

# Cambridgeshire and Peterborough NHS Foundation Trust

## Inspection report

Elizabeth House, Cambridge Road  
Fulbourn  
Cambridge  
Cambridgeshire  
CB21 5EF  
Tel: 01223726789  
[www.cpft.nhs.uk](http://www.cpft.nhs.uk)

Date of inspection visit: 20 May to 14 Jun 2019  
Date of publication: 05/09/2019

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Cambridgeshire and Peterborough NHS Foundation Trust provides health and social care to over 900,000 people with mental ill health, physical ill health and learning disabilities across Cambridgeshire and Peterborough. The trust also runs adult community eating disorder services in Norfolk. The trust received NHS Foundation status in June 2008.

The trust employs over 4,000 staff across more than 50 sites and ten registered locations. The trust provides 315 inpatient beds across 24 wards, 211 of these are mental health beds and the other beds provide community rehabilitation. 36 beds were for children's mental health. The trust had an overall budget of £225 million in 2019/20. The trust had a surplus of £4.1 million for 2018/19.

The trust delivers the following mental health services:

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

The trust provides the following community health services:

- Community health services for adults
- Community health services for children young people and families
- Urgent and emergency care
- Community health inpatient wards

The last inspection was carried out between 12 March to 12 April 2018 with reports published in June 2018. The overall rating was good. The trust was rated as requires improvement for safe, and good for effective, caring, responsive and well-led. There were breaches across three regulations. The trust has partially addressed these concerns since the last inspection.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** 

# Summary of findings

## What this trust does

The trust operates in three directorates:

Adult and specialist mental health services (49 teams / 32 services) had 219,961 patient contacts in 2018/19. These services comprised of inpatient wards and community mental health teams in Cambridgeshire and Peterborough, crisis resolution, psychological medicine services and home treatment teams, IAPT teams and the advice and referral centre (ARC). Specialist services included prison mental health in-reach teams, eating disorders, substance misuse, learning disability, autism and ADHD services, and criminal justice services and arts therapies were also provided.

Older people and adult community services (93 teams / 27 services) had 832,571 patient contacts in 2018/19. These services comprised of neighbourhood community services teams, joint emergency teams, older people inpatient rehabilitation services and long-term condition specialist services. Older people and adult community services also provided inpatient and community mental health services in Cambridgeshire and Peterborough for people over 65.

Children, young people and family services (35 teams / 18 services) had 113,013 patient contacts in 2018/19. These services comprised of child and adolescent mental health community services in Cambridgeshire and Peterborough, children's community services in Peterborough, an adolescent intensive support team, and a young people's drug and alcohol service.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected seven complete services. Mental health services we inspected were previously rated as requires improvement, or risk assessed as requiring inspection this time. We also inspected some services rated as good that had not been re-inspected since 2015. Those inspected were:

- Acute wards for adults of working age and psychiatric intensive care units
- Community-based mental health 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
- Specialist mental health services for people with an eating disorder.

In addition, we also inspected two community health services that had not previously been inspected:

- Community health services for adults
- Urgent and emergency care

# Summary of findings

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed *Is this organisation well-led?*

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated safe as requires improvement and effective, caring, responsive and well-led as good. In rating the trust, we took into account the previous ratings of the nine core services not inspected this time. We rated the trust as good overall for well-led. We rated all of the core services that we inspected on this occasion as good overall. Following this, and taking our previous ratings into account, all bar one of the 16 core services delivered by the trust are rated good overall.
- We found that leadership was good across the trust. Executive directors and directorate leads were known to most staff and visited services regularly. They provided leadership and the board encouraged feedback from all levels of the organisation. Local leadership across the trust was visible and effective. Staff felt supported by their leaders. The trust supported staff to develop their leadership skills and staff had opportunities for career progression. The trust recognised staff success through individual staff and team awards. Staff morale was good across services that we visited and staff felt respected, supported and valued.
- The service had enough staff to care for patients and keep them safe. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision, and opportunities to update and further develop their skills.
- Staff understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service controlled infection risk and managed medicines well. The service managed safety incidents and learned lessons from them. Staff collected safety information and used it to improve the service. Patients across the trust told us that they felt safe.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. Staff involved patients and those close to them as partners in their care and treatment. We received positive feedback from those patients, families and carers that we spoke with about the care and treatment received from staff.
- The service engaged well with patients and the community to plan and manage services. Trust staff worked well with each other and external organisations to provide care and treatment. The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and, in most cases, did not have to wait too long for treatment. Bed management processes were effective and included daily bed management meetings. Discharge planning was a core part of any inpatient admission.
- The services met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support. Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Individual care plans were reviewed regularly and reflected patients' assessed needs, were personalised, holistic and recovery-oriented. Staff monitored the effectiveness of care and treatment. Treatment was delivered with the legal framework of the Mental Health Act and Mental Capacity Act.

# Summary of findings

- Staff had been involved in the development of the trust vision and strategies and, overall, knew of plans to develop their service. Staff were clear about their roles and accountabilities. Managers discussed the values with staff in supervision and appraisals and recruitment processes were based on the values. Staff knew the trust values and demonstrated these in the care that they delivered to patients.
- The trust had a cohesive governance framework and structure. Service managers attended directorate clinical governance meetings, which fed into the trust wide governance meetings. Local governance meetings discussed team issues, such as incidents, safeguarding, staffing concerns, and identified and shared learning from incidents. Managers fed this learning back to front line staff and patients through team meetings, supervision and learning bulletins. Risk registers were in place at trust, directorate and team level. Staff could escalate concerns and submit items to the trust risk register. Senior trust staff reviewed the trust risk register and non-executive directors openly challenged issues through board and governance meetings. Leaders ran services well using reliable information systems.
- The trust had committed to improving services by learning from when things went well and when they went wrong, and promoted training, research and innovation. The trust had participated in national improvement and innovation projects and undertook a wide range of quality audits and research. Quality improvement was developing across services. The services treated concerns and complaints seriously, investigated them and learned lessons from the results. Patients told us they knew how to complain.

However:

- At our inspection of 2018, we had some concerns about the safety at the acute wards. We told the trust that they must address concerns and meet regulation. At this inspection, we found that some of our concerns had not yet been fully addressed. The trust had not ensured that seclusion practice and environments met the requirements of the Mental Health Act Code of Practice and were fully safe. Staff had failed to enforce the trust's patient search policy in relation to smoking at wards. The trust's smoke free policy was not being operated at all wards.
- While the trust had worked to address ligature risks in inpatient services there remained some environmental concerns. At ward S3 in the eating disorder service, an environmental ligature assessment was in place but had not included the garden area. In addition, we found the garden back gate was unlocked. There were also concerns regarding the risk of possible patient absconson from the garden at the PICU. The clinic rooms within some eating disorder services were messy and grubby and required some essential equipment.
- Staff at the health-based place of safety at Fulbourn Hospital did not complete or update risk assessments for patients whilst in their care. The service also was not meeting the Royal College of Psychiatrists' recommendation for doctors assessing patients in the health-based place of safety within three hours. The trust had only one health-based place of safety. When this was in use patients remained in rooms in the local acute trusts.
- Staff supervision rates and the recording of, were not monitored on a consistent basis by all team managers.

## Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- We had concerns about seclusion practice and facilities. The trust had not fully addressed concerns about the layout of the psychiatric intensive care unit's seclusion room. This could pose a safety risk to patients and staff. Staff had not ensured that all incidents of seclusion had been recorded in line with the Mental Health Act Code of Practice. At Fulbourn, patients had been secluded in rooms other than a designated seclusion room and at Cavell Centre patients been moved across the hospital in restraint holds to access the seclusion room putting patients and staff at increased risk of injury.

# Summary of findings

- Staff had failed to enforce the trust's patient search policy in relation to smoking on wards. The trust's smoke free policy was not being operated at all wards.
- Staff at the health-based place of safety at Fulbourn Hospital did not complete or update risk assessments for patients whilst in their care.
- We found some environmental risks at ward S3 in the eating disorder service. An environmental ligature assessment was in place but had not included the garden area. In addition, we found the garden back gate was unlocked. We raised this with managers during the inspection. Following the inspection, the garden area was risk assessed and the back gate secured.
- The clinic rooms within some eating disorder services were messy and grubby and required some essential equipment.

However:

- Overall, wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Ward ligature risk assessments had been updated to address all the potential ligature risks on the wards. Staff could clearly see all areas of the ward and knew about any ligature anchor points and actions to mitigate risks to patients who might try to harm themselves.
- The trust had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staff received and were up to date with mandatory training.
- Staff assessed and managed risks to patients and themselves well. However, the overall number of uses of restrictive interventions was rising. Staff completed risk assessments on admission and updated these regularly and after incidents. Staff responded to changes in patient risks.
- The services controlled infection well and had few infection incidents. Staff kept equipment and their work area visibly clean. Staff used equipment and control measures to protect patients, themselves and others from infection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff had the appropriate level of safeguarding training for the services they delivered. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and generally easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.
- The trust managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. We saw evidence of changes to practice following lessons learned.
- The trust had developed robust personal safety protocols, including lone working practices, and we saw evidence that staff followed them. Plans were in place to respond to emergencies and major situations. All relevant parties understood their role and the plans were tested and reviewed.

## Are services effective?

Our rating of effective stayed the same. We rated it as good because:

# Summary of findings

- Staff assessed the physical and mental health of patients. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. In community health services for adults, staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. Staff assessed and monitored patients regularly to see if they were in pain and requested pain management reviews in a timely way.
- Staff monitored the effectiveness of care and treatment. Staff used recognised rating scales to assess and record severity and outcomes. They used the findings to make improvements and achieved good outcomes for patients. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- Policies were aligned and referenced to national guidance, such as National Institute for Health and Care Excellence guidelines. Staff had access to a full range of policies and procedures to support them in their roles and knew who was responsible for providing their national clinical guidance.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. Staff held multidisciplinary meetings and patients, carers and commissioners were invited to these. Services had a full range of professional disciplines that provided input into patient care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them in inpatient services. Staff ensured patients were able to take their Section 17 leave as agreed. Instances of staff cancelling this leave were rare. Staff knew how to access support and advice on Mental Health Act and Mental Capacity Act concerns.
- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff treated each patient with dignity and engaged patients in meaningful activities. Staff recognised and respected the individual needs of patients, including cultural, social and religious beliefs.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates where appropriate. Patients were encouraged to participate and share their views about their care and treatment in multidisciplinary team meetings. Carers were provided with information on how to access a carer's assessment. Carers felt supported by staff and involved appropriately in their relatives care and treatment.



# Summary of findings

- Staff communicated with patients sensitively, compassionately and through a method they understood. They used a range of methods of communication including using signers, easy read leaflets and by seeking support from carers and families where appropriate.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- Overall, the services were easy to access. Referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and patients who did not require urgent care usually did not wait too long to start treatment.
- Staff followed up patients who missed appointments. Teams took a proactive approach to engaging with patients who found it difficult or were reluctant to engage with services. The needs of different people were considered when planning the delivery of the services.
- In acute inpatient services, staff managed beds well. A bed was available when needed and patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons. Care and treatment records showed that discharge planning was considered upon admission. Daily bed management meetings took place every week day. These meetings reviewed all wards to identify the availability of beds and potential patient discharges.
- The design, layout, and furnishings of the community bases and wards supported patients' treatment, privacy and dignity. In wards each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. Staff supported patients to maintain contact with their families and carers. Wards had quiet areas for patients and rooms either on or off the ward where they could meet visitors. Dedicated child visiting rooms were available.
- The food provided for patients on the acute wards was of good quality and patients could make hot drinks and snacks at any time.
- Staff supported patients with activities outside the service, such as work, education and family relationships where appropriate. The trust had a recovery college which provided a wide range of activities, learning and support to patients.
- Generally, the services met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support. Patients had access to information leaflets in a variety of languages and there was access to a translation service. Staff knew how to access additional information that was not readily available at the service.
- The services treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with the whole team and wider service. Patients told us they knew how to complain. Wards had information on the complaints process and this was displayed to patients on ward notice boards and was available to patients. Staff encouraged patients to raise concerns and attempted timely local resolutions. The learning from complaints was disseminated to the wider trust through the lessons in practice bulletin.

However:

- Waiting times from referral to treatment start exceeded 18 weeks for 24% of patients in community child and adolescent services.
- The trust had only one health-based place of safety. When this was in use patients remained in rooms in the local acute trusts. Doctors did not assess patients in the health-based place of safety within the three hours recommended by the Royal College of Psychiatrists.



# Summary of findings

- Patients calling the First Response team sometimes had to wait a long time for staff to speak to them. Deaf patients could not access the First Response team unless they had additional support.
- Diagnostic imaging support was not consistently available during opening hours across all minor injury units.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. Executive directors and directorate leads were known to staff and visited most services. They provided leadership and the board encouraged feedback from all levels of the organisation. Leadership was developing well in older peoples and adult community services and the children's and young people's directorate. This was beginning to pay dividends for example the plans for the children's hospital were very positive.
- Local leadership across the trust was visible and effective. Staff felt supported by their leaders. The trust supported staff to develop their leadership skills. Leadership training was available for staff at all levels, irrespective of their job role. The trust provided staff with opportunities for career progression. The trust recognised staff success through individual staff and team awards.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles. Staff had been involved in the development of the trust vision and overall knew of plans to develop their service. Staff were clear about their roles and accountabilities. Managers discussed the values with staff in supervision and appraisals and recruitment processes were based on the values. Staff knew the trust values and demonstrated these in the care that they delivered to patients. Staff spoke with passion and commitment and were able to explain how they worked to deliver high quality care within the budgets and resources available to them.
- The trust strategy was directly linked to the vision and values of the trust. The trust involved clinicians, patients and groups from the local community in the development of the strategy and from this had a clear plan to provide high-quality care with financial stability. Patients and frontline staff were encouraged to make suggestions for improvements at service level. The trust had responded to feedback and changed the way that it worked as a result.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the directorates. This gave them greater oversight of issues facing the service and they responded when services needed more support. The board reviewed performance reports that included data about the services, which directorate leads could challenge.
- The trust had a cohesive governance framework and structure. Service managers attended directorate clinical governance meetings, which fed into the trust wide governance meetings. Local governance meetings discussed team issues, such as incidents, safeguarding, staffing concerns, and identified and shared learning. Managers fed this learning back to front line staff and patients through team meetings, supervision and learning bulletins.
- The trust had improved on many levels since our last inspection although there was work left to do. Recruitment and retention had improved significantly, particularly in the child and adolescent mental health service, eating disorder and First Response services. In addition, staffing metrics such as sickness, stability rate and appraisal had improved. Staff stability was beginning to have an impact on the quality of service delivered.

# Summary of findings

- Arrangements were in place for the governance of the Mental Health Act and Mental Capacity Act. The mental health law forum linked to the board and both were sighted on regular performance information. The trust had a section 75 agreement in place with the Local Authority, which worked well. The trust had a positive partnership with the police to deliver section 136 responsibilities.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Managers used a systematic approach to continually improve the quality of its services. The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Risk registers were in place at trust, directorate and team level. Staff could escalate concerns and submit items to the trust risk register. Senior trust staff reviewed the trust risk register and non-executive directors openly challenged issues through board and governance meetings. Staff were committed to improving services by learning from when things went well and when they went wrong.
- The trust monitored strategic risks via the board assurance framework and reviewed this regularly. We found this document gave assurance to the board. However, we identified some further areas for improvement and some action required to address previous breach of regulation. The board assurance framework has not included this information.
- The trust strategy and supporting plans were challenging and innovative, while remaining achievable. The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. The trust was working with other local health economy stakeholders with an intention to improve the sustainability of the care the system delivered to the population of Peterborough and Cambridgeshire. Reports from external sources, including NHS improvement, commissioners and other stakeholders confirmed the trust was responsive to challenge and worked collaboratively with stakeholders, other local NHS trusts and the third sector to deliver services to patients. Key personnel were actively involved in the sustainability and transformation partnership (STP).
- The financial information provided to Board was clear and consistent with the monthly financial returns submitted to NHS Improvement. Despite significant financial challenge in the local system, the trust has demonstrated good financial management over previous years. The trust had a surplus of £4.1 million for the financial year 2018/19. The trust also received an additional £4.5 million in funding from the STP to support mental health and community healthcare initiatives. Where cost improvements were taking place there were arrangements to consider the impact on patient care.
- The trust used research and innovation to improve patient care. The trust participated in a wide range of audits and accreditation schemes and shared learning. The trust led the Collaborations for Leadership in Applied Health Research and Care East of England and was actively involved in many clinical research studies.
- The trust was developing their quality improvement capacity and capability. The quality strategy had been updated and the first cohort of QSIR (quality, service improvement and redesign) practitioners had been trained. The trust had a three-year plan to cascade training to all front-line staff. However, QI was embryonic and needed significant profile in order to encourage and enthuse staff to improve.
- We heard about and saw many examples of innovative practice throughout the trust. Staff were enabled to take actions to improve services and to make a difference. The First Response service had developed well and was providing a positive response to people in crisis. Physical health monitoring had improved and was very good particularly in acute mental health services. The smoking cessation team were very impressive. The pilot project undertaken by the tissue viability specialist nursing team in the management of chronic leg oedema was proving positive. We were impressed by the range of developments being planned to enhance the trusts IT capability.

However:

# Summary of findings

- The trust had not fully addressed all concerns raised at the last trust inspection of 2018, about the safety at the acute wards. We told the trust that they must address concerns and meet regulation. At this inspection, we found that some of our concerns had not yet been fully addressed. The trust had not ensured that seclusion practice and environments met the requirements of the Mental Health Act Code of Practice and were fully safe.
- While the trust had worked to address ligature risks in inpatient services there remained some environmental concerns that needed to be addressed.
- Staff had failed to enforce the trust's patient search policy in relation to smoking at wards. The trust's smoke free policy was not being operated at all wards.
- We also had a number of concerns about the health-based place of safety at Fulbourn Hospital.
- Work was developing on the equality and diversity agenda but was in early stages. Board members recognised that they had work to do to improve diversity and equality across the trust and at board level. We were however very impressed by the leadership of the trust's diversity network.
- Supervision recording was not accurate in all services and at some community teams' compliance rates were low. This has been an issue at the trust for some years.
- CAMHS community service had improved on many levels particularly staff recruitment however the waiting list remained an issue. Waiting times from referral to treatment start exceeded 18 weeks for 24% of patients. Staff told us they were very stretched, and in the long term there may be capacity issues.
- Further work was needed regarding physical interventions. While there was a strategy this required further work and profile to bring about a reduction in physical interventions which were increasing across the trust but particularly in acute services.

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

Our rating of this service stayed the same. We rated it as good because:

- All wards were clean, well equipped, well furnished, and well maintained and managers had completed environmental risk assessments. Staff followed good practice in medicines management and monitoring of effects of medication on people's physical health. The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff completed mental health assessments at or soon after admission and assessed patient's physical health needs in a timely manner. Care plans were personalised, holistic and recovery orientated and updated regularly. There was evidence of effective working relationships with other care teams. Staff understood their roles and responsibilities under the Mental Health Act 1983 and supported patients to make decisions on their care for themselves.
- Staff attitudes and behaviours when interacting with patients were discreet, respectful and responsive, providing patients with help and emotional support and advice at the time they needed it. Staff involved patients and their carers in care planning and risk assessment, care plans were written in patient focused language and evidenced the patient voice.
- The service met the needs of all patients who used the service and helped patients with communication, advocacy and cultural and spiritual support. Daily bed management meetings took place to review bed pressures, availability of beds and options for patient transfers. Wards had enough rooms for patients to access individual sessions with nursing staff, to receive visitors or to participate in ward-based activities. Staff supported patients to maintain contact with their families and carers and invited them to attend ward reviews where appropriate. The service treated concerns and complaints seriously and acted on these.

# Summary of findings

- Staff told us that senior managers were visible on the wards and they knew who senior staff were. Staff knew and understood the trust's vision and values and said they felt respected and supported by their managers and that morale was good. Staff we spoke with knew the trust had a whistle blowing policy which they would use if they needed to. Governance meetings and local risk registers were in place, staff were able to contribute to these.

However:

- At this inspection the trust had not made improvements in respect of some areas found at the previous inspection.
- The layout of the psychiatric intensive care unit's seclusion room could pose a safety risk to patients and staff. This was because staff had to enter the room to support patients to use the ensuite facility or to open the blind. Staff at the Cavell Centre moved patients across the hospital in restraint holds to access the seclusion room at PICU putting patients and staff at increased risk of injury. At Fulbourn there were occasions where patients had been secluded in rooms other than a designated seclusion room, Staff had not ensured that incidents of seclusion had been recorded in line with the Mental Health Act Code of Practice.
- Staff had failed to enforce the trust's patient search policy. We found tobacco, cigarette papers and a lighter in a patient's bedroom on the treatment ward at the Cavell centre. This posed a fire risk to patients and staff. In addition, at Fulbourn hospital site, staff permitted patients from Mulberry 2 to smoke directly outside the ward. This was against the trust's no smoking policy.

## **Community-based mental health services of adults of working age**

Our rating of this service stayed the same. We rated it as good because:

- Staff assessed the care environment annually for potential risks. Patients who were assessed as being at high risk were always individually risk assessed and supervised in the clinical areas. Staff had access to personal alarms on site in the clinical rooms.
- Thirty seven of the 43 care plans we reviewed were holistic, personalised and recovery orientated. Thirty-seven of the patients had received a physical health check. Where necessary, staff referred patients to their weekly physical health clinic for regular monitoring.
- At the time of the inspection, all the workforce in this service had received training in the Mental Capacity Act Level 1 and 89% in the Mental Capacity Act Level 2. When patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history.
- Staff that we spoke with were discreet, respectful and responsive to patients. We observed staff providing practical and emotional support and advice to patients and working flexibly to meet their needs. They understood the individual needs of patients and supported patients to understand and manage their care and treatment.
- Staff saw urgent referrals quickly, including the same day if required and non-urgent referrals within the trust target time. The service provided a daily duty cover system and all new referrals were reviewed by the duty cover worker.
- The systems and procedures in place ensured that premises were clean, safe and well-staffed. Patients were assessed and treated well and referrals and waiting times were managed well. Incidents and complaints were reported and investigated, and lessons learned were effectively cascaded to the teams.

However:

- Not all mandatory training had been completed to the trust's target of 95% completion. Four courses had failed to exceed 75% compliance.
- At the Fenland team we found that staff had not kept patient records updated, this included five out of eight risk assessments.

# Summary of findings

## **Mental health crisis services and health-based places of safety**

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. Clinical premises where patients were seen were safe and clean and the physical environment of the health-based places of safety met the requirements of the Mental Health Act Code of Practice. The number of patients on the caseload of the mental health crisis teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. There were no waiting lists and patients who required urgent care were seen promptly. Staff in the crisis and First Response teams assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff working for the First Response team developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The mental health crisis teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Staff at the health-based place of safety at Fulbourn Hospital did not complete or update risk assessments for patients whilst in their care. The trust did not ensure that patient information, including information about patient risk, was always up-to-date. Information technology support staff could not be contacted during the night to repair faulty computer systems. This meant staff had to complete paper records and upload them at a later time.
- Doctors did not assess patients in the health-based place of safety within the three hours recommended by the Royal College of Psychiatrists.
- Managers did not investigate serious incidents related to the First Response team in a timely manner.
- Patients calling the First Response team sometimes had to wait a long time for staff to speak to them. Deaf patients could not access the First Response team unless they had additional support.
- At the crisis and home treatment teams five care plans of nineteen reviewed were not holistic or personalised and did not evidence patient involvement.
- The provider had not ensured the accuracy of supervision data.

## **Specialist community mental health services for children and young people**

Our rating of this service improved. We rated it as good because:

# Summary of findings

- The service provided safe care. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists well to ensure that patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood the principles underpinning capacity, competence and consent as they apply to children and young people and managed and recorded decisions relating to these well.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care did not wait too long to be assessed. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However:

- Waiting times from referral to treatment start exceeded 18 weeks for 24% of patients.

## **Specialist eating disorders service**

Our rating of this service stayed the same. We rated it as good because:

- All patient areas of the wards were clean and tidy. Clinic rooms at S3 ward were fully equipped with accessible resuscitation equipment and emergency drugs, and clean and well maintained.
- There were sufficient staff to meet the needs of the patients. Overall, staff knew about any risks to each patient and acted to prevent or reduce risks. Staff identified and responded to any changes in risk to, or posed by, patients promptly. Staff used physical intervention rarely. Staff took part in de-escalation techniques and proactive preventive interventions, which included how to safely restrain a patient with low body mass index. There were effective systems in place for safe management and administration of medication.
- Services provided a range of treatment in line with best practice guidelines. Overall, there was a holistic approach to assessing, planning, and delivering care and treatment to people who use services. Staff assessed the physical and mental health needs of all patients on admission. The service had access to a range of specialists to meet the needs of the patients. Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff had a robust understanding of mental capacity and consent. We found clear records around consent to treatment and mental capacity requirements.
- We observed positive and caring interactions between staff and patients on the wards and in the community. Staff had a good rapport with patients. Staff involved patients and gave them access to their care plans. Staff contacted family members about joining multidisciplinary meetings, ward rounds, or care programme approach meetings.



# Summary of findings

- Beds were available when needed to people living in the catchment area. Staff ensured they did not discharge patients until they were ready. The trust ensured facilities promoted recovery, comfort, and dignity. Patients on wards had their own bedroom, which they could personalise. Staff provided a range of information on treatments, local services, patients' rights, how to contact CQC, and advocacy. We saw information on how to complain displayed around the service.
- Leaders, at local level, had the right skills, knowledge, and experience to lead their teams. Staff reported they felt supported by leaders. Staff were offered the opportunity to give feedback and input into service development. S3 ward was accredited by the Quality Network for Eating Disorders.

However:

- Although staff on the wards had undertaken environmental ligature assessments, that for S3 ward had not considered risks in the garden area. Also, the garden back gate had been left unlocked. We raised this with managers during the inspection. Neither community eating disorder services had undertaken environmental risk assessments, although these were in development. The Cambridge community eating disorder service had identified risks in the patient toilet areas and staff were aware of these.
- The clinic rooms at the Phoenix Centre were disorganised and required cleaning and there were no cleaning records at the Cambridge community eating disorder service. In addition, the clinic room at the Cambridge community eating disorder service did not have disposable gloves or aprons.
- At S3 ward not all staff were routinely aware of lessons learnt from serious incidents across services.

## Community health services for adults

We rated community services for adults as good because:

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service managed patient safety incidents well. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service used monitoring results well to improve safety.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. The service controlled infection well and the service had low number of infection incidents.
- Staff kept detailed records of patients' care and treatment, they completed and updated risk assessments for each patient and removed or minimised risks. The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff gave patients practical support and advice to lead healthier lives. Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. Staff assessed and monitored patients regularly to see if they were in pain and requested pain management reviews in a timely way.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.



# Summary of findings

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The service planned and provided care in a way that met the needs of local people and the communities served. It was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care in a timely way.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. It was easy for people to give feedback and raise concerns about care received.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All those responsible for delivering care worked together as a team to benefit patients.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Managers used a systematic approach to continually improve the quality of its services. The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Staff were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- The service did not have robust assurance processes in relation to infection prevention and control audits. The service completed annual hand hygiene audits and did not have any formalised assurance processes in place.

## **Community urgent care service**

We rated community urgent care as good because:

- The service provided mandatory training in key skills to all staff and made sure most staff had completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service controlled infection risk well. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff assessed risks to patients, acted on them and kept good care records. The service managed patient safety incidents well. The service used systems and processes to safely manage medicines.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff assessed and monitored patients regularly and gave pain relief in a timely way. All those responsible for delivering care worked together as a team to benefit patients. Staff supported patients to make informed decisions about their care and treatment and followed national guidance to gain patients' consent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers, and supported them to understand their condition and make decisions about their care and treatment.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and received the right care in a timely way.
- Leaders had the integrity, skills and abilities to run the service. Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Summary of findings

However:

- Diagnostic imaging support was not consistently available during opening hours across all sites.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

### Community health services for adults

- Community adult services had a strong focus on quality improvement work. We saw areas of outstanding practice for example the pilot project undertaken by the tissue viability specialist nursing team in the management of chronic leg oedema.

### Community-based mental health services of adults of working age

- The service had taken part in research projects including an e-support service for the families and friends of patients affected by psychosis; a study to investigate the genetic links to anxiety and depression and a research study to try to understand why some people experience difficulties in their mental health.

## Areas for improvement

We found areas for improvement including four breaches of a legal requirement that the trust must put right. We found 13 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the areas for improvement section of this report.

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with three legal requirements.

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

- The trust must review the environment of the seclusion room on Poplar ward to ensure the privacy and dignity of patients and the safety of staff.
- The trust must record incidents of seclusion in line with the Code of Practice: Mental Health Act (1983).
- The trust must ensure that staff implement the trust policy for searching patients returning from leave to ensure that items which may pose a health and safety risk to others are not permitted on to the ward.

#### Mental health crisis services and health-based places of safety

- The trust must ensure that staff at the health-based place of safety complete or update risk assessments for patients whilst in their care.

### Action the trust **SHOULD** take to improve:

# Summary of findings

We told the trust it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services.

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

- The trust should ensure effective implementation of the trust's smoke free policy.

## **Community-based mental health services of adults of working age**

- The provider should ensure that trust targets are achieved for all mandatory training courses.
- The provider should ensure that there is a robust system to log that supervision has taken place.
- The provider should ensure that all patient records are up to date.

## **Mental health crisis services and health-based places of safety**

- The trust should ensure that doctors assess patients in the health-based place of safety within the three hours recommended by the Royal College of Psychiatrists.
- The trust should ensure that all care plans are holistic, personalised and evidence patient involvement.

## **Specialist eating disorders service**

- The trust should ensure that any areas of risk highlighted in ligature assessments at the community teams are addressed and mitigated.
- The trust should ensure clinic areas are kept clean and well maintained.
- The trust should ensure staff receive feedback from relevant investigations of incidents.
- The trust should ensure the clinic room at Cambridge community eating disorder service is equipped with disposable gloves or aprons.
- The trust should ensure that waiting lists for assessment and treatment are addressed in the Norfolk community eating disorders team

## **Community health services for adults**

- The trust should ensure they have robust assurance audits for infection prevention and control within community services.

## **Community urgent care service**

- The trust should ensure that all staff have an appraisal to support staff to meet competencies and develop in their roles

## Action we have taken

We issued a warning notice and three requirement notices to the trust. Our action related to breaches in 2 core services

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

# Summary of findings

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust stayed the same. We rated well-led as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. Executive directors and directorate leads were known to staff and visited most services. They provided leadership and the board encouraged feedback from all levels of the organisation. Leadership was developing well in older peoples and adult community services and the children's and young people's directorate. This was beginning to pay dividends for example the plans for the children's hospital were very positive.
- Local leadership across the trust was visible and effective. Staff felt supported by their leaders. The trust supported staff to develop their leadership skills. Leadership training was available for staff at all levels, irrespective of their job role. The trust provided staff with opportunities for career progression. The trust recognised staff success through individual staff and team awards.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles. Staff had been involved in the development of the trust vision and overall knew of plans to develop their service. Staff were clear about their roles and accountabilities. Managers discussed the values with staff in supervision and appraisals and recruitment processes were based on the values. Staff knew the trust values and demonstrated these in the care that they delivered to patients. Staff spoke with passion and commitment and were able to explain how they worked to deliver high quality care within the budgets and resources available to them.
- The trust strategy was directly linked to the vision and values of the trust. The trust involved clinicians, patients and groups from the local community in the development of the strategy and from this had a clear plan to provide high-quality care with financial stability. Patients and frontline staff were encouraged to make suggestions for improvements at service level. The trust had responded to feedback and changed the way that it worked as a result.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the directorates. This gave them greater oversight of issues facing the service and they responded when services needed more support. The board reviewed performance reports that included data about the services, which directorate leads could challenge.
- The trust had a cohesive governance framework and structure. Service managers attended directorate clinical governance meetings, which fed into the trust wide governance meetings. Local governance meetings discussed team issues, such as incidents, safeguarding, staffing concerns, and identified and shared learning. Managers fed this learning back to front line staff and patients through team meetings, supervision and learning bulletins.

# Summary of findings

- Our findings from the core services demonstrated that governance processes operated effectively at team level and that performance and risk were managed well. The trust had improved on many levels since our last inspection although there was work left to do. Recruitment and retention had improved significantly, particularly in the CAMHs, eating disorder and First response services. In addition, staffing metrics such as sickness, stability rate and appraisal had improved. Staff stability was beginning to have an impact on the quality of service delivered.
- Arrangements were in place for the governance of the Mental Health Act and Mental Capacity Act. The mental health law forum linked to the board and both were sited on regular performance information. The trust had a section 75 agreement in place with the Local Authority, which worked well. The trust had a positive partnership with the police to deliver section 136 responsibilities.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Managers used a systematic approach to continually improve the quality of its services. The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Risk registers were in place at trust, directorate and team level. Staff could escalate concerns and submit items to the trust risk register. Senior trust staff reviewed the trust risk register and non-executive directors openly challenged issues through board and governance meetings. Staff were committed to improving services by learning from when things went well and when they went wrong.
- The trust monitored strategic risks via the board assurance framework and reviewed this regularly. We found this document gave assurance to the board. However, we identified some further areas for improvement and some action required to address previous breach of regulation. The board assurance framework has not included this information.
- The trust strategy and supporting plans were challenging and innovative, while remaining achievable. The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. The trust was working with other local health economy stakeholders with an intention to improve the sustainability of the care the system delivered to the population of Peterborough and Cambridgeshire. Reports from external sources, including NHS improvement, commissioners and other stakeholders confirmed the trust was responsive to challenge and worked collaboratively with stakeholders, other local NHS trusts and the third sector to deliver services to patients. Key personnel were actively involved in the sustainability and transformation partnership (STP).
- The financial information provided to Board was clear and consistent with the monthly financial returns submitted to NHS Improvement. Despite significant financial challenge in the local system, the trust has demonstrated good financial management over previous years. The trust had a surplus of £4.1 million for the financial year 2018/19. The trust also received an additional £4.5 million in funding from the STP to support mental health and community healthcare initiatives. Where cost improvements were taking place there were arrangements to consider the impact on patient care.
- The trust used research and innovation to improve patient care. The trust participated in a wide range of audits and accreditation schemes and shared learning. The trust led the Collaborations for Leadership in Applied Health Research and Care East of England and was actively involved in many clinical research studies.
- The trust was developing their quality improvement (QI) capacity and capability. The quality strategy had been updated and the first cohort of QSIR (quality, service improvement and redesign) practitioners had been trained. The trust had a three-year plan to cascade training to all front-line staff. However, QI was embryonic and needed significant profile in order to encourage and enthuse staff to improve.
- We heard about and saw many examples of innovative practice throughout the trust. Staff were enabled to take actions to improve services and to make a difference. The First Response service had developed well and was

# Summary of findings

providing a positive response to people in crisis. Physical health monitoring had improved and was very good particularly in acute mental health services. The smoking cessation team were very impressive. The pilot project undertaken by the tissue viability specialist nursing team in the management of chronic leg oedema was proving positive. We were impressed by the range of developments being planned to enhance the trusts IT capability.

However:

- The trust had not fully addressed all concerns raised at the last trust inspection of 2018, about the safety at the acute wards. We told the trust that they must address concerns and meet regulation. At this inspection, we found that some of our concerns had not yet been fully addressed. The trust had not ensured that seclusion practice and environments met the requirements of the Mental Health Act Code of Practice and were fully safe.
- While the trust had worked to address ligature risks in inpatient services there remained some environmental concerns that needed to be addressed.
- Staff had failed to enforce the trust's patient search policy in relation to smoking at wards. The trust's smoke free policy was not being operated at all wards.
- We also had a number of concerns about the health-based place of safety at Fulbourn Hospital.
- Work was developing on the equality and diversity agenda but was in early stages. Board members recognised that they had work to do to improve diversity and equality across the trust and at board level. We were however very impressed by the leadership of the trust's diversity network.
- Supervision recording was not accurate in all services and at some community teams' compliance rates were low. This has been an issue at the trust for some years.
- Child and adolescent mental health community services had improved on many levels particularly staff recruitment however the waiting list remained an issue. Waiting times from referral to treatment start exceeded 18 weeks for 24% of patients. Staff told us they were very stretched, and in the long term there may be capacity issues.
- Further work was needed regarding physical interventions. While there was a strategy this required further work and profile to bring about a reduction in physical interventions which were increasing across the trust but particularly in acute services.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019
Mental health	Requires improvement →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019



The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Community health services for children and young people	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Community health inpatient services	Good Jun 2018	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Community urgent care service	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
<b>Overall*</b>	Good ➡️ Jun 2019	Good ➡️ Jun 2019	Good ➡️ Jun 2019	Good ➡️ Jun 2019	Good ➡️ Jun 2019	Good ➡️ Jun 2019

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Long-stay or rehabilitation mental health wards for working age adults	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Forensic inpatient or secure wards	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Child and adolescent mental health wards	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Wards for older people with mental health problems	Requires improvement Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Requires improvement Jun 2018
Wards for people with a learning disability or autism	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Community-based mental health services for adults of working age	Good ↔ Jun 2019	Good ↔ Jun 2019	Outstanding ↑ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Mental health crisis services and health-based places of safety	Requires improvement ↓ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Specialist community mental health services for children and young people	Good ↑ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Requires improvement ↓ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019
Community-based mental health services for older people	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Community mental health services for people with a learning disability or autism	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Specialist eating disorders service	Good ↑ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
<b>Overall</b>	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Community urgent care service

Good 

## Key facts and figures

Cambridgeshire and Peterborough NHS Foundation Trust provides Minor Injuries Unit (MIU) services at three locations in Cambridgeshire – Doddington, Ely and Wisbech. This was the first inspection of the MIU services since the trust started providing them in 2015. The MIUs provide services to adults and children in the local area.

During this inspection, we visited one location:

- MIU at Princess of Wales Hospital, Ely

During this inspection, we inspected against all five key questions. We rated safe, effective, caring, responsive and well-led as good, providing a rating of good overall.

Our inspection was announced to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about the service and information requested from the trust.

During the inspection visit, we spoke to five members of staff, including the service manager, service leads, clinical staff and reception staff. We spoke to two patients and reviewed five patient records. We also observed patient interactions with staff and reviewed information including patient group directions, competency records and training records.

## Summary of this service

We rated the service as good because:

- The service provided mandatory training in key skills to all staff and made sure most staff had completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service controlled infection risk well. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff assessed risks to patients, acted on them and kept good care records. The service managed patient safety incidents well. The service used systems and processes to safely manage medicines.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff assessed and monitored patients regularly and gave pain relief in a timely way. All those responsible for delivering care worked together as a team to benefit patients. Staff supported patients to make informed decisions about their care and treatment and followed national guidance to gain patients' consent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers, and supported them understand their condition and make decisions about their care and treatment.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and received the right care in a timely way.

# Community urgent care service

- Leaders had the integrity, skills and abilities to run the service. Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Diagnostic imaging support was not consistently available during opening hours across all sites.

## Is the service safe?

**Good** 

We rated it as good for safe because:

- The service provided mandatory training in key skills to all staff and made sure most staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to most staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- The service had begun to audit patients' records but this was not fully embedded across all MIU sites.

## Is the service effective?

**Good** 

We rated it as good for effective because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.

# Community urgent care service

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and prescribed pain relief to ease pain.
- The service made sure that staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Not all staff had received an appraisal in the previous year.

## Is the service caring?

**Good** 

We rated it as good for caring because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** 

We rated it as good for responsive because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

# Community urgent care service

- Diagnostic imaging support was not consistently available during opening hours across all sites.

## Is the service well-led?

**Good** 

We rated it as good for well-led because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

# Community health services for adults

Good 

## Key facts and figures

Cambridgeshire and Peterborough NHS Foundation Trust provides community health services for adults at a variety of locations in Cambridgeshire and Peterborough. This was the first inspection of community services for adults since the trust started providing these services in 2015.

Services are provided mostly to men and women over the age of 18. The service supports the transition from children's services into adult services. Teams within the service include district nursing, therapies, and outpatient clinics, including continence clinics and musculoskeletal physiotherapy and occupational therapy clinics, among others.

During the inspection, we visited three locations, as follows:

- South Cambridge – Brookfields Hospital
- North Cambridge and Villages - Histon
- Fenland – Doddington Hospital

During this inspection, we inspected against all five key questions. We rated safe, effective, caring, responsive and well-led as good, providing a rating of good overall.

Our inspection was announced to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about the service and information requested from the trust.

During the inspection visit, we spoke with seven patients who were using the service, and two relatives or carers. We spoke with 23 members of staff including senior managers, clinical and operational service leads, nursing staff, allied health professionals, and support staff. We reviewed 11 patient care records.

We also observed patient care, staff handovers and reviewed information including meeting minutes, audit data, action plans and training records.

## Summary of this service

We rated community services for adults as good because:

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service managed patient safety incidents well. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service used monitoring results well to improve safety.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. The service controlled infection well and the service had low number of infection incidents.
- Staff kept detailed records of patients' care and treatment, they completed and updated risk assessments for each patient and removed or minimised risks. The service used systems and processes to safely prescribe, administer, record and store medicines.



# Community health services for adults

- The service provided care and treatment based on national guidance and evidence-based practice. Staff gave patients practical support and advice to lead healthier lives. Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. Staff assessed and monitored patients regularly to see if they were in pain and requested pain management reviews in a timely way.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The service planned and provided care in a way that met the needs of local people and the communities served. It was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care in a timely way.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. It was easy for people to give feedback and raise concerns about care received.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All those responsible for delivering care worked together as a team to benefit patients.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Managers used a systematic approach to continually improve the quality of its services. The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Staff were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- The service did not have robust assurance processes in relation to infection prevention and control audits. The service completed annual hand hygiene audits and did not have any formalised assurance processes in place.

## Is the service safe?

**Good** 

We rated it as good for safe because:

- The service provided mandatory training in key skills to all staff although not everyone completed all components to the trust's target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

# Community health services for adults

- Although infection prevention and control audit process provided limited assurance about staff practice. The service controlled infection well and the service had low infection incidents. Staff kept equipment and their work area visibly clean. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes, staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and managers shared results with staff.

## Is the service effective?

**Good** 

We rated it as good for effective because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.
- Staff assessed and monitored patients regularly to see if they were in pain and requested pain management reviews in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.

# Community health services for adults

- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** 

We rated it as good for caring because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** 

We rated it as good for responsive because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Good** 

We rated it as good for well-led because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services. Although the service did not have robust assurances in relation to infection prevention and control audits.

# Community health services for adults

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

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

Good   

## Key facts and figures

The acute wards for adults of working age are based at the Fulbourn Hospital in Cambridge, and the Cavell Centre in Peterborough. The trust operated a 3-3-3 pathway model of assessment, treatment and recovery. The model consists of three days of assessment, three weeks of treatment and three months of recovery. The average length of stay data indicated a variation from the model. This was due to the acuity of patients admitted and delays in discharge.

Each acute ward had a designated function, providing services for adults aged 18 years old and over. The trust also provided a psychiatric intensive care unit for male adults aged 18 years old and over. This was based at the Cavell Centre in Peterborough.

At this inspection the team visited all six acute wards and the psychiatric intensive care wards on 21, 22 and 23 May 2019.

During this inspection visit the team:

- spoke with 23 patients who were using the service
- interviewed seven managers or acting managers for each of the wards
- interviewed three senior managers
- met with 32 staff members
- spoke with three carers / family members
- attended three nursing staff shift handovers and two multidisciplinary meetings
- joined three patient community meetings
- reviewed 37 patient care and treatment records relating to physical health, risk assessments and care plans
- reviewed 36 medication charts
- reviewed a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- All wards were clean, well equipped, well furnished, and well maintained and managers had completed environmental risk assessments. Staff followed good practice in medicines management and monitoring of effects of medication on people's physical health. The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff completed mental health assessments at or soon after admission and assessed patient's physical health needs in a timely manner. Care plans were personalised, holistic and recovery orientated and updated regularly. There was evidence of effective working relationships with other care teams. Staff understood their roles and responsibilities under the Mental Health Act 1983 and supported patients to make decisions on their care for themselves.

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

- Staff attitudes and behaviours when interacting with patients were discreet, respectful and responsive, providing patients with help and emotional support and advice at the time they needed it. Staff involved patients and their carers in care planning and risk assessment, care plans were written in patient focused language and evidenced the patient voice.
- The service met the needs of all patients who used the service and helped patients with communication, advocacy and cultural and spiritual support. Daily bed management meetings took place to review bed pressures, availability of beds and options for patient transfers. Wards had enough rooms for patients to access individual sessions with nursing staff, to receive visitors or to participate in ward-based activities. Staff supported patients to maintain contact with their families and carers and invited them to attend ward reviews where appropriate. The service treated concerns and complaints seriously and acted on these.
- Staff told us that senior managers were visible on the wards and they knew who senior staff were. Staff knew and understood the trust's vision and values and said they felt respected and supported by their managers and that morale was good. Staff we spoke with knew the trust had a whistle blowing policy which they would use if they needed to. Governance meetings and local risk registers were in place, staff were able to contribute to these.

However:

- At this inspection the trust had not made improvements in respect of some areas found at the previous inspection.
- The layout of the psychiatric intensive care unit's seclusion room could pose a safety risk to patients and staff. This was because staff had to enter the room to support patients to use the ensuite facility or to open the blind. Staff at the Cavell Centre moved patients across the hospital in restraint holds to access the seclusion room at PICU putting patients and staff at increased risk of injury. At Fulbourn there were occasions where patients had been secluded in rooms other than a designated seclusion room, Staff had not ensured that incidents of seclusion had been recorded in line with the Mental Health Act Code of Practice.
- Staff had failed to enforce the trust's patient search policy. We found tobacco, cigarette papers and a lighter in a patient's bedroom on the treatment ward at the Cavell centre. This posed a fire risk to patients and staff. In addition, at Fulbourn hospital site, staff permitted patients from Mulberry 2 to smoke directly outside the ward. This was against the trust's no smoking policy.

## Is the service safe?

**Requires improvement**   

Our rating of safe stayed the same. We rated it as requires improvement because:

- Staff had failed to enforce the trust's patient search policy. We found tobacco, cigarette papers and a lighter in a patient's bedroom on the treatment ward at the Cavell centre. This posed a fire risk to patients and staff. In addition, at Fulbourn hospital site, staff permitted patients from Mulberry 2 to smoke directly outside the ward. This was against the trust's no smoking policy.
- The layout of the psychiatric intensive care unit's seclusion room could pose a safety risk to patients and staff. This was because staff had to enter the room to support patients to use the ensuite facility or to open the blind.
- Staff had not ensured that incidents of seclusion had been recorded in line with the Mental Health Act Code of Practice. Staff had not used the trust seclusion pack to record details of seclusion for four of patients. Staff had not recorded whether required observations had occurred. Staff had not recorded ongoing plans of care for patients following seclusion.

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

- There was one seclusion room within the trust at the PICU. Staff at Cavell Centre told us patients had been moved across the hospital in restraint holds to access the seclusion room at PICU putting patients and staff at increased risk of injury. In addition, at Fulbourn we found 11 occasions where patients had been secluded in rooms other than a designated seclusion room, for example their bedroom or the low stimulus de-escalation room. When they did this, staff did not always follow the safeguards required by the Mental Health Act code of practice.

However:

- All wards were clean, well equipped, well furnished, and well maintained.
- Managers had completed environmental risk assessments of all ward areas including a footprint of the ward which highlighted areas of the ward considered at higher risk of incidents occurring.
- Staff followed good practice in medicines management and monitoring of effects of medication on people's physical health.
- Staff were trained in safeguarding, knew how to make a safeguarding alert and did so when appropriate.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- We reviewed 37 care records. Staff completed mental health assessments at or soon after admission.
- Staff assessed patient's physical health needs in a timely manner. When patients declined physical health intervention, this was clearly documented, and staff made repeated attempts to follow up physical health priorities.
- Care plans were personalised, holistic and recovery orientated, and staff updated care plans regularly.
- On Mulberry three, doctors had worked with the trust IT department to devise an electronic dashboard which monitored physical health outcomes including side effects of medication. Staff developed care plans that met needs identified at assessment.
- Staff supported patients to live healthier lives. For example, the trust had appointed a wellbeing practitioner who visited the wards regularly and supported staff to promote healthy lifestyle choices for patients.
- There was evidence of effective working relationships with other care teams. Staff spoke about joint working with community mental health teams to support patients on leave and on community treatment orders.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.



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

## Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- We observed staff attitudes and behaviours when interacting with patients to be discreet, respectful and responsive, providing patients with help and emotional support and advice at the time they needed it.
- Staff supported patients to understand and manage their care treatment or condition. Staff signposted patients and carers to other services when appropriate and if appropriate supported them to access those services.
- We spoke with 23 patients. They told us that staff treated them well and behaved appropriately towards them.
- Staff involved patients in care planning and risk assessment, care plans were written in patient focused language and evidenced the patient voice.

## Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- Daily bed management meetings took place each week day morning across all wards to review bed pressures, availability of beds and options for patient transfers.
- Patients were able to personalise their bedrooms, for example with artwork and photographs.
- Wards had enough rooms for patients to access individual sessions with nursing staff, to receive visitors or to participate in ward-based activities.
- Patients had use of their mobile phones across all wards. The trust provided information on accessing telephone calls and the internet in patient welcome packs.
- Staff supported patients to maintain contact with their families and carers and invited them to attend ward reviews where appropriate.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

## Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders said that the trust provided them with opportunities to develop their own and their team's skills. Managers told us that senior managers were visible on the wards and they knew who senior staff were.

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

- Staff knew and understood the trust's vision and values and how they applied in the work of their team.
- Staff said they felt respected and supported by their managers and that morale was good. Staff we spoke with said they felt able to raise concerns without fear of retribution and knew the trust had a whistle blowing policy which they would use if they needed to.
- Staff said they could access the trust occupational health service for support with both physical and mental health issues.
- Staff told us they felt positive and proud about working for the trust and their team and described supportive relationships with colleagues and managers.
- The monthly governance meetings had a standard agenda which included discussion of safeguarding, incidents, staffing, risk register, environment, training, patient experience, carer experience, and clinical audits.
- Local risk registers were in place across all seven wards. Managers and staff could identify new risks. These were updated regularly and contained action plans.

However:

- At this inspection the trust had not made improvements in respect of the areas found at the previous inspection.

# Mental health crisis services and health-based places of safety

Good   

## Key facts and figures

The crisis resolution and home treatment teams (CRHT) provided support to adults who were experiencing a severe mental health problem, which could lead to an inpatient admission to a psychiatric hospital. The teams aimed to help people manage and resolve their crisis through assessment and treatment in their home environment, as an alternative to hospital admission. The teams also supported people being discharged from hospital. The North CRHT was based in the Cavell Centre in Peterborough and the South CRHT was based at Fulbourn Hospital in Cambridge.

The First Response service was a telephone advice and crisis support line staffed by qualified nurses and other professionals based in Huntingdon. The service took calls from anyone who needed help and advice about a mental health issue and was accessed by dialling 111 followed by option two. Patients living in and around Wisbech did not have access to option two as the 111 service there was run by a different operator. Some mobile calls were also routed to this system due to mobile reception. When this happened, patients had to speak to the initial triage nurse and ask to be redirected to the First Response service. Managers had also put other strategies in place, for example, patients could ring the crisis team who would contact First Response, so they could ring the patient.

The health-based place of safety was based in Fulbourn Hospital Cambridge. When the Fulbourn suite was in use, patients remained in rooms in the local acute trusts.

The Liaison Psychiatry services provided assessment, diagnosis and treatment for emotional and psychiatric problems for patients attending general hospitals. Teams were based at Addenbrooke's Hospital in Cambridge, Peterborough City Hospital in Peterborough and Hinchingsbrooke Hospital in Huntingdon.

Cambridgeshire and Peterborough NHS Foundation Trust had been inspected 12 times since registration with CQC. Mental health crisis services and health-based places of safety was last inspected in May 2015 when they were rated as good, with no actions identified for the trust to take.

The Liaison Psychiatry services provided assessment, diagnosis and treatment for emotional and psychiatric problems for patients attending general hospitals. Teams were based at Addenbrooke's Hospital in Cambridge, Peterborough City Hospital in Peterborough and Hinchingsbrooke Hospital in Huntingdon. Cambridgeshire and Peterborough NHS Foundation Trust had been inspected 12 times since registration with CQC. Mental health crisis services and health-based places of safety was last inspected in May 2015, when they were rated as good, with no actions identified for the trust to take.

The inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During the inspection visit, the inspection team:

- visited the section 136 suite at Fulbourn Hospital, looked at the quality of the service environment and observed how staff were caring for patients.
- visited the First Response telephone service in Huntingdon, looked at the quality of the service environment and observed how staff were caring for patients.
- visited two community services, looked at the quality of the service environment and observed how staff were caring for patients.

# Mental health crisis services and health-based places of safety

- visited three psychiatric liaison teams, looked to see how they supported patients who presented at Emergency Departments and how they linked to the rest of the service. We
- spoke with five patients who were using the service
- spoke with nine managers and 27 other staff members including doctors, nurses, psychologists and administration staff
- attended and observed one meeting, one handover and three episodes of care
- reviewed 19 care records and 18 patient medication charts
- looked at a range of policies, procedures and other documents related to the running of the service.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. Clinical premises where patients were seen were safe and clean and the physical environment of the health-based places of safety met the requirements of the Mental Health Act Code of Practice. The number of patients on the caseload of the mental health crisis teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. There were no waiting lists and patients who required urgent care were seen promptly. Staff in the crisis and First Response teams assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff working for the First Response team developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The mental health crisis teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Staff at the health-based place of safety at Fulbourn Hospital did not complete or update risk assessments for patients whilst in their care. The trust did not ensure that patient information, including information about patient risk, was always up-to-date. Information technology support staff could not be contacted during the night to repair faulty computer systems. This meant staff had to complete paper records and upload them at a later time.
- Doctors did not assess patients in the health-based place of safety within the three hours recommended by the Royal College of Psychiatrists.
- Managers did not investigate serious incidents related to the First Response team in a timely manner.

# Mental health crisis services and health-based places of safety

- Patients calling the First Response team sometimes had to wait a long time for staff to speak to them. Deaf patients could not access the First Response team unless they had additional support.
- At the crisis and home treatment teams five care plans of nineteen reviewed were not holistic or personalised and did not evidence patient involvement.
- The provider had not ensured the accuracy of supervision data.

## Is the service safe?

**Requires improvement**  

Our rating of safe went down. We rated it as requires improvement because:

- Staff at the health-based place of safety at Fulbourn Hospital did not complete or update risk assessments for patients whilst in their care.
- The trust did not ensure that patient information in crisis services, including information about patient risk, was always up-to-date. Information technology support staff could not be contacted during the night to repair faulty computer systems. This meant staff had to complete paper records and upload them at a later time.
- Managers did not investigate serious incidents in the First Response team in a timely manner.

However:

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The physical environment of the health-based places of safety met the requirements of the Mental Health Act Code of Practice.
- The services had enough staff, who received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the mental health crisis teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff in the First Response team, crisis teams and psychiatric liaison teams assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff working in the mental health crisis teams worked with patients and their families and carers to develop crisis plans. Teams did not have waiting lists and were able respond to increases in level of risk. Staff followed good personal safety protocols.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff working for the mental health crisis teams kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff working for the mental health crisis teams regularly reviewed the effects of medications on each patient's physical health.
- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

# Mental health crisis services and health-based places of safety

## Is the service effective?

Good  → ←

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the mental health needs of all patients. Staff working for the mental health crisis teams worked with patients and families and carers to develop individual care plans and updated them when needed. Most care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff working for the mental health crisis teams provided an outstanding range of care and treatment interventions that were informed by best practice guidance and suitable for the patient group. They ensured that patients had good access to physical healthcare.
- Staff working for the mental health crisis teams used recognised rating scales to assess and record severity and outcomes. Staff working for the crisis teams and in the health-based places of safety participated in clinical audit, benchmarking and quality improvement initiatives.
- The mental health crisis teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- At the crisis and home treatment teams five care plans of nineteen reviewed were not holistic or personalised and did not evidence patient involvement.
- Staff recording of supervision was inconsistent and did not reflect the level of support offered to staff.

## Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

# Mental health crisis services and health-based places of safety

- Staff in the mental health crisis teams involved most patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- Staff informed and involved families and carers appropriately.

However:

- Five care plans of the nineteen we reviewed did not contain evidence of patient involvement.

## Is the service responsive?

**Good** ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The mental health crisis service was available 24-hours a day and was generally easy to access – including through a dedicated crisis telephone line. The referral criteria for the mental health crisis teams did not exclude patients who would have benefitted from care. Staff assessed and treated patients promptly. Staff followed up patients who missed appointments.
- There was an effective local arrangement for young people who were detained under Section 136 of the Mental Health Act.
- The services met the needs of most patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Doctors did not assess patients in the health-based place of safety within the three hours recommended by the Royal College of Psychiatrists.
- The trust had only one health-based place of safety. When this was in use patients remained in rooms in the local acute trusts.
- Patients calling the First Response team sometimes had to wait a long time for staff to speak to them.
- Deaf patients could not access the First Response team unless they had additional support.

## Is the service well-led?

**Good** ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.



# Mental health crisis services and health-based places of safety

- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes mostly operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.
- There were effective, multi-agency arrangements to agree and monitor the governance of the mental health crisis service and the health-based places of safety. Managers of the service worked actively with partner agencies (including the police, ambulance service, primary care and local acute medical services) to ensure that people in the area received help when they experienced a mental health crisis; regardless of the setting.

However:

- The provider had not ensured the accuracy of supervision data.

# Specialist community mental health services for children and young people

Good  

## Key facts and figures

Specialist community mental health services for children and young people in Cambridge and Peterborough Foundation Trust provide a wide range of services for children, young people and their families. Services provided include pathways for children and young people with mild, moderate and severe mental health problems, and care and treatment for children and young people with developmental problems.

Care pathways within the service, are aligned to the children and adolescent mental health tiered model of service. The main treatment pathway for children and young people entering secondary care includes a comprehensive and holistic assessment and a wide range of therapeutic approaches to address identified needs including:

- family therapy
- cognitive behavioural therapy
- group therapy
- psychotherapy
- psycho-education.

Services are provided in Peterborough, Huntingdon and Cambridge.

During our visit, we inspected Community and Mental Health services for children and young people at all three sites.

Our inspection was announced, five days in advance to ensure that everyone we needed to talk to was available.

During the inspection visit, the inspection team:

- visited all three community bases, looked at the quality of the environment and observed how staff were caring for patients
- met with five patients
- spoke with eight carers
- interviewed the managers for each of the teams, the service managers and general manager
- interviewed 22 other staff members; including doctors, nurses and social workers.

We also:

- reviewed 23 care and treatment records of patients
- attended and observed five episodes of care
- attended two meetings
- reviewed a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service improved. We rated it as good because:

# Specialist community mental health services for children and young people

- The service provided safe care. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists well to ensure that patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood the principles underpinning capacity, competence and consent as they apply to children and young people and managed and recorded decisions relating to these well.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care did not wait too long to be assessed. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However:

- Waiting times from referral to treatment start exceeded 18 weeks for 24% of patients.

## Is the service safe?

**Good** ● ↑

Our rating of safe improved. We rated it as good because:

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in the level of risk. Staff followed good personal safety protocols.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.

# Specialist community mental health services for children and young people

- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for the patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to people under 16. Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.

# Specialist community mental health services for children and young people

- When appropriate, staff involved families and carers in assessment, treatment and care planning.

## Is the service responsive?

**Requires improvement**  

Our rating of responsive went down. We rated it as requires improvement because:

- Waiting times from referral to treatment start exceeded 18 weeks for 24% of patients.

However:

- The services referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and patients who did not require urgent care did not wait too long for assessment. Staff followed up patients who missed appointments.
- The service ensured that patients, who would benefit from care from another agency, made a smooth transition. This included ensuring that transitions to adult mental health services took place without any disruption to the patient's care.
- The service met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Good**  

Our rating of well-led improved. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

# Specialist community mental health services for children and young people

- Managers worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector) to ensure that there was an integrated local system that met the needs of children and young people living in the area. There were local protocols for joint working between agencies involved in the care of children and young people.

# Specialist eating disorders service

Good   

## Key facts and figures

Cambridge and Peterborough NHS Foundation trust provides a specialist inpatient service for eating disorders.

Ward S3 is a mixed-sex ward for adults aged 18-plus, based at Addenbrooke's Hospital in Cambridge. It is a specialist unit for individuals with an eating disorder who have been assessed by the community team and are considered to need a more intensive approach to the treatment of their eating disorder. Inpatient treatment is provided for individuals with severe anorexia nervosa who are at high risk physically and psychologically.

The Phoenix Centre is at the Ida Darwin Fulbourn Hospital site in Cambridge. The Phoenix Centre is a mixed-sex 14 bed inpatient ward. The service also provides day patient and outreach specialist treatment for young people aged 13 to 18 years with complex eating disorders. The service closed in May 2018 due to staffing issues but reopened October 2018.

The eating disorder community services provides assessment and treatment to adults with a moderate to severe eating disorder within the community across Cambridgeshire, Peterborough and Norfolk.

The Cambridge community eating disorder service is based at Addenbrooke's Hospital in Cambridge. Cambridge community eating disorder service is available to all adults aged over 18 registered with a GP within the Cambridgeshire and Peterborough locality. The service accepts referrals for adults suffering from anorexia nervosa, bulimia nervosa and binge eating disorder (treatment refractory severe bulimia nervosa) for inpatient treatment. These referrals are likely mainly to be from the East of England but referrals from anywhere in England are accepted. Support, help and advice is available for carers, families and friends.

The Norfolk community eating disorder service is based at The Springs in Norwich, Norfolk.

The service is available to all adults aged over 18 living in the catchment area of NHS Norfolk (excluding Great Yarmouth). The team cares for patients whose primary diagnosis is a moderate or severe eating disorder, anorexia nervosa, bulimia nervosa and binge eating disorder. Support, help and advice is available for carers, families and friends.

Ward S3, the Phoenix Centre and Cambridge community eating disorder service were last inspected in March and April 2018 with reports published in June 2018. The overall rating for this service good. All areas remained good except for safe that dropped down one rating to requires improvement. There was one breach in regulations:

All items which could pose a risk to patients on the ward environment must be securely stored. Staff at the Phoenix Centre did not have access to suitable equipment for searching patients.

The provider had made all the required improvements.

The Norfolk community eating disorder service was last inspected in May 2015. There were no breaches in regulations at this service. In 2015 CQC did not provide overall ratings.

Our inspection was carried out between 21 May to 5 June 2019, was comprehensive and announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about this core service and information we had requested from the trust.

During the inspection visit, the inspection team:



# Specialist eating disorders service

- visited two wards, looked at the quality of the service environment and observed how staff were caring for patients
- visited two community services, looked at the quality of the service environment and observed how staff were caring for patients
- spoke with seven patients who were using the service and four carers
- interviewed two ward managers, two team leader and two matrons
- spoke with 25 other staff members including doctors, nurses, student nurse, dietician, family therapist, eating disorder therapist, psychologists, psychologist assistant, occupational therapists, healthcare assistants, activity coordinator, housekeeper, and administration staff
- attended and observed three meetings, three handover meeting, and one episode of care
- reviewed 25 care records, six treatment plans and 22 patient medication charts
- looked at a range of policies, procedures and other documents related to the running of the service.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- All patient areas of the wards were clean and tidy. Clinic rooms at S3 ward were fully equipped with accessible resuscitation equipment and emergency drugs, and clean and well maintained.
- There were sufficient staff to meet the needs of the patients. Overall, staff knew about any risks to each patient and acted to prevent or reduce risks. Staff identified and responded to any changes in risk to, or posed by, patients promptly. Staff used physical intervention rarely. Staff took part in de-escalation techniques and proactive preventive interventions, which included how to safely restrain a patient with low body mass index. There were effective systems in place for safe management and administration of medication.
- Services provided a range of treatment in line with best practice guidelines. Overall, there was a holistic approach to assessing, planning, and delivering care and treatment to people who use services. Staff assessed the physical and mental health needs of all patients on admission. The service had access to a range of specialists to meet the needs of the patients. Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff had a robust understanding of mental capacity and consent. We found clear records around consent to treatment and mental capacity requirements.
- We observed positive and caring interactions between staff and patients on the wards and in the community. Staff had a good rapport with patients. Staff involved patients and gave them access to their care plans. Staff contacted family members about joining multidisciplinary meetings, ward rounds, or care programme approach meetings.
- Beds were available when needed to people living in the catchment area. Staff ensured they did not discharge patients until they were ready. The trust ensured facilities promoted recovery, comfort, and dignity. Patients on wards had their own bedroom, which they could personalise. Staff provided a range of information on treatments, local services, patients' rights, how to contact CQC, and advocacy. We saw information on how to complain displayed around the service.

# Specialist eating disorders service

- Leaders, at local level, had the right skills, knowledge, and experience to lead their teams. Staff reported they felt supported by leaders. Staff were offered the opportunity to give feedback and input into service development. S3 ward was accredited by the Quality Network for Eating Disorders.

However:

- Although staff on the wards had undertaken environmental ligature assessments, that for S3 ward had not considered risks in the garden area. Also, the garden back gate had been left unlocked. We raised this with managers during the inspection. Neither community eating disorder services had undertaken environmental risk assessments, although these were in development. The Cambridge community eating disorder service had identified risks in the patient toilet areas and staff were aware of these.
- The clinic rooms at the Phoenix Centre were disorganised and required cleaning and there were no cleaning records at the Cambridge community eating disorder service. In addition, the clinic room at the Cambridge community eating disorder service did not have disposable gloves or aprons.
- At S3 ward not all staff were routinely aware of lessons learnt from serious incidents across services.

## Is the service safe?

**Good**  

Our rating of safe stayed the same. We rated it as good because:

- Clinic rooms at S3 ward were fully equipped with accessible resuscitation equipment and emergency drugs, and clean and well maintained. At the Cambridge community eating disorder service there was a basic clinic room, with no medicines held. Main ward areas were clean and tidy.
- There were sufficient staff to meet the needs of the patients. S3 ward and Norfolk Community service had experienced gaps in staffing but managed this by prioritising patients who were high acuity and high dependency.
- Records held at teams showed staff were up to date with mandatory training.
- Overall, staff knew about any risks to each patient and acted to prevent or reduce risks. Staff identified and responded to any changes in risk to, or posed by, patients promptly.
- Staff used physical intervention rarely. Staff took part in de-escalation techniques and proactive preventive interventions, which included how to safely restrain a patient with low body mass index.
- All staff received training in safeguarding that was right for their role. Staff had a strong understanding of how to protect patients from abuse and the service worked well with other agencies to do so.
- There were effective systems in place for safe management and administration of medication. Staff regularly reviewed the effects of medications on each patient's physical health.

However:

- Inpatient wards had environmental ligature assessments to ensure a safe care environment. S3 ward had not included the garden area in the ligature risk assessment and we found the garden back gate was unlocked. This presented a risk to patients to abscond. We raised this with managers. Following the inspection, the garden area was risk assessed and the back gate secured.

# Specialist eating disorders service

- Neither of the community eating disorder services had an environmental risk assessment but these were in development. The Cambridge community eating disorder service had identified risks in the patient toilet areas and staff were aware of how to manage this.
- The clinic rooms at the Phoenix Centre was disorganised and required further cleaning. There were gaps in cleaning records for the clinic at Phoenix ward. The clinic room at the Cambridge community eating disorder service did not have disposable gloves or aprons, and we found no service cleaning records.
- At S3 ward not all staff were routinely aware of lessons learnt from serious incidents across services.

## Is the service effective?

**Good** ● ➡ ➡

Our rating of effective stayed the same. We rated it as good because:

- Overall, there was a holistic approach to assessing, planning, and delivering care and treatment to people who used services. Staff assessed the physical and mental health needs of all patients on admission. There was effective focus given to psychological aspects of treatment with attention given to dual presentation and complexity of the illness.
- There was robust ongoing monitoring of physical health problems. There was close monitoring for any effects of over exercising/vomiting re-feeding syndrome.
- There were effective systems in place for safe management and administration of medication. Services worked within National Institute for Health and Care Excellence (NICE) and management of really sick patients with anorexia nervosa (MARSIPAN) best practice guidelines. Evidence based psychological interventions such as, individual eating disorder focused cognitive behavioural therapy (CBT ED) and Maudsley anorexia nervosa treatment for adults (MANTRA) were available.
- The presence of dieticians and physiotherapy professionals within the teams, enhanced staff understanding and safe management of dieting or restrictive practices, problems arising from severe and enduring illness and compensatory behaviours such as over exercising.
- Managers provided staff with yearly appraisals. Managers held records locally and staff received regular management and clinical supervision. There was no trust target for supervision.
- Staff held regular multidisciplinary meetings to discuss patients and improve their care. Patient acuity, staff deployment and risks were discussed. Each patient was discussed, and information shared about patient health conditions, presenting behaviours, medicine and care.
- Staff had a robust understanding of capacity and consent. We found clear records around consent to treatment and capacity requirements

## Is the service caring?

**Good** ● ➡ ➡

Our rating of caring stayed the same. We rated it as good because:

- We observed positive and caring interactions between staff and patients on the wards and in the community. Staff had a good rapport with patients.

# Specialist eating disorders service

- Staff anticipated patients' needs and could give help, emotional support and advice when they needed it. Staff supported patients to understand and manage their own care treatment and condition.
- Staff involved patients and gave them access to their care plans. Staff involved patients in decisions about the service with community meetings every morning on both inpatient wards.
- Staff contacted family members about joining multidisciplinary meetings, ward rounds, or care programme approach meetings. At community eating disorder services there were monthly carers group meetings, collaborative evening classes with topics led by patients and carers. Friends and ex patients were able to attend. The service had a carers support pathway.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Beds were available when needed to people living in the catchment area. Staff ensured they did not discharge patients until they were ready. On S3 ward the doctor attended all the discharge meetings to ensure they knew each patient returning to community-based care.
- The facilities promoted recovery, comfort, and dignity. Patients on wards had their own bedroom, which they could personalise. The community eating disorders service areas were safe and clean and well maintained. At the Phoenix Centre we saw young people at school on site preparing for school/college exams.
- The dietician led on individual refeeding plans for patients that included a range of food and drinks, healthy snacks and food supplements. At the Phoenix Centre special diets are met, one patient was provided a vegetarian diet and soya milk products as they were lactose intolerant.
- The service could support and make adjustments for people with disabilities, communication needs or other specific needs.
- Staff provided a range of information on treatments, local services, patients' rights, how to contact CQC, and advocacy. Staff provided patient, carers information pack on the wards.
- Patients had access to spiritual, religious, and cultural support. The chaplain visited wards regularly.
- Staff understood the policy on complaints and knew how to handle them. We saw information on how to complain displayed around the service.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders at local levels had the right skills, knowledge and experience to lead their teams. They had a clear understanding of the service they managed and knew how their teams worked to provide high quality care. Patients and staff knew who the ward managers/team leaders/ matrons were, they were visible on the wards and staff reported they were approachable.
- Staff knew and understand the trust's vision and values and strategic goals.

# Specialist eating disorders service

- The trust provided information governance systems to measure key performance indicators and to gauge the performance of teams. Managers had information that supported them.
- Staff were open and transparent and explained to patients when something went wrong. We saw effective team working on most wards, and good staff morale.
- Both inpatient wards were accredited by the Quality Network for Eating Disorders (QED).

# Community-based mental health services of adults of working age

Good   

## Key facts and figures

During this inspection we visited five locations for the community mental health teams for working age adults. These included, Peterborough, Huntingdon, Cambridge north and south and Fenlands.

The community teams include a range of specialists to support patient needs including doctors, nurses, clinical psychologists, social workers and peer support workers

The services provide a range of support including:

- Assessment, risk management and initial treatment advice
- Care plans developed with the patient
- Pharmacological interventions and medication management
- Psychological therapies, including Cognitive Behavioural Therapy
- Support for carers and families
- Regular care plan reviews
- Information and support with employment and activities of daily living
- Advice on health and wellbeing
- Crisis planning
- Relapse planning

Before this inspection visit, we reviewed information that we held about the location, and asked some other organisations for feedback about the service. Our inspection was announced (staff knew we were coming) to enable us to observe routine activity.

During this inspection visit, the inspection team:

- visited five locations, looked at the quality of the patient environment and observed how staff were caring for patients when they attended the service and at three multi-disciplinary meetings and one home visit.
- spoke with 25 patients who were using the service
- received feedback from seven carers of patients who were using the service
- spoke with four managers, or acting managers, for each of the locations
- spoke with 29 other staff members; including doctors, nurses, occupational therapists, psychologists and therapeutic care workers
- looked at 43 care and treatment records of patients
- reviewed 30 prescription charts
- carried out a specific check of the medication management at each location
- looked at a range of policies, procedures and other documents relating to the running of the service.

# Community-based mental health services of adults of working age

This core service was last inspected May 2015. There were no requirement notices. However, it will be four years since we last inspected and during this time there has been a full reconfiguration of the services.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff assessed the care environment annually for potential risks. Patients who were assessed as being at high risk were always individually risk assessed and supervised in the clinical areas. Staff had access to personal alarms on site in the clinical rooms.
- Thirty seven of the 43 care plans we reviewed were holistic, personalised and recovery orientated. Thirty-seven of the patients had received a physical health check. Where necessary, staff referred patients to their weekly physical health clinic for regular monitoring.
- At the time of the inspection, all the workforce in this service had received training in the Mental Capacity Act Level 1 and 89% in the Mental Capacity Act Level 2. When patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history.
- Staff that we spoke with were discreet, respectful and responsive to patients. We observed staff providing practical and emotional support and advice to patients and working flexibly to meet their needs. They understood the individual needs of patients and supported patients to understand and manage their care and treatment.
- Staff saw urgent referrals quickly, including the same day if required and non-urgent referrals within the trust target time. The service provided a daily duty cover system and all new referrals were reviewed by the duty cover worker.
- The systems and procedures in place ensured that premises were clean, safe and well-staffed. Patients were assessed and treated well and referrals and waiting times were managed well. Incidents and complaints were reported and investigated, and lessons learned were effectively cascaded to the teams.

However:

- Not all mandatory training had been completed to the trust's target of 95% completion. Four courses had failed to exceed 75% compliance.
- At the Fenland team we found that staff had not kept patient records updated, this included five out of eight risk assessments.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff assessed the care environment annually for potential risks. Patients who were assessed as high risk were always individually risk assessed and supervised in the clinical areas. Staff had access to personal alarms on site in the clinical rooms.
- All clinical areas were clean, furnishings were in good repair, and décor on all sites was maintained to a high standard.



# Community-based mental health services of adults of working age

- Managers had calculated the number and type of staff required according to their service user need. The provider decided staff levels according to the number of cases which each team held. Managers were able to request additional staff should individuals hold a caseload which was more complex, or to cover annual leave and sickness.
- During the inspection, we reviewed 43 care records and found that staff generally did a risk assessment for every patient at initial triage. Staff completed a more thorough, ongoing risk assessment over a number of sessions.
- Staff followed good practice when storing, dispensing, transporting and administering medicines. We checked on site medicines storage procedures and found that staff were checking that medicines were fit for use and monitoring the environment they were stored in.
- Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. We saw incidents where team managers had reviewed an incident or complaint and had sent a letter of apology. Staff received feedback from investigation of incidents, both internal and external to the service.

However:

- Not all mandatory training had been completed to the trust's target of 95% completion. Four courses had failed to exceed 75% compliance.

## Is the service effective?

**Good**   

Our rating of effective stayed the same. We rated it as good because:

- Thirty seven of the 43 care plans we reviewed were holistic, personalised and recovery orientated. Where necessary, staff referred patients to their weekly physical health clinic for regular monitoring.
- We observed that 83 % of care plans were holistic, personalised and recovery orientated. Thirty-seven of the patients had received a physical health check. Where necessary staff referred patients to their weekly physical health clinic for regular monitoring.
- The community teams included a range of specialists to support patient needs including doctors, nurses, clinical psychologists, social workers and peer support workers.
- Each community team met weekly for several different meetings including care planning, learning lessons, daily handovers. Staff arranged cover for their caseloads. A duty member of staff could support patients who needed immediate care
- At the time of the inspection, all of the eligible workforce in this service had received training in the Mental Capacity Act Level 1 and 89% in the Mental Capacity Act Level 2. Where patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history.
- Staff explained to patients their rights under their Mental Health Act, and regarding community treatment orders, in a way that they could understand, repeated it as required and recorded that they had done it

However:

- Trust data stated that the supervision compliance rate was low at 58%. However, local data held by managers showed that most staff had regular supervision.

# Community-based mental health services of adults of working age

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Staff that we spoke with were caring, discreet, respectful and responsive to patients. We observed staff providing practical and emotional support and advice to patients and working flexibly to meet their needs. Patients were empowered to be equal partners in their care and treatment. Staff understood the individual needs of patients and supported patients to understand and manage their care and treatment.
- Staff signposted patients to other services and made referrals to specialist services depending on patient need. One patient talked about being referred to family solicitors to get legal help and advice. They ensured that patients had a voice and that their communication needs were understood.
- All the patients that we spoke with praised staff and said that they treated them well and always behaved appropriately towards them. Patients' emotional and social needs were seen as being as important as their physical needs.
- Staff followed policy to maintain patient confidentiality through a variety of methods. Consideration of patients' privacy and dignity was consistently embedded in everything that staff did. This included safe storage of records, seeking permission for CQC to speak to patients, maintaining up to date confidentiality and consent forms and discussing patients in confidential spaces.
- Staff gave carers information on how to access a carers assessment. There was a dedicated carers' worker who also completed carers assessments and made referrals to external agencies for longer term carers support, access to work or education.
- Patients could give feedback on the service and their treatment and staff actively supported and encouraged them to do this. Of the seven carers that we spoke with all gave consistently positive feedback about the service.

## Is the service responsive?

**Good** ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Staff saw urgent referrals quickly, including the same day if required, and non-urgent referrals within the trust target time. The service provided a daily duty cover system and all new referrals were reviewed by the duty cover worker.
- Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. This including offering home visits and requesting support from family and friends if appropriate.
- Staff worked hard to avoid cancelling appointments and when they had to give patients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed patients when they did not.
- The service had a full range of rooms and equipment to support treatment and care. Interview rooms in the service had sound proofing to protect privacy and confidentiality. Waiting areas at all sites were clean and welcoming and cold water was available.

# Community-based mental health services of adults of working age

- The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients could access interpreters or signers easily when needed.
- This service received 437 compliments during the last 12 months from 1 January to 31 December 2018. The high number of compliments reflected that patients were satisfied with their care.

## Is the service well-led?

**Good** ● → ←

Our rating of well led stayed the same. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them effectively.
- The systems and procedures in place ensured that premises were clean, safe and well-staffed. Patients were assessed and treated well and referrals and waiting times were managed well. Incidents and complaints were reported and investigated, and lessons learned were effectively cascaded to the teams.
- Staff that we spoke with were familiar with the vision and values and used them in their everyday work. They spoke with passion and commitment and were able to explain how they worked to deliver high quality care within the budgets and resources available to them.
- Staff told us that the service promoted equality and diversity and provided opportunities for career development. Adaptations such as stand desks were provided for staff and managers were supportive and understanding about the personal circumstances of staff teams.
- The service engaged well with patients, staff, equality groups, the public and local organisations to plan and manage appropriate services. It collaborated with partner organisations to help improve services for patients

However:

- Trust data stated that the supervision compliance rate was low at 58%. However, local data held by managers showed that most staff had regular supervision. The system for recording that supervision had taken place was not effective.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

# Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	

# Our inspection team

Julie Meikle, Head of Hospital Inspection, CQC and Lyn Critchley, Inspection Manager, CQC led this inspection. Two specialist professional advisors with board experience and knowledge of governance supported our inspection of well-led for the trust overall.

The team for the seven core service inspections and the well led inspection included three inspection managers, 14 further inspectors, one assistant inspector, 2 mental health act reviewers, three other CQC staff and 12 specialist advisors.

Specialist advisers are experts in their field who we do not directly employ.