

Good



Navigo Health and Social Care CIC

Acute wards for adults of working age and psychiatric intensive care units

Quality Report

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Date of inspection visit: 18 to 21 January 2016
Date of publication: 17/06/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-243099813	Harrison House	Pelham Lodge	DN32 9RP
1-243099813	Harrison House	Brocklesby Lodge	DN32 9RP
1-243099813	Harrison House	Meridian Lodge	DN32 9RP

This report describes our judgement of the quality of care provided within this core service by NAViGO Community Interest Company. 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 NAViGO Community Interest Company and these are brought together to inform our overall judgement of NAViGO Community Interest Company.

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?

Good 

Are services responsive?

Good 

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 NAViGO Community Interest Company as good because:

- The design and layout of the environment allowed for effective observation of patients, all areas were clean and well maintained, and furniture and fittings were anti-ligature, designed to reduce the potential risks for patients with risks of self-harm. The service also maintained a comprehensive ligature audit.
- There was an alarm system that operated in times of emergencies and where patients required additional assistance in vulnerable situations.
- The service had a clearly established staffing establishment and had employed a range of effective methods to address shortages and vacancies.
- The service operated an effective handover process that involved doctors, managers, clinical leads and staff.
- Incidents were managed efficiently and the service worked at being open and transparent with patients and staff. They operated a confidential 24 hour advice and support service for staff.
- The service had achieved recognition for Accreditation for Inpatient mental health Services (AIMS) and star wards as the overall winner.
- Patients received comprehensive and timely risk assessments on admission.
- The service worked closely with other teams and organisations to ensure patients received the best mental health support.

- Staff had a good understanding of the Mental Health Act (MHA), the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards. The service adhered to the MHA and MHA Code of Practice, and MHA documentation was in place and up-to-date.
- Patients gave positive feedback about the service, staff and management and all patients. All patients were given an opportunity to voting members of Navigo CIC and opportunities to be engaged with such functions as the Tukes Employment Scheme
- The service had a clear governance structure, with effective systems and processes for overseeing all aspects of care including regular management meetings, a programme of audits and access to a service improvement team.
- There was good morale among staff. They experienced job satisfaction, they felt valued and supported by colleagues and managers. They shared the provider's vision and values for their service.

However:

- At the time of inspection the service did not have a full multidisciplinary team but had access to psychology and occupational therapy which underpinned the model of care for assessment, treatment and recovery.
- The provider had only one pharmacist who was responsible for the whole service. Navigo did have a contract with Lloyds Pharmacy which ensured regular pharmacy cover to take account of sickness and leave".
- Not all staff received regular supervision.
- Not all care plans demonstrated evidence of person centred care.

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 layout of the wards and health based place of safety (section 136 suite) allowed for clear observation of patients and complied with same-sex accommodation guidance in the Mental Health Act Code of practice. Anti-ligature fixtures and fittings were in place to keep patients safe
- clinic rooms were clean, fully equipped and all equipment regularly monitored
- staff adhered to infection control protocols and the service had a comprehensive cleaning schedule
- environmental risk assessments and audits were routinely undertaken
- the service provided staff and patients with an effective alarm system for emergencies and support
- the service monitored and proactively addressed staffing vacancies and used regular bank staff who were familiar with the wards
- the provider provides a comprehensive training programme for all staff. Information provided by the provider showed its overall target was 85% of staff completing mandatory training. Training statistics varied across the provider but had significantly improved in the 12 month period leading to the inspection.
- the service had implemented changes in response to serious incidents, staff had a good understanding of how to report incidents and received feedback following incidents

Good



Are services effective?

We rated effective as **good** because:

- care plans were completed in a timely manner following admission. Patients received comprehensive physical health care and follow up and patients nutrition needs were met
- care records were stored securely and followed people between the crisis service and acute inpatient services
- the service had achieved recognition for Accreditation for Inpatient Mental Health Services (AIMS) and star awards and staff followed NICE guidance for schizophrenia
- staff received mandatory training and had also undertaken other training
- there was a robust performance management process and managers worked collaboratively with other services

Good



Summary of findings

- the service worked closely with other teams, services and organisations to meet the needs of patients
- staff had a good understanding of the Mental Health Act (MHA), the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS), the service adhered to the MHA and MHA Code of Practice, and MHA documentation was in place and up-to-date

However

- care plans did not always demonstrate evidence of person centred care or recovery orientated focus
- psychological therapies appeared to be ad-hoc and there was a lack of evidence of a clear model that underpinned care and treatment
- At the time of inspection the service did not have a full multidisciplinary team but had access to psychology and occupational therapy which underpinned the model of care for assessment, treatment and recovery.

Are services caring?

We rated caring as **good** because:

- staff worked cooperatively with patients, were respectful and demonstrated a flexible approach to patients care and treatment
- patients told us they were involved in planning their care and the inspection team found evidence that corroborated this within the care plans

However

- carer involvement was not consistently evident across the service and a concern identified from the community members survey highlighted the loss of the carers groups as a theme.

Good



Are services responsive to people's needs?

We rated responsive as **good** because:

- the service had a 100% occupancy rate at the time of inspection and had a service level agreement for an out of area psychiatric intensive care unit (PICU) to meet the needs of patients
- each ward was on the ground floor, had a range of rooms to support patients care and treatment. These included designated visitor areas, single gender lounges, kitchens and outside spaces.

Good



Summary of findings

- patients were provided with a swipe card system to access their bedrooms, they were able to personalise bedroom areas and had secure storage for personal possessions
- the service had an activities coordinator and patients were able to access a range of activities throughout the week
- the service worked closely with the catering staff to meet the dietary needs of patients
- patients knew how to complaints and staff supported them to do this.

Are services well-led?

We rated well-led as **good** because:

- staff had a clear understanding of the organisations values and team objectives were reflected in everything they did
- Staff knew the senior management team and board members. Staff told us they attended the wards regularly
- there was a comprehensive training programme in place for staff and staff were booked to attend
- all staff had received their appraisals
- staff were able to receive formal and ad-hoc supervision. The service had identified that there were some gaps in the supervision process and had plans to address these gaps
- the provider involved patients in the development of its services and also staff recruitment. Patients were members of the provider community interest company.

Good



Summary of findings

Information about the service

- Current regulated activities include: assessment or medical treatment of persons detained under the mental health act; Diagnostic and screening procedures; Treatment of disease, disorder or injury, additionally triage and medical advice were provided remotely and there was a registered manager in place.
- We inspected Harrison House acute inpatient services, which comprised of three purpose built wards a Section 136 suite and crisis and home treatment team.
- Pelham Lodge is an acute inpatient ward with 10 beds. This is a mixed sex ward with en-suite bedrooms that provides services for people experiencing mental health problems.
- Meridian Lodge is a 10 bed mixed sex inpatient service that provides ensuite bedrooms for people experiencing mental health problems. Admissions to these wards are for people from the North East Lincolnshire area but not exclusively. The wards align to individual consultant psychiatrists.
- Brockelsby Lodge is a five bed mixed sex enhanced care ward, for individuals who require nursing care and treatment in a more controlled and quiet environment.
- The crisis home treatment service is part of the adult acute mental health service for people in North East Lincolnshire. The service works directly with people who experience a severe mental health crisis and require urgent or emergency care. The service operates 24 hours a day, seven days a week and runs an open referral system where people can self-refer via a single point of access. Mental health assessments and treatments occur in people's own home, community or hospital settings.
- Harrison House has been inspected on three occasions, the last inspection was on Pelham Lodge on 14 October 2015. There have also been two additional Mental Health Act reviewer visits that occurred on Pelham Lodge 29 April 2014 and Meridian Lodge 29 June 2015. The services were found to be compliant.

Our inspection team

Our Inspection Team was led by Patti Boden, Inspection Manager, Hospitals Directorate North East, Care Quality Commission.

The team inspecting the acute wards for adults of working age, crisis services and health-based places of safety consisted of: one CQC Inspector, one expert by experience, one occupational therapist, one psychiatrist, two nurses and a mental health act reviewer.

Why we carried out this inspection

We inspected this core service as part of our on-going 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 NAViGO Community Interest Company:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Summary of findings

- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all three of the wards at the Navigo hospital site and looked at the quality of the ward environment and observed how staff were caring for patients
- we inspected the 136 suite and crisis and home treatment team that were integrated into the acute services
- spoke with 10 patients who were using the service
- spoke with the managers or acting managers for each of the wards
- spoke with 36 staff members; including doctors, nurses and social workers

- interviewed the senior operational manager with responsibility for these services
- attended and observed a range of meetings that operate within the service including a hand-over meeting, a multi-disciplinary meeting, a community group meeting, a coffee morning meeting, the service huddle meeting and a home visit.

We also:

- collected feedback from patients using comment cards
- looked at 25 treatment records of patients
- carried out a specific check of the medication management on three wards
- carried out a SOFI on one ward
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

- patients told us they received a comprehensive welcome pack on their admission to the service, participated in care planning and risk assessments and community meetings. Here they were able to raise important issues
- patients could access advocacy services, participated in staff interviews and devised relevant questions for prospective new staff
- patients had the opportunity to become community members of the provider
- patients knew how to complain, were confident that they would receive feedback following any complaints they made and staff and managers dealt with concerns raised on the wards locally.

Good practice

We found that Navigo as a social enterprise had embraced the concept of patient involvement to its utmost with patients having an active voice in decision making as members of the community interest company.

They also through their Tukes employment scheme work actively to engage patients to maximise their working potential to re-integrate patients with mental health problems back into the local community.

Navigo Health and Social Care CIC

Acute wards for adults of working age and psychiatric intensive care units

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Pelham Lodge	Harrison House
Brocklesby Lodge	Harrison House
Meridian Lodge	Harrison House

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 NAViGO Community Interest Company.

There have been three Mental Health Act review visits between 2014 and 2015. The last inspection was on Pelham

Lodge on 14 October 2015. Two additional MHA review visits that occurred on Pelham Lodge 29 April 2014 and Meridian Lodge 29 June 2015. The services were found to be compliant.

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider was adhering to the Mental Capacity Act and Deprivation of Liberties (DoLS). Staff we spoke with

demonstrated awareness of the Mental Capacity Act (2005). Information provided by the provider showed an average 90% of staff had completed and were up to date with the Mental Capacity Act and DoLS training.

Detailed findings

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

- The ward layout on all three lodges allowed staff to observe all parts of the ward, with clear lines of sight from the main lounge area.
- There were anti-ligature fixtures and fittings in place and where ligatures were found these had been clearly identified. Risks were recorded on the ward risk registers and risks were mitigated through individual patient risk management plans.
- The wards complied with guidance on same-sex accommodation, with all bedrooms having ensuite facilities and each ward having female and male only lounges as well as communal lounge areas.
- The clinic rooms were clean and fully equipped with easily accessible resuscitation equipment. Resuscitation equipment and emergency drugs were regularly checked.
- All ward areas were clean, furnishings and fixtures were of a high quality that complied with the furniture requirements necessary for acute inpatient areas. They still offered a warm, modern homely environment.
- Staff adhered to infection control principles including hand washing techniques
- There were robust and comprehensive cleaning schedules in place and records were available to demonstrate this.
- Environmental risk assessments were routinely undertaken and a comprehensive ligature audit was in place
- The provider provided staff with alarms that could be activated during both emergencies and to summon assistance. This system was also available for use with patients where there were increased risks or a need for additional support.
- The health based place of safety (section 136 suite) was positioned within the ward but still maintained individual access and entry for people brought to the

facility. It maintained the same high standards as all of the three lodges in respect of décor, furniture and fittings. This included the same access to staff and equipment, as well as cleaning and maintenance standards.

Safe staffing

- The service had experienced staffing difficulties in the 12 month period leading up to the inspection. This core service had 91 substantive staff with six staff that had left the provider in the last 12 months. The figures for vacancies and sickness were provided in percentages. Figures for vacancies ranged from 0% to 12% and for sickness 2% to 10%. For the two 10 bed wards sickness figures peaked in September 2015 at 17% and December 2015 at 9%. These figures were attributed to maternity leave and the support and management of a small number of staff with long-term health conditions and ill health. However, at the time of inspection the service had been successful in recruiting to its vacant posts, with staff scheduled to commence employment at specific dates. Staffing vacancies were further complicated by the development of new services within the organisation allowing for promotion or movement of staff.
- The service had a clearly established staffing establishment across the three wards, the establishment derived from the nationally recognised staffing requirements matrix for acute inpatient services for people with mental health problems. This meant that each shift had four band six nurses and seven health care assistants, band five nurses were accounted for within the healthcare assistant numbers. There was one band six nurse allocated to the crisis service with the additional band six and one band three to support the role for assessments.
- Although there was a high usage of bank staff. The service demonstrated using regular bank staff that were familiar with the wards.
- The ward managers and service manager were able to adjust staffing levels to address the needs of the patients and staff shortages.

Are services safe?

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

- The wards had a qualified nurse available on duty at all times which was further supplemented by the service manager and ward managers daily.
- Patients were able to have one to one contact with their named nurse each day
- The service medical cover comprised of consultant psychiatrists and junior doctors.
- Staff training figures varied across the wards with a clear schedule in place when staff were required to update their training. The service manager held a comprehensive oversight of the service training requirements; however, the providers system and ward system figures did not always correlate. Training figures had improved significantly within the 12 month period leading to the inspection. Figures had been as low as 35% however at the time of inspection, training statistics had reached 75%. This was still short of the providers overall figure of 85%. These figures were further complicated where mandatory training was seen as an essential requirement for all staff irrespective of their role or ward area that meant figures appeared low for some staff groups and high for others, the provider was reviewing this and had a provider wide action plan in place.

Assessing and managing risk to patients and staff

- The service recorded 41 incidents of restraint arising from 21 different patients. There were no recorded incidents of seclusion. There were no incidents of prone restraint. However prior to inspection the provider had become aware of the impact of the legislation specifically around the recording of seclusion.
- Staff undertook risk assessments of every patient on admission, these were regularly updated in response to changes in the risks for the patient.
- The wards were locked in response to risks from the local population who at times were bringing contraband items onto the wards. However informal patients could leave the wards when they needed to and without delay.
- Restraint was only used once de-escalation techniques had failed. The service operated training for the management and prevention of aggression and violence known as RESPECT this was in response to

managing the risks of patients. Respect is recognised both nationally and internationally for use in a variety of healthcare settings. One of the providers RESPECT trainer was based on the acute wards.

- Staff had received training in safeguarding and knew how to make a safeguarding alert. Safeguarding concerns were low with four safeguarding concerns recorded for 2014-2015, there were no safeguarding alerts raised and the last safeguarding concern was closed on 18 June 2015
- There were robust and comprehensive medicines management processes in place.
- The service did not allow children to visit on the wards; there was a designated children's visiting area near the main reception area
- The health-based place of safety (section 136 suite) facility allowed for the safe and effective management of disturbed behaviour whilst optimising patient dignity and respect. This included access to bathroom and toilet facilities and good arrangements for patients to receive food and drink.

Track record on safety

- There were three serious incidents recorded for the service. Two in relation to the adult crisis service and one relating to the inpatient wards. The serious incident within the inpatient services led to a review and the implementation of changes to the ward environment with the closure mechanisms on the windows being changed.

Reporting incidents and learning from when things go wrong

- Staff demonstrated a clear understanding of when to report incidents, the provider operated an electronic recording system for the reporting of incidents.
- Staff were open and transparent and patients received feedback following any serious untoward incident.
- Staff received feedback from investigations of serious incidents, this occurred in a variety of ways including email, through staff meetings and the news updates. The service had identified that this process could be improved and has put measures in place for this to happen.

Are services safe?

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

- Staff received a debrief following any incidents. Staff also had the opportunity to self-refer to the providers

confidential care 24 hour advice and support service. In addition to this, the Respect trainer reviewed all incident reports, which have involved restraint and worked with the staff and managers to offer additional support.

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

- Care plans were completed in a timely way following admission. There was evidence of comprehensive physical health care assessments and follow up. However, some care plans were found to be generic in their content and did not always demonstrate evidence of person centred care or a recovery oriented focus.
- Care records were stored securely and were accessible for staff when they needed them. There was evidence that care records followed people through the services between the crisis, home treatment and admission wards.

Best practice in treatment and care

- The wards had been awarded with a rating of excellence in the Accreditation for Inpatient Mental Health Services (AIMS) and Star Wards. We found evidence that staff followed NICE guidance for schizophrenia. Psychological therapies were used but this appeared to be ad-hoc and there was a lack of evidence that a specific model was used to underpin care and treatment. This meant there were no specific outcome measures being used to monitor treatment and care.
- Patient's nutrition and hydration needs were met, there was access to drinks at all times. The wards had a close working relationship with the catering staff to accommodate patient choices and dietary requirements. The service could access the expertise from the eating disorders service and dietician should it be required.
- Staff participated in comprehensive audit programmes and accreditation schemes. The national audit programme included audits around psychological therapies, schizophrenia and audits around prescribing medication. Staff also assumed governance and audit responsibilities for example health and safety, suicide prevention, compliments and complaints and frequent attenders at accident and emergency. Staff involved included health care assistants as well as qualified nurses and managers.

Skilled staff to deliver care

- At the time of the inspection acute mental health services were in the process of being provided with psychology and occupational therapy support to compliment the multidisciplinary team. The new contract for Pharmacists was with Lloyds. This will ensure 52 weeks per year pharmacy input into the whole of Navigos mental health services.
- Staff were experienced and qualified and able to work across the wards, crisis and home treatment and health based place of safety services.
- Staff received an induction to the provider with 90% of the staff employed on the wards having received their induction training. The provider has piloted the care certificate and had devised an action plan to ensure its implementation across the services, this was planned to begin with all new employees and then other band two and band three staff.
- All staff had received their annual appraisal however the service had identified some staff had not received their supervision as frequently as was expected. The service had implemented changes to address this.
- The service had a robust staff performance process and the service managers and ward managers worked in collaboration with occupational health and human resources to further enhance its efficiency.

Multi-disciplinary and inter-agency team work

- The service held a multi-agency team meeting at the beginning of each week this included managers and heads of service which allowed discussions on service and patient issues that may have occurred during weekends.
- Staff worked long days, this meant there were two shift handovers for staff working on the wards. The service operated a daily meeting called a daily huddle, this involved the doctors, clinical leads and other staff members where potential problems across the service were discussed. In addition, an integrated handover included information in relation to the three wards and also the crisis and home treatment and 136 suite as part of the service.

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.

- Staff from other services within Navigo had regular contact with the acute services in respect of patient admissions and discharges.
- This service worked closely with other teams outside of the organisation, in particular, there were close joint working with police including the provision of a training package to support police when people presented in mental health crisis and were detained under section 136.
- The services has established good links with local GP practices and social services with social workers and approved mental health professionals (AMHPS) employed within the service.

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

- The service provided training for staff on awareness of mental health. Staff attendance figures for the service ranged from 83% to 100%, with the remaining staff within the service having booked dates to attend.
- Patients had their rights on detention under the Mental Health Act explained to them on admission and regularly thereafter.
- Staff had a good understanding of the guiding principles of the Mental Health Act. There was evidence of its application for medication and treatment.

- The provider ensured staff had the necessary administrative support and legal advice to assist them in the application of Mental Health Act.
- There was an Independent Mental Health Advocate (IMHA) service available and detained patients had direct access to this service.
- Each ward within the service held community meetings where patients had the opportunity to raise concerns. Staff supported patients if they wanted to make a complaint.

Good practice in applying the Mental Capacity Act

- The organisation provided two training programmes for Mental Capacity Act (MCA). These were MCA awareness and MCA. Figures for the service ranged from 83% to 100%. Again the remaining staff were booked to attend future training.
- The organisation had a policy on MCA and Deprivation of Liberty Safeguards (DoLS). There was evidence that the responsible clinician's recorded the patient's capacity to consent. The service had made one urgent application for DoLS, the outcome was not known at the time of inspection.
- Physical health checks were routinely carried out on admission and there was evidence that this was followed up on a regular basis.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- The inspection team observed good interactions between staff and patients and we saw staff work cooperatively with patients. Patients told us staff attitudes towards them were respectful and staff were able to provide the correct level of practical and emotional support for patients whilst maintaining their rights and wishes regarding care and treatment choices.
- Patients told us that they were involved in their care and that staff supported them.

The involvement of people in the care that they receive

- Patients received a comprehensive welcome pack on their admission to services.
- Patients participated in care planning and risk assessments

- Patients had access to advocacy services provided by Cloverleaf advocacy.
- Families and carers were involved with their relatives care during their inpatient admissions.
- Patients were involved in the recruitment process for the provider and had been since 2005. Patients participated in staff interviews and devised relevant questions for prospective new staff.
- The service held regular community meetings where patients were able to raise any important issues.
- Patient satisfaction information was available from the community members survey where 69% of the members rated the organisation as excellent, 26% as good with 2% and 3% rating the organisation as poor and average. Positive themes included inclusive, friendly and non-judgmental, person centred services where members would be happy for family and friends to use the services.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- At the time of the inspection, the service was full and bed occupancy was 100%. The service had the capacity to operate the enhanced care ward when required. In the six-month period leading to the inspection occupancy rates were 84% and 91% for the two main wards and 34% for the third ward, the enhanced care provision. The service was able to respond to people's needs living in the area due to the close proximity of the health based place of safety and the integrated nature of the crisis services provided.
- The service had a service level agreement for the use of a psychiatric intensive care unit (PICU) should patients require that level of care and treatment. However patient transfers back to the service were determined by the PICU and not always by the service or its staff. Staff reported feeling unhappy about this. However it was unclear whether this had made any significant impact to the patients or service.
- There were two recorded incidents of delays of people's discharges from the service, these were delayed because of the need for equipment adaptations in the community setting and awaiting non acute NHS care provision.

The facilities promote recovery, comfort, dignity and confidentiality

- Each ward had a range of rooms that could be used to support the care and treatment needs of the patients. This included fully equipped clinic rooms for patient examinations as well as a range of a smaller quiet room that staff could carry out therapy and 1:1 interventions with patients.
- Each ward had a designated meeting room adjacent to the ward reception area where patients could meet visitors, as well as single gender lounge areas that allow for quiet and privacy.
- There were phones available to allow patients to make phone calls in private
- Each ward had a designated outside garden area that patients were able to access throughout the day

- All food was provided by Tukes and patients were able to have food either within the ward area or within the canteen onsite. The service had been awarded a Food Hygiene rating of five (very good) by North East Lincolnshire Council on 8 June 2015.
- Patients had access to a small kitchen, on each of the wards and were able to make drinks and snacks if they chose. On Brocklesby ward staff monitored the use of the kitchen based on the level of risk presented by the patients on the ward.
- Patients were able to personalise their bedrooms during their inpatient stay and were provided with a swipe card system to access their bedrooms, ensuring their bedrooms could be locked when they were not using them. Patients also had additional locker facilities to keep their possessions secure.
- There were a range of general activities provided on the wards during the week and at weekends that included staff supporting patients personal care and hygiene, arts and crafts, lower level ad hoc therapies such as relaxation techniques and patients hobbies or interests groups. Patients were supported to engage with the Tukes staff for further activity and employment opportunities.

Meeting the needs of all people who use the service

- Information leaflets were available in different formats to accommodate the needs of a diverse population
- The service ensured that information was available for people about their rights and how to complain. Patients were provided with a welcome pack on their admission that also contained this information. Patients were able to access information about medication and advocacy.
- The catering staff and managers worked closely with the wards to meet the dietary requirements whether this was on grounds of religious, ethnicity or allergy requirements.
- Each ward had a multi faith room that was able to support a diverse spiritual and religious patient population. Patients had been involved in the design and décor.

Are services responsive to people's needs?

Good 

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

Listening to and learning from concerns and complaints

- The service had received two complaints in the six month period leading to inspection. One was for the crisis and home treatment service and one for the inpatient service. These were partially upheld. No complaints had been referred to the Parliamentary Ombudsman.
- Patients told us they knew how to complain and were confident that they would receive feedback following any complaints they made. Patients said any concerns they raised on the wards were dealt with locally by staff and managers.
- Staff were aware of the complaints policy, how to handle complaints and how to support patients to make complaints.

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 had a clear understanding of the organisations values
- Team objectives reflected the organisations values and objectives that were to ensure patients were at the centre of everything they did.
- Staff knew who the senior managers were in the organisation. These managers not only visited the ward areas but also undertook work at weekends as members of the staff bank. The chief executive officer (CEO) also attended the ward on a regular basis and was reported by staff and patients to participate and engage in activities with the patients.

Good governance

- Staff had received mandatory training and there was a comprehensive programme in place. Staff who had not yet completed their training had dates booked to attend.
- Staff received formal and adhoc supervision and managers kept comprehensive records of when staff had received this. Although staff supervision figures had shown an improvement, gaps in supervision still existed. The managers were aware of the need for this to further improve and had put in further methods to improve the supervision targets. Staff appraisals were 100%.
- We reviewed the staff rotas at the time of inspection and also for the three month period prior to the inspection. The service had experienced some staffing shortages, however there was clear evidence that the service used regular bank staff to cover shortages and the service managers and ward managers also worked on the wards to ensure consistency and skill mix was maintained.
- The service was involved in comprehensive audit programmes and accreditation schemes. The national audit programme includes audits around psychological therapies, schizophrenia and various audits around prescribing medication. Staff also assume governance and audit responsibilities for example health and safety,

suicide prevention, compliments and complaints and frequent attenders at accident and emergency. Staff involved included health care assistants as well as qualified nurses and managers.

- Staff learned from incidents, complaints and patient feedback. Examples were provided by staff and managers to clearly outline where lessons had been learned and how this had resulted in changes to the service and environment.
- Safeguarding, Mental Health Act and Mental Capacity Act procedures were followed. Examples were provided by the service where patient's needs had been considered under these procedures.
- The service manager and ward managers had sufficient authority and administration support to undertake their responsibilities.
- Staff and managers were able to submit items for inclusion in the organisations risk register.

Leadership, morale and staff engagement

- The service manager had a proven track record for managing sickness and absence within the service. This was corroborated with workforce and staff members. There was clear evidence within staff files and as reported by staff of a flexible but proactive approach to supporting staff whether this was around sickness management or performance management.
- There were no cases of bullying or harassment and staff reported that they would feel confident to approach any of the managers or service manager to raise concerns.
- Staff reported a high level of job satisfaction and high morale.
- We saw evidence that staff had opportunities for development including leadership opportunities.
- Staff were able to demonstrate being open and honest with patients when things went wrong
- Staff were able to become members of the provider which meant they had the opportunity to feedback on the providers planned service development.

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.

Commitment to quality improvement and innovation

- The service had been awarded with a rating of excellence in the Accreditation for Inpatient Mental Health Services (AIMS) and the service lead was an AIMS assessor
- The head of psychology is involved in writing National Institute of Care Excellence guidance on schizophrenia.
- The service had developed close working relations with the police particularly around patients in crisis and liable to potential detention under Section 136 of the MHA. This involved the development and delivery of a joint training programme to support police officers understanding of personality disorder and Section 136 of MHA.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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