

Good



Northamptonshire Healthcare NHS Foundation
Trust

Community mental health services for people with learning disabilities or autism

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)
RP1X1	Newland House	CTPLD South	NN1 5EB
RP1X1	Newland House	Children's CTPLD	NN1 5EB
RP1A1	St Mary's Hospital	CTPLD North	NN15 7PW
RP1A1	St Mary's Hospital	Intensive support team	NN15 7PW
RP1A1	St Mary's Hospital	Opportunities for you	NN15 7PW

Summary of findings

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

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

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Summary of findings

Overall summary

We rated community-based services for people with learning disability and autism as good because:

- The trust employed sufficient numbers and disciplines of staff including psychiatrists, nurses, psychologists, occupational therapists, physiotherapists and speech and language therapists to meet the needs of people who used services.
- The trust had policies in place to assess and manage risk to staff, a risk register was in place and clinical and safety audits were completed monthly.
- Teams were able to offer a wide range of therapies across a number of disciplines.
- Teams worked closely together and with other departments and external agencies.
- People who used services and carers were consistently positive about staff and the support they had received from the service.

- Staff were highly motivated and regularly went the extra mile to support people who used services.
- People who used services were fully involved in writing their care plans and action plans. Staff provided care plans and treatment information in easy read and visual formats.
- People referred to the service were assessed within the timeframe set by the trust and the intensive support team were able to respond quickly to urgent referrals.
- The trust encouraged involvement and feedback from people who used service and their carers including recruitment of staff.

However:

- Staff reported 46 people were waiting for access to psychological therapies, some of whom had been waiting for over 40 weeks.

Summary of findings

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

Are services safe?

We rated safe as good because:

- The trust employed sufficient numbers and disciplines of staff including psychiatrists, nurses, psychologists, occupational therapists, physiotherapists and speech and language therapists.
- The trust had policies in place to assess and manage risk to staff, a risk register was in place and clinical and safety audits were completed monthly.
- There were no serious incidents reported over the last year.
- The Intensive Support Team were able to see people who used services at short notice in the event of crisis or deterioration of health.
- Staff completed thorough risk assessments of every person prior to and during assessment and updated them regularly.

However:

- Staff sickness levels within the Community Team south were higher than the trust average.
- Staff held caseloads that were higher than the trust expectation.

Good



Are services effective?

We rated effective as good because:

- Teams consisted of a range of skilled staff including nurses, psychologists, occupational therapists, physiotherapists and speech and language therapists.
- Staff were qualified, experienced and received regular supervision.
- Teams were able to offer a wide range of therapies across a number of disciplines to meet the needs of people who used services.
- Staff used a triage system following referral to ensure they allocated initial assessments to the most appropriate staff discipline.
- People referred to services were seen for assessment within the trust target of 13 weeks.
- Staff ran a variety of group sessions, including positive behaviour groups, postural management and cooking classes.
- Staff completed detailed capacity assessments and clearly documented when best interest decisions were made for people lacking capacity.

Good



Summary of findings

- Teams worked closely together and with other departments and external agencies.
- People who used services were involved in recruiting staff.

Are services caring?

We rated caring as outstanding because:

- People who used services and carers were consistently positive about staff and the support they had received from the service.
- Staff interactions with people who used the service were observed to be exceptionally caring, highly respectful and very supportive.
- Teams consistently offered carers advice, supportive guidance and training to help people who used the service improve communication and independence.
- Staff were highly motivated and regularly went the extra mile to support people who used services.
- People who used services were fully involved in writing their care plans and action plans. Staff provided care plans and treatment information in easy read and visual formats.
- Staff always encouraged people to communicate in their preferred method, and advocated for those who were unable to do so themselves.
- Staff provided excellent person centred care to patients, and showed thorough and detailed knowledge of patient needs.

Outstanding



Are services responsive to people's needs?

We rated responsive as requires improvement because:

- The trust had a target of 13 weeks for assessment to treatment however; they were unable to provide figures across the service. Therefore the service could not be monitored effectively.
- Staff reported 46 people were waiting for access to psychological therapies, some of whom had been waiting for over 40 weeks.

However:

- People referred to the service were assessed within the timeframe set by the trust and the intensive support team were able to respond quickly to urgent referrals.
- Teams had clear pathways for people using the service including dementia; postural management; epilepsy; weight management; positive behaviour support; pregnancy and end of life pathways.

Requires improvement



Summary of findings

- Staff had produced easy read guides for people who used services to understand and manage their health needs, including pregnancy and sexual health.
- Staff supported people through transitions between services and had good liaison with other teams and agencies.
- Teams had easy read leaflets on services, patient rights and how to complain. Teams investigated and responded to complaints.

Are services well-led?

We rated well-led as good because:

- Staff were aware of the trust's vision and values and these were reflected in their work.
- Staff knew senior managers and managers were visible within teams.
- Teams worked well together and staff supported each other.
- Teams completed quarterly clinical and safety audits. The results of these were fed back at the clinical executive meeting and at team meetings.
- Staff reported high levels of morale and job satisfaction. There had not been any incidents of bullying or harassment over the past year.
- Teams had examples of their innovative practise and research published nationally.
- The trust encouraged involvement and feedback from people who used services and their carers including recruitment of staff.

However:

The service did not monitor how long people who needed services had to wait for treatment.

Good



Summary of findings

Information about the service

Community-based mental health services for people with learning disabilities consists of:

- Two community teams covering the north and south of Northamptonshire. They are multi-disciplinary teams working with people who have learning disabilities and additional health or social needs. This included a team for children with learning disabilities.

- One intensive support team for people with a learning disability who have mental ill health or challenging behaviour.
- One 'opportunities for you' team which provides bespoke packages of care for people with a learning disability and complex needs.

CQC last inspected this core service in February 2015. We found it to be good in each domain inspected.

Our inspection team

Our inspection team was led by:

Chair: Mark Hindle, Chief Operating Officer, Merseycare NHS Foundation Trust

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

Inspection Manager: Tracy Newton, Inspection Manager (mental health) CQC.

The team that inspected community mental health services for people with learning disabilities consisted of two inspectors, a variety of specialist advisors, which included two nurses and a psychiatrist.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

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.

During the inspection visit, the inspection team:

- visited five services
- undertook two home visits with staff to observe care and treatment
- spoke with six people who used services
- observed two clinical review meetings
- spoke with 11 carers of people who were using the service
- observed five out-patient appointments
- spoke with five team leaders

Summary of findings

- attended three multi-disciplinary meetings
- spoke with 36 other staff members; including, nurses, support workers, administrators, speech and language therapist, physiotherapist, occupational therapist and doctors
- reviewed at 32 care records of people who used services
- reviewed a range of policies, procedures and other documents relating to the running of the services

What people who use the provider's services say

People who used the service told us they liked working with the staff who they described as very kind and caring. They described how much they looked forward to visits from staff and enjoyed the activities provided.

Carers of people who used the service told us that staff were very responsive when asked for help and advice.

They told us that the service was invaluable to them and that they had seen positive improvements to the lives of people who used services including being able to manage their physical health better, better communication and being able to live more independently.

Good practice

- The 'opportunities for you' service was commissioned to provide personalised care packages for people in their own home who were unable to access community services. This meant that people who would not normally be able to access services were included and increased their independence.
- Staff regularly went the extra mile to support people, including working outside of their hours to facilitate health assessments at convenient times for people using services.
- Teams demonstrated areas of innovation and were published nationally for their work on abdominal massage in improving bowel management and on desensitisation. Staff were also due to be published in a book on models of creative ability.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure there are systems in place to monitor whether people are able to access the right care at the right time.

Northamptonshire Healthcare NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
CTPLD South	Newland House
Children's CTPLD	Newland house
CTPLD North	St Mary's Hospital
Intensive Support Team	St Mary's Hospital
Opportunities for you	St Mary's Hospital

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.

- We did not monitor responsibilities under the Mental Health Act (MHA) 1983 within this core service as none of

the people using this service were detained, however staff demonstrated a good understanding of the MHA 1983. The trust did not provide figures for attendance at Mental Health Act training but told us that monthly sessions were available for staff to attend.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The trust provided figures showing 100% of staff had completed Mental Capacity Act training.

Staff had a good understanding of the Mental Capacity Act and this was reflected in detailed capacity assessments. People who lacked capacity and required best interest decisions made for them had this clearly explained and recorded in notes.

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- People who used services were sometimes seen on the premises by the community teams for people with learning disabilities and the provider offered personal alarms for staff.
- All rooms were clean and well maintained with comfortable furnishings. There were occupational therapy kitchens in the community teams with up to date cleaning records and monitored fridge temperatures.
- Staff completing physical health checks checked equipment including blood pressure monitors and weighting scales regularly to ensure they were clean and well maintained.
- The trust had environmental risk assessments in place for the premises and staff knew how to report concerns such as broken fixtures.
- 79% of staff were trained in infection control and all staff carried hand gel to reduce risk of infection.

Safe staffing

- The trust employed sufficient numbers of staff including nurses, psychologists, physiotherapists, speech and language therapists and occupational therapists.
- Figures provided by the trust showed that in the past year staffing vacancies had been 3% across the service with 9% of this within the community team for the south. Some of these posts had been filled at the time of inspection.
- Sickness rates within the nursing staff at the community team for the south were higher than the trust average at 9.6%. However, staff ensured this did not affect patient safety.
- The trust recorded that bank staff covered 1039 shifts over the past year, mostly nursing assistant posts. The

teams used staff from within their service where possible to aid consistency within the team and for people who used services. Agency staff were occasionally used when necessary.

- The trust employed three consultant psychiatrists to ensure people who used services could access psychiatric care when needed.
- Mandatory training figures provided by the trust showed that 80% of staff had completed all mandatory training, which was below the trust target of 90%.
- The trust expectation was that staff would hold caseloads of up to 20. However, caseloads for some nursing staff were 30 or more.
- Caseload management was discussed in supervision and team meetings.
- Staff used a triage system following referral to ensure the most appropriate discipline staff saw people who used services for their initial assessment. Teams held weekly meetings to discuss new referrals and allocate them effectively.

Assessing and managing risk to patients and staff

- The trust had policies in place to assess and manage risk to staff including lone working, manual handling and violence and aggression policies. We observed staff lone working following the policy of updating electronic calendars to ensure all staff knew their location and carrying mobile phones to use the phone in system.
- The trust had a risk register in place and teams completed clinical and safety audits on a monthly basis to assess and manage risks. Staff told us they could add items to the risk register following team meetings.
- 99% of staff were trained in safeguarding which was higher than the trust average, posters were clearly displayed with information on how to report safeguarding concerns and when asked staff were able to confidently explain the process of when and how to raise a safeguarding alert.

Are services safe?

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

- Thorough risk assessments were completed of every person prior to and during assessment and these were updated regularly. However, these were not always recorded on the electronic system.
- The intensive support team were able to see people who used services at short notice in the event of deterioration in health or crisis, often responding within hours of referral.
- Debriefs were available in the event of a serious incident and staff were supported by occupational health following any incident.
- The trust produced a Health and Safety assessment quarterly that listed incidents and their outcomes and added these to the risk register if required.
- Teams discussed incidents as part of team meetings on a monthly basis to ensure learning was fed back to all staff.

Track record on safety

- There were no serious incidents reported by the trust in the last year.

Reporting incidents and learning from when things go wrong

- The trust used an electronic reporting system for any incidents and all staff were aware of how and when to report. Staff gave examples of incidents they had reported and the outcomes.
- Staff were aware of the duty of candour that requires people who used services to be informed if something goes wrong that affects them or their care. They responded openly and transparently to complaints and incidents.
- Staff implemented new processes to prevent re-occurrence such as sending out letters in the event of a staff member being unavailable.

Are services effective?

Good 

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

- The trust target for initial assessment following referral was 13 weeks and during inspection, we saw records that showed no one had waited longer than 8 weeks for assessment.
- We reviewed 32 care plans which were all personalised, holistic and reviewed regularly, however copies of the easy read or visual care plans for people who used services were not always uploaded to the electronic system.
- Staff had produced easy read guides for people who used services to understand and manage their health needs, including sexual health and pregnancy.
- The trust used an electronic system for recording assessments, care plans and notes that provided access to records for all staff and secure storage of records.

Best practice in treatment and care

- Teams were able to offer a wide range of therapies to people who used services across a number of disciplines to meet the need of people using services.
- Psychologists delivered an adapted sexual offenders treatment programme, which was a Cognitive Behaviour Therapy (CBT) based programme delivered to males with a history of sexual offending to reduce their risk of re-offending.
- The looked after children's team delivered a positive behaviour group as well as individual sessions with young people.
- Physiotherapists, occupational therapists and speech and language therapists ran a variety of groups including cooking classes, postural management and abdominal massage training.
- The 'opportunities for you' team offered individual care packages to people who used services whose complex needs stopped them accessing day centre services.
- Staff worked closely with schools and health and social care providers including attending Special Educational Need and Disability meetings to support the housing, education and employment needs of people using services.

- Staff supported people who used services receiving annual physical health checks from their GP including taking blood samples from people who used services.
- Staff across the teams used a variety of recognised outcome measures and assessment tools including the Health of the Nation Outcome Scale for people with learning disabilities, and the Activity Participation Outcome Measure.
- Teams completed quarterly clinical audits and results of these were fed back in team meetings.

Skilled staff to deliver care

- The teams were made up of a wide range of staff including nurses, psychologists, physiotherapist, consultant psychiatrists, occupational therapists, speech and language therapists, nursing assistants and administration support.
- Staff were all suitably qualified and experienced.
- New staff received a two-day trust induction and a weeklong team based induction including shadowing experienced staff.
- Staff received specific training for their role including communication, positive behaviour support and person centred approach training.
- The trust provided figures of 95% of supervision rates, which was higher than the trust target of 90%, and records we checked showed that staff were receiving supervision regularly.
- The trust provided figures of 71% appraisal rates as of September 2016. Following inspection, this data was resubmitted and showed compliance of 100%. Records we checked showed that staff received annual appraisals.
- People who used services were involved in recruiting staff including interviewing for new staff.
- Performance of staff was included as a supervision agenda item.

Multi-disciplinary and inter-agency team work

- The teams all held regular team meetings; the community teams met fortnightly, the intensive support team met monthly and the 'opportunities for you' team met very six weeks.

Are services effective?

Good 

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.

- We saw evidence that all team meetings had set agendas that covered referrals, caseload discussion, safeguarding and a clinical governance structure to review service performance.
- The teams worked closely together when required including handovers from a community team to intensive support team or opportunities for you team.
- Within each team, there was close working between disciplines including groups delivered jointly by physiotherapists and speech and language therapists.
- Teams worked closely with other departments in the trust such as physiotherapists and paediatricians at the General Hospital. This helped to reduce inappropriate referrals and help people transitioning from young people's services into community teams.
- Teams had good links with external agencies such as day centres and supported living houses, which helped communication about people who used services.

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

- The service did not have anyone on their caseload who was detained under the Mental Health Act.
- The trust did not provide figures on Mental Health Act training. The trust stated Mental Health Act training was available for staff to attend on a monthly basis that new staff would be expected to attend.
- Staff could access a Mental Health Act advisor within the trust if they needed advice around their responsibilities. Should they need to work with people who have been detained under the Mental Health Act they would seek advice from the Mental Health administrator or colleagues.

Good practice in applying the Mental Capacity Act

- The trust provided figures showing 100% of staff had completed Mental Capacity Act training. Staff we spoke with had a good understanding of the Mental Capacity Act and the guiding principles.
- We reviewed records, which showed staff completed detailed and thorough mental capacity assessments.
- Where people who used services were able to give consent to treatment this was recorded in notes.
- Records evidenced that where best interest decisions were made for people who did not have capacity, these were recorded fully.
- The trust had a Mental Capacity Act lead who could advise staff if required.

Are services caring?

Outstanding



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 four staff interactions with people who used services and these all demonstrated high levels of kindness, respect and support.
- Staff used positive, enabling language to encourage people who used services to be involved in their care.
- People who used services described how they looked forward to visits from staff because they were very kind and explained things to people who used services.
- Carers of people who used services described the support people who used services had received as invaluable and had seen significant improvements in behaviour, communication and levels of independence.
- Carers of people who used services were offered support and advice by staff and were included in training that would help people who used services including abdominal massage, which had improved the health of people using services.
- Staff were highly motivated and regularly went the extra mile to support people who used services. We observed examples of this including staff attending a social function with a person who used services to support them and healthcare professionals conducting a home visit in the early hours of the morning to enable a physical health assessment. A staff member also attended a surgical procedure with someone using services that was anxious so that they would have a familiar face to reassure them before and when they came round from anaesthesia. Staff would regularly work outside of their core hours to support the care of people using services.
- The opportunities for you team encouraged people's physical activity and independence by taking them to activities including swimming and horse riding.
- Staff provided excellent person centred care to patients, and showed thorough knowledge of patient needs. Staff were passionate about their work, and they genuinely cared about the wellbeing of their patients.

The involvement of people in the care that they receive

- People who used services and carer involvement in making decisions were evidenced in care plans and people who used services had individual action plans they could use with other services.
- People who used services and staff completed a change checklist so staff knew what people wanted and updated this regularly. Staff helped people who used services complete an overview document of their interests, likes, strengths and how they could help themselves.
- Staff provided care plans and information on treatment in easy read or visual formats. An example of this was photos of medication, what it was for and when to take it.
- Staff advocated for people who used services when they were unable to do so themselves and gave advice to carers and staff from other services about communication and positive behaviour support.
- Staff encouraged people who used services to live independently and engage in activities in the local community.
- Staff encouraged people who used services to communicate in their preferred method. Pregnant people who used services had a passport to show physical health professionals how they communicate pain or anxiety and how they would like that to be treated.
- Staff encouraged feedback from people who used services and carers and this information was included on an action plan to improve care.
- Service users working as volunteers within teams were involved in developing new group sessions. The volunteers were involved in recruitment of staff including interviews.

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 had a target time of 13 weeks from referral to assessment and 100% of the records we viewed had met the target and were completed within 8 weeks.
- The trust had a target of 13 weeks for assessment to treatment. However they were unable to provide figures across the service. This meant the trust were unable to effectively monitor the service waiting times. However, leads in psychology were able to provide their figures for waiting times.
- Staff reported waiting times to access nursing care within the community teams were on average four weeks.
- Staff reported waiting times to access psychological treatment were high, with 46 people who used services waiting to access treatment some of whom had been waiting for over 40 weeks. Staff said this was due to demand exceeding resources and a staff vacancy that had since been filled.
- The intensive support team were able to respond quickly to urgent referrals, sometimes the same day. Non-urgent referrals were seen within 7 days.
- People who used services and carers reported that staff responded within 24 hours when they contacted the team by phone.
- Teams sent easy read letters to people informing them of appointment times and how to change these. Letters were also sent to anyone not attending an appointment offering to rebook.

The facilities promote recovery, comfort, dignity and confidentiality

- The teams had access to private and confidential rooms for people who used services who attended the premises.
- The community teams had a sensory room available to help staff assess the needs of people who used services. For example, a sensory wall of different colours and textures helped staff to assess people's mobility.
- Teams had easy read leaflets available on services available, patient rights and how to complain.

Meeting the needs of all people who use the service

- Teams had clear pathways for people accessing the service including dementia; postural management; epilepsy; weight management; positive behaviour; pregnancy and end of life pathways.
- Staff supported people who used services through transitions between services. There was good liaison between teams and physical health services, such as paediatricians and physiotherapists as the general hospital.
- Staff involved people who used services in creating passport documents to support their engagement with physical health services, including a pregnancy passport.
- Staff involved people who used services in planning their discharge from the service. Staff reviewed a change checklist and care plans with those who used services so they would know when their goals were met.
- All rooms at the community teams' premises were fully accessible to everyone including wheelchair users and people with restricted mobility.
- Teams had access to interpreters and signers if required and information leaflets were available in other languages as well as easy read and visual formats.

Listening to and learning from concerns and complaints

- The trust provided figures showing four complaints had been received over the past year. Two of these were partially upheld and none were referred to the Ombudsman.
- The trust provided people who used services easy read leaflets on how to complain and reminded them regularly of the process. People we spoke to who used services were all aware of how to complain.
- Teams evidenced how they investigated and responded to complaints and put measures in place to prevent them happening again. Teams had implemented new systems for informing people who used services if their named staff member was unavailable because of one complaint. The teams included complaints at their team meetings and the Learning Disability Clinical Executive Meeting where lessons learnt were shared.

Are services responsive to people's needs?

Requires improvement



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

- The trust encouraged feedback from people who used services and carers using the 'I want great care' tool,

which was produced in an easy read format for people who used services. Results from this showed over 90% of respondents would recommend the service and outcomes were discussed within team meetings.

Are services well-led?

Good 

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 described the trusts vision and values, and these were incorporated into the service specific strategy.
- We observed that staff embraced the trusts vision and values during observation at team meetings, during home visits, and from feedback given by both people who used the service, and carers. Staff supported people who used the service to maximise their potential, make their own choices and achieve their goals.
- Staff knew senior managers and the service managers regularly spent time in each office.

Good governance

- Managers ensured staff received mandatory training and training and development was discussed on a monthly basis at team meetings. However, figures provided by the trust showed a compliance rate of 80%, which was lower than the trust target of 90%.
- Managers ensured staff received regular supervision with a supervision rate of 95%. Supervision records we viewed showed they happened regularly and covered all agenda items.
- Managers ensured staff received annual appraisals, with a completion rate of 71%.
- Managers held a clinical executive meeting monthly where all teams discussed incidents, risk register and complaints. These could then be added to the trust risk register, which included lone working, manual handling and violence and aggression.
- Teams completed quarterly clinical audits on training, supervision, record keeping and pathways. Managers fed back the results of these audits in team meetings. Staff told us the information from incidents were regularly shared.

- The trust had set a KPI for time from referral to initial assessment that teams were meeting. However, did not monitor the waiting times from assessment to starting treatment.
- Team managers stated they had sufficient authority and each team had administration support provided.
- Managers included safeguarding and clinical governance for discussion in team meetings.

Leadership, morale and staff engagement

- Sickness rates across the service were lower than the trust average. However, sickness rates in the community team South were higher at 9.6%. Staff told us that this was mainly within the nursing discipline, and that this had increased the caseloads for nursing staff.
- Staff reported high levels of morale and job satisfaction. There were no incidents of bullying or harassment over the past year.
- Staff were aware of the whistleblowing policy and said they felt able to raise any concerns with managers without fear of victimisation.
- Teams worked well together and staff supported each other across disciplines and teams.
- There were no cases of staff being suspended or being put onto supervised practice.
- Staff were open and transparent with people who used services when something goes wrong.
- Staff had the opportunity to give feedback on services through the annual staff survey and through team meetings.

Commitment to quality improvement and innovation

- The trust had set innovation as part of their vision and values. Teams demonstrated areas of innovation and staff were published nationally for their work on abdominal massage in improving bowel management and on desensitisation. Staff were also due to be published in a book on models of creative ability.