Surrey and Borders Partnership NHS Foundation Trust

Community-based crisis 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)
Ridgewood Centre, Frimley, Surrey.	RXXHQ	Surrey Heath & NE Hants Home Treatment Teams.	GU16 9QE
Wingfield Resource Centre. Redhill, Surrey.	RXXHQ	East Surrey Home Treatment Team.	RH14AA
Farnham Road Hospital, Guilford, Surrey	RXXHQ	South West Home Treatment Team	GU2 7LX
Ramsay House, Epsom, Surrey.	RXXHQ	Mid Surrey Home Treatment Team.	KT19 8PB
Abraham Cowley Unit, St Peters Hospital, Chertsey, Surrey.	RXXHQ	North West Surrey Home Treatment Team.	KT16 0QA
Wingfield Resource Centre, Redhill, Surrey.	RXXHQ	East Surrey Assertive Outreach team.	RH1 4AA
Abraham Cowley Unit, St Peters Hospital, Chertsey.	RXXHQ	West Surrey Assertive Outreach Team.	KT16 0AE

Summary of findings

Crisis House & Crisis Line Great Meadows, Redhill, RH1 6JJ.	RXX90	Crisis House &Crisis Line	RH1 6JJ

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

Contents

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. It offers the following community-based crisis services: home treatment teams; assertive outreach service, and crisis house and crisis line.

The service provided people with clear care pathways. We found that the teams were well-led and were staffed with a range of mental health professionals who provided a recovery-focused service. They facilitated early discharges and supported people in the community, providing care of their choice. Communication in the services was excellent and staff's commitment to promoting recovery was clear.

In general, the home treatment teams worked well, except in the mid and east teams where there were interim management arrangements in place. In these teams, the staff did not feel well-led or supported.

The assertive outreach services were very well regarded. They provided a very person-centred approach to supporting people with complex needs.

We saw examples of the home treatment teams and assertive outreach teams working well with teams across the trust and with a range of external statutory and voluntary agencies.

The crisis house provided a valued resource for people who use the service. However, there were some concerns about the safety of the environment in relation to ligature points.

The non-compliance at the last inspection had been addressed as the crisis house now had plans in place to address foreseeable emergencies such as a flood.

Over the last two years, the line has been reviewed at various times. The service now needs a clear sense of direction and recommendations to make sure that it meets the needs of people who phone the trust for help at night, at weekends and bank holidays.

Summary of findings

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

Are services safe?

Home treatment and assertive outreach teams:

Staff knew how to recognise and report incidents and were learning from previous incidents.

Safeguarding processes were being followed and staff knew how to make an alert if needed.

Recruitment was ongoing and staff were aware of the procedures they needed to follow to manage their personal safety.

Crisis house and crisis line.

The low numbers of staff, and the high reliance on temporary staff, both presented problems for the operation of the crisis line and crisis house. However, the trust told us that the service model will be reviewed and recruitment was ongoing.

Some staff have not had current training on assessing risk, managing people with challenging behaviours and basic life support.

The premises of the crisis house still had many ligature points, despite high risks being identified in the trust's ligature audit and building work having taken place.

Are services effective?

Home treatment teams and assertive outreach teams:

People were being assessed and care plans were in place although their quality varied.

Most teams had good multi-disciplinary working except where recruitment needed to take place. There were also positive examples of working with other agencies.

The teams helped to support people in the community and reduce the need for hospital admissions.

Crisis house and crisis line:

People who use the crisis house service confirmed that they were involved in their care planning and their consent was obtained and recorded. Staff were keen to promote independence and support individual choice.

The unqualified staff working for the crisis line were expected to handle complex calls without having professional skills.

Most staff had received some of the mandatory training but all the staff needed their training on supporting people with challenging behaviours refreshed and most staff were outstanding for basic life support training.

Summary of findings

Are services caring?

Home treatment teams and assertive outreach teams:

Both services received positive feedback from people who felt they were treated in a manner that was kind and respectful of their individual choices. Carers also said they felt involved where appropriate to do so.

People were encouraged to be involved in the preparation of their care plan and in decisions about their ongoing care.

There was a strong ethos of recovery in both services.

Crisis house and crisis line:

Overall, we found that the crisis house and crisis line were being delivered by a hardworking, caring and compassionate staff team.

We saw mainly positive feedback about experiences in the crisis house and people staying there at the time of inspection told us that they felt well supported.

Are services responsive to people's needs?

Home treatment teams and assertive outreach teams:

The teams were responsive to people needs. They were locality based and provided care and support based on people's individual needs.

The home treatment team target times for assessing new people referred to the team was closely monitored to ensure the service was responsive.

Both teams worked well with other services provided by the trust to support people's care pathway and facilitate a recovery focused approach.

Crisis house & crisis line:

The crisis house was available for people to either refer themselves as part of their care management plan, or through a referral from a mental health professional.

The crisis line was receiving a variety of calls some of which were from other parts of the country or did not relate to the service provided. The crisis line referred people to other trust services or emergency services where needed.

Some people had complained to the trust that they did not always get a timely or effective response to their contacts with the crisis line.

Summary of findings

Are services well-led?

Home treatment teams and assertive outreach services

Services were generally well led by experienced professionals and team members said that they were aware of the Trusts improvement agendas and were informed of service developments.

The services did participate in clinical audit programmes and were engaged with the Trust's quality assurance process.

People using the services had an opportunity to feedback their views on the service.

Crisis house and crisis line:

These services were well led by an acting manager and staff morale was good.

The role and delivery of these services, especially the crisis line was under review but clear recommendations need to be made and changes to take place.

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 for 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.

The community-based crisis services consist of the following services:

Home treatment teams

These five, locality-based teams offer short-term intensive support to people in their own homes as an alternative to hospital admission. They provide a 24-hour service, seven days per week and gatekeep all admissions into inpatient services. The teams work actively with the inpatient services to reduce admission times and to facilitate early discharge. They work with people aged 18 to 65 years and who have complex mental health problems, including people who have drug and alcohol problems, personality problems and autism, but do not provide services for older adults. Some teams work into A&E out of hours and night time assessments may be carried out in A&E.

Assertive outreach service

These two teams, based in Surrey, provide assertive outreach services to people with complex mental health issues but who do not readily seek help. They provide comprehensive recovery focused one-to-one care for people and their families to help them to live well in the community. They work with families to build their skills in communication, problem solve and manage stress to improve their lives.

Summary of findings

Crisis house and crisis line

These two services are run from the crisis house: a care home with nursing for up to six adults and a mental health crisis helpline. The crisis house service is commissioned for people referred by a mental health professional, living in East or Mid Surrey and Elmbridge. The mental health crisis helpline is available to the whole population covered by Surrey and Borders Partnership NHS Foundation Trust.

The crisis house is available to people who refer themselves as part of their care management plan, or through referral from a mental health professional. It is available 24 hours a day, seven days a week. People are sometimes admitted from the ward to facilitate early discharge. The service sometimes operates a waiting list.

We were told that people who use the service were made aware that it was a short stay service, from one night to two weeks, and that the length of stay was negotiated at the start of their admission.

The crisis line is available to people from 5pm to 9am Monday to Friday, and 24 hours a day at weekends and bank-holidays. The service offers telephone and text support and advice to people experiencing mental health crisis or their carers. Out-of-hours GPs and social services would also direct people to use this service. The home treatment team does not accept direct referrals from other health or social care professionals (for example, following a GP assessment) and these calls will also be triaged by the crisis line.

Our inspection team

Our inspection team was led by:

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

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.

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 the Care Quality Commission 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

Summary of findings

- 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.

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 the St Peter's site.

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

People who use the services say that they felt listened to and that their choices of care were reflected in their care plans. People we spoke with said that they were given the time needed to discuss their care and that the staff were professional and supportive of them.

They said that the home treatment team and assertive outreach services were accessible and responded straight away when they were in crisis and that they were flexible in the provision of their care.

Some people said that they would like more information about their medication and side effects.

People who used the home treatment teams said that they would like to have the same person visit them on a daily basis as this varied depending upon who was on duty.

People we spoke with told us that they were satisfied with the level of support received from staff during their stay in the Crisis House. One comment on a feedback form said "lovely staff, very calm."

Summary of findings

While some people reported that they had good experiences when they contacted the crisis line, other people reported an inconsistent and sometimes unhelpful response.

Good practice

- Crisis house provided a positive alternative to support people and reduce their need for a hospital admission.
- Good use of local knowledge to signpost people to community agencies (all services).

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

- Staff in the crisis team and crisis house must be supported to undertake outstanding training in supporting people with challenging behaviours and basic life support.
- The trust must ensure the review of the crisis line is completed with clear recommendations for change in place to ensure the service has a clear sense of direction.

Action the provider SHOULD take to improve

- The trust should review if there is any further work needed to make the crisis house a safe environment in terms of ligature points.
- The trust should complete the recruitment of staff to fill vacant posts in the home treatment teams and the crisis house and crisis line to ensure they can work effectively.
- The trust should ensure the staff in the crisis house feel confident to use the Mental Capacity Act where needed.

Detailed findings

Surrey and Borders Partnership NHS Foundation Trust

Community-based crisis services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Home Treatment Team, Ridgewood centre, Frimley. GU16 9QE	RXXHQ
Home Treatment Team, Wingfield Resource Centre, Redhill. KH1 4AA	RXXHQ
Home Treatment Team, Ramsay House, Epsom. KT19 8PB	RXXHQ
Home Treatment Team, Farnham Road Hospital, Guilford GU2 7LX	RXXHQ
Home Treatment Team, Abraham Cowley Unit, St Peters Hospital, Chertsey. KT16 0QA	RXXHQ
Assertive Outreach Team, Wingfield Resource centre, Redhill. RH1 4AA	RXXHQ
Assertive Outreach Team, St Peters Hospital, Chertsey. KT16 0AE	RXXHQ
Crisis House & Crisis Line Great Meadows, Redhill, RH1 6JJ.	RXX90

Detailed findings

Mental Health Act responsibilities

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

The community crisis services demonstrated a good understanding of the the MHA. Health professionals arranged MHA assessments where needed. The services supported people on community sections/formal leave from the trust.

Mental Capacity Act and Deprivation of Liberty Safeguards

We found that the staff in the home treatment teams and assertive outreach teams had a thorough knowledge of the Mental Capacity Act. They used these principles in their assessment and review processes.

In the crisis house, staff were able to discuss issues around consent and capacity and there were no restrictive practices evident. These staff did not however recognise that they could, if needed, assess someones capacity, but felt this would be the role of the home treatment team or the individual's care coordinator.

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

Staff knew how to recognise and report incidents and were learning from previous incidents.

Safeguarding processes were being followed and staff knew how to make an alert if needed.

Recruitment was ongoing and staff were aware of the procedures they needed to follow to manage their personal safety.

Our findings

Home treatment teams and assertive outreach services

Track record on safety

Staff knew how to recognise and appropriately report incidents ensuing they were shared with senior staff in the trust so that they could be investigated.

Learning from incidents and improving safety standards

Staff were able to discuss recent serious incidents that had occurred including any learning that had taken place and what changes in practice had been implemented. Team managers attended the quality action groups for their division where incidents were discussed. This was then shared at team meetings and in individual supervisions where needed. Teams were very aware of recent incidents that were directly associated with their teams.

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

All staff were knowledgeable about safeguarding processes and of how to raise allegations of abuse. Teams had meetings which identified and addressed safeguarding issues so that actions could be taken to keep people safe. Staff were aware of how to contact the safeguarding lead for the trust if they needed additional advice. Staff said they had completed the appropriate training.

Assessing and monitoring safety and risk

Daily team meetings were used by the home treatment teams to discuss and review individual risk assessments which we found to be all up-to-date. Teams knew about people where there were concerns which meant staff could cover for each other where needed.

The assertive outreach teams used a traffic light system to determine the frequency they saw people being supported by the team.

Some of the teams had staff vacancies, but recruitment was ongoing and where needed temporary staff were used. The East Surrey home treatment team were facing particular challenges with recruitment and were using support workers to help deliver some of the care.

Staff were clear about the procedures, such as the lone working policy,to keep them safe. At night if staff needed to see people they would do so in appropriate environments, such as A & E.

Crisis house and crisis line – summary of findings

The low numbers of staff, and the high reliance on temporary staff, both presented problems for the operation of the crisis line and crisis house. However, the trust told us that the service model will be reviewed.

Some staff have not had current training on assessing risk, managing people with challenging behaviours and basic life support.

The premises of the crisis house still had many ligature points, despite high risks being identified in the trust's ligature audit and the ongoing building work.

Crisis house and crisis line – detailed findings

Learning from incidents and Improving safety standards

Staff had access to trust safety alerts and resources on the intranet. Learning from incidents was shared at team meetings and in individual management supervision, with an open culture of reporting. The acting manager encouraged incident reporting and we were shown several examples of incident reports and outcomes. Staff felt confident in raising concerns and knew how they would be escalated if necessary.

Are services safe?

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

We saw several examples of incident reports where staff had been subject to verbal abuse in the house or on the crisis line. We saw that the acting manager was pro-active in supporting staff to report all incidents and monitoring them.

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

Staff had received their mandatory safeguarding training and knew about the relevant trust wide policies relating to safeguarding. Staff demonstrated knowledge on how and where to report safeguarding issues, although responsibility for monitoring safeguarding concerns, which clients may have raised prior to coming into the crisis house, was not always clear. For example, for one individual, it was assumed that the home teatment team would have followed up on a potential safeguarding concern, although this was not clear from the person's notes.

Assessing and monitoring safety and risk

There were difficulties in safely staffing the crisis house and the crisis line. The acting manager told us that there were five vacancies for staff across both and these included qualified and support staff. These were mostly filled using regular staff and NHS Professionals temporary staff. We saw staffing rotas which reflected this. The acting manager told us that the trust was actively recruiting into these posts but there were difficulties recruiting and retaining staff, particularly for the band 4 crisis line role.

The crisis line only had one member of staff on duty. If they were already taking a call, and other calls were being received, the crisis house staff had to take them. This meant that there was, at times, only one member of staff available in the crisis house, impacting on staff being able to take their breaks.

People using the crisis house service said they felt safe in the house and were confident that staff would intervene effectively if concerns were identified. There was clear gender separation in the house and we saw that it was clean and staff demonstrated a good understanding of infection control procedures. The crisis house did not have any clinic room or medication storage facilities and people used a small safe in their bedrooms to store their own medication. There was a defibrillator and first aid kit stored in the staff office.

The crisis house had undergone some refurbishment work to improve the décor and address some ligature point risks evident from a recent audit. We were advised by staff that this work was almost completed with the trust also confirming that all the work was completed except for some painting. We were concerned about the number of ligature points that remained in the house. The ligature audit undertaken by the trust reflected that there were multiple high risk areas. There were no ligature cutters available in the house. The trust have said that the Crisis House is a community service and does not meet the same criteria as inpatient services for ligature risk. They said they continually assess each persons level of risk of harm to themselves and if needed people have their care provided somewhere else or have enhanced supervision. Staff recognised it could be difficult to manage risks of harm, due to the layout of the house, and at times had limited information about a person prior to them coming to the house.

We reviewed three patient's records, on the team caseload at the time of our inspection. We saw that people's needs and risks were assessed and clearly documented. The risk assessments we looked at were up to date and reflected current individual risks and relevant historical risk information. Staff explained their patient information board and handover process to us where they discussed individual risks or needs during this time, such as if someone needed prompting to take their medication. We saw from training records that most staff were not up to date with risk assessment training.

Understanding and management of foreseeable risks

The crisis house had appropriate plans in place to respond to emergencies, such as needing to evacuate the building. We saw that health and safety standards had been adhered to, for example, fire extinguishers in place and an electrical PAT test undertaken to check the safety of equipment. This had been non-compliant at the last inspection but was now addressed.

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

People were being assessed and care plans were in place although their quality varied.

Most teams had good multi-disciplinary working except where recruitment needed to take place. There were also positive examples of working with other agencies.

The teams helped to support people in the community and reduce the need for hospital admissions.

Our findings

Detailed findings – home treatment and assertive outreach services

Assessment and delivery of care and treatment

Assessments were carried out for each person who used the service. Staff, from the home treatment teams, were involved in the discharge planning arrangements for people who were leaving hospital, including the development of a care plan identifying the support they would need.

The quality of care plans varied but most people were involved in their care planning and were supported in ensuring care was based on their individual choices and values. Care was reviewed within the home treatment teams on a daily basis. The care plans for people receiving an assertive outreach service were detailed and up-to-date and people were actively involved in planning the care they received. These care plans were formally reviewed every six months, or more frequently if needed, as people received input from the assertive outreach team for longer periods of time.

The staff had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Outcomes for people using services

Staff in the teams described the services as valuable to people with a complex range of needs. Feedback from users and carers was generally positive about the support people received.

The home treatment teams worked closely with GPs and there were examples of how their work had prevented admissions to hospital.

Staff, equipment and facilities

People had regular supervisions and training records were available.

New staff and regular temporary staff underwent an induction period supported by an induction pack. There was a period of shadowing before staff worked alone.

Multi-disciplinary working

The majority of the teams (with the exception of the East Surrey team) were multi-disciplinary and consisted of a range of professional disciplines including medical, nursing, occupational therapy, support workers and psychology input. Social service staff (AMHPs) were available and worked alongside the teams. The teams said that they had good relationships with partner agencies e.g. the police, local GPs and teams would support people to access services provided by voluntary agency partners.

Summary of findings – crisis house and crisis line

People who use the crisis house service confirmed that they were involved in their care planning and their consent was obtained and recorded. Staff were keen to promote independence and support individual choice.

The unqualified staff working for the crisis line were expected to handle complex calls without having professional skills.

Most staff had received some of the mandatory training but all the staff needed their training on supporting people with challenging behaviours refreshed and most staff were outstanding for basic life support training.

Detailed findings – Crisis house and crisis line

Assessment and delivery of care and treatment

At the crisis house, we found that staff assessed and planned care in line with the needs of the individual. People who used the service confirmed they were offered a copy of their care plan and consent was obtained and recorded. We reviewed three care records and although they were agreed with the individual, they were not written in a person centred way with them. People who used the service stated that staff were available and supportive when they needed anything.

Staff were able to discuss issues around consent and capacity and there were no restrictive practices evident in the house. Staff were keen to promote independence and support individual choice. However, staff we spoke with did not seem clear about when to undertake or organise a

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.

capacity assessment for people, stating this would be the role of the home treatment team or the individual's care coordinator. This meant that staff may not have the confidence to undertake this role if needed.

Anyone could contact the crisis line for telephone support or advice. If people were working with another part of the trust's mental health services, their care coordinator would be informed of the contact and details were put on to their electronic patient notes. There were a number of forms completed, logging information about calls made to the service.

The staff currently employed to take crisis calls were unqualified and mostly psychology graduates with varying experiences of working in mental health services. They were a first point of contact, triaging urgent initial contacts, which at times required liaising with emergency services. They were also supporting people in high levels of distress and were taking calls where they often made decisions about the next course of action. For immediate assistance there is a registered mental health nurse in the house 24 hours a day. Complex and high risk callers can be referred to the home treatment team who are required to accept the referral. Call operators can also access the on call manager, on call psychiatrist and emergency services.

Staff, equipment and facilities

We saw that most staff had received some of the mandatory training they needed, although training records showed that all staff were outstanding their risk assessment and training on supporting people with challenging behaviours. Most staff were also outstanding on their basic life support training.

We saw that training had been booked for staff employed to take calls on the crisis line. However, all staff in the crisis house would potentially take calls for the crisis line, due to the way it was currently set up. It was not clear when this training would be extended to them as well.

Staff we spoke with confirmed that they received regular management supervision and we saw some supervision records. We saw minutes that showed regular staff meetings were held.

The environment for running the crisis line was not conducive to the needs of the service. It was a shared, small, cramped office with crisis house staff also using it as it was the staff contact point for people who are staying in the house. There was nowhere else for the crisis house staff handover or discussion to take place which meant it was very difficult for people taking calls to hear properly.

Multi-disciplinary working

Staff told us that they worked collaboratively with other health and social service professionals to meet people's needs effectively. For example the crisis line staff had close contact with emergency services. We were also told that there was pressure at times to accept people for admission, even if staff felt it was not an appropriate place for them. We were told that at times there were difficulties in discharging people from the crisis house, as people had social issues which needed to be addressed, including access to housing and benefits.

Are services caring?

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

Summary of findings

Both services received positive feedback from people who felt they were treated in a manner that was kind and respectful of their individual choices. Carers also said they felt involved where appropriate to do so.

People were encouraged to be involved in the preparation of their care plan and in decisions about their ongoing care.

There was a strong ethos of recovery in both services.

Our findings

Detailed findings – home treatment teams and assertive outreach services

Kindness, dignity and respect

We accompanied staff on home visits. People told us that staff were respectful and listened to them during their visits. They did not feel rushed and felt there was quality to their appointment, which involved psychological therapy work and counselling in addition to discussions around their mental health and medication. People's relatives were pleased with the services and praised the staff for providing high quality care in a sensitive and compassionate way.

During our time with the night staff, we noted the respect with which the staff member engaged with a person who needed help. They communicated clearly and ensured the person's dignity was maintained in a difficult environment.

Some people said that they would like to be visited by the same staff member routinely but in the home treatment teams this was not always possible due to the staffing rota.

People using services involvement

People who used the services were supported in being involved in decisions about their care planning. Care plans were written with the person and all the care plans we looked at were focused on people's recovery.

Consideration was given to carers who were referred, where needed, to the carer's liaison officer for further support.

People who were supported by the assertive outreach team had often been known to the team for a number of years. The team ethos was to involve people in their care and the care plans identified discussions with people about specific aspects of care and changes/amendments that had been made as a result of the involvement of people using the services.

Emotional support for care and treatment

People's families were involved in care decisions dependent on the person's wishes and this was documented in the care plans. Records of feedback from carers showed positive responses about the teams and the way they worked.

People were supported to access advocacy services. Psychological support was available within the assertive outreach teams.

Summary of findings crisis house and crisis line

Overall, we found that the crisis house and crisis line were being delivered by a hardworking, caring and compassionate staff team.

We saw mainly positive feedback about experiences in the crisis house and people staying there at the time of inspection told us that they felt well supported.

Detailed findings – crisis house and crisis line

Kindness, dignity and respect

We spoke with two out of the three people who were staying at the crisis house at the time of inspection. They told us that staff were supportive and involved them directly in decisions about their care. One person gave an example of how the staff had provided him with food he enjoyed which helped him to eat.

There were mixed reviews about the responses people received when they contacted the crisis line. While some people reported that they had good experiences, others reported an inconsistent and sometimes unhelpful response when they contacted the crisis line.

Overall, we found that the crisis house and line were being delivered by a hardworking, caring and compassionate staff team. We found that staff demonstrated confidentiality and respect when discussing the care and treatment needs of individual people who used the service.

People using services involvement

People using the crisis house service said they understood their care plans and were able to ask questions. We reviewed three care plans and found that the information enabled staff to provide the support and care that met

Are services caring?

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

people's needs. We found that while the care plans were individual, they were not written in a person centred way. Some people were able to refer themselves to the crisis house, as part of their agreed care management plan.

Emotional support for care and treatment

Staff told us they supported people to cope emotionally with their care and treatment.

We were told that staff had recently completed a ten week course in cognitive behavioural therapy and mindfulness. We saw a small room which they had recently been designated for relaxation and guided mindfulness sessions. One person staying in the house had used this and told us it had been helpful.

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

The teams were responsive to people needs. They were locality based and provided care and support based on people's individual needs.

The home treatment team target times, for assessing new people referred to them, was closely monitored to ensure the service was responsive.

Both teams worked well with other services provided by the trust to support people's care pathway and facilitate a recovery focused approach.

Our findings

Detailed findings – Home Treatment Teams and Assertive Outreach Services

Planning and delivering services

The home treatment teams were available 24 hours a day. Some people were well known to the teams and there was an awareness by staff about the complexities of people's care.

Some people, using the home treatment team service, said they would like to have greater continuity of care. However staff explained that this was not always possible due to staff working different shifts.

At the mid Surrey home treatment service the manager spoke with us about their concerns that staff, at night, were covering the A & E department as the liaison service was not provided in that geographical area. We saw this was being addressed and action being taken to resolve this issue within six months.

Staff told us that they there was, at times, difficulties in getting access to a care coordinator to ensure crisis and contingency plans are in place. However through good communication this was normally resolved.

Right care at the right time

Referrals to the home treatment teams can come through the trust's crisis line or from the local A & E department. Patients could also be referred through the inpatient services when they are working with a person to plan their discharge.

The trust had a target of seeing new referrals within four hours and in the last five months this target has been met almost 90% of the time. Staff told us it was harder to meet this target during the night.

People using the home treatment services could access the team by mobile phone but once discharged people were advised to call the crisis line. The home treatment teams work intensively with people and the frequency of visits was based on their individual needs.

The assertive outreach teams were working with 65 people at the time of our inspection. The teams reviewed new referrals daily but these were fully discussed in the weekly team meetings. The frequency of visits varied depending on the needs of the people using the service, but could be daily if needed. Staff said they worked well with other services but at times there could be delays when the community mental health recovery teams were asked to take people back onto their caseloads.

Care Pathway

The people we spoke with had a very positive experience of the care pathways for both services. They felt their needs were respected and their views were sought and listened to.

The home treatment care pathway was clear and there were joint handover meetings between home treatment and inpatient teams daily to facilitate care in a responsive and timely manner. Discharge preparations were undertaken throughout admissions, however this was not possible in some teams due to the distance between inpatient and community services and staffing issues.

Learning from concerns and complaints

People who used the service were given information about the complaints process. Service managers told us they discussed any complaints in team meetings and changes to practice were discussed and implemented as a result.

Summary of findings – crisis house and crisis Line

The crisis house was available for people to either refer themselves as part of their care management plan, or through a referral from a mental health professional.

The crisis line was receiving a variety of calls some of which were from other parts of the country or did not relate to the service provided. The crisis line referred people to other trust services or emergency services where needed.

Are services responsive to people's needs?

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

Some people had complained to the trust that they did not always get a timely or effective response to their contacts with the crisis line.

Detailed findings – crisis house and crisis line

Planning and delivering services

The crisis house was available for people to either refer themselves as part of their care management plan, or through referral from a mental health professional. People were sometimes 'stepped down' from the ward. The service sometimes operated a waiting list. The crisis house was commissioned to provide services to up to six adults of working age, 18–65 who used services in East and mid Surrey.

The crisis line was a trust-wide service. We were told that there were difficulties covering this service at all times with appropriately trained staff. Most staff who worked at the crisis line were unqualified and had varying levels of experience in mental health services. The crisis line was expected to perform a number of functions; signposting people to other services, triaging urgent mental health presentations from professionals, carers or service users, talking to people who may be experiencing distress or directing people who were enquiring about a routine aspect of their care.

Right care at the right time

People who used the crisis house service were made aware that it was a short stay service, from a night to two weeks, and the length of time was negotiated at the start of their admission.

The crisis line was available to people from 5pm to 9am, Monday to Friday and 24 hours a day at weekends. The service offered telephone and text advice and support to people experiencing mental health crisis or their carers. Out of hours GPs and social services would also direct people to use this service. The home treatment team would not accept direct referrals from other health and social care professionals, for example, following a GP assessment and these calls also had to be triaged by the crisis line.

Individuals calling the crisis line were advised to leave a message, if they could not get through directly, and staff would contact them within thirty minutes. If indicated, staff would liaise with the home treatment team or other emergency services to respond. People had complained to the trust that they did not always get a timely or effective response to their contacts to the crisis line. The trust monitors response times to calls and is speaking to callers within 30 minutes for 99.6% of people who phone the crisis line.

Care pathway

The crisis line was designed to provide support to working age adults from a given geographical area, with details advertised on the trust website for anyone using trust services to access. The service was also contacted by people not using trust services or living in the local area. We were told that people had called from different parts of the country and even internationally. The crisis line was also used by people who were not necessarily experiencing a mental health crisis, for example, asking how to contact an out of hours vet or plumber. A text service originally set up for people with a hearing difficulty to make contact with the service was now frequently used by anyone wishing to access all the trust services provided. The trust had acknowledged these issues.

Learning from concerns and complaints

Staff were aware of the process for managing complaints and were aware of complaints relating to the crisis line service. The trust was also aware of a number of complaints about service user experiences with the crisis line. Some people had made complaints locally and others through the Patient Advice and Liaison Service (PALS). The acting manager was able to demonstrate that, within the time they had been in post, they had responded appropriately to complaints and also shared the findings with the team so they could learn from this feedback.

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

Services were generally well led by experienced professionals and team members said that they were aware of the Trusts improvement agendas and were informed of service developments.

The services did participate in clinical audit programmes and were engaged with the Trust's quality assurance process.

People using the services had an opportunity to feedback their views on the service.

Our findings

Detailed findings – home treatment teams and assertive outreach services

Vision and strategy

The teams were aware of the trusts vision and strategy and felt that the senior management team were available and accessible. They were positive about their service and the care they provided and actively aimed to improve.

Responsible governance

Information from the trust board was communicated through emails, newsletters and team meetings.

Recruitment planning was variable within the teams. Most team vacancies were advertised and interim arrangements were made when recruitment problems were known. Vacancies in the teams did impact negatively on their ability to provide a comprehensive service.

Leadership and culture

The leadership of the home treatment teams depended on whether there was a permanent manager in place. Where a manager was in post staff said they felt well-led and supported. In teams with interim management arrangements, team members said they did not feel so well informed or supported and had not had regular supervisions.

Staff and students working for the assertive outreach teams commented on how well they felt these services were managed and that they were well-led. We heard positive comments about the commitment of the teams.

Engagement

Staff told us how they were kept informed through team meetings, emails and the trust bulletin.

A number of staff had felt able to give feedback through attending the "conversation" with the chief executive. They were also aware of board members visiting services, although they did not know when their service had last had a visit.

In terms of engagement with people who used the service this was done through an initiative called "Your views matter". This offered people the chance to give their views electronically using an ipad or online. Staff told us this was a challenge for them as it meant having to carry an ipad around on visits. Some services also gathered information manually. This information was analysed and fed back to teams.

Summary of findings – the crisis house and crisis line

These services were well led by an acting manager and staff morale was good.

The role and delivery of these services, especially the crisis line was under review but clear recommendations needed to be made and changes to take place.

Detailed findings – crisis house and crisis line

Vision and strategy

Staff we spoke with said they were aware of the trust's vision and values and strategic objectives, although did not feel connected to the senior levels of the trust.

The acting manager had a clear understanding of what the strengths and weaknesses of the service were.

Responsible governance

The trust had a governance system, which the acting manager used to monitor and support the service. This included using data from a range of audits and the findings from periodic service reviews. This included monitoring the number of contacts made to the crisis line and recording the calls taken. We saw that trust risk and governance bulletins were put in a folder for staff to read. Staff received regular management supervision.

We saw that in 2012 a review of the crisis line had started. From looking at records we could see that in 2013 the trust had acknowledged that they had not consistently followed recommendations from this review, regarding monitoring

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.

the staffing and effectiveness of the crisis line. The trust had reinstated the crisis line review and we saw an action plan in place from February 2014, highlighting the on-going issues

As part of this the crisis house acting manager had been overseeing the line management of the crisis line since March 2014. On inspection we saw that they had clearly outlined, in a presentation to senior managers of the trust, the key areas that made the service ineffective in terms of meeting the varying needs of people, and unmanageable, in terms of resource allocation and expectations on the service.

The review of the service needs to conclude with recommendations for the way this service should operate in the future.

Leadership and culture

We noted that the manager of this service was in an 'interim' role and had been in this post for over a year. We found that staff morale within the team was good despite the challenges of the service. Staff felt they were well-led and supported by the current interim manager. The manager demonstrated determination to support the team, listen to service users, introduce change and monitor performance.

Staff told us that they were aware of procedures if they wished to raise concerns internally and told us that they would feel confident in doing so. Most of the staff told us that they felt the trust was a good place to work, although they did not always feel supported or valued by senior management within the trust.

Engagement

Staff who worked in the service felt there was good communication facilitated by the interim manager. Staff told us they would like to be more actively involved in the review of the crisis line. Staff were aware of the whistleblowing policy and informed us they knew the processes to follow should they have any concerns.

People who used the crisis house service attended regular community meetings in the house and were able to share concerns. We saw that the interim manager had responded to comments and suggestions, for example, getting a dishwasher and agreeing house rules. People were encouraged to complete feedback forms at the end of their stay in the crisis house. People were informed about how to make a complaint and contact PALS.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated activities) Regulations 2010 Supporting workers The provider had not ensured that staff had received appropriate training to enable them to deliver care and treatment to service users safely and to an appropriate standard. Some staff in the crisis house and crisis line had not completed or refreshed their training on supporting people with challenging behaviours or basic life support. This is in breach of Regulation 23 (1) (a)

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated activities) Regulations 2010 Assessing and monitoring the quality of service The trust had not protected service users against the risk of inappropriate or unsafe care by means of the effective operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety of service users. The crisis line was still being reviewed and did not have clear recommendations in place to ensure it operated to meet the needs of people who use the service. This was in breach of Regulation 10(1)(b)