

Enter and View visit

**North Hackney Recovery Team
Community Mental Health Team**



January 2020

Service	North Hackney Recovery Team
Service address	Vivienne Cohen House, 2 Crozier Terrace London E9 6AT
Provider name	East London NHS Foundation Trust (ELFT)
Date/Time of visit	19 December 2019 / 13 January 2020
E&V representative/s	Catherine Perez Philips Paula Shaw Melissa McIntyre
Healthwatch staff contact	Kanariya Yuseinova
Practice contacts	020 7275 1000 Derek Miller, Team Manager

About Healthwatch enter and view visits

‘The Local Government and Public Involvement Act 2007 as amended by the 2012 Act and directed by Local Healthwatch Regulations 013 imposes a duty on health and social care providers (including the independent sector) to allow authorised representatives of Local Healthwatch to enter premises they own or control to observe the services being provided. These are legally binding directions and are often referred to as ‘the right to enter and view’.

Purpose of the visit

Approximately 1 in 4 people in the UK will experience a mental health problem each year.¹

Mental health services are of increasing concern to the public. In Hackney mental health is an issue persistently raised with us by the public. As a result, Healthwatch Hackney decided that one of its key priorities for Enter and View in 2020 would be to review mental health services provision in the borough and report on the care quality.

The purpose of an *Enter and View* visit is to collect evidence from people who use the services, staff who provide the services and others with an interest e.g. carers, of what works well and what could be improved to make people's experiences better. Healthwatch Hackney uses this evidence to make recommendations and inform changes both for individual services as well as system wide.

We visited the Community Mental Health Team (CMHT) known as the North Hackney Recovery Team to:

- Get patients' feedback on the care and support they receive from the CMHT
- Talk to staff members about their experience of working at the CMHT
- Observe the physical environment of the service
- Compile a report highlighting good practice and recommendations for improvement

Our decision to visit was influenced by the following factors:

- Routine comments and feedback from patients to Healthwatch Hackney
- Healthwatch Hackney priority to review mental health service provision within the borough

Acknowledgements

Healthwatch Hackney would like to thank Derek Miller, Team Manager, and staff for accommodating our visit as well as the patients and carers for participating in our interviews. We are also grateful to our volunteer authorised representative for conducting the visit.

¹ [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014](#)

Important Information for management/provider

- We asked North Hackney Recovery Team to provide an action plan and response to issues raised in this report's Recommendations, which we have included in this report
- Copies of this report will be circulated to the Care Quality Commission, the East London Foundation Trust, City and Hackney Clinical Commissioning Group and Healthwatch England, and will be posted on the Healthwatch Hackney website

Disclaimer

- This visit was done along with the review of another service which shared the same building as the North Hackney Recovery Team
- Observations made in this report relate only to the visits carried out at North London Recovery Team on 19th December and 15th January which lasted for a total of 7 hours and 15 minutes. This time was divided between this service and the other visit (to the Psychotherapy Department also based at these offices)
- We notified the service five days prior to the visit and sent them leaflets to notify the patients about our arrival. The leaflets were available to patients in the waiting area
- We did a call-out through our website and social media for anyone who wanted to share their views on these services
- This report is not representative of all CMHT patients on the day of the visit. It only represents the views of the nine patients who were interviewed on the days of our visits, five carers, and the members of staff who were able to contribute within the time available

We have sought a response to our recommendation from North Hackney Recovery Team manager.

Unfortunately, the service has not been able to respond with an action plan because of the extra workload due to the Coronavirus pandemic.

As soon as we receive their response, we will be able to update the report.

We would like to thank them for all their hard work at this challenging time.

Recommendations

All recommendations are based on patients' feedback and our observations

Recommendation 1 - We considered complaints information could be better promoted at the office.

The service should make complaint information, including the Hackney Complaints Charter, easily available to patients and the procedure clearly explained.

Recommendation 2 - We observed several access issues

The service should make sure that the building is always fully accessible while in operation by ensuring:

- all doors have automatically opening mechanism and always open to their full extend
- consider implementing rails to the first pathway for continuous support for people with walking sticks



We suggest implementing a rail alongside the wall of this corridor

- the ramp is always kept free of obstacles, and any bicycles are parked in the appropriate available space

The entrance



Cycle parking



Recommendation 3 - We observed patients and visitors panicking when they heard an alarm. Providing patients with information about the panic alarm and letting them know the difference between, for example, the panic alarm and the fire alarm, might ease their anxiety when the alarm sounds.

The service should provide information about the panic alarm and rapid response team, which should also include advice about what will happen and what to do if the alarm is used.

Recommendation 4 - We identified the office could provide patients and other visitors with better information.

The service should make sure that racks are stocked with up-to-date information on: Accessible Information Standard, Dementia, Special Educational needs, Carers' support, Mental Health support groups, Healthwatch Hackney, Hackney's Complaints Charter, and other relevant information that patients and carers may benefit from.

Recommendation 5 - Improving accessibility for people with hearing impairments

The service should ensure a hearing loop is always available with a notice stating this in the waiting room.

Recommendation 6 - Promoting the Depot Clinic opening hours

The service should make sure that information about the the Depot²clinic's opening hours, and about the Benefit support worker's and Service Manager's contact details, are prominently displayed in the waiting area.

² A depot injection is a **slow-release, slow-acting** form of patient's medication. It is not a different drug – it's the same medication as the antipsychotic patient is used to taking in tablet or liquid form. But it's administered by injection, and it is given in a carrier liquid that releases it slowly, so it lasts a lot longer.

Recommendation 7 - Reminding patients of their upcoming appointments

The service should consider implementing various notification methods to remind patients of their appointments at a closer date, such as text message, email or letter. *'They send the appointment letter three months in advance with no further update. Three months is too long to remember. This is why I forgot my last appointment and I missed it'.*

Recommendation 8 - Ensuring patients receive the right care when they need it; we identified a patient case that would have benefited from regular review, because this did not seem to happen and the patient appeared to be at risk.

Where a patient is identified as at serious risk, such as from suicide, this too should be highlighted to senior management and subject to at least monthly review, or review based on clinical advice.

Recommendation 9 - Improving the physical environment for patients and visitors

The service should provide access to the garden for patients and visitors, while at the same time maintaining confidentiality for patients in surrounding consultation rooms.

Recommendation 10 - Improving the appointment system

The service should make it easier to schedule and reschedule appointments, and to enable carers to attend with patients where appropriate.

Key information about the provider

- **The North Hackney Recovery Community Mental Health Team (CMHT)** provides a specialist service for adults aged 18-65 years who require a period of support maintaining their mental wellbeing.
- The service is run by East London NHS Foundation Trust (ELFT). ELFT provides a wide range of community and in-patient services to children, young people, adults of working age and older adults, and forensic services to the city of London, Hackney, Newham, Tower Hamlets, Bedfordshire, and Luton.
- The CMHT offers a range of interventions or treatments including:
 - Joint assessment and care planning
 - Talking therapies
 - Medication
 - Support for family or friends who are helping the service user
 - Support to recognise possible early warning signs of distress, and developing techniques to manage this and staying well
 - Support finding training, employment, and meaningful activities
- There are approximately 800 service users registered with the service. 200 of them are on [Care Programme Approach \(CPA\)](#)

Location and transport

- North Hackney Recovery Team CMHT is based at Vivienne Cohen House, 2 Crozier Terrace, Homerton, London E9 6AT and shares the entrance with other mental health services.
- The services are open from Monday to Friday 9am-5pm. The team offers appointments outside of normal office hours if required.
- The main entrance is on a busy road near numerous bus stops (236, 276, 308, 488, W15), and about a ten-minute walk from Homerton Hospital and Homerton overground station. The Vivienne Cohen house can be reached via bus, train, tube or DLR.

The conversation with the team manager

Team Manager Derek Miller manifested a very energetic and positive approach during our visit. He was very helpful and cooperative.

The team

CMHT team has benefited from the fact that it has been fully staffed for the past year and uses no agency staff. It consists of about 40 staff split into two teams - Recovery 1 and Recovery 2. Each recovery team has 350+ patients. Each core team consists of a specialist registrar psychiatrist (they change every six months), a consultant psychiatrist, social workers, community psychiatric nurses, a junior doctor, and a senior practitioner who manages the team. Each team is led by a consultant, and has a combination of nurses (employed by ELFT) and social workers (employed by Hackney Council) comprising 6 support workers, a psychologist, an occupational therapist, a carer support worker and a peer support worker. Since July 2019 there is also an employment support worker (employed by the Shaw Trust) and a benefits adviser (employed by MIND) who works 5 days a week and 2.5 days a week respectively. Both members of staff work with both teams. Each social worker in the team has a caseload of approximately 18-25 patients who they see at least once a month.

Clinical staff had received training in positive behaviour support, the Mental Capacity Act, Complex Cases, Safeguarding Enquiries, Safeguarding Adult Managers (SAM) and Social supervision for clients who are under the Ministry of Justice restrictions of the Mental Health Act.

In 2019 the CMHT won a GOLD award from the Patient-Led Accreditation Programme. The programme was created by ELFT to improve access to services and monitor how responsive a service is to patient needs.

- **FACT** (Flexible Assertive Community Treatment) operates within the team on crisis prevention. It meets 3 mornings a week to discuss potential or existing cases. There are at any one time up to 8 cases being dealt with through the FACT mechanism. (e.g. a clinician raises concerns within the group after meeting with the patient, and FACT decides what level of intervention to provide).
- The service also works closely with the Home treatment team – a crisis service which offers treatment and support in patients' homes. They can administer medication and aim to keep people out of hospital. The team can meet people in a variety of different settings - homes, cafes, etc.

Fancy a Cuppa Four years ago the CMHT asked patients about the issues that most concerned them. The main themes arising from this were money, loneliness, and stigma. This led to the creation of the "Fancy a Cuppa" project. On average about eight patients meet once a month at a café in Stoke Newington and discuss anything they want. They also get a subsidised coffee, or their lunch partially covered by the service during Christmas events. The meetings are predominantly

run by a social worker, but any member of the staff can facilitate the meeting if needed.

Other services available

- **Depot clinic** – The clinic runs twice a week on Tuesday morning and Wednesday afternoon to create flexibility for service users. Currently there are 143 patients using the service. A depot nurse also does home visits.
- **Duty service** —the CMHT has a “pop-in” clinic every day from 9am–5pm for anyone in need who comes through the door. The service is run by a care coordinator.

Referrals

Referrals are received mainly by the City and Hackney Adult Mental Health Referral and Assessment Service (CHAMHRAS), and directly from inpatient settings (City and Hackney Centre for Mental Health). CHAMHRAS acts as a single point of entry to the services and is responsible for conducting the initial assessment. Referrals to CHAMHRAS can be made by a GP, and by housing or social services.

For the last six months the service has received around 18 new referrals, and registered around 8% DNA (did not attend – missed appointments) per month.

The treatment

- Once the referral is received by the service, a patient is seen by a professional usually within a month but sometimes longer.
- Follow-up outpatients are seen routinely by a psychiatrist once every 3-6 months. The patients who are on CPA are seen at least once a month by the care coordinator.
- Once patients are discharged from the service they are sent back to primary care (GP or other services), with access to an enhanced primary care team, which means the patient will still see a worker once a month.
- The service has an ongoing project supporting patients with their annual physical health check. In 2018 CMHT received an HSJ award for this initiative.
- The service provides face-to-face interpreters, and appointments for those sessions are booked in advance. A telephone interpreting service is also used but only in cases of emergency or crisis.

Complaints

The Team Manager initially seeks to resolve complaints informally by meeting the person and discussing the issue.

If the patient wants to make a formal complaint the manager will inform the quality assurance team. The complaint will then be sent to the complaints department who will investigate it and assign an external investigator. The full process of dealing with the official complaint takes 24 days.

The service encourages compliments too. It was recently thanked by a patient who had won £8,000 in back-dated benefit payments when support was given by the benefits advisor.

Our note: Unfortunately, we did not see a leaflet or a poster giving patients information on how to complain during any of our visits. A patient leaflet giving information about the service was not available either.

Quality Improvement (QI) Project

The service has undertaken a project around improving communication and providing information. Various ideas were used to stimulate patient and service communication, resulting in great successes such as: a communication tablet in the reception area, more activities in the waiting room including a library section, toys for children, and improvements to the environment.

Quality Improvement meetings are attended by a patient and a carer (different representatives at every meeting).

The service is keen to increase co-production with patients in the future and aims to develop a BAME men's group in 2020.

Support for Carers

During our first visit a carers' meeting took place. These are now well established and on average around 12-15 carers attend.

The care support worker was highly complimented by both the manager and the carers we spoke to on the day.

On the day of our visit we managed to speak to five carers, all of whom shared how happy they felt about the group and everything the carer support worker does for them. While we were talking to the care support worker, a carer approached us and said *"Without them we would be lost. We are so happy to have them"*.

The members of the group are predominantly from the CMHT services, but the group is open to carers coming from other services as well.

Each month the meeting has a different theme, and some of the meetings have special guests or speakers. Outdoor activities are also organised.

Our note: No information about a carers' support group or how to get involved was available in the waiting room.

The following observations were made during the visit:

Physical environment/ Cleanliness/hygiene

- The waiting area was kept clean and tidy.
- The service has a pleasant and welcoming waiting area with 17 chairs. There are pictures and paintings on the walls (all made by mental health patients), toys for children, a library section, a physical health check machine and a tea-coffee table. There was also quiet music in the background providing a relaxed and comfortable atmosphere to the waiting area; unfortunately, however there were no windows there so it was dark.
- We were told that there are plans to improve the layout, seating and signage for the service. Staff members meet monthly to discuss possible ways of doing so, and one result has been the placing of paintings and pictures on the walls throughout the building.
- Two beautiful gardens were available on both sides of the corridor bringing a fresh touch to the walk, but we were told that patients cannot access these areas. Both gardens are facing the therapy rooms but are not used to maintain confidentiality during therapy.
- We saw one accessible patient toilet in the waiting area; it was not dementia friendly.
- Coffee and biscuits were available on the table in waiting room following 'You said – We Did' suggestion.
- A water machine was also available.

Patient-centered care, dignity, safety

- Most patients find the service safe, caring, and supportive.
- Most patients felt listened to and trusted their consultants.
- The reception desk is high and is not very suitable for a wheelchair user. confidentiality was hard to maintain. The reception location made it easy to overhear other patients talking to the receptionist.
- Patients are referred to by name, which shows good rapport and a friendly environment.
- When the panic alarm went off there were no instructions to patients or visitors about what to do. Staff appeared to be running in and out of all the doors and it felt very tense.
- A defibrillator was available in the waiting area.
- We did not see any first aid kit.
- Two fire extinguishers were available in the reception area.
- Patients reported overall good patient involvement.

Communication with patients, Information

- Most patients expressed satisfaction with the way staff members talk to them. We witnessed staff members calling patients in, in a relaxed and welcoming manner.
- While we were talking to one of the patients, a doctor approached us and told the patient that there was a 30-minute delay for the appointment.
- The service has a “You said, We did” board in the waiting area showing the latest improvements made according to service users’ feedback. During both visits the latest improvement listed was the introduction of the tea and coffee table.
- The service has implemented various ways of asking for feedback from patients such as: use of dialogue plus, Friends and Family test, tablet in reception area, ‘You said we did’ board, monthly carers meeting, feedback from psychotherapy groups etc. We were told patients are given the opportunity to give feedback on services twice a week, with the help of another patient who approaches patients with a tablet. Patients have help with reading and accessing the tablet. However, on the day of our second visit the feedback tablet was missing. The manager told us that it was broken and was being repaired.

During the interviews, only one carer said that he was once asked to share feedback.

- We witnessed a patient collecting a doctor’s letter from the reception and returning shortly after to enquire about the amount of medication to take. She was concerned as it was not clear. She did not appear to get a helpful answer, which was a cause of concern.

No signage or information was available regarding procedure for panic?? alarm signal.

During our second visit the panic alarm went off from one of the therapy rooms at the Primary Care Liaison Mental Health Service. Every available staff member within the building becomes part of the rapid response team, But, when the alarm went off the staff appeared to be running in and out of all the doors. There were no instructions for patients or visitors about what to do and it felt very tense. One of the patients said she was told by "a staff" to “leave immediately” as it was a fire alarm. Apparently this was not the case: we found out later that one of the therapists at Primary Care Liaison Mental Health Service had to press the alarm as they felt both verbally abused by a patient as a result, the professional said, of their mental health issues???) and at risk of physical attack.

- Poorly stocked leaflet racks - No information about How to complain, Dementia, Special Educational needs, Carers’ support or how to get involved with their group
- No information about policies and procedures was available anywhere in the waiting area.
- No patient leaflets giving information about the service were seen on either visit days.

- The Depot clinic working schedule was printed on A4 paper and hung on the high left side of the reception desk making it hard to be seen.

Access issues (physical or accessible information)

- The main entrance to the building is through a large, heavy door which is hard to open. On hearing the buzzer, the reception staff will unlock the door, but the patient/visitor must open the door themselves. This can be difficult for a new patient or visitor, especially if they are visually impaired, disabled or with a push chair.
- After entering through the main heavy door, patients will find themselves using a ramp which leads to another big door. Once in the building, there is a small corridor which faces another heavy door. On both days of the visit, none of the doors were opening fully. The last door to finally access the reception had an "Automatic door" sign, but this was not working. This last door takes the patient to the main reception and the Psychotherapy Department's waiting area. A new patient will have to go through this reception in order to be directed to the services. Although there is signage for the CMHT, the layout of the route to access the service still may create confusion for a new patient or visitor.
- There was bicycle parking available in the front garden of the building but there were bicycles chained outside on the ramp; this could cause an obstacle for visually impaired and disabled patients. We were told these bicycles belong to staff members.
- No Information on the Accessible Information Standard was available.
- We saw no sign of any hearing loop there.
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Appointments system

- Appointments are made in advance by the professionals and a confirmation is sent via letter shortly afterwards.
- There are no further reminders about the appointment.
 - *"I am on 6 months review now rather than every 3 months. They send me an appointment confirmation letter 3 months in advance and when the time comes, I already forget about it and I miss it. Then I have to wait for another 6 months unless they can fit me in earlier"*
- We were told that it is hard to change the date or time of the appointments.

Patient feedback

Patient 1

Patient 1 attended the Depot clinic and came for his injection once every 3 weeks. He also attended 3 times a week to get “his money” which must be a benefit payment which they administer on his behalf. He said he would rather get the money all in one go, especially as it takes him 2 buses to get to the clinic.

Patient 2

Patient 2 was here to visit the duty service and get some help with their benefits. had been coming here for over 10 years and had a care coordinator for 8 years. *“I don’t have a care coordinator for the last two years and this is not working well for me at all. They stopped this for me without me being ready. I have been very bad for the last two years without the support which I am used to. I need someone to call to when my mood is down or when I have a breakdown”*. Yet, all the patient is told is that the service is too short staffed, and they are well enough to deal with it on their own.

Patient 2 is coming here at least once a week to speak to a duty doctor. But sometimes the waiting time is too long, and they do not want to wait given her depression, so just goes. The patient says the therapy session only lasts 30 minutes which they feel is not enough because they need more time to explain themselves and their issues.

Patient 2 now sees a doctor every 6 months rather than 3 months. The patient says if for some reason they’ve misses the appointment and if the service is very busy, they must wait another six months. *‘They send the appointment letter three months in advance with no further update. Three months is too long to remember. This is why I forgot my last appointment and I missed it’*. The patient thinks it would be good to receive a text message a few days prior to the appointment. *‘At the end, we all have mental health issues and our lives are not as ordered as others’*.

The patient also suffers insomnia. There is a suicide alert in her file and very recently, in December, they tried to commit suicide by overdosing. *‘I guess if I had the appropriate support that could’ve been prevented’*.

The patient is also looking after their partner who is over 70 and has mental health issues.

One time when the patient had a breakdown, they had to go to A&E and the service signposted them to the Crisis Café, which is how they found out about it. The patient says they wish there was more information available on the walls, and she didn’t know that the hospital has benefits advice workers or even a carers’ support group. *‘Everyone here seems to be doing their best to help but they are short of staff or at least this is what they say. Even when they found out about my suicide attempt, nothing changed’*.

The patient wishes to go back to work but is unable to because of the medication they are on. The patient lost their previous job for this reason. *'But more than anything I would like to get back my care coordinator because I need the support. I am also not aware of the complaint procedure so I would like to have that information to use when needed'*.

During the conversation, our Authorised Representative signposted the patient to Powher – NHS Complaint Advocacy services, and the Advocacy Project and Carers' group. We also helped the patient to find out about the Benefits support worker's working days.

Patient 3

The patient comes here every month or two depending on when the care worker decides, and so far, the frequency has been working well for him. The service arranges everything, and they simply just attend *'I always feel heard and taken care of both from the care worker and the doctor'*.

The patient has been with the service for over a year. They were referred to the service after being with the [EQUIP team](#) for around 3 years.

The patient said that within the last year, they have had three different care workers, however it did not affect their mental health very much.

'I trust the professionals here and their judgment regarding my progress and medication. Both the doctor and the care worker are listening to me and do their best to make me feel comfortable when I talk about my everyday life and challenges. I also have my care worker's number to call in an emergency'.

The patient was also given the emergency crisis number. They said that the staff at the service are friendly and the place is always clean, and that they provide tea and coffee.

The patient said they did not know how to file a complaint.

Patient 4

The patient was attending the clinic to have a Depot injection. They said that the medication helps but that they feel dizzy and tired at times. The patient was at the clinic with an interpreter.

Patient 5

The patient has been using the service for 9 months and attends monthly.

They received regular updates on the waiting list and has waited 6 months for therapy. The patient says there are regular and consistent staff.

They know how to complain and has done so in the past and felt that the matter was adequately resolved. The patient feels comfortable asking questions and feels listened to. They say that the patient and consultants work together to agree on appointment dates.

The patient says the medication they were prescribed has not been reviewed and was not aware that they could request this.

The patient finds the service helpful and supportive and feels valued. They would recommend the service to others

Patient 6

The patient has been using the service for 3-4 years and was self-referred. They attend every 3-4 months to see staff and different consultants.

The patient says appointments are quick and he finds the service to be good and safe and the staff are caring and kind.

The patient knows what to do in case of an emergency as well as how to complain and feels that it will be adequately resolved.

The patient self-requests a medication review and feels in control with medication and appointments.

He takes part in activities which are offered such as cooking, relaxation, and music.

Patient 7

The patient attends the Depot clinic once a month for his injection. They say staff are all okay with him. The patient talked about the time it took to get to the clinic and the fact that they felt drowsy on their way home.

The patient's friend was with them and said she had Borderline Personality Disorder but chose not to use the service and tries to cope on her own. She said she had an alcohol issue and "*they would not help her*". The patient's friend said there were no dual diagnosis options in Hackney.

Patient 8

The patient has been using the service for about a year and finds the treatment "appropriate" now that the service understands what patient's needs are. The patient would like to see a more individualised approach, in that there are average lengths of time for different treatments, but they feel they need more time than is allocated. The patient is positive about the treatment.

They had used services elsewhere and says the one in Hackney is good.

The patient felt the waiting time to get treatment should be reduced.

The patient is worried about being referred to a GP at the end of the day, as they feel GP appointments are not long enough. The patient talked about being able to stay on a caseload, as in the Dementia Service, so if something crops up, they do not have to be re-referred.

Patient 9

The patient has been coming to the Depot clinic place nearly all his life. Their mum used to be a nurse there when it was a hospital. The patient has been on slow release medication, via injections each month, for years and years. They were worried about his physical health and said their legs were failing. The patient thinks it is because of the medication and has told a doctor.

The patient is happy to attend the clinic but feels the building is looking a little tired and suggested it had a "revamp".

Carers' feedback

Carer 1

The carer has found the carers group' and support staff very supportive and says she can call them anytime.

The carer's daughter was in supported accommodation but then moved to shared accommodation which has not worked out for her. The mum feels she was not ready to leave the supported accommodation. The daughter probably has not seen a doctor for a year as she doesn't attend appointments or open the door. The mum would love to get her to an appointment, but she is never given a date – the staff say they are working on it.

"I'm at my wits end".

"I just wish they would listen to the carers more".

Carer 2

The carer finds it very useful being part of the group but she can't always come along because of work.

She finds making an appointment to see the doctor not as easy as it could be, and she would like to see them with her son.

Carer 3

The carer found being part of the group very helpful and it has really helped her to deal with the stress. She was introduced to the group by the social worker who is very good and supportive.

"Alice [support worker] is there for you 24/7"

Her son is happy with his treatment. The whole team are very friendly and supportive. She says they will visit at home if you are feeling down.

Carer 4

Companion of a 65-year-old patient with physical disability

The carer accompanies his friend every 3 months when the patient comes to see a doctor or a care worker. The patient's English is not very good, so the carer interprets for him and also helps his friend access the building.

'He's been using the services for three years and everything has been well so far. The staff are nice and friendly, and I feel like they look after my friend well'.

When asked about feedback on services the carer said, *'Three months ago I remember, while waiting to be seen, we were asked for feedback on services.'*

Carer 5

The carer was an officer from the supported housing scheme for Jewish women with mental health issues who was accompanying a client. The client herself did not want to talk to us.

The carer explained that all nine clients are under the care of their team and are coming for quarterly review.

'It is very difficult to bring appointments forward, it's extremely difficult. Almost every time there will be a different psychiatrist who will see the patient, and this is very disruptive (for the patient). There is huge lack of consistency and continuity in the care. Unfortunately, the level of care and support received from each member of the team also varies'.

Staff comments

Staff 1 – Social worker

The staff member said it is a challenging job with an increase in referrals. He believes that austerity plays a part in this, with people feeling under more stress. He says all CPA patients are seen at least once a month. They have had workshops on personal budgets, and all care coordinators offer this as a standard to their patients.

Staff 2 – Social worker

The staff member says this is a very supportive team. There is a shared purpose of helping people, a strong sense of support. The team is full of expertise and experience. *'I enjoy working in the mental health services. This job of course has its own challenges'*.

He says there are system issues like a shortage of beds, which leads to quick discharge without making sure that the patient is ready for that. It becomes panicked, which of course directly affects the quality of care provided.

He says there is a shortage of supported housing placements for people with severe mental health issues.

The training sessions are good. The management is very supportive and encourages staff to undertake any training. The most recent training he received was on the Mental Health Care Act, Complex Cases, Safeguarding (through local authorities) enquiries, Social Supervision, and Breakaway.

He says there are also technical gaps in receiving training. *'All social workers are employed by Hackney Council. But we are left a bit on the side from all other staff members at Hackney and are not kept in the loop when a new training comes up. We also must access the information through a portal and we often have technical issues'*.

He explains that greater links with the Local Authority are needed to improve services locally and that there is inadequate joint work with other services which is essential. *'We can combine our expertise and improve the quality of work and support we provide to service users. The law is very clear about this and it must be followed'*.

Staff 3 – Carers support worker there for two years

The staff member says they are very happy to be working there. He works jointly with the multi-disciplinary team (MDT), occupational therapists and other colleagues. *'Derek is brilliant and the best manager I ever worked with. He is extremely supportive and always encouraging us to take initiatives. He is a leader who is a role model and has an adventurous approach. My colleagues do really care about their work and patients'*.

He says he feels he has been getting the appropriate training which includes the Safeguarding Adults, Mental Health Care Act, Family approach, Behavioural Family approach, and Leadership training

Staff 4 – Lead practitioner Recovery team

The staff member has been working for the service for the past 5 years and was involved in creating the EQUIP – The Early Intervention Team City and Hackney.

“We have far too few psychologists. Over the last five years they have cut the psychology services and many more. I have so much more work to do than before because of the funding cuts to reduce numbers of seniors.

“We definitely lack psychologists and I think everybody should see a psychologist”.

The psychiatrist will rotate every six months and that means outpatients will see a different doctor at every other time. So, there is no continuity of care in this sense.

Unfortunately, it’s way above our level of employment to have permanent psychiatrists. They are all trainees and in order for them to complete their psychiatry specialism and become fully qualified they have to move to a different ward every six months.

The lead practitioner talked about the new model of ELFT planning to move outpatients to primary care and have improved access to therapies for patients with moderate to severe illnesses. *“Instead of having 840 people under one team and some of them care coordinated, we will make the CHMT only for care coordinated patients and everybody else will be moved to outpatient clinics that are separate from the team. That would allow for more continuity because it will have more doctors and consultants in that position”.*

Summary of demographic/equality information collected

Gender	
Male	8
Female	10

Ethnic category	
White	6
White Other	6
Mixed	2
Black or Black British	4