

Defence Medical Services Department of Community Mental Health Bulford and Central and Wessex Region

Quality Report


Department of Community Mental Health Bulford
DCMH Bulford
Bulford Healthcare Facility
Kandy Road
Bulford
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SP4 9AA

Date of inspection: 14 May - 11 July
2024

Date of publication: 6 November
2024

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, and information given to us from the provider and patients.

Ratings

Overall rating for DCMH Bulford	Good 
Are services safe?	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

We carried out an announced inspection at the Department of Community Mental Health (DCMH) Bulford between the 14 May and 11 July 2024. Since 2021, the Bulford service had also been responsible for delivery of care to people across the whole Central and Wessex region including those based in the catchment areas of DCMH Brize Norton and the Mental Health Team at MOD St Athan. Prior to this, the service at Bulford had been rated as good however when we returned in February 2023, following the merger of the services, the service while rated good overall required improvement in the responsive domain. This related to significant gaps in the team impacting waiting times and risk response and to a lack of accommodation for the team in the north of the patch. This inspection of 2024 was set to look at any improvement that had been made against previous recommendations.

The DCMH is now rated as good overall.

The key questions for this inspection are rated as:

Are the services safe? – Good

Are services responsive? – Good

Are services well-led? – Good

A copy of the previous report can be found at: https://www.cqc.org.uk/sites/default/files/2023-05/Department_of_Community_Mental_Health_Bulford_and_CWRHQ_good_18_May_2023.pdf

This report describes our judgement of the quality of care at DCMH Bulford and the Defence Mental Health Network the Central and Wessex region. It is based on a combination of what we found from information provided about the service, onsite inspection at DCMH Bulford and interviews with patients, staff and others connected with the network. At this inspection we have focused on the domain of responsive however looked at aspects of the safe and well led domains to see what improvement has been made against the recommendations made following the previous inspection.

We found that the DCMH had addressed all of our previous recommendations and was rated as good for the domains of Safe, Responsive and Well led.

We found the following areas of good practice:

- We found that while there remained vacancies overall staffing levels had improved and that this had led to improved response to referrals and reduced waiting lists.
- At the last inspection we had found significant concerns about the availability of psychiatrists. This position had significantly improved and had resulted in greatly reduced waiting times for psychiatric assessment.
- Individual patient risk assessments were in place and proportionate to patients' risks. The team had a process in place to share concerns about patients in crisis or whose risks had

increased. Crisis plans were in place and where a known patient contacted the team in crisis, the team responded swiftly. We saw good evidence of the team following up on any known risks.

- We found that there was clear and accountable leadership across the service and that leaders had worked well together to find effective solutions to ensure the safe and effective delivery of care. Staff we met were positive and told us that the team worked well together, and that leaders were approachable and supportive of their work.
- Staff had undertaken appropriate supervision and training, and they were positive about their role in delivering the service.
- All areas of concern that we highlighted following our previous inspections had been addressed by the leadership team and that the team was delivering safe and effective care.
- Despite an increase in referrals and caseload the team had met the response target for urgent and routine referrals and waiting lists for treatment had reduced.
- 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 were in place 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.

However, the Chief Inspector of Hospitals recommends that the Defence Healthcare Recovery Group (DHRG) who lead on defence healthcare address the following:

- The team did not yet have a permanent facility at Brize Norton. While it is acknowledged that a facility has been allocated this is not yet a firm solution. Currently this risk to patients is mitigated by patients being offered virtual appointments and through use of medical centre rooms, however as staff have been recruited to work in the North of the catchment permanent office space is essential.
- While overall staffing levels have improved, recruitment to fill additional posts has been hampered by delays in the recruitment process which is undertaken by a defence wide recruitment service.

Are services safe?

Good

We rated the DCMH as good for safe because:

- We found that while there remained vacancies overall staffing levels had improved and that this had led to improved response to referrals and reduced waiting lists.
- At the last inspection we had found significant concerns about the availability of psychiatrists. This position had significantly improved and had resulted in greatly reduced waiting times for psychiatric assessment.
- Individual patient risk assessments were in place and proportionate to patients' risks. The team had a process in place to share concerns about patients in crisis or whose risks had increased. Crisis plans were in place and where a known patient contacted the team in crisis, the team responded swiftly. We saw good evidence of the team following up on any known risks.

Are services responsive to people's needs?

Good

We rated the DCMH as good for responsive because:

- Despite an increase in caseload the team had met the response target for urgent and routine referrals and waiting lists for treatment had reduced significantly.
- When we last inspected, we had found that long waiting times for psychiatric assessment had impacted on patient's medical boards. This had been addressed through a timelier access to psychiatric assessment.
- The team operated from the main base at Bulford, medical centres at Brize Norton and St Athan and offered both virtual appointments. 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.

Are services well-led?

Good

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

- We found that there was clear and accountable leadership across the service and that leaders had worked well together to find effective solutions to ensure the safe and effective delivery of care. Staff we met were positive and told us that the team worked well together, and that leaders were approachable and supportive of their work.
- Staff had undertaken appropriate supervision and training, and they were positive about their role in delivering the service.
- All areas of concern that we highlighted following our previous inspections had been addressed by the leadership team and that the team was delivering safe and effective care.
- 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 were in place 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.

Our inspection team

Our inspection team was led by Lyn Critchley supported by a specialist military mental health nursing advisor.

Background to Department of Community Mental Health Bulford and the Central and Region Network

The department of community mental health (DCMH) at Bulford provides mental health care to an overall population of approximately 45,000 serving personnel from across all three services of the Armed Forces. The catchment for the service includes all service personnel based at military establishments across the Central and Wessex region. In addition, the team also work with those who have returned to the catchment area on home leave.

The service operated from a main base at Bulford Camp with some staff operating from home and from medical centres in St Athan and Brize Norton.

The department's aim is 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.

At the time of our inspection the active caseload was approximately 626 patients.

The services at Bulford and Brize Norton operate during office hours. In line with defence policy there is no out of hours' service directly available to patients: instead, patients must access a crisis service through their medical officers 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. Members of staff from the RAF also participated in the Tactical Medical Wing. On a duty basis they may be required to perform psychiatric aeromedical evacuation of overseas Armed Forces personnel.

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

To get to the heart of patients' experiences of care and treatment, we looked at the following key questions:

- Is it safe?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting the team, we reviewed a range of information the DCMH had shared with us about the service and the network. This included: risk registers and the common assurance framework, 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 on the 14 and 15 May 2024 and undertook further staff and patient interviews throughout June and July 2024. During the inspection, we visited the team at Bulford, met with staff, patients and regional management team and met virtually with additional patients and staff working at home. Specifically, we undertook the following:

- looked at the quality of the teams' environment;
- observed how staff were caring for patients;
- spoke with six patients who were using the service;
- observed the duty worker and administrative staff;
- spoke with the management team;
- spoke with 12 other staff members including doctors, nurses, psychologists, therapists, social workers, and administration staff;
- joined the risk and safeguarding meeting;
- joined the multi-disciplinary team meeting;
- joined the governance meeting;
- looked at clinical records of patients;
- 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 Bulford and Central and Wessex Region

Detailed findings

Are services safe?

Good

Our findings

Safe staffing

- The active clinical team totalled 44 people across all locations and consisted of medical, nursing, social work, psychology, and administration staff. The team was approximately 59% staffed, with 22 additional vacancies, for posts across all disciplines. An additional three staff were about to be inducted into the team. This was an improvement compared to our last inspection. Additional staff were being recruited however the leadership team expressed frustration about delays in the recruitment process which was undertaken by a defence wide recruitment service.
- At the last inspection we had found significant concerns about the availability of psychiatrists. This position had significantly improved and had resulted in greatly reduced waiting times for psychiatric assessment.

Assessing and managing risk to patients and staff

- 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 Defence target to see patients for a routine referral was 15 days. This has been previously increased to 20 days for the team in line of staff shortages across the team. Response rates had since significantly improved, and the national target had been reintroduced and met.
- Routine referrals were clinically triaged by the single point of access duty worker to determine whether a more urgent response was required and allocated to the next available clinician to undertake full assessment.

- Once a patient was accepted by the team, a risk assessment was undertaken. In all cases we reviewed we found that a risk assessment was in place and addressed known concerns.
- Patients we spoke with were aware of their crisis plans and what to do in an emergency. Both staff and patients confirmed access to the psychiatrist should a full assessment be required.
- All fresh cases were taken to the multidisciplinary team meeting to assure an appropriate response. The team recorded all clinical risk and decisions made at the multidisciplinary team and operated a process to share concerns with colleagues about specific patients whose risks had increased. This included risks due to safeguarding concerns and all patients recently discharged from hospital. The team met weekly to discuss any urgent risk issues and all at risk cases were discussed at multidisciplinary meetings.
- The team had a process to ensure that patients with higher risks on the waiting list were contacted and risk assessed on a regular basis while they awaited treatment.
- In all cases we reviewed we found that record keeping was of a good standard, assessments were thorough and that risk assessments were in place and addressed known concerns. Crisis plans were in place and where a known patient contacted the team in crisis, the team responded swiftly.
- We observed the multidisciplinary team meetings to be well managed and consider all relevant risk issues at an appropriate level of detail.

Are services responsive to people's needs?

Good

Our findings

Following our previous inspection of the DCMH, we rated DCMH Bulford 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 also concerned about the quality and availability of facilities for patients requiring face to face appointments at Brize Norton.

When we carried out this follow up inspection of the DCMH, we found that the above recommendations had been acted on by the team. 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. At the time of the inspection the team's active caseload was 626. There had been 177 new referrals since 1 January 2024. 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 assessment duty team clinically triaged routine referrals to determine whether a more urgent

response was required and allocated to the next available clinician to undertake full assessment.

- The Defence target to see patients for a routine referral was 15 days. This had been previously increased to 20 days for the team in line of staff shortages. Response rates had since significantly improved, and the national target had been reintroduced. The DMS performance target for assessing patients who have been routinely referred was set at 95%. Throughout 2024, the team had fully met the target for responding to urgent cases and for routine referrals within 15 days. Most assessments had been completed within 14 days.
- At the time of our previous inspection waiting lists were very high across the whole service. The management team told us that the service remained busy however they had worked hard to reduce waiting lists for treatment. At the time of the inspection 11 people were waiting for step 2 – low intensity therapy, the average wait was six weeks. 168 people were waiting for step 3 - high intensity therapy, the average wait was nine months. There were 25 people waiting for psychiatry, the average wait was two months.
- The waiting list was reviewed weekly at the multidisciplinary team meeting to ensure that clinical risks were considered, and appropriate treatment had been prescribed. The team was running further group sessions at the time of the inspection to further address the waiting lists and provide treatment to patients while they awaited more intensive therapy.
- When we last inspected, we had found that long waiting times for psychiatric assessment had impacted on patient's medical boards. This had been addressed through a timelier access to psychiatric assessment.
- 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.

The facilities promote recovery, comfort, dignity and confidentiality

- The team main base was close to, but outside the main perimeter of Bulford Camp making it easily accessible to patients from other bases. The building was fully accessible to anyone with a physical disability.
- A comfortable waiting area was available for patients. The design took account of patient confidentiality when at reception.
- There were currently sufficient treatment rooms at the base however once the team increases to fuller capacity there will be insufficient treatment rooms meaning the need to expand office availability at Brize Norton.
- Treatment rooms at Bulford were adequately soundproofed to ensure privacy during treatments.
- Information was available on display at Bulford and within an introductory booklet (given to patients at their first DCMH appointment) about treatments, local services, patients' rights, and how to complain.
- The team used facilities at Brize Norton and St Athan medical centres for face to face sessions and on line treatment to cut down on patients travel to Bulford. Patients confirmed that this arrangement worked well, had cut down on travel and had allowed greater flexibility. However the team was about to expand staff numbers in the north of the patch, and this would impact on the need for office space at Brize Norton. The team had been working hard to address this with the base commanders however a firm solution was yet to be finalised by base command.

Are services well-led?

Good

Our findings

When we carried out this inspection, we found there had been improvement in regard to the recommendations made following the previous inspection.

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 lead for governance processes and members of the team were allocated lead roles on areas of the common assurance framework (E-HAF) and governance agenda and would meet regularly to update assurance information. The team also had governance working groups to consider assurance against the five CQC domains.
- The team had a monthly governance and business meeting which all staff attended and took an active role in. In addition, weekly team meetings, continuous professional development sessions and multidisciplinary meetings considered areas of governance and practice. Minutes for these meetings showed the service had effective governance and administration procedures in place.
- Effective systems and processes were in place to capture governance and performance information. The management team had access to detailed information about performance against targets and outcomes.
- Risk and issues were identified and logged on the headquarters and local risk and issues registers. The risks included detailed mitigation and action plans and had been escalated to headquarters appropriately. Potential risks that we found had been captured within the risk and issues logs and the common assurance framework action plan.
- We found that the team had made improvement since our previous inspection and had addressed our concerns regarding waiting lists. We noted that the team had worked hard to find a long term solution for office and treatment space in the north of the patch. This issue now sat with the headquarters and base command to resolve.

Leadership, morale and staff engagement

- The senior leadership team consisted of a department manager, a deputy manager, a lead for healthcare governance, a band 7 nurse team leader and a practice manager with representation from the senior psychologist, senior social worker, a psychiatrist, and the assessment team lead. The team told us that they had worked hard to form the management team and to effect positive change.
- At the time of our previous inspection there had been concerns within the team about staffing levels, waiting lists and an increasing demand for the service. At this inspection staff morale was good and staff were positive about the development of the service, increased staffing and the leadership team's approach. Staff told us that the team worked well together, and that leaders were approachable and supportive of their work.
- Staff were clear regarding their own roles and responsibilities. Job plans, objectives and expectations were in place for the team. Staff had benefited from additional training, clearer operating procedures and job plans.

- Staff had access to regular professional development, clinical supervision and caseload management appropriate to their role. The team regularly audited attendance and the quality of clinical supervision. All staff had undertaken an appraisal in the previous six months.
- All staff attended team meetings, governance meetings and 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 took lead roles in supporting the improvement agenda.