeting and gave feedback to the team about key information. Staff said they were kept informed through use of E bulletins and discussions at team meetings.

Leadership and culture

Staff told us that the pressures on their work and service were acknowledged and known and actions were taken to make improvements. Staff spoke proudly and enthusiastically about their work and of being part of a developing service. The manager said there was a open door culture and staff said they felt well supported.

Engagement

Information such as posters and leaflets were available to people and others promoting the service and explaining how to contact the team. Information about the service had also been reported in the local media.

Staff understood the need to report any concerns and were aware of the trusts whistleblowing procedures if they could not discuss any issues with their manager.