CareQuality Commission

Requires improvement 🟠

Lincolnshire Partnership NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RP7MB	Beaconfield Site, Grantham	Adult Community Mental Health Team	NG31 9DF
RP7QS	Long Leys Road, Lincoln	Adult Community Mental Health Team (Lincoln South Team)	LN1 1FS
RP7QS	Long Leys Road, Lincoln	Adult Community Mental Health Team (Lincoln North Team)	LN1 1FS
RP7DD	Beech House, Boston	Adult Community Mental Health Team	PE21 0AX

Summary of findings

RP7DG	Holly Lodge, Skegness	Adult Community Mental Health Team	PE25 2JA
RP7RK	Johnson Hospital, Spalding	Adult Community Mental Health Team	PE11 3DT
RP7RH	Stamford Resource Centre	Adult Community Mental Health Team	PE91UN
RP774	Windsor House, Louth	Adult Community Mental Health Team	LN11 0YG
RP727	Trinity House, Gainsborough	Adult Community Mental Health Team	DN21 1JD

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

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Requires improvement	●
Are services safe?	**Good**	●
Are services effective?	**Requires improvement**	●
Are services caring?	**Good**	●
Are services responsive?	**Requires improvement**	●
Are services well-led?	**Requires improvement**	●

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

We rated community based mental health services for working age adults as requires improvement because:

- Care plans were not always personalised, holistic or recovery focussed.

- Regular medication reviews and physical healthcare monitoring for patients did not take place consistently.

- The trust did not use any formal outcome measures to assess patient progress.

- Individual patient's risk assessments were not reviewed consistently.

- We identified errors and omissions in Community Treatment Orders and this documentation was not fully audited by the trust.

- The service did not have an effective governance system. The balanced scorecard used to gauge the performance of the team was inaccurate and not shared with front line staff.

- Managers did not have an effective audit system in place to audit Mental Health Act paperwork.

- The trust had not proactively addressed the long waits for psychological therapies by some patients.

- There was no local risk register.

However:

- All teams had safe staffing levels, and ensured sufficient care co-ordination time for all patients.

- Patients had a thorough risk assessment completed at their initial assessment.

- Teams had good multi-disciplinary and interagency working, with close links to other teams within the trust and the local community.

- Local leadership was effective within teams. Staff felt supported and received supervision and appraisal in line with trust policy.

Summary of findings

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

Are services safe?

We rated safe as good for community-based mental health services for adults of working age because:

- All teams had safe staffing levels, and ensured sufficient care co-ordination time for all patients.
- Bank and agency staff covered vacancies and sickness when necessary.
- The trust had an effective electronic incident reporting system and processes in place for feeding back learning to all staff through the team brief and discussion at team meetings.
- Patients had a comprehensive risk assessment completed at their initial assessment.
- Each team base was clean and well maintained with a number of consultation rooms available for patients. Clinic rooms were well equipped.
- Staff across the teams had a 95% completion rate of mandatory training which met the trust target.
- Teams had good medicines management procedures in place.

However:

- Staff did not always update individual patient risk assessments consistently across the teams.

Good ●

Are services effective?

We rated effective as requires improvement for community-based mental health services for adults of working age because:

- The quality of care plans varied across the teams and were not always personalised, holistic or recovery focussed. Staff had not updated care plans regularly.
- Staff did not undertake regular medication reviews and physical healthcare monitoring consistently.
- We identified errors and omissions in Community Treatment Orders and the trust had not fully audited this documentation.
- Some staff reported that they found the trust's electronic recording system difficult to navigate.

However:

- Teams had good multi-disciplinary and interagency working, with close links to other teams within the trust and the local community.
- Staff received regular clinical and managerial supervision and annual appraisals.

Requires improvement ●

Summary of findings

- Teams held weekly meetings with all disciplines attending to discuss new referrals, caseloads, incident learning and safeguarding.

Are services caring?

We rated caring as good for community-based mental health services for adults of working age because:

- Staff interactions with patients were respectful, caring and encouraged recovery.
- Patients spoke highly of the care they received from teams and felt supported by them.
- Patients felt involved in making decisions about their care and treatment.
- Patients and their families were involved in their individual care plan review meetings.
- The trust employed peer support workers who had lived experience of using mental health services and were an additional support to patients.

Good ●

Are services responsive to people's needs?

We rated responsive as requires improvement for community-based mental health services for adults of working age because:

- The trust reported that 434 patients were waiting to start step 4 psychological therapies with the average wait being 50 weeks. A large number of patients had been waiting between one and two years to start step 4 psychological therapy.
- The trust had implemented a limit to the number of referrals that staff could make to step 4 psychological therapies. This limit varied between one and four referrals for teams, meaning that not everyone suitable for step 4 psychological therapies could access them.

However:

- The average time between referral and assessment by teams was 11 days and the average waiting time from assessment to starting treatment was 15 days.
- The trust had assertive outreach nurses to work with patients who had difficulty engaging with services.
- The trust had a proactive approach to patients who did not attend appointments.
- Each location had sufficient consultation rooms and other facilities to support patients whilst using these services.
- The service had received 155 compliments over the past year with the Grantham team receiving the most at 54.

Requires improvement ●

Summary of findings

Are services well-led?

We rated well-led as requires improvement for community-based mental health services for adults of working age because:

- The service did not have an effective governance system. The trust's quality dashboard used to measure the performance of the core service was inaccurate and not up to date. Information was shared with senior managers but not front line staff.
- The trust did not have an effective audit system in place to audit Mental Health Act paperwork. We found errors in Community Treatment Orders not identified by the trust.
- The trust had not proactively addressed the long waits for psychological therapies by some patients.
- There was no local service risk register.

However:

- Managers displayed strong local leadership, with a good overview of supervision and appraisals and regular team meetings.
- Managers shared learning from complaints and incidents with all staff.
- Staff reported high levels of morale and job satisfaction.

Requires improvement ●

Summary of findings

Information about the service

Lincolnshire Partnership NHS Foundation Trust's integrated community mental health teams (ICMHT) provided recovery-based interventions and supported people to live with long term mental health needs in the community.

They provided care and treatment to patients in their own homes, in residential service provisions and at nine locations across the county.

From the last inspection in December 2015, the service was rated as requires improvement. The following areas of improvement were identified for community-based mental health services for adults of working age:

CQC identified the following actions the trust must take:

- The trust must ensure safe staffing levels at all times.

- The trust must ensure that patients are assessed and receive treatment in a timely manner.

- The trust must review its procedures to ensure that the learning from investigations and actions taken are embedded in ICMHTs.

- The trust must ensure that staff are consistently supported through regular supervision and training.

- The trust must ensure that governance systems are in place for informing detained patients under a community treatment order of their legal rights, with regard also to the Mental Health Act and code of practice.

CQC identified the following actions the trust should take:

- The trust should ensure that regular environment health and safety checks take place for Gainsborough team.

- The trust should ensure that patients' risk assessments and care plans are regularly reviewed by staff and updated to reflect current needs.

- The trust should ensure adequate engagement with staff regarding proposed changes to their service.

Our inspection team

Our inspection team was led by:

Chair: Mick Tutt, Deputy Chair, Solent NHS Trust.

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC.

Inspection manager: Karen Holland, Inspection Manager (mental health) CQC.

The team that inspected community-based mental health services for adults of working age comprised: two CQC inspection managers, one CQC inspector, five specialist advisors (a consultant psychiatrist, a social worker, an occupational therapist, a psychologist and a nurse) and an expert by experience (someone who had personal experience of using or caring for someone who used the type of services we were inspecting).

The team would like to thank all those who met and spoke with them during the inspection and who shared their experiences and perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

We inspected these community-based mental health services for adults of working age as part of our ongoing comprehensive mental health inspection programme. This was an announced inspection.

Summary of findings

How we carried out this inspection

To fully understand the experience of people who use services, 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?

Before the inspection visit, we reviewed information that we held about these services and sought feedback from patients at two focus groups.

During the inspection visit, the inspection team:

- visited nine locations and looked at the quality of the environment and observed how staff were caring for patients

- spoke with 27 people who were using the service

- interviewed the divisional director with responsibility for these services and managers or acting managers for each of the teams

- met with 38 other staff members; including doctors, nurses and social workers

- attended four multi-disciplinary meetings

- observed eight episodes of direct care

- spoke with eight carers of patients

- examined in detail 50 care and treatment records and 44 medication records

- carried out a specific check of the medication management at nine locations.

- Reviewed a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

Patients told us they had good relationships with staff and felt genuinely cared for. Patients described staff as kind and respectful and felt that staff listened to them and involved them in making decisions about their care.

Some patients found it difficult to contact their care co-ordinator but most said their care co-ordinator or support worker would respond promptly when contacted.

Patients told us they had to wait a long time to access psychological therapies but that access to other groups and services was good.

Patients and carers told us that they felt involved and informed about treatment decisions. Staff invited them to attend multi-disciplinary meetings regarding their medication and care.

Areas for improvement

Action the provider MUST take to improve
Action the provider MUST take to improve

- The trust must ensure that all care plans are personalised, holistic and recovery focussed.

- The trust must ensure that patients consistently receive medication reviews and physical healthcare monitoring.

- The trust must implement formal outcome measures to assess patient progress.

- The trust must implement an effective governance system to ensure that their balanced scorecard is accurate and provides front line staff with the correct information.

- The trust must implement an effective system in place to audit Community Treatment Order paperwork.

- The trust must ensure that patients requiring access to psychological therapies receive this in a timely manner.

Summary of findings

Action the provider SHOULD take to improve

- The trust should ensure that consideration is given to the introduction of a local service risk register.

- The trust should ensure that all staff receive training in using their electronic records system.

- The trust should ensure that all risk assessments are consistently reviewed.

CareQuality Commission

Lincolnshire Partnership NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Adult Community Mental Health Team, Grantham and Sleaford.	Beaconfield Site, Grantham
Adult Community Mental Health Team, Lincoln South	Long Leys Road, Lincoln
Adult Community Mental Health Team, Lincoln North and Gainsborough	Long Leys Road, Lincoln
Adult Community Mental Health Team	Beech House, Boston
Adult Community Mental Health Team	Holly Lodge, Skegness
Adult Community Mental Health Team	Johnson Hospital, Spalding
Adult Community Mental Health Team	Stamford Resource Centre
Adult Community Mental Health Team	Windsor House, Louth
Adult Community Mental Health Team, Lincoln North and Gainsborough	Trinity House, Gainsborough

Detailed findings

Mental Health Act responsibilities

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

- 97% of staff had completed Mental Health Act training. Staff we spoke to were all aware of the act and its guiding principles.

- Staff informed patients of their rights under the Mental Health Act when under a community treatment order, including the right to tribunal and were reminded of these rights on a regular basis.

- We reviewed 18 community treatment orders (CTO) in detail and found that two were invalid. We also found a number of errors in other CTO paperwork including inaccurate dates, addresses, and amendments not initialled and signed.

- The Mental Health Act administrator conducted an audit of CTO paperwork but did not view the paperwork. The errors were raised with the trust at the time of inspection and the trust have since revised the standard operating procedure and implemented a second checking procedure on all paperwork to reduce errors.

Mental Capacity Act and Deprivation of Liberty Safeguards

- 82% of staff had completed training in the Mental Capacity Act. This was below the trust target of 95%. Staff we spoke to did have a good understanding of the Act and its statutory principles.

- Staff recorded patients' capacity to consent and consent to treatment and kept with medication records.

- The trust had a best interests assessor who could advise staff when making a best interests decision.

Are services safe?

Good 🟢

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

Our findings

Safe and clean environment

- All locations had alarms systems fitted in interview rooms or staff carried personal alarms to call for assistance if required.

- Managers had completed ligature audits for all community locations. Where ligature points had been identified staff mitigated the risk to patients by accompanying patients at all time whilst accessing clinics or outpatients appointments.

- Reception areas were staffed at all times and access to clinics and treatment areas were secure.

- Each location was clean and well maintained with up to date cleaning records.

- Clinic rooms were well equipped to carry out physical examinations. Staff ensured that equipment had been serviced and regular checks of the equipment were undertaken.

- Infection control posters were displayed regarding hand-washing and infection control measures. Managers had identified an infection control lead. Staff adhered to infection control principles including hand washing and use of alcohol gel both in clinical areas and when working out in the community.

Safe staffing

- The trust had calculated the core staffing levels for the service. The established level for qualified nurses was 68 and 28 for nursing assistants. At the time of the inspection, the vacancy rate of 5% for qualified nurses and 12% for nursing assistants. Lincoln South team had the highest vacancy rate with two nurse posts vacant. Managers had a recruitment plan in place to increase staffing.

- Between January 2016 and March 2017, bank staff had covered 379 qualified nurse shifts and agency staff covered 260. Eighty-eight shifts were not covered by bank or agency staff.This equated to less than 1% of total shifts.

- Twenty four nursing assistant shifts were covered by bank staff with thirteen not covered, which equated to less than 1% of nursing assistant shifts.

- Staff sickness rate for the service was 5% in the last 12 months.

- Staff turnover rate for the service was 19% in the last 12 months.

- The average caseload was between 25 and 35 patients per care co-ordinator. The trust reported there were 23 patients waiting allocation to a care co-ordinator at the time of inspection.

- Managers discussed individual caseloads duringstaff supervision sessions and inweekly staff team meetings to ensure they were managed and reviewed.

- Each team had access to an allocated psychiatrist for prompt access to medical support..

- Staff across the teams had a 95% completion rate of mandatory training which met the trust target. The training with the lowest compliance rate were medicine management and trust induction, which had 87% completion. Six courses had achieved 100% completion, including safeguarding adults, equality and diversity, and prevent training.

Assessing and managing risk to patients and staff

- Staff completed risk assessments for every patient during the initial assessment. We reviewed 50 care records and found that staff had completed detailed risk assessments. However, eight risk assessments had not been updated regularly.

- Staff completed initial triage risk assessments on each referral. These were discussed at referral meetings and reviewed by managers.

- Staff completed crisis plans for patients who used the service. These plans included details of who to contact and how in case of a deterioration in health.

- Staff gave patients contact details for the crisis team, in the event of an emergency.

- Staff had completed safeguarding adults' level 3 training.Staff were aware of how and when to make a

Are services safe?

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

safeguarding referral. In addition, each team had a safeguarding champion to support staff with any safeguarding concerns. Potential safeguarding referrals were discussed during weekly team meetings.

- Staff adhered to the trust lone working policy These included maintaining on-line diaries so that staff knew where each other should be, calling into the team via mobile phones when they arrived and left home visits and a buddy system for staff to ensure each other's safety.

- Teams had good medications management procedures, with medication delivered from local pharmacies. Staff had a duty system to check medication levels, ensure they were stored correctly and safely, and undertook regular audits. Patients' prescription charts, including allergy information were kept in a locked cupboard in clinic rooms, apart from one location inspected. This was highlighted to the relevant manager.

- The fridge used to store medication in one location did not have temperature monitoring in place. However, staff had highlighted this in the service audit and had plans in place to address this.

- Emergency medications were not stored on site but staff were trained in resuscitation and an ambulance would be called in the event of an emergency.

Track record on safety

- The trust reported 19 serious incidents over the past year for this service with 14 involving the death of a patient.

Reporting incidents and learning from when things go wrong

- Staff spoken to were aware of what incidents they needed to report and how to report them. The trust used an electronic incident reporting system that staff had access to and felt confident using.

- Incidents were reported to the heads of quality and safety, and if needed to the trust's safeguarding lead; who informed the team managers of any action plans required.

- Managers informed staff of the outcomes of incidents and action plansin team meetings or during individual supervision if appropriate.

- The trust produced a monthly 'team brief' that fed back learning from incidents from across the trust to all staff.

- Managers held individual supervision to debrief staff after an incident.

Are services effective?

Requires improvement 🟠

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.

Our findings

Assessment of needs and planning of care

- Staff had completed comprehensive assessments of patients' needs during the initial assessment.

- Care plans varied across the teams and were not always personalised, holistic or recovery focussed. We reviewed 50 care records and found that nine care plans had not been updated regularly. We found inconsistencies across teams for how often they were reviewed and updated.

- The trust used an electronic system for storing records, which meant that all staff could access care records safely and securely. However, some staff reported that they found the system difficult to navigate. The trust were looking at introducing a new trust wide electronic record management system.

- Social workers working with patients within teams were not employed directly by the trust and did not have access to the trust's electronic system. This meant that front line staff relied on administrators from each team to access records systems and ensure information was shared between social care and trust staff.

Best practice in treatment and care

- We reviewed 44 medication records and found that staff were prescribing medication within the British National Formulary recommended limits.

- Staff contacted patients' GP surgeries to request a physical health monitoring check. Inconsistencies were noted in the recording of these requests and any subsequent information provided by primary care. Staff had not followed up all outstanding information requests. However, some teams held medication clinics where staff completed blood tests, weight and blood pressure checks.

- There were good links with local housing support, finance and employment support agencies. Staff would attend the initial meeting with an external agency if required to support patients.

- The trust provided a variety of social and support groups including anxiety management, hearing voices support group and recovery group to prepare patients for discharge from services. Staff worked closely with voluntary agencies to refer patients into additional support sessions.

- Staff used outcome measures for example mental health clustering tools. The teams used this to determine the level of need and treatment pathways for patients.

- Clinical staff participated in the following audits: safeguarding, medication management, schizophrenia audit, lithium monitoring, incident reporting implementation and person centred care.

Skilled staff to deliver care

- Each locality team consisted of nurses, nursing assistants, psychiatrists, occupational therapists and social workers who were contracted in by the trust. Teams did not have psychologists based in the teams but the trust was in the process of recruiting psychology assistants.

- Staff were experienced and qualified to carry out their duties.

- 93% of staff within the service had received an annual appraisal.Spalding and Stamford team, Grantham and Sleaford team and Louth team had reached the 95% trust target.

- The trust reported supervision rates of 12% across the service from October to December 2016. The trust had implemented a new recording system in October and noted that not all supervisions had been entered on to the system. We checkedstaff supervision records and found that staff had received clinical and management supervision in line with trust policy.

- Managers discussed staff performance in monthly supervision so that performance concerns could be addressed promptly.

Multi-disciplinary and inter-agency team work

- Weekly team meetings took place. The whole team attended these and new referrals, caseloads, specific patient cases as well as safeguarding incidents were discussed in detail.

Are services effective?

Requires improvement 🟠

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.

- Staff worked closely with other mental health services within the trust, and held joint appointments with young people moving from children and adolescent mental health service (CAMHS) to aid their transition between services. For example, managers held monthly trust interface meetings with staff from the crisis team, steps to change, older adult team and CAMHS supported these to discuss referrals and joint working plans.

- The service had good working relationships with external organisations including housing agencies, social services and substance misuse services. Staff held joint appointments with substance misuse services for patients with a dual diagnosis.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- The trust had a Mental Health Act administrator in post and staff knew how to contact them if in need of guidance.

- 97% of staff had completed Mental Health Act training. Staff were aware of the Act and its guiding principles.

- Staff informed patients of their rights under the Mental Health Act when under a Community Treatment Order (CTO), including the right to appeal to the Mental Health Tribunal and were informed of their rights on a regular basis.

- We reviewed 18 CTOs in detail. We found a number of errors in these records. These included inaccurate dates, addresses, and amendments not initialled and signed. One was invalid as it had not been renewed and another was invalid as it did not have a signature by the consultant psychiatrist on one section. These concerns were bought to the trust's attention and assurances received that these concerns would be addressed. The trust have since revised the standard operating procedure and implemented a second checking procedure on all paperwork to reduce errors.

- The Mental Health Act administrator conducted an audit of CTOs. However, they did not view the paper records held by teams to ensure that staff had filled it correctly in case records. Those medication records checked had consent to treatment forms attached where applicable.

Good practice in applying the Mental Capacity Act

- 82% of staff were trained in the Mental Capacity Act. This was below the trust target of 95%. However, those staff spoken with had a good understanding of the Act and its statutory principles.

- Capacity to consent and consent to treatment were recorded and kept with medication records where appropriate.

- The trust had a best interest decision assessor who supported staff with this process.

Are services caring?

Good 🟢

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

Our findings

Kindness, dignity, respect and support

- We observed eight direct episodes of care and saw that staff treated patients with genuine care, respect and kindness.

- Staff spoke about the patients on their caseloads with knowledge of their needs, social and medical histories. Staff offered practical and emotional support to carers and family members.

- We spoke to 27 patients and eight carers. The majority said that staff were genuinely caring and helpful. They felt that staff understood their individual needs and supported them to meet their goals.

- Most patients said they had no difficulties contacting their care co-ordinator or support worker in the care co-ordinator's absence

- Some patients told us that their care co-ordinator had changed a few times and they had problems getting in contact with them but most were happy that if they left a message their co-ordinator would respond quickly.

The involvement of people in the care that they receive

- We reviewed 50 care records and found that recording of patient involvement in care planning was varied across the teams. However, most patients told us that they were involved in deciding care plan goals and had agreed to all of their goals.

- Patients were involved in making decisions about their care and felt staff listened to their opinions and considered them. For example, we saw evidence that patients and their families were fully involved in care plan review meetings and patients and carers confirmed this.

- Staff had invited carers to care programme approach meetings and kept them updated on treatment if the patient agreed to share this information.

- Staff held local carer groups in some areas so that families and carers could gain support.

- The trust employed peer support workers who had lived experience of using mental health services.

- Peer support workers ran service user forums to gain feedback from patients as well as providing a source of support and social inclusion.

- Patients were aware of local independent advocacy services. Information about these services were available in each location visited.

Are services responsive to people's needs?

Requires improvement 🟠

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

Our findings

Access and discharge

- The trust did not have a local target for time from referral to assessment. The trust followed the national target of assessing 50% of patients within two weeks of a first episode of psychosis. Data provided by the trust did not show whether this target was being met. The average time from referral to assessment across the service was 9 days.

- Individual teams had varying average times from referral to assessment with Skegness and Boston teams having the highest wait time of over 40 days. Grantham, Louth and Lincoln South teams had the lowest wait time with an average of two days from referral to assessment.

- The trust reported that there had been 451 referrals to the Boston and Skegness team with 390 discharges over the past year.

- Each team had a dedicated assessment nurse to complete triage assessments. This allowed staff to prioritise treating patients according to need.

- The trust had a target time of 95% of patients to start treatment within 18 weeks. The trust was meeting this with the average wait being 15 days from assessment to starting treatment.

- Data highlighted that 434 patients were waiting to start step 4 psychological therapies. The average wait to start treatment was 50 weeks. 316 patients had been waiting to access step 4 psychological therapies for over a year and 112 patients waiting over two years. Local alternatives to psychology were identified. For example, some patients were referred to local self-help groups and third sector organisations.

- The trust had identified the delay in treatment and unmet need for psychological therapy services as a risk to this service. This was recorded on the trust's risk register.

- The trust had implemented a limit to the number of referrals that staff could make to step 4 psychological therapies. This limit varied between one and four referrals for teams, meaning that not everyone suitable for step 4 psychological therapies could access them.

- The trust had assertive outreach nurses to support patients who found it difficult to engage with treatment.

- The trust had good processes in place for managing patients who did not attend appointments. This included speaking to family, neighbours and community pharmacists to check if they were safe before the staff contacted the police to carry out welfare checks.

- Patients did not raise any concerns about their appointments being delayed or cancelled.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff conducted most appointments in the patient's home. However, the trust had rooms at each location that were used to meet with individual patients or to facilitate group sessions. These rooms were private and comfortable with adequate soundproofing to maintain patient confidentiality.

- Each location had leaflets and posters displayed on patient rights, treatment information and details of local services.

Meeting the needs of all people who use the service

- Each location was accessible to patients with a disability or limited mobility.

- Information leaflets were available at each location in a variety of languages and formats with access to translators and signers if necessary.

Listening to and learning from concerns and complaints

- Information about the trust's complaint policy and procedure was available at each location.

- Staff gave patients information on how to complain at their initial assessment meeting.

- Patients knew how to complain and received a response following complaints made.

- The service received 58 complaints over the past year, 13 of these were fully upheld, 22 being partially upheld and two referred to the ombudsman.

Are services responsive to people's needs?

Requires improvement 🟠

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

- Lincoln teams received the most complaints at 18, nine of which were upheld.

- The trust received eight complaints over the past year about appointment delays or cancellations, six complaints over the past year regarding patients unable to contact their care co-ordinator and five complaints were regarding support and communication from the teams.

- The trust had a central complaints system to manage and investigate complaints received.

- Staff received feedback from informal and formal complaints at their weekly team meeting. This included the outcome of formal investigations of complaints.

- The service had received 155 compliments over the past year with Grantham team receiving the most at 54.

Are services well-led?

Requires improvement 🟠

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.

Our findings

Vision and values

- Staff were aware of the trust's vision and values and reflected these in their work by demonstrating respect, compassion and integrity. Staff knew who senior managers were and reported that they visited services on a regular basis.

- The trust's Chief Executive worked within the service as a consultant psychiatrist and was well known to staff.

Good governance

- The service did not have an effective governance system. The trust's balanced scorecard used to measure the performance of the team was inaccurate and was shared with senior managers but not frontline staff.

- Managers completed their own training, supervision and appraisal records as these figures were not accurate or up to date on the trust quality dashboard. These records were sent to the trust governance team but this information was not updated until the next month.

- The trust did not have an effective audit system in place to audit Mental Health Act paperwork in the community. For example, we found errors in Community Treatment Orders not identified through audit.

- Senior trust management had not identified and addressed the concerns around psychology waiting times in a proactive manner.

- Local leadership within the teams was good, with managers ensuring that staff were receiving support including attending supervision and appraisal in line with trust policy. Managers worked with closely with the trust human resources department to manage poor performance.

- The trust had an effective system in place to learn from incidents, complaints and feedback with staff being aware of the team brief and managers feeding back learning in team meetings.

- Local and trust wide audits took place with the findings from these shared with local managers, these included safeguarding and medicines management.

- Team managers had sufficient authority and support and all staff felt there was strong local leadership.

- There was no local service risk register. However, team managers reported that they could escalate concerns to the trust wide register.

Leadership, morale and staff engagement

- Five of the nine teams had a sickness rate of 6%, staff sickness overall was 5% for the past year.

- There were no incidents of bullying or harassment reported to us. Staff were aware of the trust's whistle blowing policy and felt they would be able to raise any practice concerns without the fear of victimisation.

- Staff spoke of feeling supported by managers and colleagues and reported good communication within teams.

- Staff reported that they had high levels of morale and job satisfaction.

- Staff were able to describe their duty of candour as the need to be open and honest with patients when things go wrong.

Commitment to quality improvement and innovation

- The trust was currently working towards accreditation for community mental health services (ACOMHS) for all of these locations.

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • Care plans were not always personalised, holistic or recovery focussed. • Some patients had long waits for psychological therapies. • Regular medication reviews and physical healthcare monitoring was not taking place consistently. • Formal outcome measures to assess patient progress were not used. This was a breach of regulation 12

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The trust did not have an effective governance system to ensure that their quality dashboard was accurate and provided front line staff with the correct information. • The trust did not have an effective system in place to audit Community Treatment Order paperwork. This was a breach of regulation 17