

Defence Medical Services Department of Community Mental Health – Scotland

Quality Report

DCMH Faslane,
HMS Neptune, Medical Centre
HM Naval Base Clyde
Helensburgh
Argyll and Bute
G84 8HL

Date of inspection: 01 – 10 September
2021

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Ratings

Overall rating for this service	Good 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Overall Summary

The five questions we ask about our core services and what we found

The DCMH is rated as good overall.

The key questions for this inspection are rated as:

Are services responsive? – Good

Are services well-led? – Good

We previously carried out an announced inspection of the Department of Community Mental Health - Scotland in October 2018. The DCMH was rated as requires Improvement overall, with a rating of requires Improvement for the key questions of responsive and well-led. The domain of safe was rated good at that inspection. The domains of effective and caring were rated as good at an earlier inspection in March 2018. A copy of the report from the October 2018 inspection can be found at:

https://www.cqc.org.uk/sites/default/files/20190102_dms-dcmh_scotland.pdf

This report describes our judgement of the quality of care at the Department of Community Mental Health Scotland. It is based on a combination of what we found from information provided about the service and interviews with staff and others connected with the service. We gathered evidence remotely in line with COVID-19 restrictions and guidance and undertook an announced inspection on the 01 September 2021. We interviewed staff and patients of the service between 1 and 10 September 2021. At this inspection we have focused on the domains of responsive and well led to see what improvement has been made against the recommendations made following the previous inspection.

We found the following areas of good practice:

- We found that there was clear and accountable leadership at DCMH Scotland, and staff reported that morale was good at the team.
- All areas of concern that we highlighted following our previous inspection had been addressed and the team was now delivering safe and effective care. The team had implemented safe systems and processes to ensure clear clinical risk oversight of patients.
- The team had developed a clearer operating model and referral pathway. Despite an increase in caseload the team had met the response target for urgent and routine referrals and waiting lists for treatment had reduced.
- The team operated from a number of facilities across Scotland that promoted recovery, comfort and patient dignity. In addition, the team offered remote video consultations that patients had welcomed.
- The team had an overarching governance framework to support the delivery of the service, to consider performance and ensure continuous learning. Effective systems and processes had been set up to capture governance and performance information. Potential risks that we found had been captured within the risk logs and the common assurance framework. All risks identified included detailed mitigation and action plans.

- A range of quality improvement projects were being undertaken to enhance patient care and the team demonstrated a number of areas of good practice.
- Business continuity plans for major incidents had been updated to reflect the risks in relation to the Covid 19 pandemic. Appropriate actions had been taken in response to the Covid 19 pandemic to mitigate the risk of infection to patients and staff and to ensure the service could operate safely and effectively.
- Staff had undertaken appropriate supervision and training and were positive about their role in delivering the service.

Professor Edward Baker
Chief Inspector of Hospitals

Are services responsive?

Good

We rated the DCMH as good for responsive because:

- The team had developed a clearer operating model and referral pathway. Despite an increase in caseload the team had met the response target for urgent and routine referrals and waiting lists for treatment had reduced.
- The team had offered both virtual and face to face appointments where necessary throughout the pandemic. Patients told us that they had found virtual appointments extremely welcome as this had cut down on travel to appointments and had allowed greater flexibility. The team was increasing their office presence at the time of the inspection to allow greater access to face to face appointments.
- The team operated from a number of facilities across Scotland that promoted recovery, comfort and patient dignity. In addition, the team offered remote video consultations that patients had welcomed.

Are services well-led?

Good

We rated the DCMH as good for well-led because:

- We found that there was clear and accountable leadership at DCMH Scotland, and staff reported that morale was good at the team.
- All areas of concern that we highlighted following our previous inspection had been addressed and the team was now delivering safe and effective care. The team had implemented safe systems and processes to ensure clear clinical risk oversight of patients.
- The team had an overarching governance framework to support the delivery of the service, to consider performance and ensure continuous learning. Effective systems and processes had been set up to capture governance and performance information. Potential risks that we found had been captured within the risk logs and the common assurance framework. All risks identified included detailed mitigation and action plans.
- A range of quality improvement projects were being undertaken to enhance patient care and the team demonstrated a number of areas of good practice.
- Business continuity plans for major incidents had been updated to reflect the risks in relation to the Covid 19 pandemic. Appropriate actions had been taken in response to the Covid 19 pandemic to mitigate the risk of infection to patients and staff and to ensure the service could operate safely and effectively.

- Staff had undertaken appropriate supervision and training and were positive about their role in delivering the service.

Our inspection team

Our inspection team was led by a CQC Inspection Manager Lyn Critchley. The team included one inspector on site and two inspectors and an assistant inspector who conducted remote interviews with staff and patients. A defence specialist advisor was also available remotely to support the team where required.

Background to Department of Community Mental Health – Scotland

The department of community mental health (DCMH) Scotland provides mental health care to a population of approximately 10,000 serving personnel from across all three services of the Armed Forces. The catchment for the service includes all service personnel based in Scotland and those who have returned to Scotland on home leave. The service operates from three main bases at HMS Neptune (west team), Kinloss Barracks (north team) and Redford Barracks near Edinburgh (east team).

At the time of our inspection the DCMH active caseload was approximately 264 patients.

The department aims to provide occupational mental health assessment, advice and treatment. The aims are balanced between the needs of the service and the needs of the individual, to promote the well-being and recovery of those individuals in all respects of their occupational role and to maintain the fighting effectiveness of the Armed Services. Throughout the Covid-19 pandemic the service has been predominantly offering remote consultations with face to face treatment delivered from clinics at HMNB Faslane, Redford Barracks and Kinloss Barracks when required.

DCMH Scotland also offers support to Royal Navy ships and medical facilities on a published rota system with the other two Naval situated DCHM's. In addition, RAF personnel within the team also form part of Tactical Medical Wing. On a duty basis they may be required to perform psychiatric aeromedical evacuation of overseas Armed Forces personnel.

The service operates during office hours. There is no out of hours' service directly available to patients: instead patients must access a crisis service through their GPs or via local emergency departments. The team participates in a National Armed Forces out of hours' service on a duty basis. This provides gatekeeping and procedural advice regarding access to beds within the DMS independent service provider contract with NHS providers.

Why we carried out this inspection

The CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare Regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the CQC's observations and recommendations. This inspection is one of a programme of inspections that the CQC will complete at the invitation of the DMSR in their role as the military healthcare Regulator for the DMS.

How we carried out this inspection

As this was a follow-up inspection, we focused on the two key questions where improvements were required. The key questions for this inspection were:

- Are services responsive?
- Are services well-led?

Before visiting, we reviewed a range of information the DCMH and the Defence Medical Services had shared with us about the service. This included: risk registers and the common assurance framework, performance information, complaints and incident information, clinical and service audits, patient survey results, service literature, staffing details and the service's timetable.

We carried out an announced inspection at Redford Barracks, Edinburgh on 1 September 2021 and interviewed staff and patients via video conferencing between the 01 and 10 September 2021. During the inspection, we:

- looked at the quality of the teams' environment in Edinburgh;
- observed how staff were caring for patients;
- spoke with the clinical lead, department manager, practice manager and the regional director;
- spoke with 16 other staff members including doctors, nurses, psychologists, social workers and administration staff;
- spoke with six patients who had recently used the service;
- joined the multi-disciplinary team meeting;
- joined the management team meeting;
- looked at a range of policies, procedures and other documents relating to the running of the service;
- examined minutes and other supporting documents relating to the governance of the service.

Defence Medical Services

Department of Community Mental Health – Scotland

Detailed findings

Are services responsive?

Good

Our findings

Following our previous inspection, we rated the DCMH as requires improvement for providing responsive services. We had concerns about the team meeting assessment times and there were long waiting lists. In addition, we were concerned that the bases that the team operated from did not fully promote recovery, comfort and dignity.

When we carried out this follow up inspection, we found that all the above recommendations had been acted on. Following our review of the evidence provided, the DCMH is now rated as good for providing responsive services.

Access and discharge

- Clear referral pathways were in place. Referrals came to the team from medical officers and other DCMHs. These were indicated as either urgent or routine. Urgent referrals were considered by the end of the next working day. The target to see patients for a routine referral was 15 days. A senior nurse or duty worker was available each working day to review all new referrals. Routine referrals were clinically triaged by the nurse to determine whether a more urgent response was required. All fresh cases were also taken to the multidisciplinary team meeting to ensure an appropriate response.
- At the time of the inspection the team's active caseload was 264. There had been 339 referrals in the twelve months to August 2021. Overall, there had been an increase in referrals on the previous year.
- Since April 2021 the DCMH had met the target for assessment following all urgent and routine referrals.
- There was a waiting list of 22 patients waiting to commence step 2 – low intensity treatment and 27 patients waiting for step 3 - high intensity therapy. Eleven patients were waiting for psychiatrist appointments. It was confirmed that all of those awaiting therapy were allocated to a care co-ordinator and reviewed on a monthly basis.
- At the time of the inspection the longest waiting time for step 2 – low intensity treatment was 90 days, for step 3 - high intensity treatment was 60 days and psychiatric appointments was 69 days.

- The team had a procedure regarding following up patients who did not attend their appointment (DNA process). The team confirmed that usually only patients who had been deployed to other duties at short notice did not attend. The DNA rate at September 2021 was 9%. This was within the DMS target of 10%. The team was undertaking an audit at the time of the inspection to better understand people's reasons for not attending appointments. At this inspection, we found that patients who did not attend appointments had been followed up appropriately.
- Where a known patient contacted the team in crisis during office hours the team responded promptly. The team confirmed this included rapid access to a psychiatrist.
- Throughout the pandemic staff had mainly worked at home to minimise risk however the team had offered both virtual and face to face appointments where necessary throughout the pandemic. Patients told us that they had found virtual appointments extremely welcome as this had cut down on travel to appointments and had allowed greater flexibility. The team was increasing their office presence at the time of the inspection to allow greater access to face to face appointments. The team undertook a patient experience audit In July 2021 this indicated that all patients were happy with the level of access to the service.

The facilities promote recovery, comfort, dignity and confidentiality

- At previous inspections we had raised concerns about the facilities from which the team operated. The location and level of security at Faslane in the West of Scotland made access to the service difficult and stressful for both patients and staff. There were limited facilities available to the team and patients in the East of Scotland and there were areas of the environment that needing addressing at the base in Kinloss in North Scotland. Since the team had been working to address these concerns and offer a range of options and better facilities to patients. At the time of the inspection the team had taken occupation of part of a building in Helensburgh. This building was outside of the security perimeter and was collocated with other military welfare services. The team would fully occupy the building during 2022. Remedial works had been completed at Kinloss to ensure the environment was safe and conducive to patient care. The team had also acquired additional space at the medical centre in Redford Barracks, Edinburgh.
- Prior to the lockdown, in line with Covid-19 guidance the team had offered peripatetic clinics at a number of locations including Lossiemouth, Caledonia, Leuchars and Glasgow. At the time of the inspection the team was beginning to plan to re-establish these services in the near future. In the interim the team had worked with medical centres to ensure patients received mental health support when required.

Listening to and learning from concerns and complaints

- The team had a system for handling complaints and concerns. The practice manager was the designated person responsible for managing all complaints. A policy was in place and information was available to staff. Staff demonstrated awareness of the complaints process and had supported patients to raise concerns.
- Patient were provided with leaflets explaining the complaints process following their assessment. Patients spoken with during the inspection understood how to make a complaint and all felt they would be listened to if they complained.
- In the 12 months prior to our inspection, there had been one formal complaint. This had related to a patient being unhappy with the delivery of an appointment. The department manager confirmed that they had fully investigated the complaint and it had been resolved.

This complaint had not resulted in an armed service complaint or had been referred to the Armed Forces Ombudsman.

- Since September 2020 the team had received 29 compliments about the service. Throughout this inspection we heard very positive comments about the staff, and the service patients had received.
- Staff received feedback on complaints and investigation findings during business and team meetings. We saw evidence of information sharing in meeting minutes.

Are services well-led?

Good

Our findings

Following our previous inspection, we rated the DCMH as requires improvement for being well-led. We had found that while systems and processes had been put in place these were not fully embedded in the governance process and had not brought about all required change.

When we carried out this follow up inspection, we found there had been improvement in regard to all our recommendations. Following our review of the evidence provided, the DCMH is now rated as good for providing well-led services.

Vision and values

- The DCMH leadership team told us of their commitment to deliver quality care and promote good outcomes for patients. Since the previous inspection, the team had worked together to update their mission statement, this was:
“DCMH Scotland is committed to excellent patient focused care delivered by a well led, happy and motivated team.”
- Since our previous inspection, the team had changed the operating model to deliver a hub and spoke model. Staff who had been at the team during the previous inspection told us that the care pathways and their roles had been made clearer and they were positive about their role in delivering the vision and values of the service. Staff felt positive about the team and their own work and that this was making a positive difference to the quality of life of patients.

Good governance

- The team had an overarching governance framework to support the delivery of the service, to consider performance and ensure continuous learning. The team had a monthly business and governance meeting which all staff attended. The team had also established a programme of specialist meetings on a rotational basis. These meetings covered areas such as audit, risk management, quality improvement, health governance, assurance, and learning from events (LFE). The meetings considered good practice guidelines, policy development, risk issues, learning from complaints and adverse events, team learning and service development. In addition, weekly management meetings (O group) and multidisciplinary meetings considered areas of governance and practice. Minutes for these meetings showed the service had improved its governance and administration procedures since our previous inspection.

- Effective systems and processes had been set up to capture governance and performance information. Local processes had been developed, including training and supervision logs and local procedures for managing referrals, safeguarding and risk management. The management team had access to detailed information about performance against targets and outcomes, waiting lists and staff performance.
- The common assurance framework (CAF), is a DMS structured self-assessment internal quality assurance process, which should form the basis for monitoring the quality of the service. We found that this document was up to date and all issues and risks relevant to service had been incorporated in the document. Where relevant action plans were in place. An update in the form of a progress report on the CAF and associated action plan was submitted to the regional headquarters on a regular basis.
- The practice manager was the nominated risk manager. Risk and issues were reviewed at governance meetings or as identified and logged on the regional headquarters and local risk and issues registers. The risk and issues logs included key concerns such as staff vacancies, Covid working arrangements and staff wellbeing, infrastructure issues, access to safeguarding training and reduction in patients survey completion. All risks included detailed mitigation and action plans. All potential risks that we found had been captured within the risk and issues logs and the common assurance framework.
- We found that the DCMH had made improvement since our previous inspection and had addressed all areas of previous concern. Improvements included:
 - The management team had developed well and had demonstrated clear and accountable leadership, staff reported that morale was good at the team.
 - The team had developed a clearer operating model and referral pathway. All referrals were managed via a central source however assessments were coordinated via a nominated referral lead for each team to ensure a localised response and continuity.
 - Despite an increase in caseload the team had met the response target for urgent and routine referrals and waiting lists for treatment had reduced.
 - The team had improved facilities available in all areas of Scotland which provided more localised and conducive care to patients.
 - The team was now almost fully staffed. During the inspection period the team had successfully recruited a team manager for the West of Scotland. All other vacancies were being covered by long term agency staff while recruitment was undertaken.
 - Mandatory training rates were at 99% and all staff had undertaken required supervision.
 - Multidisciplinary team processes had been strengthened. A standardised recording system was operating, and all new referrals were discussed at the multidisciplinary team.
 - Patient experience was generally good and had improved since our previous inspection.
- Partnership working with other parts of the defence medical services, NHS and voluntary groups was effective. The team was actively involved in the unit health committees to ensure effective support to their patients and in the previous year had delivered 28 mental health awareness training sessions to medical facilities and regimental units. The team actively engaged with stakeholders to gather feedback about the service and make necessary improvements.

Leadership, morale and staff engagement

- We found that there was clear and accountable leadership at the team. The management team consisted of a clinical lead, a department manager, a practice manager, a lead psychologist and a lead social worker. In addition, each of the spoke services (West, East

and North of Scotland) had a senior military or band 7 nurse manager. We found a clear and effective management structure in place. Leaders worked well together and demonstrated high levels of experience to deliver safe and effective care to patients.

- The management team had established clear roles and responsibilities. Staff were clear regarding their manager's and their own roles and responsibilities. Job plans, objectives and expectations had been set for the team.
- Morale had improved at the service since our previous inspections. All the staff we spoke with during this inspection stated that they now felt part of a cohesive team and that they were engaged in the development of the service. Most staff were positive about the leadership team, confirming leaders were approachable and supportive of their work.
- The team was almost fully staffed. The few gaps in the team were filled by long term locum staff. Sickness and absence rates at the team were minimal.
- The management team had undertaken a staff satisfaction survey in August 2021. This had shown positive levels of staff satisfaction.
- Staff confirmed that there had been supportive working arrangements throughout the Covid pandemic. The team had developed and updated risk assessments and business continuity plans for the management of Covid-19 throughout the pandemic and had ensured that the staff had access to IT to enable homeworking, PPE and access to Covid testing. The team had worked effectively and safely through rotational office working meaning they could offer both virtual and face to face appointments where necessary.
- Staff had access to regular professional development and clinical supervision. In August 2021 all staff had received clinical supervision and caseload management appropriate to their role. The team regularly audited attendance and quality of clinical supervision.
- All staff attended team meetings, governance meetings and weekly multidisciplinary meetings. Staff told us that service developments were discussed at these meetings and they were offered the opportunity to give feedback on the service and input into service development. Staff valued being part of working groups and took lead roles in supporting the improvement agenda.
- A whistleblowing process was in place that allowed staff to go outside of the chain of command. Staff also had access to a Freedom to Speak Up Guardian (FTSU). Staff knew about the whistleblowing and FTSU processes and all stated they would feel confident to use these should they need to. There had been no formal reported cases of whistleblowing or bullying at the team in the previous year. Where required staff performance issues had been managed appropriately.

Commitment to quality improvement and innovation

- The team had a quality improvement plan in place and could evidence that there had been improvement at the service since the last inspection. There was evidence of improvement to the clinical pathway, multidisciplinary working, the team's facilities and to the governance structure. The following is a summary of additional improvements and good practice we identified:
 - The team worked with a wide range of partner organisations to support patients and supported units via military Unit Health Committees and delivering mental health awareness training to medical facilities and regimental units.
 - The team had developed an effective hub and spoke model to ensure localised and efficient delivery of care for patients. All referrals were managed via a central source however assessments were coordinated via a nominated referral lead for each team to ensure a localised response and continuity. Where capacity was stretched members of other teams would deliver care where there was capacity. This had ensured parity of access across Scotland.

- The team had established a programme of specialist meetings on a rotational basis to engage staff in governance. These meetings covered areas such as audit, risk management, quality improvement, health governance, assurance, and learning from events (LfE).
- DCMH Scotland was involved in a shared outpatient service with two other DCMH's in a pilot to offer additional therapeutic treatments.
- The team undertook a wide range of audits including caseload management, patient satisfaction, staff satisfaction, supervision, infection prevention and control and Covid management, health and safety and ligature audits. Audit results and learning were shared with staff and presented to the governance committee and used to manage change.