Good

Northamptonshire Healthcare NHS Foundation Trust

Mental health crisis services and health-based places of safety

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Trust Headquarters	RP1A1	Health-based Place of Safety	NN15 7PW
Trust Headquarters	RP1V4	Health-based Place of Safety	NN5 6UD
Trust Headquarters	RP1X1	Crisis Resolution and Home Treatment Team (South)	NN5 6UD
Trust Headquarters	RP1X1	Crisis Resolution and Home Treatment Team (North)	NN15 7PW
Trust Headquarters	RP1X1	Crisis Telephone Support Service	NN15 7PW
Kent Close	RP1X7	The Warren Crisis House	NN5 4WE

Summary of findings

This report describes our judgement of the quality of care provided within this core service by Northamptonshire Healthcare NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Northamptonshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Northamptonshire Healthcare NHS Foundation Trust.

Summary of findings

Ratings

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

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

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated mental health crisis services and health-based places of safety as good because:

- Records showed that staff had completed a risk assessment during initial assessment and risk assessments were updated regularly, following an incident or prior to transfer to another team. Risk levels for patients accessing the CRHTT were discussed at daily handover meetings in order to detect any increase in risk.
- CRHTT staff completed crisis plans for all patients after each contact and discussed individual patients crisis plans at team meetings.
- Learning was fed back to staff during team meetings. Staff received feedback from incidents both internal and external to their core service. We saw evidence of change having been made within teams as a result of feedback from incidents.
- Care plans for patients using the CRHTT were person centred, holistic and reviewed weekly during team meetings. Staff ensured that all patients who were assessed by the AMHLS were given a leaflet with an individualised crisis plan and details of who to contact in a crisis.
- All mental health crisis and health-based place of safety teams reported good working relationships, both within the trust and with external organisations.
- Patients were routinely transferred to the HBPoS by ambulance.
- Staff were observed to be caring, warm, empathic and respectful towards patients. We observed a home assessment where we saw a good relationship between staff and the patient, including joint working and collaborative discussions.
- Patients fed back positively about the care they received from staff. Patients told us that staff were willing to help and treated them with consideration and dignity.
- Staff could request literature in different languages if there was a need. Staff had access to translation services and interpreters and were able to access hearing loops and sign language interpreters if required.
- All patients we spoke with were aware how to make a complaint if they were not satisfied with the care they received.
- Staff had regular contact with their immediate managers. All staff we spoke with reported that their managers supported them to carry out their roles and they felt able to raise concerns with their manager.
- Overall, the average compliance rate for mandatory training across mental health crisis services and health-based places of safety was 93%, the average supervision rate was 99% and the average appraisal rate was 93%.
- Staff said they felt supported to take part in further training, were given the opportunity to give feedback on services and input into service development and had opportunities for career progression.
- The trust led on the crisis care concordat and close partnership working across commissioning and partner provider agencies. The trust reported it resulted in a range of service improvements and ensured strong leadership, working for the benefit of service users and carers using the pathways. Much of this work was co-produced with service user sand carers.
- The trust led on the crisis care concordat and close partnership working across commissioning and partner provider agencies. The trust reported it resulted in a range of service improvements and ensured strong leadership, working for the benefit of service users and carers using the pathways. Much of this work was co-produced with service user sand carers.

However:

Summary of findings

- The HBPoS suite at St Mary's Hospital and The HBPoS suite at Berrywood Hospital did not comply with Royal College of Psychiatrists' guidance. Furniture was not sufficiently weighted and ligature risks were present.
- AMHLS had two interview rooms at Northampton General Hospital, one of these rooms did not comply with PLAN accreditation standards. The AMHLS Team at Kettering General Hospital had a designated room in the accident and emergency department. The trust had identified the room did not meet PLAN accreditation standards.The trust had an action plan in place for rooms which did not meet PLAN standards.
- The HBPoS at St Mary's Hospital was not visibly clean and did not have access to a dedicated clinic room.
- There was no record available of blank prescriptions held in the CRHTT south team. Staff did not carry out any audits with regard to unopened boxes held in the storage area, meaning that they would not know if any prescriptions went missing.
- The HBPoS at St Mary's Hospital did offer patients access to fresh air within a safe setting, however this was on another ward and could only be used when patients from that ward were not using it.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- The acute mental health liaison services (AMHLS) had two rooms to see patients at Northampton General Hospital. One room did not meet the psychiatric liaison accreditation network (PLAN) standards. The AMHLS Team at Kettering General Hospital had a designated room in the accident and emergency department. The trust had identified the room did not meet PLAN accreditation standards.The trust had an action plan in place for rooms which did not meet PLAN standards
- The HBPoS suite at St Mary's Hospital and The HBPoS suite at Berrywood Hospital did not comply with Royal College of Psychiatrists' guidance. Furniture was not sufficiently weighted and ligature risks were present.
- The HBPoS at St Mary's Hospital was not visibly clean and did not have access to a dedicated clinic room. There were no cleaning rotas available to show when the HBPoS was last cleaned. The ceiling and the floor were both visibly dirty.
- There was no record available of blank prescriptions held in the CRHTT south team. Staff did not carry out any audits with regard to unopened boxes held in the storage area, meaning that they would not know if any prescriptions went missing.

However:

- The HBPoS suites were staffed from the acute wards. A designated qualified professional and support worker were on the staff rota to undertake duties.
- All CRHTT records showed that staff had completed a risk assessment during the initial assessment and risk assessments were updated regularly, following an incident or prior to transfer to another team.
- Staff discussed risk levels for patients accessing the CRHTT at daily handover meetings in order to detect any increase in risk.
- CRHTT staff completed crisis plans for all patients after each contact and discussed individual patients crisis plans at team meetings
- Staff were de-briefed and supported after a serious incident. De-briefs were also held during supervision, team meetings and handovers.

Requires improvement

Summary of findings

- Learning was fed back to staff during team meetings and was a standing agenda item for CRHTT north and south. Staff received feedback from incidents both internal and external to their core service. We saw evidence of change having been made within teams as a result of feedback from incidents.

Are services effective?

Good

We rated effective as good because:

- Assessments for all mental health crisis and health-based places of safety teams were completed thoroughly and within required timescales.
- Care plans for patients using the CRHTT were person centred, holistic and reviewed weekly during team meetings. Staff ensured that all patients who were assessed by the AMHLS were given a leaflet with an individualised crisis plan and details of who to contact in a crisis.
- CRHTT south facilitated psychological therapies recommended by NICE.
- All staff were able to access regular team meetings and handovers.
- All mental health crisis and health-based place of safety teams reported good working relationships with internal and external organisations.
- Patients were routinely transferred to the HBPoS by ambulance.
- Overall, the mandatory training compliance rate for mental health crisis services and health-based places of safety was 93%. Mandatory training included Mental Health Act training and Mental Capacity Act training.

Are services caring?

Good

We rated caring as good because:

- Staff were observed to be caring, warm, empathic and respectful towards patients.
- We observed a home assessment where we saw a good relationship between staff and the patient, including joint working and collaborative discussions.
- Patients fed back positively about the care they received from staff. Patients told us that staff were willing to help and treated them with consideration and dignity.
- Patients were able to feedback on the care and treatment they had received.
- CRHTT encouraged family members to be involved with a patients care. Staff were able to refer family for a carer's assessment and give telephone support.

Summary of findings

- Staff told us patients detained under section 136 had access to an independent mental health advocate (IMHA).

Are services responsive to people's needs?

Good

We rated responsive as good because:

- CRHTT took a proactive approach to engaging with patients who found it difficult or were reluctant to engage with mental health services.
- CRHTT staff started discharge planning with patients during their first appointment and at each contact thereafter.
- Staff said they could request literature in different languages if there was a need, staff had access to translation services and interpreters and were able to access hearing loops and sign language interpreters if required.
- All patients we spoke with were aware how to make a complaint if they were not satisfied with the care they received.

However:

- The HBPoS at St Mary's Hospital did offer patients access to fresh air within a safe setting, however this was on another ward and could only be used when patients from that ward were not using it.

Are services well-led?

Good

We rated well-led as good because:

- Staff were aware of senior managers in the trust and said they visited regularly.
- Staff had regular contact with their immediate managers. All staff we spoke with reported that their managers supported them to carry out their roles and they felt able to raise concerns with them.
- Overall, the average compliance rate for mandatory training across mental health crisis services and health-based places of safety was 93%, the average supervision rate was 99% and the average appraisal rate was 93%.
- Sickness was being managed effectively within all teams.
- Staff said they felt supported to take part in further training, were given the opportunity to give feedback on services and input into service development and had opportunities for career progression.

Summary of findings

Information about the service

The crisis resolution and home treatment teams (CRHTT) and Health-Based Places of Safety (HBPoS) services provided by Northamptonshire Healthcare NHS Foundation Trust also incorporated acute mental health liaison services (AMHLS), crisis telephone support service, a crisis house, a police liaison and triage service and an ambulance street triage service.

CRHTT provide emergency and urgent assessment and home treatment for adults who present with a mental health need that require a specialist mental health service. Their primary function is to undertake an assessment of needs, whilst providing a range of short-term treatment as an alternative to hospital admission. The team are also gatekeepers so have the ability to admit patients to an inpatient unit if this is required. This service is available 24 hours a day, 365 days a year and covers Northamptonshire. The service is separated in to CRHTT south and CRHTT north and are based at Campbell House and St Mary's Hospital.

The acute mental health liaison services (AMHLS) are provided for people who present to Kettering General Hospital or Northampton General Hospital. These teams aim to provide prompt assessment of a service user's needs and signpost care appropriately.

There are two Health-Based Places of Safety (HBPoS) in Northamptonshire. A HBPoS is a place where someone who may be suffering from a mental health problem can be taken by police officers, using the Mental Health Act, in order to be assessed by a team of mental health professionals.

The police liaison and triage service are based at police force headquarters and provides specialist mental health nursing staff alongside police staff to assess and risk manage patients at the point of police community contact. The ambulance street triage service based at Northampton General Hospital is staffed by a paramedic and a mental health practitioner and is being piloted until March 2017.

The crisis and telephone support service provides a daily 24 hours service to people with mental health problems. The service is open to patients, carers and friends. Calls are free from landlines. The service provides advice and signposts people to other services.

The crisis house was developed with a multi-agency focus to support patients experiencing crisis, to support them in managing their crisis and looks to support patients in developing skills, abilities and coping strategies in a supportive environment. The crisis house has seven beds and is open for referrals 24 hours a day.

Northamptonshire Foundation NHS trust was last inspected in February 2015 by the CQC. Mental health crisis services and health-based places of safety were rated good overall. However, following the last inspection, we told the trust that it must take the following actions:

• The trust must review its medicine management policy in relation to primary dispensing within crisis teams.

At the current inspection we reviewed medicines management, transport and storage at CRHTT north and south. Medicines were stored safely and securely and were transported in locked containers. The trust had an appropriate medicine management policy in place.

Our inspection team

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

Head of Inspection: Julie Meikle, Head of Hospital Inspection, mental health hospitals, CQC.

Inspection Manager: Tracy Newton, Inspection Manager, mental health hospitals, CQC

The team that inspected mental health crisis services and health-based places of safety consisted of two inspectors, four specialist advisors and one expert by experience. An expert by experience is someone who has either used a service or has cared for someone using a service.

Summary of findings

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

Why we carried out this inspection

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

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

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

During the inspection visit, the inspection team:

- visited the crisis resolution and home treatment teams (CRHTT) and the crisis house
- visited the health-based places of safety at St Mary's Hospital and Berrywood Hospital
- visited the acute liaison mental health services at Kettering General Hospital and Northampton General Hospital
- spoke with 44 staff members; including doctors, nurses, support workers, social workers, occupational therapists, administrators and managers
- spoke with two professionals from agencies working in partnership
- spoke with 18 patients who used the service or who had recently been discharged from the service and four carers
- attended and observed two handovers, two meetings and seven episodes of care
- looked at 40 treatment records of patients
- looked at four records of patients detained under section 136 of the Mental Health Act
- carried out a specific check of the medication management across the sites, and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 18 patients. The majority of those we spoke with were under the care of the CRHTT. Of those 18, all patients told us they were offered a copy of their care plan and felt involved in developing their care plan.

Patients we spoke with said they knew how to raise a concern or make a complaint.

Carers told us they were offered various leaflets, they felt supported by staff and they felt involved in their loved one's care.

Summary of findings

Areas for improvement

Action the provider MUST take to improve

- The trust must address the identified safety concerns in the health-based place of safety and the acute mental health liaison service.
- The trust must ensure that all environments are cleaned regularly and cleaning records are kept up to date.

Action the provider SHOULD take to improve

- The trust should ensure that prescriptions located within CRHTT are logged and audited.
- The trust should ensure patients detained under section 136 at St Mary's Hospital have access to suitable outdoor space.

Northamptonshire Healthcare NHS Foundation Trust

Mental health crisis services and health-based places of safety

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Health-based Place of Safety	Trust Headquarters
Health-based Place of Safety	Trust Headquarters
Crisis Resolution and Home Treatment Team (South)	Trust Headquarters
Crisis Resolution and Home Treatment Team (North)	Trust Headquarters
Crisis Telephone Support Service	Trust Headquarters
The Warren Crisis House	Kent Close

Mental Health Act responsibilities

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

Overall, the mandatory training compliance rate for mental health crisis services and health-based places of safety was 93%. Mandatory training included Mental Health Act training.

Staff working within Mental health crisis services and health-based places of safety demonstrated a good understanding of the Mental Health Act.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Overall, the mandatory training compliance for mental health crisis services and health-based places of safety exceeded the trust target of 90%, at 92%. Mandatory training included Mental Capacity Act 2005. The staff we spoke with demonstrated a clear understanding of their responsibilities in relation to the Mental Capacity Act 2005. Staff stated they would seek advice from a senior staff member or the internal safeguarding advice line if they were unsure of the correct action to take.

Staff routinely discussed and recorded capacity discussions in care records within the crisis resolution home treatment teams and the acute mental health liaison service.

Requires improvement

Are services safe?

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

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

Our findings

Mental health crisis services

Safe and clean environment

- Staff working within the CRHTT (crisis resolution and home treatment team) south had access to personal alarms and when activated the alarms sounded and were visible on a board located in reception. No staff we spoke with had needed to activate the alarm so did not know how fast response time would be. Staff working within CRHTT north had access to two alarmed rooms on site or were able to use rooms within hubs across the county.
- Staff working at the crisis house did not have access to room alarms or personal alarms. Managers told us the risk was mitigated by carrying mobile phones and staff that had contact with patients had received breakaway training (breakaway training supports staff in developing the skills and techniques to and protect themselves in aggressive situations where they have been threatened or physically assaulted).
- CRHTT south and north did not have sole use of clinic rooms and shared clinic rooms with other areas of the hospital.
- CRHTT south waiting area was shared with other teams within Campbell House, the waiting area was clean, comfortable and had plenty of available seating.
- The acute mental health liaison services (AMHLS) had two rooms to see patients at Northampton General Hospital. The trust had identified that one room was not fit for purpose. It did not meet the psychiatric liaison accreditation network (PLAN) standards as it ligature risks such as door handles, windows with handles and mid-level light plug sockets. The trust had an action plan in place for rooms which did not meet PLAN standards which included a ligature risk assessment and patients not being left unsupervised in rooms. The second room located by accident and emergency met PLAN standards as it had weighted furniture, an alarm strip and a ligature proof sink located within the room.
- The crisis house had three designated male bedrooms and three designated female bedrooms and complied with eliminating There was an additional room which could be used by males or females. Females had access to a separate lounge area.
- All areas of CRHTT north and south were clean and well maintained. We saw cleaning rotas which showed the environment was cleaned regularly.
- AMHLS had a cleaning checklist, a cleaning record and a monthly hand hygiene audit. Areas seen were visibly clean.
- We saw evidence of portable appliance testing from January 2017 at the crisis house.

Safe staffing

- The trust did not use a recognised tool to reach the agreed numbers, but instead determined staffing requirements by considering service need and patient safety.
- Rapid access to a psychiatrist was available when required in all locations. Outside of core time on-call arrangements were in place.
- In September 2016 CRHTT south had 3.3 whole time equivalent (WTE) nursing vacancies but had additional nursing assistants in post.
- In January 2017 CHRTT North had three WTE nursing vacancies which were covered by bank staff. At the time of inspection the AMHLS had a full complement of staff and the crisis house had one Band 4 vacancy that was being filled by bank staff.
- Overall, 97% of staff working within CRHTT south had received mandatory training, 96% of staff working within CRHTT north had received mandatory training, 89% of staff working within the crisis telephone support service had received mandatory training, 90% of staff working within the AMHLS in Kettering General Hospital had received mandatory training, 94% of staff working within the AMHLS in Northampton General Hospital had received mandatory training and 90% of staff working within the crisis house had received mandatory training.

Requires improvement

Are services safe?

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

- A total of four qualified nurse shifts were reported as being filled by bank staff and one filled by agency staff between 01 October 2015 and 30 September 2016 across mental health crisis services and health-based places of safety. Overall, 123 nursing assistant shifts were filled by banks staff and 19 by agency staff over the period. The crisis house reported the highest number of nursing assistant shifts filled by bank staff with 72 shifts being filled. No qualified nurse shifts were unfilled between 01 October 2015 and 30 September 2016. Overall, 16 nursing assistant's shifts were unfilled during this period.
- During December 2016 CRHTT did not exceed the trust average sickness rate of 4%. The Crisis house had no reported sickness and AMHLS sickness level was 8%.
- Between 01 October 2015 and 30 September 2016 mental health crisis services and health-based places of safety reported eight WTE substantive leavers. CRHT team North and the crisis house had no staff leave within this period.
- At the time of inspection CRHTT south had a caseload of 25 patients. CRHTT north had a caseload of 40 patients. Caseloads were discussed and managed during handovers, team meetings and individual supervision.

Assessing and managing risk to patients and staff

- We looked at 40 patients care and treatment records. All records showed that staff had completed a risk assessment during the initial assessment and risk assessments were updated regularly, following an incident or prior to transfer to another team.
- Risk assessments were comprehensive and included risk to self, risk to others, risk to children, physical risk, risk of neglect, risk history and risk review.
- CRHTT had no waiting list. The service responded to urgent referrals within four hours.
- Risk levels for patients accessing the CRHTT were discussed at daily handover meetings in order to detect any increase in risk, staff took prompt action for any patients with an identified heightened risk.
- CRHTT staff completed crisis plans for all patients after each contact and discussed individual patient's crisis plans at team meetings.
- A lone working policy was in place for staff. CRHTT teams had shift coordinators who monitored staff whereabouts. Staff recorded their daily visits on white board so that their whereabouts were clear. However, staff were not required to call in between visits so their whereabouts may not have been known for several hours. Staff used a code word if a situation of concern occurred during a home visit. Staff we spoke with were aware of the trust's lone working policy. Staff risk assessed areas they visited as well as risk assessing patients.
- If a patient was not known to the CRHTT then two staff members would carry out home visits. Staff contacted GP surgeries and other services known to the patient prior to carrying out home visits. Alternatively, the patient could be seen in one of the hubs or at the GP surgery. Initial assessments were not carried out at a patients home except for specific reasons such as post-partum, heavily pregnant or due to a physical disability.
- Overall, the average compliance rate for mandatory training across mental health crisis services and health-based places of safety was 93%. Mandatory training included safeguarding adults.
- We reviewed medicines management, transport and storage at CRHTT north and south. Medicines were stored safely and securely and were transported in locked containers. However, there was no record available of blank prescriptions held in the CRHTT south team. Staff did not carry out any audits with regard to unopened boxes held in the storage area, meaning that they would not know if any prescriptions went missing.
- Patients at the crisis house usually managed their own medication and had risk assessments completed by the referrer. Teams such as the CRHTT gave support with medication administration where a patient was not able to self-administer.

Track record on safety

- Overall, four serious incidents were reported between 01 October 2015 and 30 September 2016. Three of the incidents reported were unexpected deaths. Two of the serious incidents were in relation to CRHT team south and two of the incidents were in relation to CRHT team north.

Requires improvement

Are services safe?

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

- Staff working within the AMHLS and crisis house gave examples of learning from recent incidents and how practise had changed within the services following on from any incidents.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and could describe what should be reported. The trust used an electronic system to record all incidents.
- Staff told us they reported incidents as soon as they could following an incident or concern being raised.
- Staff were de-briefed and supported after a serious incident. De-briefs were also held during supervision, team meetings and handovers.
- Learning was fed back to staff during team meetings and was a standing agenda item for CRHTT north and south. Staff received feedback from incidents both internal and external to their core service. We saw evidence of change having been made within teams as a result of feedback from incidents.
- Staff working within the AMHLS were able to describe inter-agency learning following a recent incident.
- Staff working in the crisis house gave examples of learning from recent incidents and how practise had changed following on from any incidents.
- Staff and managers were aware of the duty of candour. Managers and staff told us they were supported to be candid with clients.

Health-Based Place of Safety (HBPoS)

Safe and clean environment

- There was no alarm system in place for the health-based place of safety (HBPoS) suite at St Mary's Hospital or Berrywood Hospital. Risk was mitigated by staff having access to personal alarms. Definitely
- The HBPoS suite at St Mary's Hospital did not comply with Royal College of Psychiatrists' guidance. Two chairs located within the suite were not fit for purpose as they were not sufficiently weighted and had wooden bottoms which had caused damage to the walls. The hand towel dispenser in the toilet was not anti-ligature and staff were required to stand outside the toilet whilst a detained patient used the facilities as there was no other way of observing them to ensure patient safety.
- The HBPoS suite at Berrywood Hospital did not comply with Royal College of Psychiatrists' guidance as the furniture was not sufficiently weighted and the door opened inwards which could cause risk of barricade.
- Resuscitation equipment and emergency medication was available in the reception area next to the HBPoS suite at St Mary's Hospital.
- The HBPoS at St Mary's Hospital was not visibly clean and did not have access to a dedicated clinic room. There were no cleaning rotas available to show when the HBPoS was last cleaned. Berrywood Hospital HBPoS was visibly clean.

Safe staffing

- The HBPoS suites were staffed with supernumerary staff from the acute wards. A designated qualified professional and support worker were on the staff rota to undertake duties. Staffing levels were sufficient 24 hours a day to enable handover of a detained person from the police by two staff members.

Assessing and managing risk to patients and staff

- There was no medicine storage in the HBPoS as recommended in guidance from the Royal College of Psychiatrists.

Track record on safety

- There were no incidents reported that related to the HBPoS.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and could describe what should be reported. The trust used an electronic system to record all incidents.
- Staff told us they reported incidents as soon as they could following an incident or concern being raised.
- Staff were de-briefed and supported after a serious incident. De-briefs were also held during supervision, team meetings and handovers.

Requires improvement

Are services safe?

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

- Staff and managers were aware of the duty of candour. Managers and staff told us they were supported to be candid with clients.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Mental health crisis services

Assessment of needs and planning of care

- Assessments completed by the CRHTT included patient views, mental health history, medical history, medication, drug and alcohol use, family history, criminal behaviour, patient insight and history of abuse. The assessment also included carer's perception.
- Assessments completed by the AMHLS were thorough and completed in a timely manner.
- Staff working with the CRHTT north and south used the assessment and case notes to ensure that patient's views, strengths and weaknesses were included in their care plans. Care plans were person centred and holistic. Staff ensured that all patients who were assessed by the AMHLS were given a leaflet with an individualised crisis plan and details of who to contact in a crisis.
- Letters sent to GPs were located within the patient's electronic file.
- Staff working within CRHTT north and South reviewed patient care plans weekly.
- All information across all sites was secure and stored electronically; paper copies could be scanned on to the electronic system and destroyed.

Best practice in treatment and care

- Staff demonstrated an awareness of the National Institute for Health and Care Excellence (NICE) guidelines in their practice and in prescribing medicines. We looked at 15 prescription charts and medicines management within CRHTT and found them to be satisfactory in line with NICE guidelines.
- CRHTT south facilitated multi-disciplinary patient groups including an 18 week DBT group, workshops, IAPT webinars and a carers group. Staff were in the process of developing a discharge group for patients.
- Staff working within CRHTT were able to refer patients for employment, housing and benefits support if required.
- Staff assessed physical health needs as part of the initial assessment when a person was admitted to the crisis house. In CRHTT north and south, staff assessed physical health during assessment and had a shared protocol with the patients GP. Physical health was monitored by a patient GP unless CRHTT staff were required to carry out additional physical health monitoring. Staff scanned any letters from the patient's GP on the electronic recording system.

Skilled staff to deliver care

- AMHLS multi-disciplinary team consisted of nurses, psychologists, social workers, occupational therapists, managers and an administrator.
- AMHLS had access to weekly clinical reviews and monthly business meetings to allow for reflection and peer support.
- CRHTT held weekly supervision, reflection and training (STAR) days weekly for staff, staff attended the STAR days once every four weeks. All staff received caseload supervision with the team psychologist once every four months.
- Overall, 96% of staff working within CRHTT south were receiving monthly supervision and 97% of staff had an annual appraisal.
- Overall, 100% of staff working within CRHTT north were receiving monthly supervision and 60% of staff had an annual appraisal. The operational manager had all staff booked in for their annual appraisal.
- Overall, 100% of staff working within the crisis telephone support service were receiving monthly supervision and 100% of staff had an annual appraisal.
- Overall, 100% of staff working within the AMHLS in Kettering General Hospital were receiving monthly supervision and 100% of staff had an annual appraisal.
- Overall, 100% of staff working within the AMHLS in Northampton General were receiving monthly supervision and 100% of staff had an annual appraisal.
- Overall, 100% of staff working within the crisis house were receiving monthly supervision and 100% of staff had an annual appraisal.
- Staff received appropriate induction. All staff received the trust induction which included reading relevant policies and shadowing experienced staff.
- We saw evidence in individual supervision files that managers had previously addressed poor staff performance and sickness levels.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Multi-disciplinary and inter-agency team work

- In December 2016 the police street triage began closer working relationships with the crisis pathway to support frontline crisis engagement. Staff we spoke with told us this partnership improved multidisciplinary working links with trust staff and police staff.
- CRHTT and crisis house staff reported good working partnerships between the trust and other stakeholders including Northamptonshire Police, East Midlands Ambulance Services, social services, GPs, commissioners, the local drug and alcohol service and CAMHS.
- AMHLS staff reported good working relationships with the acute trust and a service level agreement was in place. Inter-agency meetings were attended by both mental health and acute hospital staff. There were systems in place to ensure that information between the psychiatric liaison team was shared with primary care services. Staff also reported good working links with Child and Adolescent Mental Health Services and learning disability community teams.
- CRHTT held weekly team meetings. Staff vacancies, sickness, annual leave, training, staff wellbeing and feedback were all standing agenda items. Caseload management and patients were discussed at weekly clinical review meetings.
- We observed a handover at Northampton General Hospital AMHLS. Staff discussed patient risk and history, any safeguarding concerns, physical and mental health needs, social needs and any substance misuse issues.
- Staff working within the crisis telephone support service reported good working relationships with the CRHTT teams, the police liaison and triage service and the ambulance street triage service.

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

- The trust held online and face to face Mental Health Act training which was available three yearly.
- Overall, 92% of staff working in CRHTT south, 100% of staff working within crisis telephone support service and 100% of staff working in CRHTT north had completed Mental Health Act training.
- Staff we spoke with were knowledgeable about the MHA; those who were not as confident knew how to escalate concerns about this to ensure a person using the service was safe.
- Staff knew how to contact the approved mental health professional (AMHP) service.
- AMHLS discussed Mental Health Act assessments during handover.
- At the time of the inspection no teams were caring for a person who was subject to a community treatment order.
- We saw posters in various locations with details of an independent mental health advocacy service, which people using the service could contact for advice.

Good practice in applying the Mental Capacity Act

- Overall, 100% of staff working in CRHTT south, 100% of staff working within the crisis telephone support service and 80% of staff working within CRHTT north had completed Mental Capacity Act training.
- Staff we spoke with demonstrated a good understanding of the MCA and its five statutory principles. Where staff were less confident they told us they knew how to access this knowledge and expertise within their team and within the trust and gave us examples to support this.
- Staff working within CRHTT discussed and recorded capacity during the assessment and routinely thereafter.
- Staff working within AMHLS reported good working links with the Kettering and Northampton General Hospital Mental Capacity Act leads. Two social workers had completed training as best interest assessors.

Health-Based Place of Safety (HBPoS)

Assessment of needs and planning of care

- We looked at four records of patients detained under section 136 of the Mental Health Act 1983 in the St Mary's Hospital HBPoS suite. In three out of four cases the patient was transferred to the HBPoS by ambulance, notes were clearly recorded for the person who was at immediate risk and was not conveyed by ambulance. All

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

four assessments were comprehensive and had been completed within the required timescale. Staff we spoke with reported delays in the second doctor attending, this was common if it was overnight.

Best practice in treatment and care

- Staff demonstrated an awareness of the National Institute for Health and Care Excellence (NICE) guidelines in their practice.
- Staff had documented physical health checks for patients detained under section 136 in the HBPoS.
- We saw no evidence of clinical audits taking place to show the effectiveness of the health-based place of safety.

Skilled staff to deliver care

- All staff allocated to the HBPoS had accessed the expected mandatory training to their appropriate designation which included all necessary competencies for working in the HBPoS.

Multi-disciplinary and inter-agency team work

- Staff reported they had a productive and positive relationship with Northamptonshire Police and East Midlands Ambulance Services.
- Managers allocated to the HBPoS attended a monthly multi-agency meeting to discuss any ongoing issues and developments.

Adherence to the MHA and the MHA Code of Practice

- The trust held online and face to face Mental Health Act training which was available three yearly.

Good practice in applying the MCA

- Staff we spoke with demonstrated a good understanding of the MCA and its five statutory principles. Where staff were less confident they told us they knew how to access this knowledge and expertise within their team and within the trust and gave us examples to support this
- We looked at four records of patients detained under section 136 in the HBPoS; all records indicated that patients had their rights explained to them.
- Staff told us patients detained under section 136 had access to an independent mental health advocate (IMHA).

Good

Are services caring?

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

Our findings

Mental health crisis services

Kindness, dignity, respect and support

- Staff were observed to be caring, warm, empathic and respectful towards patients. We witnessed staff offering to go back to see patients the following day to help them to prepare meals.
- Staff attitudes and behaviours when interacting with patients were responsive and provided appropriate emotional and practical support.
- We observed a home assessment where we saw a good relationship between staff and the patient, including joint working and collaborative discussions.
- During team meetings and interviews staff were passionate about their roles.
- Patients fed back positively about the care they received from staff. Patients told us that staff were willing to help and treated them with consideration and dignity.

The involvement of people in the care that they receive

- Patients who were entering the crisis house were given welcome packs on arrival.
- Patients using the AMHLS were able to offer feedback on the service they received. Between April and October 2016 the AMHLS received feedback from 12 patients who used the service. Feedback included waiting times being too long and difficulty parking. All patients who commented on the service received feedback from the AMHLS.
- We reviewed two feedback letters from patients, who had written in the crisis house visitor's book in August 2016; both letters were positive and thanked staff for their support.
- The crisis house supplied male and female specific welcome packs for each individual admission. These packs contained information relating to dietary needs, visiting times, religion, faith and culture and patient advice and liaison services.
- CRHTT encouraged family members to be involved with a patients care. Staff were able to refer family for a carer's assessment and give telephone support.
- AMHLS staff asked patients if they could contact carers and had leaflets available to send carers.
- People using the service had access to advocacy services to seek independent advice.

Health-Based Place of Safety (HBPoS)

Kindness, dignity, respect and support

- At the time of inspection the HBPoS was not in use, therefore we were unable to observe any staff and patient interactions.

The involvement of people in the care they receive

- Staff told us patients detained under section 136 had access to an independent mental health advocate (IMHA).
- Patients detained under section 136 in the HBPoS were given feedback forms to offer feedback on the service they received.
- People using the service had access to advocacy services to seek independent advice.

Are services responsive to people's needs?

Good

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

Our findings

Mental health crisis services

Access and discharge

- The average bed occupancy for the crisis house between 1 August and 30 September 2016 was 31%. The average length of stay across this period was 3.5 days.
- There were no readmissions to the crisis house within 28 days reported by the Mental Health Crisis Services and Health-Based Places of Safety Services during the period 1 November 2015 to 30 September 2016.
- Between 1 August and 30 September 2016, 25 patients were discharged from the crisis house; none of the discharges were delayed.
- The crisis house reduced acute inpatient admissions by 23% in September 2016 and 29% in October 2016.
- Between 04 March 2016 and 19 June 2016 the ambulance street triage car dealt with 66 cases, overall, 57 face to face assessments were carried out and in 43 of the cases it was deemed that admittance to accident and emergency was avoided.
- Staff reported delays in patients being accepted into an acute hospital setting due to lack of bed space. Managers did not have numbers for patients who were awaiting admission. However, during our inspection seven patients from the CRHTT north were awaiting admission. Patients were given extra support in their own homes or were nursed by CRHTT in a family room in St Mary's Hospital.
- Target times for assessment were set for CRHTT and AMHLS. Both teams provided evidence to show they met their targets; unless it was patient choice that an assessment took place outside of the 24 hour target from referral.
- At CRHTT skilled staff were available to assess patients immediately.
- The AMHLS at Kettering General Hospital completed a referrer's satisfaction survey in January 2017, sixteen referrers responded to the survey. Overall 57% of referrers said they satisfied with the referral process, 32% said they were very satisfied with the referral process. Overall 6% said they were very satisfied with the time from referral to a patient being seen and 69% said they were satisfied with the time taken.
- The AMHLS at Northampton General Hospital completed a referrer's satisfaction survey in January 2017, 43 responses were received. Overall 38% of referrers said they were very satisfied with the referral process and 54% were satisfied.
- CRHTT took a proactive approach to engaging with patients who found it difficult or were reluctant to engage with mental health services. This included re-engaging with patients who did not attend their appointments. A protocol was in place which included cold calling, contacting other professionals known to the patient and requesting a police welfare check.
- CRHTT staff started discharge planning with patients during their first appointment and at each contact thereafter.
- Staff carrying out home visits in CRHTT teams offered morning, afternoon or evening appointments and gave patients three hour timeslots.

The facilities promote recovery, comfort, dignity and confidentiality

- CRHTT saw most people within their homes; teams also had adequately soundproofed and alarmed rooms in their premises to see patients.
- AMHLS had two interview rooms at Northampton General Hospital, one of these rooms did not comply with PLAN accreditation standards. The AMHLS Team at Kettering General Hospital had a designated room in the accident and emergency department. The trust had identified the room did not meet PLAN accreditation standards. The trust had an action plan in place for rooms which did not meet PLAN standards which included a ligature risk assessment and patients not being left unsupervised in rooms.
- The crisis house had free Wi-Fi and computers on site for patients, patients were also able to access new clothing and toiletries. Staff offered mindfulness information, relaxation and keep fit activities to occupy patients.

Are services responsive to people's needs?

Good

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

- Staff at the crisis house asked patients what food they wanted during they stay. They arranged for patients with specific diets such as vegetarian, halal and non-dairy to have food they could cook and eat.

Meeting the needs of all people who use the service

- All locations we visited were accessible for people with a disability. Staff were able to access hearing loops and sign language interpreters if required.
- Staff said they could request literature in different languages if there was a need to do so. An equality and diversity board located at CRHTT south included translation information.
- Accessible information was available at CRHTT south, including carer's leaflets and forum information, domestic abuse support, counselling information, financial support and local drug and alcohol support.
- Leaflets in languages other than English were available at Northampton General Hospital AMHLS.
- Staff had access to translation services and interpreters to help assess and provide for the needs of patients.
- The trust held equality, diversity and human rights training. Overall 100% of staff working within CRHTT south had attended the training.

Listening to and learning from concerns and complaints

- Between 1 October 2015 to 30 September 2016 Mental Health Crisis Services and Health-Based Places of Safety received two complaints, one complaint was later withdrawn. The complaint which was partially upheld concerned communication/ information to patients whereby a patient received poor communication once discharged without adequate follow-up. The patient was also dissatisfied with a comment made to them by a member of staff which was felt to be insensitive.
- Mental health crisis services and health-based places of safety received two compliments between 1 October 2015 and 30 September 2016. Crisis Line and CRHTT north each received one compliment.
- We spoke with 18 patients, all patients we spoke with were aware how to make a complaint if they were not satisfied with the care they received.
- Staff we spoke with knew how to handle complaints. CRHTT south and north discussed positive and negative patient feedback weekly at team meetings and aimed to resolve any complaints informally.
- Feedback and learning from complaints was discussed at team meetings.

Health-Based Place of Safety (HBPoS)

Access and discharge

- During September 2016 HBPoS had 27 records of patients detained under section 136 of the mental Health Act 1983. None of these were taken to police custody.
- Data provided from January 2016 until May 2016 showed that all Mental Health Act assessments for patients detained under section 136 were completed within 24 hours, the longest time from time of arrival to the time assessment was commenced as 22 hours.

The facilities promote recovery, comfort, dignity and confidentiality

- The HBPoS at St Mary's Hospital did offer patients access to fresh air within a safe setting.However, we were informed that patients were able to enter the adjoining acute admission ward to use the garden area. This could only be facilitated when acute patients were not using the garden or lounge area of the ward.
- A clock was not visible for patients detained under section 136 at Berrywood Hospital.
- The window in the HBPoS suite at Berrywood Hospital was not frosted, meaning people could look in to the suite. This did not promote privacy or dignity of patients detained under section 136.

Meeting the needs of all people who use the service

- All locations we visited were accessible for people with a mobility difficulties.
- Information available was written in English. Staff said they could request literature in different languages if there was a need to do so. Staff were able to access hearing loops and sign language interpreters if required.

Are services responsive to people's needs?

Good

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

Listening to and learning from concerns and complaints

- Between 1 October 2015 to 30 September 2016 Mental Health Crisis Services and Health-Based Places of Safety received two complaints and two compliments. None of these related to the HBPoS.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Mental health crisis services

Vision and values

- AMHLS teams had the trust strategy visible in rooms, these were develop in partnership, innovation, grow staff capability, build a sustainable organisation and quality and safety at the foundation of all we do. Staff we spoke across to all sites were able to recall the trust visions, values and strategies.
- Staff were aware of senior managers in the trust and said they visited regularly.
- Staff had regular contact with their immediate managers. All staff we spoke with reported that their managers supported them to carry out their roles and they felt able to raise concerns with their manager.

Good governance

- Overall, the average compliance rate for mandatory training across mental health crisis services and health-based places of safety was 93%.
- Overall, the average supervision rate for mental health crisis services and health-based places of safety was 99%; the average appraisal rate was 93%.
- Managers were responsible for investigating incidents and fed back to teams and individual staff during supervision, handovers and team meetings.
- Teams used key performance indicators (KPI's) to measure the responsiveness of teams in areas such as caseload numbers, referral source, inappropriate referrals and staff vacancies and sickness.
- Team managers across all mental health crisis services and health-based places of safety teams felt they had adequate administrative support and sufficient authority to carry out their roles.
- Managers told us that they could submit items to the risk register where appropriate. AMHLS interview rooms that did not meet PLAN standards were included on the trusts risk register.

Leadership, morale and staff engagement

- Sickness was being managed effectively within all teams. The trust used the Bradford Factor to monitor staff sickness levels. We saw supervision records which showed that sickness levels were discussed and managed within staff supervision. During December 2016 CRHTT did not exceed the trust average sickness rate of 4%. The Crisis house had no reported sickness and AMHLS sickness level was 8%.
- Managers told us that they had enough autonomy to manage the service. They also said that where they had concerns they felt able to raise them.
- Staff we spoke with knew how to use the whistleblowing process. All staff we spoke with said they felt able to raise concerns without fear of victimisation from their immediate manager.
- Staff said they felt supported to take part in further training. Staff told us they had recently attended solution focussed brief therapy, online dementia awareness training, STORM training and leadership training.
- Morale at all teams was high, staff we spoke with told us there was a good level of team working and staff were happy to help each other out. Staff said they enjoyed coming in to work.
- There were ongoing no bullying or harassment cases at the time of the inspection.
- Staff were able to progress within the service. We saw evidence of internal recruitment and promotion.
- Staff told us they had the opportunity to give feedback on services and input into service development. Staff we spoke with said they had developed the shift co-ordinator role, the handover system and patient groups.

Commitment to quality improvement and innovation

- Mental health crisis services were not taking part in any innovative practice or improvement methodologies.

Health-Based Place of Safety (HBPoS)

Vision and values

- Staff were aware of senior managers in the trust and said they visited regularly.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Staff had regular contact with their immediate managers. All staff we spoke with reported that their managers supported them to carry out their roles and they felt able to raise concerns with their manager.

Good governance

- Overall, the average compliance rate for mandatory training across mental health crisis services and health-based places of safety was 93%.
- Overall, the average supervision rate for mental health crisis services and health-based places of safety was 99%; the average appraisal rate was 93%.

Leadership, morale and staff engagement

- Managers told us that they had enough autonomy to manage the service. They also said that where they had concerns they felt able to raise them.
- Staff we spoke with knew how to use the whistleblowing process.
- Staff were aware of the duty of candour.

Commitment to quality improvement and innovation

- The health-based places of safety were not taking part in any innovative practice or improvement methodologies.
- Managers told us they had sufficient authority and administrative support to carry out their roles.
- Managers told us that they could submit items to the risk register where appropriate.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The environment in the health-based place of safety was visibly unclean.** The health-based places of safety did not comply with Royal College of Psychiatrists' guidance. At St Mary's Hospital, chairs were not sufficiently weighted, the hand towel dispenser in the toilet was not anti-ligature and there was no clear observation for the toilet. At Berrywood Hospital, furniture was not sufficiently weighted and the door opened inwards which could cause risk of barricade. **This was a breach of regulation 15 (1) (a) (c)**