Requires Improvement

Northamptonshire Healthcare NHS Foundation Trust

Quality Report

Sudborough House
St Mary's Hospital
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Core services inspected	CQC registered location	CQC location ID
Acute wards for adults of working age and PICU	St Mary's Hospital Berrywood Hospital	RP1A1 RP1V4
Long stay/Rehabilitation for adults of working age	Berrywood Hospital	RP1V4
Wards for people with a learning Disability or Autism	The Warren 1 Willow Close The Squirrels John Greenwood Shipman Centre	RP1X7 RP1Q9 RP1D7 RP1JG
Wards for older people	Berrywood Hospital St Mary's Hospital	RP1V4 RP1A1
Community services for adults of working age	Isebrook Hospital St Mary's Hospital Campbell House Trust Headquarters Willowbrook Health Centre	RP1X3 RP1A1 RP1X1 RP1X1 RP1P1
Crisis and HBPoS	Trust Headquarters	RP1X1
Community services for children and young people	Trust Headquarters	RP1X1

Summary of findings

Child and adolescent mental health wards	The Sett Berrywood Hospital	RP1H1 RP1V4
Community based services for older people	Trust Headquarters	RP1X1
Community learning disability and autism services	St Mary's Hospital Trust Headquarters 2 Willow Close Trust Headquarters Trust Headquarters	RP1A1 RP1X1 RP1Q9 RP1X1 RP1X1
Forensic and low secure	Berrywood Hospital	RP1V4
Substance misuse services	The Crescent Dunstable Hub	1-570598576 1-699717561
Community health services – adults	Battle House Danetre Community Hospital Brackley Health Centre Isebrook Hospital – Castle Unit Corby Community Hospital	RP1X2 RP1J6 RP1J5 RP1X3
Community health services – children	Trust Headquarters	RP1X1
Community health services – inpatient	Danetre Community Hospital Isebrook Health Campus Corby Community Hospital	RP1J6 RP1X3
End of life care	Cynthia Spencer Hospice, Manfield Campus Cransley Hospice, St Mary's Hospital.	RP1X4 RP1A1
Community health services-dentistry	St James Dental Clinic, Northampton St Giles Street Clinic, Northampton Isebrook Hospital, Wellingborough Willowbrook Health Centre , Corby	RP1X5 RP1G3 RP1X3 RP1P1

This report describes our judgement of the quality of care at this provider. It 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.

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 mental health services at this provider	Requires Improvement 
Are mental health services safe?	**Requires Improvement** 
Are mental health services effective?	**Requires Improvement** 
Are mental health services caring?	**Good** 
Are mental health services responsive?	**Requires Improvement** 
Are mental health 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

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Summary of findings

Overall summary

We found that Northamptonshire Healthcare NHS Foundation Trust was performing at a level that leads to a judgement of requires improvement.

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

Northamptonshire Healthcare NHS Foundation Trust provide both Community Health and Mental Health & Learning Disability services. The differences between the two is evident and showed some marked contrast. The Community Health Services were all given a rating of Requires Improvement whereas we found some Outstanding practice in the mental health provision within Older People's Mental Health Inpatient services and in the Substance Misuse Services.

We found areas of concern; most notably within Quayside Ward, a Long Stay Mental Health Rehabilitation service at Berrywood Hospital. We found there to be several issues of practice that required improvement in relation to medicines management and pathways of care.

Recruitment and retention of staff is an area that requires development trustwide but particularly within Community services. However, we observed evidence that the Trust has taken steps to address this issue. We also found learning from incidents and complaints to be variable with a discrepancy in the quality and assimilation of an effective learning culture.

We found a great deal that the Trust can be proud of. Caring was consistently of a Good standard and we found staff to be dedicated and kind. The aforementioned Older People's Mental Health Inpatient services at the Forest Centre are to be particularly commended due to the state of the art facilities, excellent use of therapeutic tools and the involvement of patients in their care.

We found the Trust to be well-led at board level. The Trust's values are visible in most of the services provided and the work that the Leadership team are undertaking to instill these throughout the organisation in order to promote a caring, transparent and open culture is notable. The Executive team impressed us both individually and collectively and demonstrated cohesion and determination to improve and enhance the quality of care provided to those who use services within the Trust.

We will be working with the Trust to agree an action plan in order to improve and develop the quality of services.

Summary of findings

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

We always ask the following five questions of the services.

Are services safe?

Requires Improvement 

We rated Northamptonshire Healthcare NHS Foundation Trust as requires improvement for safe because:

- Ligature risks that were not being managed effectively by the trust were identified at Quayside rehabilitation unit, both child and adolescent mental health wards and the gardens at St Mary's Hospital.
- Three seclusion rooms were not fully compliant with the Mental Health Act 1983 Code of Practice (2015). These were at the Burrows (CAMHS) and at the acute admission wards at St Mary's and Berrywood Hospitals. They did not allow for clear observation, two- way communication and did not have a visible clock. There were toilet facilities. However, if a patient wanted to use the toilet staff would not be able to ensure their safety as there were blind spots. At St Mary's Hospital the seclusion room was situated on the ground floor. This meant that if a person on Avocet ward needed to be secluded they had to be moved from the first floor.
- The trust had staff vacancies throughout their core services. For example, there was a shortage of community nursing staff and therapists with a high number of vacancies. Whilst, recruitment was taking place. Staff and patients said this impacted upon service delivery.
- Community health nursing teams used both paper and electronic records. Staff completed electronic records on their return to their base due to connectivity issues. There meant there was a risk of discrepancies between the paper and electronic records which could place people at risk of unsafe treatment and care.
- A total of 3449 incidents were reported to the national reporting and learning service (NRLS) between 1st December 2013 and 30th November 2014. The incident category that was most frequently reported by the trust was 'patient accident' (29.5%) followed by 'self-harming behaviour' (27.5%). The majority of incidents reported by the trust were 'low harm' (46.7%) or 'no harm' (44.9%). 'Moderate harm' incidents accounted for (7%), deaths accounted for (0.9%) and 'severe' accounted for (0.4%) of incidents. The trust took an average of 37 days to report incidents to NRLS.

Summary of findings

- The Trust reported two 'prevention of future death' reports (formerly Rule 43) in the period since March 2013. Both were fully responded to.
- Community health nursing team staff told us they were encouraged to report any incidents but said they did not receive feedback on localised incidents. Within the children's and young people community service, there were not clear safety-related goals at both provider and service level against which the provider could demonstrate continuous improvement. Safeguarding procedures were co-ordinated with other agencies so that people's protection plans were implemented but this was not always done in a timely or effective way.
- Most patients had an individualised risk assessment**.** These had been reviewed by the multi-disciplinary team. Staff received training in how to safeguard patients from harm and showed us that they knew how to do this effectively in practice. Staff had received training on the use of restraint and seclusion records were well maintained. The trust had systems to report incidents, manage emergency situations and investigate any serious untoward incidents. For example, in the children's and young people community service staff had received training on the Northamptonshire thresholds for referring vulnerable child and care pathways, standardising the way all agencies work across the county. As a result this vulnerability matrix has been incorporated with the electronic recording system to assess families' level of risk.
- The design and layout of the Forest unit was built in line with latest research and incorporates significant innovation for the care and treatment of patients living with dementia.
- Senior staff were able to tell us about the duty of candour regulations and we saw some staff incorporating the principles into their team meetings. We saw examples of incidents when patients and families had the outcome of investigations shared with them.
- There was access to appropriate equipment to provide safe care and treatment. The trust had procedures for the reporting of all new pressure ulcers, slips, trips and falls. Records showed that incidents of these were high and the trust was taking action to reduce these. Patients were appropriately escalated to acute services if their condition deteriorated.

Summary of findings

Are services effective?

Requires Improvement

We rated Northamptonshire Healthcare NHS Foundation Trust as requires improvement for effective because:

- There was limited access to psychological therapies within some core services which caused treatment delays.
- The records system was cumbersome and it was difficult to find all the information about a patient. Individual consent was not always obtained and recorded within the community health inpatient service.
- The trust has met its compliance target of 80% for 7 of their 13 mandatory training modules. Managers had systems to track when staff had completed their mandatory training. Staff liked the system of "block training". This allowed them to be booked away from the ward for a week to undertake their mandatory training. Staff raised concerns about being able to access additional professional training opportunities.
- Average length of stay for in-patients at the community hospitals was lower than the national average. However, for stroke rehabilitation patients the average length of stay was lobger than the target. Delayed discharges accounted for 34% of these delays.
- Despite investment in the 'five to thrive' programme there was no process or system in place to monitor outcomes for children. In health visiting antenatal contacts were not be undertaken in all areas.
- A range of comprehensive standard operating procedures (SOP) had been developed by the trust but there was no evidence that this has been embedded in practice.
- Assessments and care planning were completed to meet patient's needs with systems for ensuring these were updated as needs changed. Goal setting meetings took place with patients in addition to CPA reviews. Best practice in treatment and care was evidenced through use of nationally recognised assessment tools.
- Patients' physical healthcare needs were being monitored and met within mental health services. Staff provided a range of therapeutic interventions in line with the guidance issued by the national Institute for health and clinical excellence (NICE). Policies and procedures were accessible for staff and they were able to guide us to the relevant information. Specialist school nurses had developed training packages for education staff to use in schools.

Summary of findings

- Staff reported effective team working and joint working across inpatient units and other services.

Are services caring?

Good

We rated Northamptonshire Healthcare NHS Foundation Trust as good for caring because:

- Patients were treated with dignity and respect. Staff showed a good understanding of meeting individual needs on the basis of gender, race, religion, sexuality, ability or disability.
- The majority of feedback we received from patients and carers was positive and they spoke highly of the care and the involvement they received. There were good examples of engaging patients in individualised care planning within some core services.
- Access to independent advocacy services was available and promoted across the trust.
- In community health inpatient services some patients' advance wishes had not been considered. Care and treatment records did not always capture the involvement of patients in the treatment they received.
- Minutes of patient engagement groups (PEG) did not always detail how any concerns raised were being addressed or escalated appropriately.

Are services responsive to people's needs?

Requires Improvement

We rated Northamptonshire Healthcare NHS Foundation Trust as requires improvement for responsiveness because:

- In some mental health inpatient wards there were restrictions on all patients and these were not based on individual risk. CAMHS patients sometimes had to be placed at times a long way from their home area which made it difficult for family and staff to keep contact.
- National waiting time targets of referral within 18 weeks were not being met in community health inpatient services. There were high levels of bed occupancy that could start to affect the quality of care given to patients. For example, within community health inpatient services bed occupancy for quarter two was 92.8%.
- Performance information for the community dentistry service reported the percentage of new referrals seen for assessment within 18 weeks has been consistently below the 95 per cent target between April 2014 and October 2014.

Summary of findings

- There had been no consultation with parents about the rationalisation and the changing model of child health clinics. Parents have to travel outside of the county for the treatment of tongue tie. There was no clear database of scheduled appointments at one clinic visited, so non-attendance could be missed.
- Examples of some robust bed management systems were in place. There was effective management of waiting lists within the community mental health teams which included signposting people towards more appropriate services. The CMHT were proactive. This in engaging people who found it difficult to or who were reluctant to engage with services. People told us that they did not have to wait long to be admitted to a hospice, and this was evidenced by the trust's records on admission an access to service times.
- Trust premises were accessible for disabled patients. Interpreters were available and staff knew how to access the service if needed. Information about how to make a complaint was displayed throughout the trust, as well as information about the independent advocacy service and the patient advice and liaison service (PALS). Staff knew how to support people who wanted to make a complaint.

Are services well-led?

Requires Improvement

We rated Northamptonshire Healthcare NHS Foundation Trust as required improvement for well-led because:

- Staff told us that there was a lack of clinical support and supervision within some core services. They expressed concerns about recent trust wide changes and not feeling listened to when they raise concerns.
- Some managers were overstretched and this had affected the quality of auditing and monitoring of the service. Systems were not in place to audit the effectiveness and quality of the referral process, caseloads, supervision and risk assessment within some core services.
- We found that some children had not had the frequency of contact with a health visitor as required by the child protection plan and this had not been identified as a risk by the trust's audits and governance systems.

Summary of findings

- The trust values and vision were prominently displayed and staff were working to uphold these values. The chief executive and the trust chair were visible and known to most trust staff. They spoke positively about the accessibility of the chief executive.
- There were effective governance arrangements for the identification, management and mitigation of risk and systems were in place for the measurement of quality and patient safety. The trust participated in a number of external peer review and service accreditation schemes.
- Most staff were positive about their experiences of working for the trust. Staff were kept up to date about developments in the trust through regular emails, team meetings and newsletters. They were aware of the trust's whistleblowing process.
- Innovation was encouraged from all staff members across all disciplines. Staff said they were encouraged to develop new ideas and to make continuous improvement in the service provided.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett

Team Leader: James Mullins - Head of Hospital Inspection (mental health) CQC

The team included CQC managers, inspection managers, inspectors and support staff and a variety of specialist professional advisors and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

Why we carried out this inspection

We inspected this provider as part of our ongoing comprehensive mental health and community health services inspection programme.

How we carried out this inspection

To get to the heart of the experience of people who use services, we always ask the following five questions of every service and trust:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

Before visiting, we reviewed a range of information we hold about Northamptonshire Healthcare NHS Foundation Trust and asked other organisations to share what they knew. We met with representatives from other organisations including; Monitor, clinical commissioning groups and Health Watch England. We:-

- Held one focus group in the local community prior to the inspection and collected feedback from patients and their families using the comment cards provided by the Care Quality Commission.
- Carried out announced inspections of each core service between 03 and 05 February 2015. An unannounced inspection was carried out on 18 February 2015.
- Held eight focus groups with a range of staff. These included nurses, doctors, psychologists, allied health professionals, and administrative staff. We Held six focus groups with patients on ward areas.
- Met with 184 patients and nine carers. Interviewed 31 managers. Met with 204 staff with various roles that were caring for patients. Reviewed in detail 204 care and treatment records and 252 medicine administration records.
- Held structured interviews with all of the trust's executive directors. We interviewed the trust's chairman and held a focus group with all of the non-executive directors.
- Reviewed policies, procedures and other records relating to the running of the trust. This included clinical and management records, policies and procedures, performance reports and training records.

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.

Summary of findings

Information about the provider

Community and mental health services are provided to a population of approximately 629,000 across Northamptonshire's 913 square miles, covering the city of Northampton together with the towns of Kettering, Corby, Wellingborough and Rushden.

Northamptonshire Healthcare NHS Foundation Trust began life as a mental health trust before expanding to incorporate both physical and mental health community services. The trust became a foundation trust in May 2009. In July 2011 1,700 NHS staff and 61 services joined NHFT as part of the national programme 'Transforming Community Services' (TCS).

The trust employs 4,297 staff and works closely with Northamptonshire County Council and its services are mostly commissioned by two local clinical commissioning groups NHS Corby and NHS Nene. The trust's financial position in 2013/14 was income £180.1 million and expenditure was £180.8 million.

The trust has 374 in-patient beds provided at 12 locations. The 2014/2015 quarter two bed occupancy rates for the trust were 84.5% (national 89.5%) for mental health, 91.8% (national 82.1%) for learning disability and 92.8% (national 87.6%) for acute and general.

The trust provides the following mental health core services:

- Acute wards for adults of working age and psychiatric intensive care units.
- Long stay/rehabilitation mental health wards for working age adults.
- Wards for older people with mental health problems.
- Wards for people with learning disabilities or autism.
- Low secure and forensic wards.
- Wards for children and adolescents with mental health needs
- Community services for adults of working age.
- Mental health crisis services and health-based places of safety.
- Specialist community mental health services for children and young people.
- Community mental health services for people with learning disabilities or autism.
- Community based services for older people.
- Substance misuse services.

The trust provides the following community health services:

- Community health services – adults
- Community health services – children, young people and families
- Community health services – inpatient
- End of life and palliative care services

In addition the trust also provides specialist mental health and community health services which were not inspected.

The Trust has been inspected eight times by the Care Quality Commission at five separate locations since registration. Two locations – St Mary's hospital and the John Greenwood Shipman Centre were assessed as being non-compliant prior to this inspection. Both locations were assessed as being compliant with the relevant Health and Social Care Act 2008 regulations at this inspection.

Seven unannounced Mental Health Act reviewer visits have taken place throughout the trust in the last 12 months. The trust submitted a provider action statement in response to all of these inspections.

What people who use the provider's services say

We spoke with 184 patients and nine carers. The majority of feedback we received from patients and carers was positive and they spoke highly of the care and the involvement they received.

Patients told us that they felt involved in decisions about their care. Most relatives told us that they felt the staff were caring and respectful to the patients and to visitors. The trust gained regular real time feedback from patients and carers through their 'I want great care' survey.

Summary of findings

Some patients who were detained under the Mental Health Act felt that staff shortages affected their ability to have section 17 leave. Concerns were expressed at Kettering CMHT that staff did not always return phone calls and that some patients found it difficult to contact staff when they needed them.

Good practice

- The trust commissioned specialist mental health therapies for people living with dementia from external providers including: Alzheimer's Society "Singing for the Brain"; drama therapy; and pat dog therapy.
- The daily open clinic slot provided rapid access to treatment for people with substance misuse issues. This had been developed to reduce drug related deaths.
- A peer mentor service had been developed in the substance misuse service this enabled people who were in recovery to play a role in supporting others.
- Team 63 were receiving training around a new psychological therapy, Mentalisation Based Treatment – a treatment designed to help people with relationships and the ability to manage their own emotions.
- The Northampton CMHT was developing a therapeutic programme around the injectable anti-psychotic medication Olanzapine. The team had developed a designated lounge for people to use for the three hour observation period post injection and were in discussion with other trusts to develop productive and therapeutic activity programmes while people were being monitored.
- In the adult community nursing service, the operations manager had introduced a "beat the cut" process. This had been rolled out to the four community teams in the north of the trust to review areas of concern and look at ways to prevent serious incidents.
- District nurses had demonstrated innovative practice by introducing alternative wound dressing. Staff said the dressing could be cleaned between use and this maintained good pressure area care.
- The integrated sexual health team was innovative, open and transparent. Good communication systems were in place with individual patients.
- The care assessment treatment for children at home team worked closely with GP's with early intervention to prevent hospital attendance and admission. The team offered home visits and telephone advice to parents.
- School nurses built team capacity by developing education training toolkits. For example on self-harm speech and language. These were shared across teams and schools to enable them to carry out skilled interventions where required.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the trust MUST take to improve

- The trust must review their existing ligature risk assessment audits and address the areas of concern.
- The trust must review all of their seclusion rooms and ensure that these comply with the Mental Health Act code of practice.
- The trust must comply with the Department of Health guidance on same sex accommodation.
- The trust must continue to address its staff recruitment and retention strategy.
- The trust must ensure that care and treatment records capture the involvement of patients in the treatment they received.
- The trust must ensure that the ultrasonic cleaners at different locations are performing effectively.

Summary of findings

- The trust must review the interface between the acute services and community health services to address areas of unsafe discharge procedures.
- The trust must ensure that at all times, there are sufficient numbers of suitably qualified, skilled and experienced staff in the community inpatient wards to ensure patients are safe and their health and welfare needs are met.
- The trust must ensure suitable arrangements are in place to ensure staff receive appropriate clinical supervision to enable them to deliver effective care and treatment to patients.
- The trust must ensure staff are able to attend mandatory training opportunities, to enable them to care and treat patients effectively.
- The trust must ensure patient records are fully completed, for example, consent documentation, to prevent risk to the delivery of safe patient care and treatment.
- The trust must ensure that safeguarding children policies and procedures are fully understood and implemented by staff to ensure that all children and young people are protected from the risk of abuse.
- The trust must ensure that effective audit and governance process are in place to monitor the delivery of health visitor contacts to the agreed frequency of the child protection plan.

Action the trust SHOULD take to improve

- The trust should ensure that patients can access psychological therapies where clinically indicated.
- The trust should review their records system to ensure that all staff can access the required information about the care and treatment of individual patients.
- The trust should ensure that staff can access additional training based on their individualised training needs assessment.
- The trust should ensure that patients' advance wishes are considered when planning assessment and treatment.
- The trust should ensure that blanket restrictions on their mental health in-patient wards are reviewed and any restrictions imposed should be based on individual risk.
- The trust should work with commissioners to ensure that CAMHS patients are treated as close to home as possible.
- The trust should ensure that patient information is available in a range of formats throughout their services to meet patients' needs.
- The trust should ensure that a system is established for capturing, analysing and demonstrating learning from concerns raised or complaints made at a local level.
- The trust should review its procedures for recording the mental capacity and consent to treatment of patients.
- The trust should review its procedures for informing detained and informal patients of their legal rights under the Mental Health Act.
- The trust should review its systems for engaging with staff about recent trust wide changes.
- The trust should ensure that any unfilled managerial roles are filled to avoid the adverse effects being reported by some managers.
- The trust should ensure that local incidents are fed back to staff so that any trends or outcomes are identified and cascaded to staff.
- The trust should ensure that staff are aware of the safety thermometer and how it is used to measure harm.
- The trust should ensure that the podiatry service has processes in place to monitor the equipment used.
- The trust should take steps to ensure that staff working in end of life care services have effective clinical supervision and clear lines of management.
- The trust should implement clinical auditing systems to monitor the end of life care service and ensure that evidence based practice is implemented and monitored in the service.

Summary of findings

- The trust should ensure that all clinical single use equipment is stored safely and appropriately; and disposed of when it had exceeded its' use by date.
- The trust should review the local community inpatient services risk register.
- The trust should ensure that the emergency procedure policy is current and that staff are aware of the policy and where to locate it.
- The trust should ensure there is a robust audit and governance system and that learning from the audit process is effectively shared.

Northamptonshire Healthcare NHS Foundation Trust

Detailed findings

Requires Improvement

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

Summary of findings

Our findings

Safe and clean environments

- There were blind spots on the mental health acute admission and PICU wards so staff were not able to observe all parts of these wards. Ligature risks that were not being managed appropriately by the trust were identified at the Quayside rehabilitation unit. There were ligature risks in the gardens on wards at St Mary's Hospital. The risk of this was reduced by patients being restricted to using the garden only when supervised by staff.
- Some seclusion rooms were not compliant with the Mental Health Act 1983 Code of Practice (2015). For example at the Burrows (CAMHS) and at the acute admission wards at St Mary's and Berrywood Hospitals. These did not allow clear observation, two- way communication and did not have a visible clock. If a patient wanted to use the toilet staff would not be able to ensure their safety as there were blind spots. At St Mary's Hospital the seclusion room was situated on the ground floor. This meant that if a person on Avocet ward needed to be secluded they had to be moved from the first floor.
- Paint was peeling off pipes and there were damaged walls at the Highfield clinic.

- Harbour, Marina and Kingfisher mental health inpatient wards did not comply with the guidance on same sex accommodation. They did not have separate male and female corridors.
- The design and layout of the Forest care of the mentally ill older people's unit was built in line with latest research and incorporated significant innovation for the care and treatment of patients living with dementia.
- Staff said repairs were usually carried out in a timely manner. Equipment was maintained and serviced appropriately. Most ward areas were clean and cleaning rotas were seen and there was active cleaning take place on each of the wards.
- The trust scored above the national average for mental health and learning disability hospitals in three of the four patient led assessment of the care environment scores. The trust were below the national average for privacy, dignity and wellbeing. Evidence was seen of regular audits of infection control and prevention, and staff hand hygiene to ensure that patients and staff were protected against the risks of infection. Emergency equipment, including defibrillators and oxygen, was in place. This was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency.
- Personal alarms were available where required by the service and staff said that when the alarm was raised. This was responded to quickly.
- The podiatry service did not have a tracking system to identify instruments used. This meant that there was no audit trail for these.
- We saw incomplete assessment and management of day to day risks within the community dentistry service such as environmental cleaning and legionella testing.

Safe staffing

- The Trust had a safe staffing team. The wards submitted staffing levels (projected and actual) on a monthly basis to the safe staffing team who publish these on the Trust website. Staffing levels were in line with the levels and skill mix determined by the Trust as safe. Frontline staff could get additional staff when required and did not need senior manager approval. Duty rotas showed us that staffing was increased in relation to individual patient need for additional observations when required to keep patients safe. The trust wide vacancy rate was 12%. For quarter two 17211 shifts were covered by agency and bank staff whilst 695 shifts were not covered.
- Staffing vacancies were being actively recruited to. The trust were holding dedicated recruitment days.
- Patients who were detained under the Mental Health Act told us that their planned escorted leave from the wards was almost never cancelled.
- We found that there was adequate medical staff available day and night to attend the ward quickly in an emergency. At night each of the hospitals had a doctor available on site.
- We saw the use of a dependency tool at Cransley Hospice which reflected the number of staff required to provide safe care to patients.
- Caseloads at Kettering and Corby CMHTs were high and staff felt this was unsafe at times. The allocation of people under community treatment orders was not evenly spread across the team. At Kettering CMHT we had concerns about the lack of continuity of care for people due to the use of locum psychiatrists.
- Staff sickness rates across the trust was 5% which was in line with the average for mental health and learning disability trusts in England.

Assessing and managing risk to patients and staff

- Most inpatients had an individualised risk assessment**.** These had been reviewed by the multi-disciplinary team. For example, we found arrangements to minimise risks to patients with measures to prevent falls and pressure ulcers. We saw evidence of good practice including sufficient medicine management, clean clinical areas and infection prevention and control practice within community health inpatient wards.
- Staff had received training in how to safeguard patients from harm and showed us that they knew how to do this effectively in practice. Further training had been scheduled for staff to attend 'refresher' training. For example, the children's and young people staff had received training on the Northamptonshire thresholds for referring vulnerable child and care pathways. This had standardised the way agencies worked across the county. This had ensured that the vulnerability matrix

has been incorporated with the electronic recording system to assess families' level of risk. There were safe procedures for child visiting. Separate rooms were provided off the wards where relevant.

- The design and layout of the Forest unit for older people with mental health needs was built in line with latest research and incorporated significant innovation for the care and treatment of patients living with dementia.
- There were systems for the safe administration and storage of medicines. For example, Cransley Hospice was working with patients to administer their own medication so that they were confident on managing this process once they had returned home on discharge.
- Staff had received training on the use of restraint. Seclusion was appropriately used and seclusion records were well maintained. Restraint was only used after de-escalation had failed and staff used appropriate techniques. Use of rapid tranquilisation followed NICE guidance. All staff received training on the use of restraint. If they failed to meet the training requirements they had to do the training again to ensure that patients and staff were safe. The trust had effective systems to report incidents.
- CMHT waiting lists were monitored to detect increases in risk presented by people's mental health deteriorating. Patients had crisis plans in place. There were good safety systems for lone working and staff were aware of the relevant protocols.
- At St Mary's Hospital police had been called upon to assist staff to take a patient to the seclusion room.
- Staff within the community health inpatient services told us they were encouraged to report any incidents but said they did not receive feedback on localised incidents.
- There were not effective safeguarding policies and procedures in place which were fully understood and implemented by staff within the children and young people service. Whilst safeguarding procedures were co-ordinated with other agencies so that people's protection plans were implemented. This was not always done in a timely or effective way.
- Some patient records across adult community inpatient services were not completed fully. This included the recording of informed consent to treatment.
- Staff were not aware of local contingency plans and emergency procedures within the adult community health inpatient service. There were gaps in the attendance of staff at annual resuscitation training. This placed patients at risk if they needed life support.
- There was not a consistent approach to the planning and delivery of care and treatment within the children and young people's community service.

Track record on safety

- A total of 3449 incidents were reported to the national reporting and learning service (NRLS) between 1st December 2013 and 30th November 2014. The incident category that was most frequently reported by the trust was 'patient accident' (29.5%) followed by 'self-harming behaviour' (27.5%). The majority of incidents reported by the trust were 'low harm' (46.7%) or 'no harm' (44.9%). 'Moderate harm' incidents accounted for (7%), deaths accounted for (0.9%) and 'severe' accounted for (0.4%) of incidents. The trust took an average of 37 days to report incidents to NRLS.
- The Trust reported two 'prevention of future death' reports (formerly Rule 43) in the period since March 2013. Both were fully responded to.

Reporting incidents and learning from when things go wrong

- The trust had systems to manage emergency situations and investigate any serious untoward incidents. We saw examples of incidents when patients and families had the outcome of investigations shared with them.
- Staff were clear on the distinction between reporting abusive practice and in supporting services by helping improve practice**.** They showed an awareness of the trust's "whistleblowing" procedures and felt confident they would use this process if necessary.
- The trust used a risk register to record and address local and trust wide risk. Staff demonstrated an awareness of incidents that had taken place on other wards and what learning had been made as a result. They were made aware of incidents in team meetings, handovers, by email and in newsletters which were available via email and on the internal intranet. Staff were confident that they could access support and "de-briefs" if they were involved in an incident.

Detailed findings

- The service had procedures for the reporting of all new pressure ulcers and slips, trips and falls. Records showed that incidents of these were high and the service was taking action to reduce theses. Patients were appropriately escalated to acute services if their condition deteriorated.
- A recent incident had occurred within the trust and we found that the actions taken by the trust to learn from this had not been implemented across all inpatient areas. Within the adult community in patient and children and young people services; there were not clear safety-related goals against which the provider could demonstrate continuous improvement.

Requires Improvement

Are services effective?

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.

Summary of findings

Our findings

Assessment of needs and planning of care

- Assessments and care planning were completed to meet patient's needs with systems for ensuring these were updated. Goal setting meetings took place in addition to CPA reviews. Care records were up to date and were personalised. For example within the older people community mental health team they were recovery-based for patients with functional illnesses, and for people with dementias, they focused on well-being. Records showed that mental health patients had physical examinations and support to meet any identified physical health care needs.
- Community services showed a clear sense of prioritisation according to need, with risk and safeguarding issues producing 24 hour responses.
- Information was held securely on the trust's information management system. Staff accessed this as required.
- Older people's mental health in-patient wards used an innovative multidisciplinary assessment formulation tool called "My Life". Two units were trialling the use of a "One Page Profile" which was a single sheet of essential information document for patients, which highlighted the most important things for care planning with individual patients.
- There was evidence of good communication practice with patients seen in the integrated sexual health service. Specialist school nurses had developed training packages to deliver training to school staff.
- The trust's records system was cumbersome and it was difficult to find all the required information. Staff highlighted a difficulty when patients were receiving support from social services and other community services as they used a different records management system. This could mean that important information was not shared and could be lost. Patient consent was not always obtained and recorded within the community health adult inpatient service.
- Staff told us the care planning tool available at the time of inspection was not specific to end of life care and difficult to edit to reflect the specific care pathway of the patients. The service had available a "care of the dying person" template care plan on the electronic patient record system that was specific to providing palliative care.

Best practice in treatment and care

- Medication training needs were discussed in team meetings where senior practitioners could give advice. Staff with appropriate prescribing rights could agree appropriate medications. Staff monitored medication, often jointly with care homes and other professionals, to ensure that people were not over-medicated. Consultant psychiatrists were kept fully involved to ensure they could guide best practice.
- We saw that psychological therapies were being offered in some areas. Examples of these included cognitive behavioural therapy and 'mindfulness'.
- Staff told us how they supported people to get home care packages arranged. Outcome measures were used to rate severity and outcomes. For example, some teams used rating and outcome tools to bench mark and monitor severity of dementia and physical health needs.
- Clinicians gave examples of clinical audits and their value in improving practice. For example, an audit of care plans for patients prescribed anti-psychotic medication in one area had shown a need for these to be updated.
- Policies and procedures were accessible for staff and staff were able to guide us to the relevant information. Care was monitored to demonstrate compliance with standards and there were good outcomes for patients. Multidisciplinary working was evident to co-ordinate patient care.

Requires Improvement

Are services effective?

- There was limited access to psychological therapies within some core services which caused treatment delays.
- Average length of stay for patients at the community hospitals was lower than the national average. However, for stroke rehabilitation patients the average length of stay was longer. Delayed discharges accounted for 34% of delays.
- Despite investment in the 'five to thrive' programme there was no process or system in place to monitor outcomes for children. In health visiting antenatal contacts were not be undertaken in all areas. A range of comprehensive Standard Operating Procedures (SOP) had been developed for the health visiting service but no evidence that this has been embedded in practice, across all teams.

Skilled staff to deliver care

- The trust has met its compliance target of 80% for 7 of their 13 mandatory training modules. Managers had systems to track when staff had completed their mandatory training. Staff liked the system of "block training". This allowed them to be booked away from the ward for a week to undertake their mandatory training.
- Systems were in place for new or temporary staff to receive inductions to the trust and the service.
- Managers explained systems to ensure staff competence and capability for their work. Staff said they received individual and peer supervisions. Some staff had opportunities for specialist training for their role and had continuous professional development (CPD) as part of maintaining their professional registration with examples given. Performance issues were being addressed by the trust. Managers were able to give example of these being resolved to improve the effectiveness and responsiveness of the service.
- Staff raised concerns about being able to access additional training opportunities. For example, there was lack of clarity about the line management and responsibility for training and supervision for MacMillan nurses working at Kettering General Hospital.
- Physiotherapists had a clinical supervision programme in place but there was no clinical supervision provided for nurses within the adult community inpatient service.

Multi-disciplinary and inter-agency team work

- Handovers discussed each patient in depth and were effective in sharing information about patients' care. There were discussions regarding proposed changes in care plans and patients' presentation including physical health, activities and risk.
- MDT meetings were taking place regularly throughout the trust. These consistently discussed patients' needs in detail to ensure that all care aspects were addressed. There was good collaborative working within the multi-disciplinary teams following the care programme approach (CPA) frame work.
- Patients were supported by a number of different professionals internally and externally who attended their review meetings. The information was shared across different professionals involved in their care.
- The trust worked with others including internal and external partnership working, such as multi-disciplinary working with, hospitals, community mental health teams, independent sector and local authority teams. This helped to support effective discharge planning for patients.
- Staff had felt relationships with social workers had weakened as they had recently been removed from the community mental health teams following the recent reorganisation.

Adherence to the MHA and the MHA Code of Practice

- Most relevant staff were trained in the MHA, the code of practice and the guiding principles. Refresher training was scheduled for staff. Mental Health Act documentation was well kept. Audits of the application of the Act took place. Staff explained to patients their rights when they were admitted. Patients were referred to the independent mental health advocate service where appropriate. Administrative support and legal advice on the implementation of the Act and the code of practice was available from a central team.
- Most records showed discussions with the second opinion appointed doctor (SOAD) and that patients were informed of the outcome of these. The outcomes of managers' hearings panel reports were available in patient files.

Requires Improvement

Are services effective?

- Gaps were seen in the recording mental capacity and consent to treatment assessments of patients. The recording of information provision to detained and informal patients of their legal rights was incomplete.
- The reports from the approved mental health professional were not available in some files. It was not consistently and clearly recorded whether patients had understood their rights under community treatment orders (CTO). There was a lack of detail in some records after the second opinion doctor's opinion had been sought. In some cases this was missing completely.

Good practice in applying the MCA

- Most relevant staff were trained in the Mental Capacity Act and deprivation of liberty safeguards. Refresher training was scheduled for staff. They showed a clear understanding of the Mental Capacity Act. Capacity assessments were routinely carried out and recorded for people who were assessed as lacking capacity and best interests' decisions were recorded.
- Staff routinely involved the patient, families and independent advocates in decision making. The independent advocacy service received regular referrals from the trust. Most trust staff showed a good understanding of what might constitute a deprivation of liberty. They were well supported by the trust's mental capacity team.
- Notices giving information about informal patients' right to leave the ward was displayed on most wards. Leaflets and posters displaying the local independent advocacy service were displayed in reception and communal areas.
- The trust's MCA/ DoLS policy was available throughout the service. However, it had not been updated to reflect the outcome of a significant court judgement in March 2014. Staff awareness and knowledge of this change was limited across the trust. The recording of discussions and capacity assessments with patients regarding consent to treatment varied across the trust.

Good

Are services caring?

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

Summary of findings

Our findings

Kindness, dignity, respect and support

- Patients were treated with dignity and respect. Staff showed a good understanding of individual needs on the basis of gender, race, religion, sexuality, ability or disability. The majority of feedback we received from patients and carers was positive and they spoke highly of the care and the involvement they received. We observed positive interactions between staff and patients. Staff engaged well, communicated softly, effectively and encouraged patients to follow their care and treatment.
- Staff showed a good understanding of the individual needs and were able to demonstrate how they were supporting patients with complex needs. Patients told us that staff knew them very well and supported them the way they wanted. We saw that patient confidentiality was maintained. Relatives told us that they felt the staff were caring and respectful to the patients and to visitors. Parents who used services told us that they felt well supported.
- Concerns were expressed at one CMHT that staff did not always return phone calls and that some patients found it difficult to contact staff when they needed them.

The involvement of people in the care they receive

- There were good examples of engaging patients in individualised care planning. Access to independent advocacy services was available and promoted across the trust. Patients in mental health services were involved in the recruitment of new staff.
- Patients were able to access the Trust advocacy service. Staff told us they tend to act as the person's advocate if required and this was confirmed by . Patients confirmed this.
- "Patient stories" were used in Trust board meetings to promote involvement and understanding. Patients and families said they were kept informed and felt involved in the treatment received. We saw self-care was promoted where appropriate.
- Patients were supported to carry out their wishes while they were staying in the hospices. Relatives told us in both hospices that they had been given every opportunity to visit their family member and facilities were available for families to stay in these services.
- Appointment times were longer at the trust's dental services to ensure that people with particular needs were allowed adequate time without feeling rushed. Children were given acclimatisation time to orientate themselves with the dental environment and equipment prior to treatment.
- In some core services patients' advance wishes had not been considered. Care and treatment records seen did not always capture the involvement of patients in the treatment they received. Minutes of patient engagement groups did not always detail how any concerns raised were being addressed or escalated appropriately

Requires Improvement

Are services responsive to people's needs?

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

Summary of findings

Our findings

Access, discharge and bed management

- Examples of robust bed management systems were in place. The trust had a bed management team in place and they worked closely with ward managers. Discharge planning was discussed from the admission stage. These were well managed by the trust. For example, community inpatient services participated in twice weekly regional teleconferences between the trust and local acute health services. They aimed to support health and social care teams to deliver safer patient care and discussed the availability of beds, patient flow and what could be implemented to support discharge.
- We saw the criteria for referral to the community mental health team service had been refined and the duty / facilitator system was effective in managing these referrals. These teams were proactive in engaging people who found it difficult to or who were reluctant to engage with services.
- There was effective waiting list management in the community mental health teams which included signposting patients towards more appropriate services such as the 'changing minds' therapy teams, the wellbeing facilitators and other third sector or voluntary services.
- Outstanding practice was seen when visiting the changing minds team. New ways of working were used to promote access for patients, such as webinars and Skype and a recovery-focused application for smart phones.
- Community mental health patients were given a choice of appointments and the appointments system generally ran on time. The trust's records on admission and access to service times showed us that patients were admitted promptly to end of life care services.
- There were 18 community mental health patients awaiting a care co-ordinator across the trust. National waiting time targets of referral within 18 weeks were not being met in some specialities for the adult community nursing service.
- There were some difficulties in local commissioners and housing providers accessing suitable placements to meet some patient's needs.
- CAMHS patients sometimes had to be placed at times a long way from their home area which made it difficult for family and staff to keep contact.
- There were high levels of bed occupancy above 90% within the community inpatient service, that could affect the quality of care given to patients.
- Performance information for the community dentistry service reported the percentage of new referrals seen for assessment within 18 weeks was consistently below the 95 per cent target between April 2014 and October 2014. Clinic lists were cancelled if a dentist was on planned or unanticipated leave

The ward optimises recovery, comfort and dignity

- Most mental health patients had access to a varied programme of activities which was also linked to an individual programme. For example, on Cove ward patients had access to a community work project outside the hospital. Patients told us that this helped them to feel that they contributed to the community. Patients had access to smoking shelters.
- Both CAMHS units had an education department which had been rated as "outstanding" by OFSTED. This meant that young people could continue their education whilst receiving assessment and treatment. The trust had provided designated rooms where patients could meet visitors in private away from the main mental health ward areas.
- In some mental health wards there were restrictions on all patients and these were not based on individual risk.

Meeting the needs of all people who use the service.

- Trust premises were accessible for disabled patients. Staff said there was access to specialist support and

services if patients required specific help. For example, we found that CAMHHS staff had completed post-traumatic stress disorder (PTSD) work. Patients could request food to meet their religious and cultural dietary requirements. They had access to appropriate spiritual support.

- Interpreters were available when required and we saw evidence of innovative approaches to the challenge of providing interpreter services to patients undergoing psychological therapies which honoured their cultural needs and maintained their privacy.
- The trust had systems in place for the transition of young people to adult services as required.
- Care plans for patients with learning disabilities were not always in easy read formats which meant that some patients might not understand them.
- Information about treatments, local services, and patient's rights were not provided in accessible formats for patients with learning disabilities.
- The trust had engaged with commissioners of services, local authorities, other providers, but not always with people who used services and those close to them to provide coordinated and integrated pathways of care that met people's needs and provide comprehensive universal services and health and wellbeing programmes. For example the healthy child programme.
- Parents told us there had been no consultation with parents about the rationalisation and the changing model of child health clinics. The trust told us that formal consultation was not required because there was no fundamental change to the model of child health clinics merely an enhanced offering of extending hours based on informal engagement with the families. One clinic was affected by long term sickness and appropriate action was taken to ensure contact with the parents were in place

Listening to and learning from concerns and complaints

- 319 formal complaints were made to Northampton Healthcare Foundation Trust, of which 160 were upheld. Of these none were referred to the Parliamentary and Health Service Ombudsman.
- Information about how to make a complaint was displayed throughout the trust, as well as information about the independent advocacy service and the patient advice and liaison service. Some patients effectively raised concerns in community meetings that we observed. Trust staff knew how to support patients to make a complaint. Staff received feedback on the outcome of the investigation of complaints and confirmed that improvements had been made as a result of listening to complaints from patients.
- The trust gained regular real time feedback from patient and carers through their recently introduced 'I want great care' survey. Wards had 'you said we did' boards which showed how they were responding to issues raised by patients.
- There was no trust wide system in place for capturing, analysing and demonstrating learning from concerns raised or complaints made at a local level. Information about making complaints was not provided in a range of formats so that this was accessible.

Requires Improvement

Are services well-led?

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.

Summary of findings

Our findings

Vision and values

- The trust's mission statement was "to provide outstanding health and social care services that we can be proud of and you can have confidence in". The trust's core values were to have PRIDE – patients first, respect, improving lives, dedicated to patients and everyone and equality counts. The trust values and vision were prominently displayed throughout the trust and staff were working to uphold these values.
- Each board meeting would commence with a patient story delivered by those using services. Individual team objectives reflected the values and objectives of the trust.
- Some staff were not aware of the trust's core values and mission statement. For example, there was disparity between the vision for the service described by the deputy director of the children and young people service and what we heard from frontline staff.

Good governance

- The trust's quality account for 2013/2014 focused on three quality fields linked to the National Outcomes Framework Domains. Patient safety, patient experience and clinical effectiveness. There were effective governance arrangements for the identification, management and mitigation of risk and systems were in place for the measurement of quality and patient safety. The trust participated in a number of external governance and best practice reviews. Staff described various ways in which they received information from the board and other governance meetings such as those to review the prevention and management of violence and aggression incidents across services.
- The trust reviewed quality and risk through the clinical assurance and effectiveness sub committees. We had confidence in the financial literacy of the board members to respond to quality improvements or challenges. The trust's information governance processes were robust.
- Staff participated actively in clinical audits. We saw evidence of good learning from serious incidents and the monitoring of less serious occurrences. For example, the community mental health team's local risk register was accessible to all staff and used on a daily basis during morning meetings to assess any risks presented by changes in the service user's presentation. Feedback was received from staff through these meetings in addition to staff away days. Information around significant risks (both clinical and non-clinical) was then escalated to the Trust-wide risk register for consideration by senior management.
- Ward managers told us that they were required to report to senior management on a monthly basis on a variety of areas such as safer staffing and training. Managers attended directorate governance meetings and cascaded any learning actions appropriately.
- Further mandatory training opportunities were available for staff to attend. 86% of staff had received an annual appraisal in 2013.
- Consistent trust wide actions had not been taken following a serious untoward incident involving the administration of medication.
- The risk register for adult community services was incomplete. This was because whilst arrangements to monitor governance, risk and quality were in place; representatives did not always attend meetings and this meant that not all aspects of governance, risk and quality were discussed.
- There was a lack of shared learning and innovation between adult community inpatient services and this meant that patient experience and engagement varied across services.

Requires Improvement

Are services well-led?

- Some managers were overstretched and this had affected the quality of auditing and monitoring of some core services for example the community mental health teams.
- Senior trust leaders were not aware of consistent concerns with some units. For example at the Warren and the Quayside units. However, prompt action was taken when the inspection team escalated concerns during the inspection.
- We found that systems had not yet been implemented in the end of life care services to ensure that evidence-based care was provided to patients.
- Data and performance measurement were incomplete within the community dentistry service.
- Systems were not in place to audit the effectiveness and quality of the referral process, caseloads, supervision and risk assessment in the children and young people community service.
- Gaps were identified in the health visitor caseload, regarding the frequency of contact by health visitors for children with a child protection plan.

Leadership, morale and staff engagement

- The chief executive and the trust chair were visible and known to most trust staff. Staff spoke positively about the accessibility of the chief executive. Most staff were positive about their experiences of working for the trust. They were aware of the newly introduced 'duty of candour 'regulations. Examples were seen of where this had been implemented effectively.
- The trust had taken the necessary steps to ensure that staff employed were of good character, were physically and mentally fit and had the necessary qualifications, skills and experience for their respective role.
- We reviewed the trust's fit and proper person requirement register. Gaps were identified and these related to checks on some executive and non-executive directors. These were swiftly addressed once the trust were made aware of these.
- Staff were kept up to date about developments in the trust through regular emails, team meetings and newsletters. They were aware of the trust's whistleblowing process and told us they felt confident to use it.
- Staff morale was low in some areas. For example, in community health inpatient units, at Quayside the Warren and in some community mental health teams.
- Some staff expressed concern about recent trust wide changes and not feeling listened to when they raise concerns. For example, staff told us that there was a lack of clinical support and supervision within the end of life care service.
- Trust sickness rates were above the mental health/ learning disabilities England average for the past 12 months. The percentage of staff turnover was 14%.
- Mental health long stay/forensics/secure services had the most percentage of staff sickness with 9% (17 substantive staff members), followed by mental health community based crisis services with 8% (49 substantive staff members).

Commitment to quality improvement and Innovation

- The trust used the 'Safe wards' initiative and staff told us how this had reduced the amount of restraints and seclusion needed on the acute admission and PICU wards. Regular bed management meetings took place with commissioners to review patient needs and identify areas for service improvement. Patient-led assessments of the care environment (PLACE) were completed. Action plans were seen.
- The community mental health teams and occupational therapy team on acute mental health wards were using innovative practice to improve treatments and outcomes for patients.
- The older people mental health service was signed up to "the triangle of care", a carers trust and Royal College of Nursing initiative to improve the experience of people with dementia by ensuring carers and professionals collaborate with the person who has dementia.
- Forest unit's ward matron has been invited to the Kings Fund to discuss the unit's falls analysis system. The trust participated in a number of external peer review and service accreditation schemes.
- the electro convulsive therapy service has been accredited with continuing excellence the with ECT accreditation service.

Requires Improvement

Are services well-led?

- Some wards did not participate in external service accreditation schemes. For example Wheatfields and Meadowbank units were not participating in a national quality improvement programme.
- Some action plans following PLACE inspections had not been fully implemented.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing [Now regulation 18(1) of the Health & Social Care Act 2008 (Regulated activities) regulations 2014] On order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all time, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Northamptonshire Healthcare NHS Foundation Trust: Appropriate steps were not in place to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff to ensure people who use the service are safe and their health and welfare needs are met.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Regulation 23- (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers [Now regulation 18(2)(a) of the Health & Social Care Act 2008 (Regulated activities) regulations 2014] The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to delivered care and treatment to service users safety and to an appropriate standard, including by –

This section is primarily information for the provider

Compliance actions

1. Receiving appropriate training, professional development, supervision and appraisal.

Northamptonshire Healthcare NHS Foundation Trust:

Suitable arrangements were not in place to ensure staff received appropriate training, supervision and appraisal to enable them to deliver care and treatment to people who use the services. Regulation 23 (1) (a).

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Regulation 20 - (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010 Records [Now regulation 17(2)(c) of the Health & Social Care Act 2008 (Regulated activities) regulations 2014] The registered person must ensure that the service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of – (a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user. Northamptonshire Healthcare NHS Foundation Trust: Patient records were not always fully completed, for example, consent documentation. This generated the risk to the delivery of safe patient care and treatment.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse [Now regulation 13(2) including 13(3) of the Health & Social Care Act 2008 (Regulated activities) regulations 2014]

This section is primarily information for the provider

Compliance actions

The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means – (a) taking responsible steps to identify the possibility of abuse and prevent it before it occurs and (b) respond appropriately to any allegation of abuse.

Northamptonshire Healthcare NHS Foundation Trust:

Children on a protection plan were not always visited at the frequency required .