

# Northamptonshire Healthcare NHS Foundation Trust

## Inspection report

St Marys Hospital  
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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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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

Northamptonshire Healthcare NHS Foundation Trust (NHFT) started as a mental health trust before expanding to incorporate both physical and mental health community services. The trust was formed in April 2001 following the merger of Northampton Community Healthcare NHS Trust and Rockingham Forest NHS Trust and achieved Foundation Trust status in May 2009.

NHFT is one of the Foundation Trusts in the country which offers an integrated provision across all ages including mental health, learning disability, community health and prison health services. The trust provides services across the area of Northamptonshire to a population of 733,000 and employs more than 5,000 staff to deliver care and treatment.

The trust works closely with NHS providers, including Northampton General Hospital NHS Trust, Kettering General Hospital NHS Foundation Trust and local GPs. As a Trust, they hold contracts with four main commissioners – Corby CCG, Nene CCG, NHS England, and Northamptonshire County Council (NCC). The trust also partnered with NCC and the University of Northampton to launch a new community interest company called First for Wellbeing in April 2016. Contracts with these commissioners range from universal services for children, young people and families to specialist services for older people with complex physical and mental health needs.

The trust offers a comprehensive range of physical, mental health and specialist services, many of which are provided in hospital, or from general practitioner surgeries or clinics. Services are delivered from a total of 23 locations. The trust has sites located in Northampton, Corby, Daventry, Kettering and East Northamptonshire.

The trust delivers the following mental health services:

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

The trust delivers the following community health services:

- Community health inpatient services
- Community end of life care
- Community health services for adults
- Community health services for children, young people and families.
- Community dental services

# Summary of findings

Since the last inspection, the trust has opened a new seven bed female psychiatric intensive care unit at St Mary's Hospital.

The trust has had four Mental Health Act Monitoring visits since February 2017. Across all visits, there were 12 actions the trust was required to address.

The trust has been inspected twice under the comprehensive mental health and community health inspection programme, in February 2015 (published September 2015) and January 2017 (published March 2017). Following the January 2017 inspection, the trust received an overall rating of good. The safe domain was rated as 'requires improvement', the effective, responsive and well led domains were rated as 'good' and the caring domain was rated 'outstanding'. We issued six requirement notices against mental health core services and three requirement notices against two community health services. The trust had addressed all breaches at the time of this inspection, with the exception of requirements under Regulation 15 for the crisis and health based place of safety core service; where we found some had not yet been fully completed.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Outstanding**  

## What this trust does

Northamptonshire Healthcare NHS Foundation Trust provides a variety of mental health and community health services, across Northamptonshire for adults of working age, older adults and Tier 4 services for children and young people. The trust provides these services across 23 registered locations. The trust serves a population of approximately 733,000 people across Northampton, Corby, Daventry, Kettering and East Northamptonshire, has a budget in excess of £195 million (2017/18) completed 1,678,000 contacts in 2017-18 and employs over 5,000 staff in a wide variety of roles.

## 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 six complete services, which were previously rated as requires improvement or which our intelligence suggested we should inspect this time. Those inspected were:

- Acute wards for adults of working age and psychiatric intensive care units
- Mental health crisis services and health-based places of safety.
- Community-based mental health services for older people

# Summary of findings

- Community-based mental health services for adults of working age
- Community health services inpatient services
- Community health services for adults

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 improved. We rated it as outstanding because:

- The trust responded in a very positive way to the improvements we asked them to make following our inspection in January 2017. At this inspection, we saw significant improvements in the core services we inspected and ongoing improvement and sustainability of good quality care across the trust as a whole. The senior leadership team had been instrumental in delivering quality improvement and there was a true sense of involvement from staff, patients and carers towards driving service improvement across all areas.
- We were particularly impressed by the strength and depth of leadership at the trust. The trust board and senior leadership team displayed integrity on an ongoing basis. The trust's non-executive members of the board challenged appropriately and held the executive team to account to improve the performance of the trust. The trust leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them. The board were seen as supportive to the wider health and social care system, with both the chief executive and finance director taking up key roles in the local system including through the Health and Care Partnership Board (also known as the STP). Reports from external sources, including NHS improvement and commissioners were consistently favourable. The trust had a clear vision and set of values with quality and sustainability as the top priorities. The trust benchmarked their 'business as usual' against the vision and values and kept the message at the heart of all aspects of the running of the organisation. Local leadership across the trust was strong, visible and effective. Staff were particularly praising of the chief executive and the chair of the trust.
- We were also impressed by the trust attitude towards innovation and service improvements. The delivery of innovative and evidence based high quality care was central to all aspects of the running of the service. There was a true sense of desire to drive service improvement for the benefit of patients, carers, and the wider system, evident throughout the inspection. Staff included patients in service improvement and used their feedback to change practice. The trust actively sought to participate in national improvement and innovation projects and encouraged all staff to take ownership, put forward ideas and remain involved throughout the process. We saw many examples of innovation and projects that had been trialled and then implemented in the trust. One such example was the development of a gum shield, made by the trust's community dental department, for use by patients undergoing electroconvulsive therapy. The intended benefits of the gum shield included reducing post-ECT headache. The trust was in the process of evaluating this outcome. The trust was also in the process of producing a research paper for this innovation to encourage other providers to consider this option. We were shown many research projects and research publications, underpinning current practices within the trust, including transcranial magnetic stimulation in clinical practice and the feasibility of using body worn cameras in an inpatient mental health setting. The trust had been asked to participate in the first clinical evaluation of magnetic seizure therapy worldwide and was in the process of obtaining ethical approval and advice from the Royal College of Psychiatrists' ECT and related treatments committee for the evaluation.

# Summary of findings

- The trust included a module for innovation and research within their 'leadership matters' programme. The trust had set aside funds so that staff could undertake small projects under the QI banner. The trust was focused on improving pathways and is continuous in its encouragement of innovations to do so, which are then subsequently reviewed and challenged by the board. The trust had been recognised for its innovation in a number of areas, for example, the breathing space service in Northamptonshire won the Pathway Innovation of the Year Award at the National Primary Care Awards; FAB awards 2017,
- Staff, patients and carers were actively involved in a number of different ways and the trust prioritised engagement at every level and through all services. The trust's mission statement "making a difference for you, with you" was co-produced with staff, patients and stakeholders. Patients, families and carers were encouraged to provide feedback on the care they had received by a number of routes, for example via the 'I want great care' initiative. This service allowed patients and carers to comment on the care they have received via the internet. The trust had a 'I want great care' lead, who reported to the medical director. The lead oversaw the system and either responded directly or forwarded to the relevant team for action. The trust reported 90,939 pieces of feedback since the initiative started. The initiative was embedded into governance, quality and strategy processes.
- Staff across all services spoke highly of the executive team, without exception. We observed that the vision and values of the organisation were truly embedded throughout the trust and reflected in all aspects of care delivery; including service design. The trust was regarded by Northamptonshire Carers and the Carer's Strategic Partnership as a carer friendly organisation and one that was committed to championing the important role that carers play in an effective care relationship. The Chief Executive had signed up to the principles of the County Carer Strategy. The trust were key participants in this development with a view to ensuring that the strategy covered carers of all ages, including young and working carers. The WRES action plan was co-produced with BME staff and as a result of this plan, the reverse mentoring initiative and staff led focus groups were implemented. The executive all participated in a reverse mentoring programme. They spoke emotively and powerfully about this and it informed their planning and practice. The National Director for WRES had recently visited the trust and praised the culture and approach.
- Staff showed caring, compassionate attitudes, were proud to work for the trust, and were dedicated to their roles. We were impressed by the way all staff in the trust embraced and modelled the values. The values were embedded in the services we visited and staff showed the values in their day-to-day work. Throughout the trust, in both mental health and community health services, staff treated patients with kindness, dignity and respect. Consistently, staff attitudes were helpful, understanding and staff used kind and supportive language that patients would understand. The style and nature of communication was kind, respectful and compassionate. Staff showed strong therapeutic relationships with their patients and clearly understood their needs. Staff offered guidance and caring reassurance in situations where patients felt unwell or distressed, confused or agitated. Overall, positive feedback was received from those patients, families and carers spoken with about the care and treatment received from staff. Patients told us that they felt safe across the trust. The trust promoted a person-centred culture and staff involved patients and those close to them as partners in their care and treatment. Staff provided positive emotional support to patients.
- The trust had robust systems and process for managing patient safety. Staff recognised when incidents occurred and reported them appropriately. The board had oversight of incidents, and themes and trends were identified and acted upon. Managers investigated incidents appropriately and shared lessons learned with staff in a number of ways. When things went wrong, staff apologised and gave patients honest information and suitable support. The trust applied the duty of candour appropriately. We reviewed serious incident reports and found investigations were thorough and included participation from family and carers; where appropriate. Outcomes from investigations had influenced changes within services for the protection of patients. Staff had training on how to recognise and report abuse and applied it. The trust had effective systems for identifying risks and planning to eliminate or reduce them. We were particularly impressed with the trust focus on reducing risks of falls across a number of services. The trust was committed to improving services by learning from when things go well and when they went wrong. Staff training and service development was prioritised.

# Summary of findings

- Staff kept clear records of patients' care and treatment. Patient confidentiality was maintained. Care and treatment records were clear, up-to-date and available to all staff providing care. The trust provided care and treatment based on national guidance. Patients had access to psychological support and occupational therapy. The physical healthcare needs of inpatients with mental health needs were met. Patients in community health services benefitted from the support provided by staff.
- Staff were compliant with mandatory training across all services and staff had opportunities for further training to support care and treatment for patients. Managers ensured staff received supervision and yearly appraisals. The trust had introduced a new electronic staff record system which had provided greater oversight to staff compliance with mandatory training and supervision. All staff and managers had access to the system.
- The trust ensured safe staffing levels were maintained. Staffing levels and skill mix across all core services was planned and reviewed so that people who used services received safe care and treatment. Managers ensured services across the trust increased staffing based on clinical need or made arrangements to cover leave, sickness and absence.
- Trust premises across all mental health and community services were clean and well maintained. Across most services staff had completed environmental risk assessments. Where issues had been identified, staff mitigated these risks by carrying out additional checks or had taken other actions to resolve the issues. The trust had robust estate management processes and ongoing plans for improvements.
- Trust staff worked well with each other and external organisations to provide care and treatment to patients based on national guidance. We were particularly impressed by the work undertaken by the young persons' dementia team who had multiple links to outside agencies and assisted patients, families and carers to access these services.
- Staff completed Mental Health Act paperwork correctly. There was administrative support to ensure these records were up to date and regular audits took place.
- Systems for the safe management and administration of medicine were in place. Incidents and errors within the pharmacies were reported and investigated and outcomes and learning shared with staff. The pharmacy team reviewed serious incident reports when medicines were involved.
- Bed management processes were effective and included daily bed management meetings. Whilst staff could not guarantee that patients had access to a bed on the same ward upon return from leave, as the acute wards regularly admitted new patients into leave beds, to resolve this staff completed risks assessments for all patients on leave; should they return unexpectedly. On occasions staff had made other areas of the ward into temporary bedrooms for these patients for short periods. On return patients were asked if they would prefer to be placed out of area, or when appropriate provided alternative care, for example additional support from the home treatment team. We noted the trust were lower bed weighted per population (14 beds per 100,000 against an average of 18 beds per 100,000). We considered the trust was managing these patients in a safe manner and the privacy and dignity of patients had not been compromised.

However:

- During this inspection we identified some issues the provider needed to review within the acute wards for adults of working age. The trust secured beds out of area when local beds were not available and the numbers of patients affected had increased since the last inspection.
- We had some concerns about the trust's approach to the use of restrictive practices. The trust reported high numbers of prone (face down) restraint across the acute wards (56% of all recorded restraints between December 2017 and January 2018, reducing to 38% between February and June 2018). While data showed an average of 96% of prone

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restraints related to administration of rapid tranquilisation or safe seclusion exits; we considered the trust needed to review its practice in accordance with the Mental Health Act and Code of Practice. Staff had not fully completed seclusion paperwork. There were some gaps in seclusion documentation and seclusion care plans. Staff did not fully record how to meet patients' needs while in seclusion, or what bedding and clothing was to be provided.

- Staff on some adult acute wards administered prescribed medications up to three and a half hours after the prescribed time, and had not reflected this in documentation. There was a risk that insufficient time between doses of medication might occur.
- We found that some environmental and equipment problems had not been completely resolved. Improvements to the interview rooms for the psychiatric liaison team in both Kettering and Northampton general hospitals had not been completed satisfactorily. These rooms did not meet the Psychiatric Liaison Accreditation Network standards. However, the trust provided information to show that an action plan had been in place since our last inspection, and the trust was expecting its PLAN peer review assessment in early July 2018. The health based place of safety in Kettering did not comply with the Royal College of Psychiatrists' standards as there were ligature points. Within the community health services for adults, not all small, electronic equipment had been serviced when required. There was not a robust governance process to ensure equipment was always maintained within clinics managed by an external organisation.

## Are services safe?

Our rating of safe improved. We took into account the current ratings of services not inspected this time. We rated it as good because:

- 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 used recognised risk assessment tools. Staff completed holistic risk assessments on admission and updated these regularly and after incidents. Ward staff responded to changes in patient risks.
- Staff controlled infection risk well. Staff collected safety information and shared it with staff, patients and visitors. They used control measures to prevent the spread of infection and all staff we observed followed the trust infection control and prevention policy.
- Staff understood how to protect patients from abuse and were aware of the requirement to work 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 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. We saw evidence of changes to practice following lessons learned.
- Staff received and were up to date with mandatory training. Specialist training and leadership training was available.
- The trust had developed robust personal safety protocols, including lone working practices, we saw evidence that staff followed them. The trust ensured that there was safe staffing in place across the service to ensure that patients care and treatment needs were met. Staff had access to alarms at or panic buttons that they could use to call for assistance

However:

- We found that some environmental and equipment problems had not been completely resolved. Improvements to the interview rooms for the psychiatric liaison team in both Kettering and Northampton general hospitals had not

# Summary of findings

been completed satisfactorily. These rooms did not meet the Psychiatric Liaison Accreditation Network standards. However, the trust provided information to show that an action plan had been in place since our last inspection, and the trust was expecting its PLAN peer review assessment in early July 2018. The health based place of safety in Kettering did not comply with the Royal College of Psychiatrists' standards as there were ligature points.

- The trust reported high numbers of prone (face down) restraint across the acute wards (56% of all recorded restraints). This percentage had slightly decreased between February and June 2018 but was still considered high.
- Staff at the crisis resolution and home treatment team in Kettering did not routinely document on prescription charts when they had given patients medication upon discharge from the service. Staff on some adult acute wards were administering prescribed medications up to three and a half hours after the prescribed time, and had not reflected this in documentation
- There were some gaps in seclusion documentation and seclusion care plans. Staff did not fully record how to meet patients' needs while in seclusion, or what bedding and clothing was to be provided.
- Staff working within the acute wards for adults of working age had not all completed intermediate life support training, with 59% of staff compliant.
- Within the community health services for adults, not all small, electronic equipment had been serviced when required. There was not a robust governance process to ensure equipment was always maintained within clinics managed by an external organisation.

## Are services effective?

Our rating of effective stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- Staff across the services received regular supervision and annual appraisals. Staff received mandatory training and induction.
- Staff had knowledge of the Mental Health Act and Mental Capacity Act and applied the principles well in their work. Staff explained rights under the Mental Health Act to patients, regularly and in a way that they understood. Staff ensured patients were able to take their Section 17 leave as agreed. Instances of staff cancelling leave were rare. Staff knew how to access support and advice on Mental Health Act and Mental Capacity Act issues.
- Staff developed comprehensive care plans that met the needs of the individual patient, were up to date, personalised, holistic and recovery orientated. Staff carried out annual physical health checks and checks of physical health at regular intervals. We observed within patient notes, staff documented physical health checks.
- Staff held daily multidisciplinary meetings. Patients, carers and families were invited regularly to multidisciplinary team meetings.
- Teams worked closely with external parties, such as GPs and other service providers.
- Most services had a full range of mental health disciplines and workers who provided input into patient care.
- Clinicians in the trust worked collaboratively with each other and with other external providers in the area to ensure that people received person-centred care and received that care at the right level and in the right place.
- Policies were aligned and referenced to national guidance, such as National Institute for Health and Care Excellence (NICE) guidelines. Trust policies were up to date and staff knew how to access policies relevant to their specialty area and knew who was responsible for providing their national clinical guidance.

However:



# Summary of findings

- Some staff were unsure of how and where to locate documents on the electronic health record
- In the mental health community teams for adults, there was no social work provision. Managers were unsuccessful in their attempt to recruit social workers to teams. There was no section 75 agreement to integrate social care staff into teams

## Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as outstanding because:

- We found patients, families and carers were truly respected and valued as individuals across all services.
- The trust had worked hard to produce a strong, visible and person-centred culture. Staff were highly motivated and delivered kind and compassionate care; which respected the individual choice of patients and protected their dignity. Staff recognised and respected the individual needs of patients, including cultural, social and religious beliefs.
- We were struck by how well staff treated patients and carers. Staff were discreet, respectful and responsive in all their interactions with patients. Overall, patients told us that staff were always kind, compassionate and incredibly supportive. Staff supported patients to understand and manage their care and treatment or condition in a very sensitive manner. Staff provided patients and carers with information about their condition and treatment and followed up with further explanations when needed.
- The trust ensured patients, families and carers had the opportunities to be active partners in their care. Staff across the organisation worked in partnership with patients and those close to them in an integrated approach. We saw this had a positive impact on patient care.
- Patients could give feedback on the service they received in a number of ways, for example via 'I want great care' feedback forms, and the trust shared this information with teams. The wards held regular meetings with full patient involvement. Staff and managers told us that patients were involved in recruitment, service development and were active in planning their care. Staff held patients at the centre of everything they did. We found the trust values were embedded in staff behaviours with patients across all services. Staff and patients co-produced projects and we saw many examples where patients were at the centre of the trust's activities.
- The trust involved patients in decisions about the service. Some patients were working with the involvement team at the trust. Patients were involved in changes to service provision and planning of new services, for example, the crisis house. Patients were involved in the recruitment of new staff, including prisoners. Patients were also invited to participate in the service user reference group.
- Staff always communicated with patients sensitively and compassionately so that they understood their care and treatment. They used a range of methods of communication including using signers, easy read leaflets and by seeking support from carers and families where appropriate.
- Staff had excellent links with other services to enhance the care of their patients. Staff consistently signposted patients to an extensive range of other services such as third sector organisations, carers groups, Alzheimer's society, Age Concern, Mind and the Citizens Advice Bureau.
- Staff knew how to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of the consequences and knew this would be acted upon. We saw evidence that staff were increasingly raising concerns openly and incidents of anonymous contacts to the Freedom to Speak up Guardian had reduced. This evidenced open and transparent culture was fully embedded.
- Staff ensured that patients could access advocacy, both within the trust and from an independent advocacy service. 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

## Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- People could access services when they needed to. Within the community health services, waiting times from referral to treatment were in line with good practice. The trust had increased staff resource in musculoskeletal physiotherapy services, in response to an increase in referrals. Admissions and discharges of patients were planned by patient flow coordinators and a ward coordinator. Within the mental health community teams, staff met commissioned timeframes for patients receiving an assessment. In the community mental health team for older people, the team saw urgent referrals quickly as the duty worker followed these up daily. Non-urgent referrals were seen within an appropriate time.
- Bed management processes were effective and included daily bed management meetings. Whilst staff could not guarantee that patients had access to a bed on the same ward upon return from leave, as the acute wards regularly admitted new patients into leave beds, to resolve this staff completed risks assessments for all patients on leave; should they return unexpectedly. On occasions staff had made other areas of the ward into temporary bedrooms for these patients for short periods. On return patients were asked if they would prefer to be placed out of area, or when appropriate provided alternative care, for example additional support from the home treatment team. We noted the trust had fewer beds per head of population (14 beds per 100,000 against an average of 18 beds per 100,000). We considered the trust was managing these patients in a safe manner and the privacy and dignity of patients had not been compromised. We were aware of significant financial challenges within the wider system for which the trust was taking a lead in seeking a solution.
- Staff and patients across all services had access to a full range of rooms to support care and treatment.
- 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.
- Patients told us they knew how to complain. Staff encouraged patients to raise concerns and attempted timely local resolutions. Staff knew how to record and escalate complaints. Managers investigated local complaints in a timely way staff received outcomes and lessons learned via many routes.
- Patients had access to information leaflets in a variety of languages and there was access to a translation service.
- There were activities across the week for patients, including weekends. There was appropriate access to spiritual support. Patients had access to drinks and snacks throughout the day.
- The trust had a younger person with dementia team providing a dedicated service and expertise to those with young onset dementias.

However:

- The number of patients receiving out of area care had increased since the last inspection.

## Are services well-led?

Our rating of well-led improved. We took into account the current ratings of services not inspected this time. We rated it as outstanding because:

- The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience to perform its role. There had been no recent changes to the executive team. Executive board members were capable, open and responsive to feedback and striving for improvement throughout the organisation.

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- Non-executive and executive directors were clear about their areas of responsibility. The trust used the organisational risk register as its board assurance framework to support good governance. Individual directorates were held to account by the board on financial, performance and quality. Business portfolios were well defined and owned by an executive director.
- The trust leadership team had a comprehensive knowledge of current priorities and challenges across all sectors and took action to address them. The board were seen as supportive to the system, with both the chief executive and finance director taking up key roles in the local system including through the Health and Care Partnership Board (also known as the STP). The Trust was engaged with peers in providing support to the local system across a variety of areas where improvement is required: financial, operational and quality. The trust liaised with peers in benchmarking and using best practice.
- The trust leadership team monitored and the delivery of the financial efficiency programme (CIPs) weekly, and tracked monthly, through the performance review meeting. The Trust's financial and operational performance in 2017/18 evidenced effective processes for managing risks, issues and performance. The current financial strategy model has been shared with partners in the county, who thought it provided a helpful structure. Managers monitored changes for potential impact on quality and sustainability, when cost improvements were taking place. The trust had a strong financial position.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities. The trust values were people first, respect and compassion, improving lives, dedication and equality known by the acronym PRIDE. Values were embedded within trust processes for example, staff appraisals, recruitment and staff awards which were aligned to values. We noted that the trust's vision and values were embedded at board level and informed how the senior leadership team operated. The board culture was open and honest.
- We were impressed by the extent that the values of the trust have been embraced by everyone and were shown and modelled by all the staff we met. Staff challenged behaviours in each other when necessary. The trust values were embedded in the services we visited. Staff described the trust's vision and values. Staff showed the values in their day-to-day work, showed kindness, respect and a very caring attitude towards patients, carers, visitors and each other. Managers discussed the values with staff in supervision and based their team objectives on these values. Interviews for new staff were values based and there was a culture within the trust to challenge those directly who did not demonstrate the values.
- The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. Staff, patients, carers and external partners had the opportunity to contribute to discussions about trust strategy, especially where there were plans to change services. The trust had systems and processes in place to support the delivery of its strategy. Leaders regularly reviewed these structures to ensure they remained effective and made changes where necessary. The trust's strategy, vision and values underpinned a culture which was patient centred. We were particularly impressed with the caring and compassionate attitudes of staff across all services we visited.
- The trust was working with third party providers effectively to promote good patient care. The trust had a service level agreement with the local acute trusts to provide advice and responsible clinician cover for patients detained at Northampton General hospital and Kettering General hospital.
- The trust demonstrated a strong focus on leadership development. As part of the trust's 'maximising potential' framework, the trust offered a 'leadership matters' development programme and leadership conferences, acknowledged by NHS improvement. Leaders modelled and encouraged compassionate, inclusive and supportive relationships between all grades of staff. For example, staff could leave 'thank you' posts to colleagues on the trust intranet. Staff felt respected, supported and valued. Across all services, staff reported exceptionally supportive relationships with colleagues and local managers.

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- The trust had a number of staff networks established with an executive director lead. The workforce race equality standard (WRES) action plan was co-produced with BME staff and included an innovative initiative of frontline BME staff reverse-mentoring directors, and staff-led focus groups. The trust was 'highly commended' in the global equality and diversity awards research category for work on the 'moving ahead' project; which addressed inequalities in mental health for black minority and ethnic communities.
- The trust had clear oversight of the importance of promoting wellbeing amongst the workforce. The trust was awarded 'workplace wellbeing charter' accreditation in November 2017 by Health@Work (an independent national charity). The trust received the highest level of accreditation, excellence, for leadership on health and wellbeing, attendance management and action on smoking. The trust had arranged a wellbeing conference for all staff in July 2018. At the time of inspection, over 400 staff had booked to attend.
- The trust had a freedom to speak up guardian who worked with the chief executive and union representatives to develop the role. The guardian had received appropriate training for their role; including 'train the trainer' to support implementation of the freedom to speak up champions.
- The trust had effective systems in place for learning from incidents. Action plans arising from when things went wrong, raised through incidents or complaints, were monitored and reported on. Investigations into deaths were thorough and involved family and carers where they wished to be. The trust had employed a family liaison officer to provide support for families and carers following serious incidents and unexpected deaths. The trust had a robust and effective complaints process led by qualified and experienced staff. Staff ensured cross checking for any safeguarding and welfare concerns and took immediate actions. Managers shared learning and action plans from complaints to teams via team meetings, the 'learning lessons zone' on the trust intranet and via a weekly 'e-brief'. The trust applied Duty of Candour appropriately and we saw good examples of this in practice. Pharmacy incidents and errors were reported and investigated through the trust's electronic incident recording system. We found the trust was extremely consistent at reporting near misses and had a high reporting rate when benchmarked against other trusts.
- The trust had robust information governance systems in place including the confidentiality of patient records in line with best practice. The trust had completed the information governance toolkit assessment. An independent team had audited it and the trust took action where needed. The information toolkit had achieved compliance of 90%.
- There was a comprehensive trust wide internal audit plan in place, agreed by the executive board and overseen by the audit committee. The trust participated in clinical research studies as part of the Collaborations for Leadership in Applied Health Research and Care East of England (CLAHRC). As at July 2018, the trust had recruited 2000 participants into research and innovation projects.
- In the 2017, NHS Staff Survey the trust had better results than other similar trusts in 21 key areas. The trust scored between 1% and 4% better than/ the England average for patients recommending it as a place to receive care for five of the six months in the period (October 2017 to February 2018). The trust was better than the England average in terms of the percentage of patients who would not recommend the trust as a place to receive care in all six months.
- The trust ensured safe staffing levels were maintained within services. The trust had a favourable staffing position and had worked hard to recruit and retain staff. While bank and agency staff were used, they were often regular staff who knew the wards and patients well. The trust employed apprentices across all directorates and worked in partnership with other providers to address their joint recruitment difficulties, for example, participation in a 'best of both worlds' campaign; a recruitment campaign launched between four leading NHS healthcare providers and one local leading charity, undertaken in partnership with the University of Northampton

# Summary of findings

- The trust ensured staff had appropriate training for their roles. Data showed an overall trust compliance with mandatory training in May 2018 of 92%. Staff received annual appraisals and regular supervision. The trust had an appraisal system in place and used an electronic staff record system (ESR) which captured compliance in appraisal and many other trust performance indicators. The trust had trained 'super users' within teams to support staff with the system.
- When senior leadership vacancies arose the recruitment team reviewed capacity and capability needs. The trust had a robust appointment process (including focus groups) for all board directors. Fit and proper persons checks were in place. The trust demonstrated succession planning at board level. The trust's framework, 'maximising potential' detailed their approach to talent management and succession planning.
- The trust ensured patients and carers could provide feedback on the services they received in a number of ways. For example, the trust participated in the 'I want great care' initiative. This service allowed patients and carers to comment on the care they have received via the internet. The trust reported 90,939 pieces of feedback since the initiative started.
- The trust had a structured and systematic approach to engaging with people who use services, those close to them and their representatives. As of July 2018, the trust reported 50 ongoing patient involvement projects. The Chief Executive had signed up to the principles of County Carer Strategy. The trust were key participants in this development with a view to ensuring that the strategy covered carers of all ages, including young and working carers. Board members routinely invited patients to board meetings and heard patient stories, and invited patients to trust governance meetings to share views and ideas.
- We saw examples of co-production where patients and staff worked together. For example, some patients were working with the involvement team at the trust. We were particularly pleased to see significant service user involvement within the management of physical interventions agenda. Prisoners had been invited to draft interview questions for staff applying for roles within the prison service. Service users had been involved in all aspects of the service design of the trust's crisis house; including the grades of staff employed within the service. We heard examples where previous patients of the trust had now secured employment as healthcare assistants.
- The trust had implemented a robust strategy around falls prevention. The trust had developed and re-launched the falls champions role. Throughout the trust there were over 60 falls champions, in over 30 different clinical settings. Falls leads attended countywide falls meetings as part of the Northamptonshire Falls Strategy. The trust had also produced a leaflet on falls prevention within prison settings.
- The trust had been recognised for its innovation in a number of areas, for example, the referral management centre won the 'penguin' teamwork award for their work in making referrals faster by moving to an online system and the children's mental health service (CAMHS) were shortlisted by young service users for their online chat system, CAMHS live.
- The trust actively sought to participate in national improvement and innovation projects. Staff and patients were encouraged to make suggestions for improvement and gave examples of ideas which had been implemented. We were shown a number of research projects and research publications, underpinning current practices within the trust, including transcranial magnetic stimulation in clinical practice and the feasibility of using body worn cameras in an inpatient mental health setting. The trust had been asked to participate in the first clinical evaluation of magnetic seizure therapy worldwide and was in the process of obtaining ethical approval and advice from the Royal College of Psychiatrists' ECT and related treatments committee for the evaluation.

# Summary of findings

- The trust had recently introduced a bespoke patient gum shield, made by the trusts community dental department, the intended benefits of the gum shield included reducing post-ECT headache. The trust was in the process of evaluating this outcome. The trust were also in the process of producing a research paper for this innovation to encourage other providers to consider this option. The trust included a module for innovation and research within their 'leadership matters' programme.
- The trust had clear health and safety strategies and worked with external agencies to monitor and assess legionella, asbestos and fire risks. Estates staff had extensive knowledge of how to manage and respond to national guidance.

However:

- The trust reported an increase in the use physical interventions (restraint) including prone restraint and seclusion, since the last inspection. However, the trust had a new psychiatric intensive care unit, not inspected previously, which accounted for much of this increase. We were concerned about the percentage of restraints resulting in the use of prone (face down) restraint. Data provided between December 2017 and January 2018 showed 56% of all recorded restraints utilised prone. This figure had slightly reduced by June 2018, at 38%. We considered the trust should review its practice around the use of prone restraint, in accordance with the Mental Health Act Code of Practice guidelines and positive and proactive care: reducing the need for restrictive interventions (DoH, 2014). The trust developed a restraint reduction strategy in 2016. This was developed alongside service users and was widely consulted upon with staff from the in-patient areas.
- The trust did not always have beds available to meet the needs of patients. The trust reported an increase in out of area placements within the acute wards for adults when beds were not available. We observed a small decrease in out of area placements over the five months to June 2018. However, we were aware of serious financial challenges within the wider system; which were outside of trust control. The trust was taking a system lead in an attempt to address these concerns, for example leading the local STP, including local financial negotiations. We also noted from the National Mental Health Benchmarking Report for 2017 the trust had fewer beds per population (14 beds per 100,000 against an average of 18 beds per 100,000). We considered, therefore, that the trust was managing extreme local pressures in a considered and appropriate manner to ensure safe care was delivered to patients when needed.

## **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:

- We found good management of the environment. Staff completed environmental risk and ligature risk assessments regularly, and placed safety measures in place to reduce risk. Each ward office displayed a map, which identified the most significant risk areas on the ward. Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Ward areas were clean, had appropriate furnishings, and were well maintained. Staff adhered to infection control procedures, for example, handwashing and the application of hand sanitiser.
- Wards had sufficient staff of the right grades and experience to deliver safe care and treatment. Each ward manager adjusted staffing levels daily as required, to meet patient needs. When necessary, bank and agency staff were sought to maintain safe staffing levels. Staff were deployed from other acute wards within the service on occasions to cover safe staffing numbers at short notice.
- The trust made strenuous efforts to manage its beds to best effect, including daily bed management meetings. Whilst staff could not guarantee that patients had access to a bed on the same ward upon return from leave, as the acute wards regularly admitted new patients into leave beds. To resolve this staff completed risks assessments for all patients on leave; should they return unexpectedly. The plan had been agreed with patient representatives. On occasions staff had made other areas of the ward into temporary bedrooms for these patients for short periods. On return patients were asked if they would prefer to be placed out of area, or when appropriate provided alternative

# Summary of findings

care, for example additional support from the home treatment team. We observed that 13 leave beds were in use across Avocet, Kingfisher, Harbour and Bay wards at the time of inspection. We found that between January and June 2018, 12 patients had slept in either a bed on an older adult ward; or in a temporary bed on the acute wards. We noted the trust had fewer beds per population (14 beds per 100,000 against an average of 18 beds per 100,000). We considered the trust was managing these patients in a safe manner and the privacy and dignity of patients had not been compromised.

- Staff completed a mental health assessment of patients upon, or shortly after admission. This included, where possible an assessment of the patients' physical health needs. Staff implemented care plans which reflected the patient's needs following initial assessment. Most care plans were personalised, holistic and recovery orientated.
- We observed positive interactions between staff and patients. Staff were responsive to individual need during our inspection. Staff directed patients to other services when appropriate, such as local drug and alcohol support services. Staff understood individual needs of patients and knew the patients well. This included cultural, social and religious needs. Of the 31 patients we spoke with, 29 were positive about the staff. Patients felt that staff were kind and supportive, and treated them with dignity and respect.
- We found that the governance and practices around serious incidents, safeguarding and training was good and the information sharing protected patients. Staff knew how to safeguard patients and make safeguarding referrals. Staff demonstrated this by using additional safety measures where necessary. Patients we spoke with were aware of how to make a complaint, and who to approach in the first instance. Staff managing the complaint usually fed back the findings to the patients. Staff knew how to handle complaints appropriately, and knew how to escalate, where to record, and who to report too. Staff received feedback on the outcome of the investigation of complaints during team meetings and in supervision.
- Learning from incidents, investigations, and complaints were successfully cascaded to ward staff from senior staff. This was undertaken in different ways, through bulletins; emails; during meetings and supervision. Staff had received, and were up to date with mandatory training. Staff attended regular team meetings, received regular supervision, and appraisals annually.

However:

- We found that there was overcapacity on most wards. Seven of the wards within this core service reported average bed occupancies ranging above the provider benchmark of 85%. Five of the eight wards reported average occupancy of over 100%. The number of patients receiving out of area care had increased since the last inspection. Many patients were placed out of area miles from their homes.
- We were concerned about restrictive practices across the acute pathway. The trust reported an increase in the use physical interventions (restraint) including prone restraint and seclusion, since the last inspection. However, the trust had a new psychiatric intensive care unit, not inspected previously, which accounted for much of this increase. Senior managers and staff reported that prone restraint was predominantly used to administer medication, and to exit seclusion safely. Data provided from February 2017 to January 2018 showed, across all acute wards and psychiatric intensive care units, there were 288 incidents of prone restraint and 276 incidents of seclusion or administration of rapid tranquilisation, equating to 96%. However, information provided by the trust did not indicate that staff were encouraged to consider alternate sites for administration of rapid tranquilisation. Prone restraint accounted for 56% of all the restraint incidents across this service between February 2017 and January 2018. Further data from the trust showed some decrease in prone restraint between February and June 2018. However, this still equated to 38%. We considered the trust should review its practice around the use of prone restraint, in accordance with the Mental Health Act Code of Practice guidelines.

# Summary of findings

- There were some gaps in seclusion documentation and seclusion care plans. Staff did not fully record how to meet patients' needs while in seclusion, or what bedding and clothing was to be provided. Staff did not record whether family members or carers had been informed of the seclusion. Documentation was missing in relation to four hourly medical reviews. Staff did not record what the patients took into the seclusion room with them (or indicate that they had nothing on their person).
- Nursing staff on some wards were administering prescribed medications up to three and a half hours after the prescribed time, and had not reflected this in documentation. We saw that on three wards, Cove, Bay and Kingfisher, that morning medication administration was continuing up until 11:30hrs. The administering nurses were signing that the medications were given at the time prescribed (08:00hrs), and not the actual time the patient received their medication.
- Staff used terminology in the care plans for informal patients that did not reflect their legal status. For example, we saw several references to "Section 17 leave being suspended"; patients were referred to as having "unescorted leave", and "escorted leave with two staff".
- Information from an external source expressed how patients had reported that staff across the service were "punitive". Three patients out of the 31 we spoke with, spoke negatively of the staff, using terms "sarcastic", using "derogatory terms", and "stigmatising". One relative of the six we spoke with used the terms "man-handled" and "threatening" when speaking about staff.
- The numbers of patients re-admitted to hospital within 28 days of discharge had increased since the last inspection, where none had been reported. This service reported 47 readmissions within 28 days between February 2017 and January 2018. Of these, 62% were readmissions to the same ward as discharge.

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

- Our rating of this service stayed the same. We rated it as good because:
- We found that patients and staff were kept safe with comprehensive risk and care plans and robust working procedures. Staff completed clinical paperwork as a record of patient's need and risk. 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 crisis resolution and home treatment teams were discussed at daily handover meetings to detect any increase in risk. At both crisis resolution and home treatment teams staff completed crisis plans for all patients after each contact and discussed individual patients' crisis plans at team meetings. Care plans for patients using the crisis house were person centred, holistic and reviewed weekly during team meetings. The trust had developed robust personal safety protocols, including lone working practices, we saw evidence that staff followed them. The trust ensured that there was safe staffing in place across the service to ensure that patients care and treatment needs were met. Staff had access to alarms at or panic buttons that they could use to call for assistance.
- Learning was fed back to staff during team meetings and supervision. Staff received feedback from incidents both internal and external to their core service.
- 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 health based place of safety by ambulance. The health based place of safety was adequately staffed and additional staff could be called upon if needed.



# Summary of findings

- 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. All patients we spoke with were aware how to make a complaint if they were not satisfied with the care they received.
- Patients could access literature in different languages if there was a need. Staff had access to translation services and interpreters and could access hearing loops and sign language interpreters.
- The management and governance of the service was good. Staff had regular contact with their immediate managers. 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. Staff received appropriate training, supervision and appraisal to support them in their roles. Overall, the average compliance rate for mandatory training across mental health crisis services and health-based places of safety was 86%, the average supervision rate was 186% and the average appraisal rate was 93%. All 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.

However:

- There were a number of environmental concerns, particularly in premises not owned or managed by this trust. The adult mental health liaison service interview rooms did not comply with the Psychiatric Liaison Accreditation Network guidance. Since the last inspection the trust had been working with the Psychiatric Liaison Accreditation Network in conjunction with Northampton and Kettering General hospitals. The health based place of safety at Kettering did not comply with the Royal College of Psychiatrists' standards as there were ligature points. On occasion staff used a visitor's room at Kettering as a second health based place of safety. At Northampton staff used a meeting room as a second facility. The furniture was light weight so could be used to cause injury by offering a weapon of opportunity; there were ligature points and no toilet facilities. The protocol was that police would stay with the patient in these rooms at all times so mitigating risks. Additionally, the trust replaced the lightweight furniture immediately. Staff had not completed detailed ligature risk assessments at all venues with mitigation in place to assist staff to manage risk.
- Staff at the crisis resolution and home treatment service in Kettering did not routinely document on prescription charts when they had given patients medication upon discharge from the service.

## **Community based mental health services for older people**

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

- Staff ensured safe practices. We reviewed 32 patient care records. Staff completed an initial risk assessment which they updated annually and routinely after any incidents. Of the risk assessments reviewed we found that 30 out of 32 contained robust updated information. Staff monitored patients on the waiting list at the weekly allocations meeting to identify and respond to increases in the level of risk. Staff completed regular risk assessments of the environments and knew the risks associated with areas where patients attended for clinics. Areas were clean, well decorated and had good furnishings. Staff used rooms with alarms if needed where patient risk deemed it necessary. Staff followed robust systems for lone working. A duty system was in place which ensured someone was always responsible for checking staff whereabouts and safety at the end of each day.
- Patients' needs were assessed and considered. Staff ensured that any necessary assessment of the patients' physical health had been undertaken using a protocol shared with general practitioners. Staff were aware of and recorded any physical health problems. Staff supported patients to understand and manage their care, treatment or condition. Staff completed detailed letters to GPs which included robust plans for the care of the patient. Staff followed these plans when caring for patients and sent updates to GPs, as required. Where patients had consented, family or carers received copies. Staff provided patients and carers with information about their condition and treatment and

# Summary of findings

followed up with further explanations on request. Staff signposted patients to other services such as third sector organisations, carers groups, Alzheimer's society, Age Concern, Mind and the Citizens Advice Bureau. When patients and carers needed support to access other services, staff made referrals. Staff held best interest meetings and made decisions in patients' best interests where they lacked capacity. Staff recognised the importance of the persons wishes, feelings, culture and history.

- Data supported staff to manage the services. During the inspection we reviewed data which indicated that in May 2018, the compliance rate for staff appraisal was at 100%. Staffing levels met patient need and managers ensured robust arrangements for covering sickness, annual leave and vacant posts.
- Staff involved patients in decisions about the service. Some patients were working with the involvement team at the trust. The supported co production in older adult services and included the recruitment and interviewing of new staff. Patients were also invited to participate in the service user reference group. A feedback survey was given to each patient at the end of each appointment. This allowed patients to routinely provide feedback on the service. The survey results were displayed at each location and collated monthly and the results were consistently high.
- Staff views were taken into account. Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. The trust recognised staff success within the service and certificates of recognition and trophies were on display in staff offices. Staff felt positive and proud about working for the trust and their team.

However:

- Some staff were unsure of how and where to locate documents on the electronic health record.

## **Community Based Mental health services for adults of working age**

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

- The trust had made improvements identified from our last inspection.
- The trust had ensured there were skilled and experienced staff to safely support patients in the community. Staff were aware of lone working protocols to keep them safe when meeting patients on site or in the community. Staff had opportunities for developing their skills and competencies through managers giving regular supervision and appraisal. Staff had opportunities for specialist training such as for attention deficit hyperactivity disorder and cognitive behavioural therapy for psychosis. Staff had effective multidisciplinary working with internal and external teams such as and crisis and housing services and PCART morning team meetings. Managers effectively led teams giving an open and supportive culture. Staff had gone on away days to give feedback on their service and had developed mission statements in line with the trusts visions and values.
- Staff had a range of systems to regularly review risks and safety plans for patients. Managers shared learning with staff following incidents to reduce the risk of reoccurrence. Managers reviewed and monitored safeguarding concerns for patients with staff at team meetings and in their individual supervision. The trust had systems in place to share essential information across teams. Staff promoted complaints and compliments processes with patients and discussed learning and changes to practice in team meetings.
- Most staff had completed clear, comprehensive and holistic care plans which showed patients' needs and the care required. Staff followed National Institute for Health and Care Excellence guidance and delivered interventions such as physical health checks for patients on antipsychotic medication, cognitive behavioural therapy and specialist interventions for patients with a personality disorder. Patients had good access to community mental health services as managers had reduced waiting times for referral to assessment and treatment.
- Ninety five percent of patients and 100% of carers we spoke to told us staff treated them as an individual with kindness, dignity and respect. Patients said staff supported them to access their local communities and gain help if

# Summary of findings

they were in crisis. Staff involved patients in their care and treatment. Patients had good access to community mental health services as managers had reduced waiting times for referral to assessment and treatment. N-Step and personality disorder hub staff were proactive in working with patients and carers to produce staff training, information packs and videos. Staff had involved patients in the personality disorder hub governance meetings. Teams had carers champions or liaison workers to help support carers. Staff supported patients to access community resources such as the recovery college.

- The trust had reviewed its health and safety arrangements at Campbell House after our last inspection, to ensure they accounted for visitors entering the building. Trust staff had implemented environmental ligature risk audits for all community buildings accessed by patients, after our last inspection.

However:

- The trust had not updated their ligature risk assessment policy to reflect they were now completing assessments for community based mental health sites. Staff had not identified all potential risks in three office assessments. Therefore, staff did not have information about the actions they should take to keep patients safe.
- PCART south staff at Danetre had not completed three out of five patient risk assessments which posed a risk that staff would not know how to support these patients. Staff had difficulty giving examples of learning from incidents across the trust. PCART managers had not fully detailed discussions in team meetings, for example, about how they shared learning with staff after incidents. Staff in three teams had difficulties navigating the electronic patient record system as staff had not always stored information in the same place.
- PCART south staff at the Danetre site had not completed physical health checks for five patients. PCART staff had not reviewed two patient's care plans and staff had completed only basic information in three patient's plans, which posed a risk that patients may not have their needs met.

## Community Health Services for Adults

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

- Patients were protected from avoidable harm and abuse, systems were in place to investigate incidents and concerns and staff received suitable training in safety systems. Risk assessments were completed and care plans implemented to keep patients safe and promote wellbeing.
- Care and treatment was planned and delivered in line with evidence based guidance and standards, and systems were in place to ensure trust policies reflected the latest guidance.
- Patients were happy with the care they received and were very complimentary about the staff who cared for them. We observed care being delivered in a kind and caring way, by staff who demonstrated compassion and experience.
- Staff were motivated and dedicated to provide quality patient care although recruitment difficulties meant shifts were not all filled by substantive staff.
- We observed robust multidisciplinary working to provide co-ordinated patient care.
- Most patients were seen for an initial assessment in a timely manner once they had been referred.
- The needs of patients were taken into account when planning and delivering services. Staff were flexible to meet the needs of patients.
- Patients were given information about how to make a complaint or raise a concern. There were systems in place to evaluate and investigate complaints.
- Staff were aware of the organisation's values and strategy.

# Summary of findings

- There were robust risk management systems in place.
- Staff were innovative and worked with external organisations to examine where local improvements could be made.
- Senior managers provided good leadership and were visible and accessible to both people who use the service and staff.

However:

- Not all small, electronic equipment had been serviced when required. There was not a robust governance process to ensure equipment was always maintained within clinics managed by an external organisation.
- Not all community outpatient clinics had a receptionist, or signs to advise patients a member of staff would greet them shortly.

## Community Health Inpatient Services

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had comprehensive systems to keep people safe, which took account of best practice. All staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff were able to discuss risk effectively with people using the service. All staff had received safeguarding training on how to recognise and report abuse. Systems were embedded and recognised as the responsibility of all staff.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. During our inspection, we found the environment to be clean and staff followed the trust policy on infection prevention and control.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service 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. The service made sure staff were competent for their roles. Managers recognised the importance of continuing development of the staff's skills, competence and knowledge as being integral to ensuring high quality care. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff demonstrated a strong, visible person-centred culture. We found relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. Staff continually cared for patients with compassion. Feedback from all patients confirmed that staff treated them well and with kindness. Staff interacted with patients and relatives in a respectful and considerate manner. They respected patients' privacy and dignity. Staff knocked on doors before entering rooms and ensured care and treatment was provided behind curtains or closed doors. We observed all staff speaking with patients in a kind compassionate and sensitive way in a variety of situations.
- Staff provided emotional support to patients to minimise their distress. We observed that staff constantly provided emotional support to patients when they displayed anxiety during their rehabilitation activities. Therapy staff actively provided emotional support to patients in order to help them achieve their individual care goals. We saw therapists talking with patients before their therapy sessions, asking them how they were feeling and if they needed any pain management.

# Summary of findings

- The service took account of patients' individual needs. Patients were assessed on admission to identify any additional support needs. The community inpatients had recently launched the Butterfly scheme. The Butterfly Scheme provides a system of hospital care for people living with dementia. Hospital staff are given training to use appropriate skills recognised within the butterfly scheme to enable appropriate care to patients with dementia or other memory impairment.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the previous 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

We found examples of outstanding practice across all services. For more information, see the outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including four breaches of legal requirements that the trust must put right. We found 15 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 we have taken

We issued two requirement notices to the trust. Our action related to breaches of four legal requirements in two core services. That meant the trust had to send us a report saying what action it would take to meet this requirement.

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 make the improvement we have identified. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

Within the community health service for adults, the community nursing teams had introduced a 'trauma box' that was being 'rolled out' to residential homes to support the interim treatment to skin tears. This aimed to improve safe patient care whilst reducing the number of urgent community nurse visit requests.

Staff offered patients volunteering opportunities during admission to the acute wards for adults, and following discharge. We saw examples of patients undertaking art sessions on the ward, and completing wall murals on the ward. A further example was an allotment, where an ex patient volunteered to support other patients to learn about gardening and growing fruit and vegetables.

Patients participated in the staff training of restraint. A regular session was included, which involved the patient giving their personal perspective on the experience of being restrained, and how staff could help them in this situation.

# Summary of findings

The trust had involved patient groups in the service design and criteria for the crisis house. Patients had been fully involved at all stages of the process and were given equal say in all decisions.

Patients were also encouraged to co-produce work with staff, in delivering recovery sessions at the recovery college.

Patients were offered opportunities to work with the involvement team at the trust. We saw many examples of where this was working well, for example the recruitment and interviewing of new staff. Patients were also invited to participate in the service user reference group.

The trust had developed a younger person with dementia service. This was an innovative service providing specialist care for those people who would not fit an older people's service but have a diagnosis of a dementia. Staff working within this service were knowledgeable and passionate about the specialist needs of this client group and had forged multiple contacts with external agencies to offer ongoing support to patients and families.

We were shown a number of research projects and research publications, underpinning current practices within the trust, including transcranial magnetic stimulation in clinical practice and the feasibility of using body worn cameras in an inpatient mental health setting. The trust had been asked to participate in the first clinical evaluation of magnetic seizure therapy worldwide and was in the process of obtaining ethical approval and advice from the Royal College of Psychiatrists' electroconvulsive therapy (ECT) and related treatments committee for the evaluation. The trust had recently introduced a bespoke patient gum shield, made by the trust's community dental department, the intended benefits of the gum shield included reducing post-ECT headache. The trust was in the process of producing a research paper for this innovation to encourage other providers to consider this option. The trust included a module for innovation and research within their 'leadership matters' programme.

## Areas for improvement

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 four legal requirements. This action related to two services.

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

- The trust must ensure that seclusion documentation is in line with national guidance, and reflects the patients care needs, and how staff will meet these.
- The trust must ensure that it reviews the use of prone restraint in accordance with the Mental Health Act and Mental Health Act Code of Practice guidelines.

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

- The trust must ensure that the acute mental health liaison service assessment rooms at Northampton General Hospital and Kettering General Hospital comply with Psychiatric Liaison Accreditation Network (PLAN) standards.
- The trust must ensure that both Health-Based Places of Safety comply with the Royal College of Psychiatrists' standards.

### **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. These 15 actions related to five core services.

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

- The trust should ensure that staff record the times of medication administration accurately on the medication chart.
- The trust should ensure that terminology in patient care plans, accurately reflects their legal status.
- The trust should work with commissioners to ensure there is sufficient bed capacity with the acute wards to meet the needs of the population.

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

- The trust should ensure that ligature risk assessments are complete for all service areas and mitigation is identified.
- The trust should ensure that staff document on prescription charts when they give patients' medication upon discharge from the service.

## **Community based mental health services for older people**

- The trust should review the training needs of staff in relation to the use of the electronic health record.
- The trust should review the multi-disciplinary team provision at the younger persons with dementia service.

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

- The trust should review their ligature audit process for community mental health teams to ensure it reflects staff practice.
- The trust should ensure all patients have an up to date risk assessment and care plan.
- The trust should ensure that patients records hold annual physical health check information
- The trust should review their systems for storing information on the patient electronic record.
- The trust should review the information that PCART staff give to patients and carers

## **Community health services for adults**

- The service should ensure it has robust governance systems to oversee the maintenance schedules of equipment, particularly where services are delivered in areas that are not predominantly managed by Northamptonshire Health Foundation Trust.
- The service should ensure that all equipment is serviced within the agreed timeframe.
- The service should ensure there are signs to inform patients of the procedure when the reception area is not staffed, including in the podiatry service at Corby Community Hospital and in the musculoskeletal physiotherapy clinic at a local NHS trust.

## 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.

# Summary of findings

We rated well-led at the trust as outstanding because:

- The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience to perform its role. There had been no recent changes to the executive team. Executive board members were capable, open and responsive to feedback and striving for improvement throughout the organisation.
- Non-executive and executive directors were clear about their areas of responsibility. The trust used the organisational risk register as its board assurance framework to support good governance. Individual directorates were held to account by the board on financial, performance and quality. Business portfolios were well defined and owned by an executive director.
- The trust leadership team had a comprehensive knowledge of current priorities and challenges across all sectors and took action to address them. The board were seen as supportive to the system, with both the chief executive and finance director taking up key roles in the local system including through the Health and Care Partnership Board (also known as the STP). The Trust was engaged with peers in providing support to the local system across a variety of areas where improvement is required: financial, operational and quality. The trust liaised with peers in benchmarking and using best practice.
- The trust leadership team monitored and the delivery of the financial efficiency programme (CIPs) weekly, and tracked monthly, through the performance review meeting. The Trust's financial and operational performance in 2017/18 evidenced effective processes for managing risks, issues and performance. The current financial strategy model has been shared with partners in the county, who thought it provided a helpful structure. Managers monitored changes for potential impact on quality and sustainability, when cost improvements were taking place. The trust had a strong financial position.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities. The trust values were people first, respect and compassion, improving lives, dedication and equality known by the acronym PRIDE. Values were embedded within trust processes for example, staff appraisals, recruitment and staff awards which were aligned to values. We noted that the trust's vision and values were embedded at board level and informed how the senior leadership team operated. The board culture was open and honest.
- We were impressed by the extent that the values of the trust have been embraced by everyone and were shown and modelled by all the staff we met. Staff challenged behaviours in each other when necessary. The trust values were embedded in the services we visited. Staff described the trust's vision and values. Staff showed the values in their day-to-day work, showed kindness, respect and a very caring attitude towards patients, carers, visitors and each other. Managers discussed the values with staff in supervision and based their team objectives on these values. Interviews for new staff were values based and there was a culture within the trust to challenge those directly who did not demonstrate the values.
- The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. Staff, patients, carers and external partners had the opportunity to contribute to discussions about trust strategy, especially where there were plans to change services. The trust had systems and processes in place to support the delivery of its strategy. Leaders regularly reviewed these structures to ensure they remained effective and made changes where necessary. The trust's strategy, vision and values underpinned a culture which was patient centred. We were particularly impressed with the caring and compassionate attitudes of staff across all services we visited.
- The trust was working with third party providers effectively to promote good patient care. The trust had a service level agreement with the local acute trusts to provide advice and responsible clinician cover for patients detained at Northampton General hospital and Kettering General hospital.



# Summary of findings

- The trust demonstrated a strong focus on leadership development. As part of the trust's 'maximising potential' framework, the trust offered a 'leadership matters' development programme and leadership conferences, acknowledged by NHS improvement. Leaders modelled and encouraged compassionate, inclusive and supportive relationships between all grades of staff. For example, staff could leave 'thank you' posts to colleagues on the trust intranet. Staff felt respected, supported and valued. Across all services, staff reported exceptionally supportive relationships with colleagues and local managers.
- The trust had a number of staff networks established with an executive director lead. The workforce race equality standard (WRES) action plan was co-produced with BME staff and included an innovative initiative of frontline BME staff reverse-mentoring directors, and staff-led focus groups. The trust was 'highly commended' in the global equality and diversity awards research category for work on the 'moving ahead' project; which addressed inequalities in mental health for black minority and ethnic communities.
- The trust had clear oversight of the importance of promoting wellbeing amongst the workforce. The trust was awarded 'workplace wellbeing charter' accreditation in November 2017 by Health@Work (an independent national charity). The trust received the highest level of accreditation, excellence, for leadership on health and wellbeing, attendance management and action on smoking. The trust had arranged a wellbeing conference for all staff in July 2018. At the time of inspection, over 400 staff had booked to attend.
- The trust had a freedom to speak up guardian who worked with the chief executive and union representatives to develop the role. The guardian had received appropriate training for their role; including 'train the trainer' to support implementation of the freedom to speak up champions.
- The trust had effective systems in place for learning from incidents. Action plans arising from when things went wrong, raised through incidents or complaints, were monitored and reported on. Investigations into deaths were thorough and involved family and carers where they wished to be. The trust had employed a family liaison officer to provide support for families and carers following serious incidents and unexpected deaths. The trust had a robust and effective complaints process led by qualified and experienced staff. Staff ensured cross checking for any safeguarding and welfare concerns and took immediate actions. Managers shared learning and action plans from complaints to teams via team meetings, the 'learning lessons zone' on the trust intranet and via a weekly 'e-brief'. The trust applied Duty of Candour appropriately and we saw good examples of this in practice. Pharmacy incidents and errors were reported and investigated through the trust's electronic incident recording system. We found the trust was extremely consistent at reporting near misses and had a high reporting rate when benchmarked against other trusts.
- The trust had robust information governance systems in place including the confidentiality of patient records in line with best practice. The trust had completed the information governance toolkit assessment. An independent team had audited it and the trust took action where needed. The information toolkit had achieved compliance of 90%.
- There was a comprehensive trust wide internal audit plan in place, agreed by the executive board and overseen by the audit committee. The trust participated in clinical research studies as part of the Collaborations for Leadership in Applied Health Research and Care East of England (CLAHRC). As at July 2018, the trust had recruited 2000 participants into research and innovation projects.
- In the 2017, NHS Staff Survey the trust had better results than other similar trusts in 21 key areas. The trust scored between 1% and 4% better than/ the England average for patients recommending it as a place to receive care for five of the six months in the period (October 2017 to February 2018). The trust was better than the England average in terms of the percentage of patients who would not recommend the trust as a place to receive care in all six months.
- The trust ensured safe staffing levels were maintained within services. The trust had a favourable staffing position and had worked hard to recruit and retain staff. While bank and agency staff were used, they were often regular staff

# Summary of findings

who knew the wards and patients well. The trust employed apprentices across all directorates and worked in partnership with other providers to address their joint recruitment difficulties, for example, participation in a 'best of both worlds' campaign; a recruitment campaign launched between four leading NHS healthcare providers and one local leading charity, undertaken in partnership with the University of Northampton

- The trust ensured staff had appropriate training for their roles. Data showed an overall trust compliance with mandatory training in May 2018 of 92%. Staff received annual appraisals and regular supervision. The trust had an appraisal system in place and used an electronic staff record system (ESR) which captured compliance in appraisal and many other trust performance indicators. The trust had trained 'super users' within teams to support staff with the system.
- When senior leadership vacancies arose the recruitment team reviewed capacity and capability needs. The trust had a robust appointment process (including focus groups) for all board directors. Fit and proper persons checks were in place. The trust demonstrated succession planning at board level. The trust's framework, 'maximising potential' detailed their approach to talent management and succession planning.
- The trust ensured patients and carers could provide feedback on the services they received in a number of ways. For example, the trust participated in the 'I want great care' initiative. This service allowed patients and carers to comment on the care they have received via the internet. The trust reported 90,939 pieces of feedback since the initiative started.
- The trust had a structured and systematic approach to engaging with people who use services, those close to them and their representatives. As of July 2018, the trust reported 50 ongoing patient involvement projects. The Chief Executive had signed up to the principles of County Carer Strategy. The trust were key participants in this development with a view to ensuring that the strategy covered carers of all ages, including young and working carers. Board members routinely invited patients to board meetings and heard patient stories, and invited patients to trust governance meetings to share views and ideas.
- We saw examples of co-production where patients and staff worked together. For example, some patients were working with the involvement team at the trust. We were particularly pleased to see significant service user involvement within the management of physical interventions agenda. Prisoners had been invited to draft interview questions for staff applying for roles within the prison service. Service users had been involved in all aspects of the service design of the trust's crisis house; including the grades of staff employed within the service. We heard examples where previous patients of the trust had now secured employment as healthcare assistants.
- The trust had implemented a robust strategy around falls prevention. The trust had developed and re-launched the falls champions role. Throughout the trust there were over 60 falls champions, in over 30 different clinical settings. Falls leads attended countywide falls meetings as part of the Northamptonshire Falls Strategy. The trust had also produced a leaflet on falls prevention within prison settings.
- The trust had been recognised for its innovation in a number of areas, for example, the referral management centre won the 'penguin' teamwork award for their work in making referrals faster by moving to an online system and the children's mental health service (CAMHS) were shortlisted by young service users for their online chat system, CAMHS live.
- The trust actively sought to participate in national improvement and innovation projects. Staff and patients were encouraged to make suggestions for improvement and gave examples of ideas which had been implemented. We were shown a number of research projects and research publications, underpinning current practices within the trust, including transcranial magnetic stimulation in clinical practice and the feasibility of using body worn cameras in an inpatient mental health setting. The trust had been asked to participate in the first clinical evaluation of magnetic seizure therapy worldwide and was in the process of obtaining ethical approval and advice from the Royal College of Psychiatrists' ECT and related treatments committee for the evaluation.

# Summary of findings

- The trust had recently introduced a bespoke patient gum shield, made by the trusts community dental department, the intended benefits of the gum shield included reducing post-ECT headache. The trust was in the process of evaluating this outcome. The trust were also in the process of producing a research paper for this innovation to encourage other providers to consider this option. The trust included a module for innovation and research within their 'leadership matters' programme.
- The trust had clear health and safety strategies and worked with external agencies to monitor and assess legionella, asbestos and fire risks. Estates staff had extensive knowledge of how to manage and respond to national guidance.

However:

- The trust reported an increase in the use physical interventions (restraint) including prone restraint and seclusion, since the last inspection. However, the trust had a new psychiatric intensive care unit, not inspected previously, which accounted for much of this increase. We were concerned about the percentage of restraints resulting in the use of prone (face down) restraint. Data provided between December 2017 and January 2018 showed 56% of all recorded restraints utilised prone. This figure had slightly reduced by June 2018, at 38%. We considered the trust should review its practice around the use of prone restraint, in accordance with the Mental Health Act Code of Practice guidelines and positive and proactive care: reducing the need for restrictive interventions (DoH, 2014). The trust developed a restraint reduction strategy in 2016. This was developed alongside service users and was widely consulted upon with staff from the in-patient areas.
- The trust did not always have beds available to meet the needs of patients. The trust reported an increase in out of area placements within the acute wards for adults when beds were not available. We observed a small decrease in out of area placements over the five months to June 2018. However, we were aware of serious financial challenges within the wider system; which were outside of trust control. The trust was taking a system lead in an attempt to address these concerns, for example leading the local STP, including local financial negotiations. We also noted from the National Mental Health Benchmarking Report for 2017 the trust had fewer beds per population (14 beds per 100,000 against an average of 18 beds per 100,000). We considered, therefore, that the trust was managing extreme local pressures in a considered and appropriate manner to ensure safe care was delivered to patients when needed.

## 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
Good ↑ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↑ Aug 2018	Outstanding ↑ Aug 2018

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 ↑ Aug 2018	Good ↔ Aug 2018	Outstanding ↑ Aug 2018	Good ↔ Aug 2018	Outstanding ↑ Aug 2018	Outstanding ↑ Aug 2018
Mental health	Good ↑ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018

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 ↑ Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018
Community health services for children and young people	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Community health inpatient services	Good ↑ Aug 2018	Good ↑ Aug 2018	Outstanding ↑ Aug 2018	Good →← Aug 2018	Outstanding ↑ Aug 2018	Outstanding ↑↑ Aug 2018
Community end of life care	Good Mar 2017	Good Mar 2017	Outstanding Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Community dental services	Good Mar 2017	Outstanding Mar 2017	Good Mar 2017	Good Mar 2017	Outstanding Mar 2017	Outstanding Mar 2017
<b>Overall*</b>	Good ↑ Aug 2018	Good →← Aug 2018	Outstanding ↑ Aug 2018	Good →← Aug 2018	Outstanding ↑ Aug 2018	Outstanding ↑ Aug 2018

\*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 →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Forensic inpatient or secure wards	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Child and adolescent mental health wards	Good Mar 2017	Outstanding Mar 2017	Outstanding Mar 2017	Good Mar 2017	Outstanding Mar 2017	Outstanding Mar 2017
Wards for older people with mental health problems	Good Mar 2017	Good Mar 2017	Outstanding Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Community-based mental health services for adults of working age	Good ↑ Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018
Mental health crisis services and health-based places of safety	Requires improvement →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Outstanding ↑ Aug 2018	Good →← Aug 2018	Good →← Aug 2018
Specialist community mental health services for children and young people	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Community-based mental health services for older people	Good →← Aug 2018	Good ↑ Aug 2018	Outstanding ↑ Aug 2018	Outstanding ↑ Aug 2018	Outstanding ↑↑ Aug 2018	Outstanding ↑↑ Aug 2018
Community mental health services for people with a learning disability or autism	Good Mar 2017	Good Mar 2017	Outstanding Mar 2017	Requires improvement Mar 2017	Good Mar 2017	Good Mar 2017
<b>Overall</b>	Good ↑ Aug 2018	Good →← Aug 2018	Outstanding →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018

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 health services

## Background to community health services

The trust provides community health services to the people of Northamptonshire. The trust delivers the below core services:

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

The trust also delivers healthcare services within six of Her Majesty's prisons: HMP Bedford, HMP Littlehey, HMP Rye Hill, HMP Stocken, HMP Onley and HMP Whitemoor.

The trust's community service aims to deliver care to patients in their own homes whenever possible and provides many services outside of the hospitals and in the community, including places of work and schools.

The range of services includes podiatry, physiotherapy and district nursing services. The trust's sites are located in Corby, Daventry, Kettering, Northampton and East Northamptonshire.

There are three community inpatient hospital settings; Corby Community Hospital, Danetre Hospital and Isebrook Hospital. All three hospitals provide a range of services including: specialist neurological rehabilitation, stroke rehabilitation and nutritional advice which is delivered by a variety of healthcare professionals.

During this inspection, we inspected the community health services for adults and community health inpatient services. We found the trust had made improvements in both services.

## Summary of community health services

**Outstanding**  

Our rating of these services improved. We rated them as outstanding because:

- There was robust leadership across all teams. Managers and staff lived the vision and values of the organisation and this was evidenced in all staff interviews across all services.
- 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. Most services had a full range of mental health disciplines and workers who provided input into patient care. Staff across the services received regular supervision and annual appraisals. Staff received mandatory training and induction. Specialist training and leadership training was available.

# Summary of findings

- Most patients were seen for an initial assessment in a timely manner once they had been referred.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. During our inspection, we found the environment to be clean and staff followed the trust policy on infection prevention and control.
- We were struck by how well staff treated patients and carers. Staff were discreet, respectful and responsive in all their interactions with patients. Overall, patients told us that staff were always kind, compassionate and incredibly supportive. Staff supported patients to understand and manage their care and treatment or condition in a very sensitive manner. Staff provided patients and carers with information about their condition and treatment and followed up with further explanations when needed. Staff always communicated with patients sensitively and compassionately so that they understood their care and treatment. They used a range of methods of communication including using signers, easy read leaflets and by seeking support from carers and families where appropriate.
- 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. We saw evidence of changes to practice following lessons learned.
- The trust had worked hard to produce a strong, visible and person-centred culture. Staff were highly motivated and delivered kind and compassionate care; which respected the individual choice of patients and protected their dignity. Staff recognised and respected the individual needs of patients, including cultural, social and religious beliefs.
- The trust ensured patients, families and carers had the opportunities to be active partners in their care. Staff across the organisation worked in partnership with patients and those close to them in an integrated approach. We saw this had a positive impact on patient care. Patients could give feedback on the service they received in a number of ways and the trust involved patients in decisions about the running of the services.

However:

- Not all small, electronic equipment had been serviced when required. There was not a robust governance process to ensure equipment was always maintained within clinics managed by an external organisation.
- Not all community outpatient clinics had a receptionist, or signs to advise patients a member of staff would greet them shortly.



# Community health services for adults

Good ● → ←

## Key facts and figures

Northamptonshire Healthcare Foundation Trust community service aims to deliver care to patients in their own homes whenever possible and provides many services outside of the hospitals and in the community. Their comprehensive range of services includes podiatry, physiotherapy and district nursing services. The trust's sites are located in Corby, Daventry, Kettering, Northampton and East Northamptonshire.

Community health services for adults was last inspected in January 2017 when we rated the service as good overall with a rating of requires improvement for safe, and good for effective, caring, responsive, and well-led.

As part of the inspection we visited locations where community nursing teams were based, including health centres and community hospitals. We also visited a diabetes multidisciplinary team; adult's speech and language clinics; dietetics; physiotherapy clinics; podiatric services; and the unplanned intermediate care team (ICT).

The inspection team:

- Accompanied staff on visits to patient homes and observed staff interaction with patients.
- Spoke with service managers for each service visited.
- Spoke with 56 staff members; including, nurses, physiotherapists, podiatrists, speech and language therapists, dietitians and occupational therapists.
- Spoke with 12 patients and two relatives and reviewed seven patient care records.
- We also observed patient care, staff handovers and reviewed information including a range of policies, meeting minutes, audit data, action plans and training records.

## Summary of this service

The summary for this service appears in the overall summary of this report.

## Is the service safe?

Good ● ↑

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

- The trust provided mandatory training in key skills to all staff and made sure staff completed it. All staff had received mandatory training and overall compliance was 89% which was similar to the trust target of 90%.
- Staff understood how to protect patients from abuse and were aware of the requirement to work 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.

# Community health services for adults

- The service controlled infection risk well. Staff collected safety information and shared it with staff, patients and visitors. They used control measures to prevent the spread of infection and all staff we observed followed the trust infection control and prevention policy. The trust undertook Patient-Led Assessments of the Care environments (PLACE). PLACE assessments are self-assessments undertaken by teams of NHS and private/independent health care providers. The trust scored 100% for cleanliness that was higher than the England average of 98.4%.
- The service had suitable premises and equipment and mostly looked after them well. The electronic service testing had expired on some items of equipment at one clinic however; this was completed the day following our inspection.
- Systems and procedures were in place to assess, monitor and manage risks to patients. Since the January 2018 inspection, the service had embedded the use of a community early warning system (CEWS) to detect the deteriorating patient's psychological changes to ensure medical intervention was requested before the patient's condition started to show actual visible signs of deterioration.
- The service 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. However, the trust experienced difficulties throughout 2017/18 with the recruitment of community nurses, and recruitment campaigns were ongoing to mitigate the risks.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Medicines were prescribed, dispensed, administered, recorded and stored in accordance with best practice. Patients received the right medication and the right dose at the right time.
- 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.

However:

- Electronic servicing was out of date on some equipment in the multidisciplinary diabetes team situated in a local NHS trust. The equipment included a portable defibrillator, portable suction machine and oxygen cylinder. We observed during an unannounced inspection visit however, that the servicing of all equipment was brought up to date the day following our initial visit. We were therefore assured the equipment was safe for patient care and there was no enduring risk to the patient.

## Is the service effective?

Good   

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

- Policies were aligned and referenced to national guidance, such as National Institute for Health and Care Excellence (NICE) guidelines. Trust policies were up to date and staff knew how to access policies relevant to their specialty area and knew who was responsible for providing their national clinical guidance.
- Staff reviewed clinical observations to ensure patients had enough food and drink to meet their needs and improve their health.
- Pain relief was well managed. Patients prescribed pain relief to be given 'when required' were able to request this when they needed it. Patients told us they were asked by staff if they were in any pain and medicines were provided in line with the patients' prescriptions.

# Community health services for adults

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- 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 monitor the effectiveness of the service.
- Clinicians in the trust worked collaboratively with each other and with other external providers in the area to ensure that people received person-centred care and received that care at the right level and in the right place. There was an integrated approach to reduce delayed discharges, avoidable admissions to acute beds and a reduction in residential and nursing home placements.
- The service supported people to live healthier lives and care was planned holistically using health assessments where appropriate.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. All patients we spoke with were highly complimentary of the care they had received in community health services (CHS) for adults and many had used the services for a length of time.
- Staff provided emotional support to patients to minimise their distress. Staff had a good awareness of patients with complex needs and those patients who may require additional support.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives said they felt involved in their care. They had been given the opportunity to speak with the staff looking after them. Relatives we spoke with said they had been given time with community health staff to ask questions.

## Is the service responsive?

Good ● → ←

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

- The trust worked closely with commissioners, stakeholders and other providers to plan and deliver integrated health and social care in a way that met the needs of local people. Adult community services continued to be transformed and developed to meet the health needs of the population across the county.
- The service took account of patient's individual needs. Staff met the complex needs of patients in vulnerable circumstances, for example, those living with dementia or those living with a learning disability. Staff in all areas tailored individual services in response to the needs of vulnerable patients.
- People could access the service when they needed it. Waiting times from referral to treatment were in line with good practice.

# Community health services for adults

- People could access the service when they needed it. Waiting times from referral to treatment were in line with good practice. The trust had increased staff resource in musculoskeletal physiotherapy services, in response to an increase in referrals.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

However:

- There was no receptionist in the podiatry service at Corby Community Hospital or information on display to advise patients that a member of staff would greet them shortly.
- There was no receptionist in the musculoskeletal (MSK) physiotherapy centre situated within a local NHS trust hospital, during times of staff sickness or annual leave. Staff told us an electronic check-in system would be made available.

## Is the service well-led?

Good   

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Senior managers had full oversight of concerns and issues affecting the day-to-day working of adult community teams and succession planning was a clear priority.
- The trust 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 trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were dedicated to improving the health and wellbeing of patients while focussing on improving patient's independence in their own homes.
- There was a governance framework that ensured responsibilities were clear while quality and risks were understood and managed.
- The services risk management and performance management arrangements was robust and managers had good oversight of the risks identified within the service. For example, difficulties in recruiting to community nursing roles and the training of district nurses were recognised risks.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- The service did not always have robust governance systems to maintain oversight of equipment maintenance services where these were provided by a local NHS trust.

# Community health services for adults

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

# Community health inpatient services

**Outstanding**   

## Key facts and figures

We carried out an announced inspection from 5 June to 7 June 2018. During our inspection we visited all three community inpatient hospital settings; Corby Community Hospital, Danetre Hospital and Isebrook Hospital. All three hospitals provide a range of services including: specialist neurological rehabilitation, stroke rehabilitation and nutritional advice which is delivered by a variety of healthcare professionals.

Beechwood ward is a specialist inpatient rehabilitation unit based at the Isebrook hospital site. It provides sub-acute medical care and rehabilitation therapy including rehabilitation for the younger person (16-65 years of age).

Hazelwood ward is a 34-bedded in-patient setting on the Isebrook Hospital site. The ward provides care and physical rehabilitation for adult patients following an acute illness such as a stroke.

Corby Community Hospital is a 22-bedded inpatient ward providing physical rehabilitation for adult patients. The hospital provides multi-disciplinary working with the integrated care team to avoid acute admissions to the main trust site.

Danetre Hospital is a 28-bedded inpatient ward which provides physical rehabilitation for patients following acute illnesses, as well as, step- up care from the community for the management of sub-acute medical conditions. The hospital also provided palliative end of life care.

During the inspection, we spoke with 11 staff of various grades including the senior matron, ward matrons, ward sisters, nurses, student nurses, therapists and housekeeping staff. We spoke with 12 patients and their families, observed care and treatment and looked at 16 patients' medical records and 38 patients' prescription charts.

## Summary of this service

The summary for this service appears in the overall summary of this report.

## Is the service safe?

**Good**  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The trust was in the process of updating their electronic record system. This meant that when we originally requested training data, the data provided did not reflect actual staff mandatory training compliance. The electronic record system allowed staff to monitor their compliance, book training classes and access eLearning. During our inspection we received updated evidence which stated that the overall training compliance for May 2018 was 98%.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All staff had received safeguarding training on how to recognise and report abuse.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. During our inspection, we found the environment to be clean and staff followed the trust policy on infection prevention and control.

# Community health inpatient services

- The service generally had suitable premises and equipment and looked after them well. During this inspection we noticed that refurbishment had been undertaken to improve the patient and staff environments.
- There were effective systems in place to recognise and respond to deteriorating patients' needs. Risks were assessed and patient safety was monitored.
- The service had enough nursing 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 kept appropriate records of patients care and treatment. All patient records were kept in secured areas. The community hospitals had recently implemented an electronic record system. The system used was one of the accredited systems in the government's programme of modernising IT in the NHS. All staff had received training and felt confident in using the recording system.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service used safety-monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Staff understood their responsibilities regarding reporting incidents. The trust used an electronic reporting system on which all staff had been trained to use.

## Is the service effective?

**Good**  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Patients were assessed using recognised risk assessment tools. For example, the risk of developing pressure damage was assessed using the Waterlow Score, a nationally recognised practice tool. Staff undertook falls risk assessments and completed post-fall check lists following patient falls.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- Patients' pain was assessed and managed appropriately.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. The falls prevention scheme has dramatically reduced falls and is a county wide initiative.
- The service 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. 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 monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

# Community health inpatient services

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Outstanding**  

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

- We were impressed by the patient centred and caring attitudes and practices of staff.
- Staff continually cared for patients with compassion. Feedback from all patients confirmed that staff treated them well and with kindness. Staff interacted with patients and relatives in a respectful and considerate manner. They respected patients' privacy and dignity. Staff knocked on doors before entering rooms and ensured care and treatment was provided behind curtains or closed doors. We observed all staff speaking with patients in a kind compassionate and sensitive way in a variety of situations.
- Staff provided emotional support to patients to minimise their distress. We observed that staff constantly provided emotional support to patients when they displayed anxiety during their rehabilitation activities. Therapy staff actively provided emotional support to patients in order to help them achieve their individual care goals. We saw therapists talking with patients before their therapy sessions, asking them how they were feeling and if they needed any pain management. Staff went the extra mile to ensure patients were offered the best treatment possible in a patient centred manner.
- Staff always recognised when patients and those close to them need additional support. Staff consistently communicated with people so that they understood their care, treatment and condition. We saw staff explaining a treatment process to a patient. Staff recognised when people who used services needed additional support to help them understand and be involved in their care and treatment and enable them to access this. We observed staff speaking to patients so they understood their relevant treatment options and taking account of their individual and cultural needs.
- Patients and families were encouraged to be involved in their care and treatment and their wishes were taken into account.

## Is the service responsive?

**Good**   

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

- The trust planned and provided services in a way that met the needs of local people. All the community inpatient wards had information boards. The information boards included guidance on visiting times, mealtimes, telephone numbers and displayed pictures of staff uniforms so patients and relatives knew healthcare professionals' nursing grades. All staff wore name badges to help visitors and patients clearly identify who they were talking with.



# Community health inpatient services

- The service took account of patients' individual needs. Patients were assessed on admission to identify any additional support needs. The community inpatients had recently launched the Butterfly scheme. The Butterfly Scheme, which was developed by a carer of a person with dementia, provides a system of hospital care for people living with dementia. Hospital staff are given training to use appropriate skills recognised within the butterfly scheme to enable appropriate care to patients with dementia or other memory impairment.
- People could access the service when they needed it. Arrangements to admit, treat and discharge patients were in line with good practice. Admissions and discharges of patients were planned by patient flow coordinators and a ward coordinator, who was based at Danetre community hospital.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Patients knew how to make a complaint or raise a concern, and were encouraged to do so. Information about the complaint process was clearly displayed within the hospital. Staff we spoke with could describe the complaints process and explain how they would advise patients to raise a complaint.

## Is the service well-led?

**Outstanding** ☆ ↑

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

- We were impressed by the strong leadership within this core service that promoted excellent care throughout.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The management group for the community inpatients consisted of a senior matron, service manager and a clinical practice and service development manager. The management team participated in the services on call management rota. Each ward had a ward matron who specifically addressed issues relating to their own clinical area, offered support and leadership as well as technical skills.
- The trust had a vision for what it wanted to achieve and workable plans that turned it into action developed with involvement from staff, patients, and key groups representing the local community. The trust's vision was 'to be a leading provider of outstanding, compassionate care.' This vision was part of the mission road map. The NHFT road map showed a pathway of directed statements aimed to provide a clear statement of working for both patients and staff. Staff were signed up to this and felt they had played a part in the formulation.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was a culture of group working within the inpatient community hospitals. Staff we spoke with felt that they were listened to by the senior management teams and could openly raise concerns.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care flourished. The falls scheme has been audited and necessary actions implemented within the service.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The community hospital inpatient wards had risk registers. Risks identified within each of the community inpatient wards were logged on the trust's divisional risk register. The risk register was reviewed regularly and contained description of the risk, ratings and controls in place, gaps in control, assurances and action plan. Managers and senior staff were aware of the risks in their individual service areas and worked to mitigate these as appropriate.

# Community health inpatient services

- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The service participated in local and national audits. This provided a systematic approach to processing information. The actions required from the completed audits were presented at the trust improvement meetings. Staff were aware of the audits undertaken at a ward level and national level and used the information to inform and improve practice.
- The trust engaged well with patients, staff, the public and local organisations to co-produce, plan and manage appropriate services, and collaborated with partner organisations effectively. The staff within the trust were given a staff hand book. that explained the trust's vision 'to be the leading provider of quality integrated care for health and wellbeing services'. Staff felt engaged and valued and understood the expressed need to achieve quality services throughout the trust by integrated learning from all areas in the trust.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. During our previous inspections staff had said there was a lack of innovation. At this inspection we saw that staff had improved their services through participation in national innovations and locally suggested ideas to good effect. For example: the butterfly scheme had increased staff awareness of how to provide help for dementia patients.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

# Mental health services

## Background to mental health services

The trust offers a comprehensive range of mental health services, across Northamptonshire, many of which are provided in hospital, or from a range of community settings and clinics. Services are delivered from seven locations, including St Mary's Hospital in Kettering, Berrywood Hospital in Northampton, Stuart Road Clinic in Corby, The Rushton Centre at Isebrook Hospital, Danetree Hospital in Daventry and The Warren Crisis House in Northampton.

The trust delivers acute mental health liaison services from two general hospitals in Kettering and Northampton, and mental health services within six of Her Majesty's prisons: HMP Bedford, HMP Littlehey, HMP Rye Hill, HMP Stocken, HMP Onley and HMP Whitemoor. In addition, the trust provides a range of specialist services, including a gender identify service for people who experience persistent confusion and/or discomfort with their gender, and a sexual assault referral centre, named Serenity, which provides a central point of contact for victims of serious sexual assault and provides access to a range of confidential services. The trust provides a full pathway alongside the Criminal Justice system from point of arrest through to police Custody and Court.

Since our last inspection, the trust had opened a new seven bed psychiatric intensive care unit for female patients, based at St Mary's Hospital in Kettering.

The trust delivers the following mental health services:

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

During this inspection, we inspected four core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Mental health crisis services and health-based places of safety
- Community-based mental health services for adults of working age
- Community-based mental health services for older people.

# Summary of findings

## Summary of mental health services

Good   

Our rating of these services stayed the same. We rated them as good because:

- There was robust leadership across all teams. Managers and staff lived the vision and values of the organisation and this was evidenced in all staff interviews across all services.
- 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. Most services had a full range of mental health disciplines and workers who provided input into patient care. Staff across the services received regular supervision and annual appraisals. Staff received mandatory training and induction. Specialist training and leadership training was available.
- People could access services when they needed to. Admissions and discharges of patients were planned by patient flow coordinators and a ward coordinator. Within the mental health community teams, staff met commissioned timeframes for patients receiving an assessment. In the community mental health team for older people, the team saw urgent referrals quickly as the duty worker followed these up daily. Non-urgent referrals were seen within an appropriate time.
- Staff used recognised risk assessment tools. Staff completed holistic risk assessments on admission and updated these regularly and after incidents. Ward staff responded to changes in patient risks. Staff developed comprehensive care plans that met the needs of the individual patient, were up to date, personalised, holistic and recovery orientated. Staff carried out annual physical health checks and checks of physical health at regular intervals. Clinicians in the trust worked collaboratively with each other and with other external providers in the area to ensure that people received person-centred care and received that care at the right level and in the right place.
- We were struck by how well staff treated patients and carers. Staff were discreet, respectful and responsive in all their interactions with patients. Overall, patients told us that staff were always kind, compassionate and incredibly supportive. Staff supported patients to understand and manage their care and treatment or condition in a very sensitive manner. Staff provided patients and carers with information about their condition and treatment and followed up with further explanations when needed. Staff always communicated with patients sensitively and compassionately so that they understood their care and treatment. They used a range of methods of communication including using signers, easy read leaflets and by seeking support from carers and families where appropriate.
- 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. We saw evidence of changes to practice following lessons learned.
- Staff had knowledge of the Mental Health Act and Mental Capacity Act and applied the principles well in their work.
- The trust had worked hard to produce a strong, visible and person-centred culture. Staff were highly motivated and delivered kind and compassionate care; which respected the individual choice of patients and protected their dignity. Staff recognised and respected the individual needs of patients, including cultural, social and religious beliefs.
- The trust ensured patients, families and carers had the opportunities to be active partners in their care. Staff across the organisation worked in partnership with patients and those close to them in an integrated approach. We saw this had a positive impact on patient care. Patients could give feedback on the service they received in a number of ways and the trust involved patients in decisions about the running of the services.

# Summary of findings

- The trust had a younger person with dementia team providing a dedicated service and expertise to those with young onset dementias.

However:

- We found that some environmental problems had not been completely resolved. Improvements to the interview rooms for the psychiatric liaison team in both Kettering and Northampton general hospitals had not been completed satisfactorily. These rooms did not meet the Psychiatric Liaison Accreditation Network standards. However, the trust provided information to show that an action plan had been in place since our last inspection, and the trust was expecting its PLAN peer review assessment in early July 2018. The health based place of safety in Kettering did not comply with the Royal College of Psychiatry standards as there were ligature points.
- The trust reported high numbers of prone (face down) restraint across the acute wards (56% of all recorded restraints). This percentage had slightly decreased between February and June 2018 but was still considered high.
- Staff at the crisis resolution and home treatment service in Kettering did not routinely document on prescription charts when they had given patients medication upon discharge from the service. Staff on some adult acute wards were administering prescribed medications up to three and a half hours after the prescribed time, and had not reflected this in documentation
- There were some gaps in seclusion documentation and seclusion care plans. Staff did not fully record how to meet patients' needs while in seclusion, or what bedding and clothing was to be provided.
- The adult acute wards' occupancy levels ran consistently over 100%. Staff could not guarantee that patients had access to a bed on their own ward upon return from leave, as the acute wards regularly admitted into leave beds. The number of patients receiving out of area care had increased since the last inspection. However, we noted the trust were lower bed weighted per population (14 beds per 100,000 against an average is 18 beds per 100,000). Bed management processes were effective and included daily bed management meetings. We considered the trust was managing these patients in a safe manner and the privacy and dignity of patients had not been compromised. We were aware of significant financial challenges within the wider system for which the trust was taking a lead in seeking a solution.

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

Good   

The team that inspected mental health crisis services and Health-Based Places of Safety consisted of two CQC inspectors, a CQC inspection manager, four specialist advisors with experience of working in crisis services, and an expert by experience.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust.

During the inspection visit, the inspection team:

- spoke with 10 patients who were using the service;
- spoke with the managers of each service;
- spoke with a further 22 members of staff including doctors, nurses, social workers, occupational therapists, support workers, student nurses and volunteers;
- observed care and treatment during five assessment meetings;
- attended one staff handover meeting;
- observed six telephone contacts, and one discharge meeting;
- looked at care records for 31 patients;
- interviewed two carers;
- reviewed medication management.

## Key facts and figures

The mental health crisis services and health-based places of safety (HBPoS) are part of the mental health services delivered by Northamptonshire Healthcare NHS Foundation Trust.

The crisis resolution and home treatment teams (CRHTT) provide emergency, urgent assessment and home treatment for adults who present with a mental health need that requires 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 and can admit patients to an inpatient unit if required. This service is available 24 hours a day, 365 days a year and covers Northamptonshire. The service is separated into CRHTT south and CRHTT north and is based at Campbell House in Northampton and St Mary's Hospital in Kettering.

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

The Health-Based Place of Safety (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, to be assessed by a team of mental health professionals. There are two Health-Based Places of Safety in Northamptonshire, one in the south at Berrywood Hospital in Northampton and one in the north of the county at St. Mary's Hospital in Kettering.

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

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 Warren crisis house offers an alternative to hospital admission for people who were in need of treatment for their mental health problem. This service offers help to those that need support 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.

The Northamptonshire Healthcare NHS Foundation Trust crisis services and health-based places of safety were last inspected in January 2017, where the overall rating for the service was Good. Safe was rated as requires improvement, and effective, caring, responsive and well-led domains were rated as good.

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

## Summary of this service

The summary for this service appears in the overall summary of this report.

## Is the service safe?

**Requires improvement** ● → ←

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

- The assessment rooms at the acute mental health liaison service did not comply with Psychiatric Liaison Accreditation Network standard. There were two assessment rooms at Northampton General Hospital. The first room had numerous items in there that could be used to cause harm. The second room contained a hospital bed in the room that could be used to cause harm.
- The acute mental health liaison service at Kettering General Hospital had a designated room in the accident and emergency department; this room did not comply with Psychiatric Liaison Accreditation Network (PLAN) standards.
- Staff at the health based place of safety used additional rooms on occasion that did not comply with the Royal College of Psychiatry standards a visitor's room at Kettering and a meeting room at Northampton health based place of safety was used as a second room for patients in crisis. The furniture was light weight; there were ligature points and no toilet facilities. The trust told us that they have an agreement in place that the police remain with the patient in the secondary rooms.
- The ligature assessment at the crisis house lacked detail of specific issues and did not have clear mitigation in place. The ligature risk assessment at both crisis resolution and home treatment team locations did not cover interview rooms. The radiator grilles at Kettering health based place of safety were not included on the ligature risk assessment.
- Staff at the crisis and home treatment service Kettering did not routinely document on prescription charts when they had given patients medication upon discharge from the service.

However:

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

- Staff completed regular risk assessments and updated them following changes in risk. Staff demonstrated a sound understanding of individual patient risks and worked with patients to develop crisis plans, with patients taking the lead in the planning of their care.
- All area of the service were clean and tidy and well maintained.
- Patients told us that they felt safe.
- Staff received appropriate training for their role. Overall compliance to mandatory training between October 2017 and May 2018 was at 86%.
- The trust had developed robust personal safety protocols, including lone working practices, we saw evidence that staff followed them. The trust ensured that there was safe staffing in place across the service to ensure that patients care and treatment needs were met. Staff had access to alarms at or panic buttons that they could use to call for assistance.

## Is the service effective?

Good   

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

- We reviewed 31 care records across the teams we visited. Records showed that staff completed a comprehensive mental health assessment of each patient. Staff developed care plans that met the needs identified during assessment. Care plans were personalised, holistic and recovery-oriented at most locations. Staff updated care plans when necessary. Care plans were written in a way that suggested the patient was engaged in their care and had the opportunity to set goals with their key worker.
- Staff we spoke with told us they received monthly supervision and attended regular supervision, training and reflective practice days.
- Staff held effective multidisciplinary team meetings where appropriate. We observed one meeting at the crisis resolution and home treatment team and found that staff shared information about appointment allocation, risks and case formulation within these meetings. Staff shared information about patients at handover meetings.
- The community teams had good working links, including effective handovers, with primary care, social services, and other teams external to the organisation. Staff spoke about good links with GP practices and a crisis house run by an external organisation. Amongst other services several patients gave positive feedback about a local mindfulness group which had aided their recovery. Staff maintained communication with other healthcare professionals and GPs to ensure patients' physical healthcare needs were met, and updated the records accordingly. In addition to this staff carried out appropriate physical health checks when they saw patients.
- Staff were trained in and had a good understanding of the Mental Health Act (1983) and the Mental Capacity Act (2005). We saw evidence in patient records that if the team worked with patients who were detained under the Mental Health Act, staff explained to patients their rights in a way that they could understand. Patients were given a leaflet explaining their rights.
- Staff had easy access to Mental Health Act policies and procedures and to the Code of Practice on the trust internet. Patient records reflected that staff assessed individual patients' capacity to consent to treatment.
- Staff provided a range of treatments and support to patients who accessed the service and staff we spoke with demonstrated the right skills and knowledge to meet the needs of the patient group.



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

However:

- Staff had not always ensured that care plans for patients at Kettering crisis resolution and home treatment team were person centred and included their involvement.

## Is the service caring?

**Good** ● → ←

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

- Staff were respectful and responsive to patients' needs providing patients with help, emotional support and advice when they needed it. Staff supported patients to understand and manage their care, treatment or condition. Staff spoke positively about patients and were passionate about their work.
- Patients we spoke with were positive about the care they received and told us staff treated them well and they put their needs and wishes at the centre of the care plan and they were fully involved in their care planning and risk assessments.
- Staff referred patients to other services when appropriate. For example, if patients in crisis needed support away from their usual home environment they were referred to crisis house. The telephone support line appropriately signposted patients to services that could provide support.
- Staff understood and maintained the boundary of patient confidentiality.
- Staff ensured that patients could access advocacy, both within the trust and from an independent advocacy service.
- 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.
- Across the service staff encouraged patients to give feedback on the care and treatment that they had received

## Is the service responsive?

**Outstanding** ☆ ↑

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

- The trust had clear criteria for patients to access the service. Any team could refer patients to the crisis house. The crisis house had no waiting list and admitted patients without delay when a bed was available so that people avoided unnecessary inpatient admissions.
- The trust responded promptly when patients telephoned the service. The crisis and telephone support service provided a daily 24 hours service to people with mental health problems. The service was open to patients, carers and friends. The service provided advice and signposted people to other services where more appropriate and as an addition to services within the trust.
- The teams engaged with patients who found it difficult or were reluctant to engage with mental health services or had complex needs. We saw evidence in patient records that the team made follow-up contact with patients who did not attend appointments.
- Staff offered patients flexibility in the times of appointments whenever possible. Staff cancelled appointments only when necessary. When this was necessary, staff assisted patients to access treatment as soon as possible.

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

- Patients we spoke with told us they knew how to complain or raise concerns. Staff protected patients who raised concerns or complaints from discrimination and harassment. Staff knew how to handle complaints appropriately. Staff we spoke with told us they tried to resolve as many issues as possible within the team.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings. We saw evidence of learning from complaints in team meeting minutes and how this was communicated with patients.
- The service was designed in co-production at all stages with service users. This especially included patients with a diagnosis of borderline personality disorder.

## Is the service well-led?

Good   

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

- Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.
- Staff we spoke with told us that leaders were visible in the service and approachable for patients and staff. They felt supported by managers and senior managers, if required staff felt happy to raise concerns with them.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff displayed the trust values in their behaviours.
- Staff could explain how they were working to deliver high quality care within the budgets available; by linking in with other agencies in the local community, providing mutual aid and support groups. Staff understood arrangements for working with other teams, both within the trust and external organisations, to meet the needs of the patients.
- Leadership development opportunities were available, including opportunities for staff below team manager level.
- Managers proactively engaged patients and carers at various forums and in service developments. The crisis house was designed jointly with service users and their views were given equal weight.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section

# Community-based mental health services for older people

Outstanding   

## Key facts and figures

Northamptonshire Healthcare Foundation Trust provides mental health treatment for patients with functional and organic mental health problems over the age of 65 years. Multi-disciplinary teams include psychiatrists, psychologists, community psychiatric nurses, occupational therapists, health care support workers, medical secretaries and administrative staff.

The Early Onset Dementia Service, based at the Rushden Centre is a countywide dedicated team who complete assessment, diagnosis and follow up as required, for people under the age of 65 with Early Onset Dementia.

The team consists of full time nurses, occupational therapists and support workers. This is a nurse led service, however input from psychiatrists is available as required.

The trust provides memory assessment services and community mental health teams across the county, divided into geographical locations. Each community mental health team has a memory assessment service which provides clinics for assessment and review.

We visited the following teams:

- Memory Assessment Service, Corby and Kettering
- Community Mental Health Team, Corby and Kettering
- Memory Assessment Service, Rushden and Wellingborough
- Community Mental Health Team, Rushden and Wellingborough
- Younger Persons with Dementia Team (county wide)
- Memory Assessment Service, Daventry and Towcester
- Community Mental Health Team, Daventry and Towcester
- Memory Assessment Service, Northampton
- Community Mental Health Team, Northampton

Northamptonshire Healthcare NHS Foundation Trust underwent a full comprehensive inspection of its services between 23 and 27 January 2017. This core service was given an overall rating of requires improvement. Following the last inspection, we told the trust that it should take the following actions:

- The provider must ensure that patients have annual health checks completed and documented within case records.
- The provider must ensure that all staff receive supervision and appraisals in line with trust policy.
- Managers must ensure they are monitoring the quality and performance of their service.
- The provider must ensure that staff adhere to the Mental Capacity Act when completing and recording mental capacity assessments.
- The provider should ensure all staff mandatory training is completed in line with trust policy.

# Community-based mental health services for older people

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

During this inspection we noted that the trust had addressed all the actions identified from the last inspection in January 2017.

We found four things that the trust should improve to comply with minor breaches 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.

During this visit the inspection team:

- visited all nine services, looked at the quality of the service environment and observed how staff were caring for patients
- spoke with 18 patients who were using the service
- interviewed the service manager with responsibility for this service and the managers for each of the sites
- spoke with 30 other staff members; including doctors, nurses, psychologists and occupational therapists
- attended and observed two handover meetings and two multi-disciplinary meeting
- spoke with 18 carers of patients using the service
- looked at 32 treatment records of patients
- attended and observed two clinics
- observed 11 episodes of care
- looked at a range of policies, procedures and other documents related to the running of the service.

## Summary of this service

The summary for this service appears in the overall summary of this report.

## Is the service safe?

Good   

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

- The service used a duty rota system and had additional robust cover arrangements for sickness, leave and vacant posts. This ensured patient safety within the service.
- Staff monitored patients on the waiting list at the weekly allocations meeting to identify and respond to increases in the level of risk.
- There was rapid access to a psychiatrist if this was required, and urgent appointments were arranged on the same day.
- Safeguarding arrangements worked well. Training was at a level above the trust target 90%.

# Community-based mental health services for older people

- Mandatory training compliance for this service was 91%.
- We reviewed 32 patient care records. Staff completed an initial risk assessment which they updated annually and routinely after any incidents. Of the risk assessments reviewed we found that 30 out of 32 contained robust updated information.
- There was a shared protocol between the service and the GP practices. Staff regularly reviewed the effects of medication on patients' physical health. Patients who were prescribed anti-psychotic medication had their physical health reviewed at six weekly, 12 weekly and annual intervals.
- Incidents were reported on an electronic recording system. All staff knew what incidents to report and how to report them. Staff received feedback from the investigation of incidents. Lessons learnt was a standing agenda item and was discussed during team meetings. The trust intranet had 'staff room' where lessons learned were also shared.

However:

- Some staff were unsure of how and where to locate documents on the electronic health record.

## Is the service effective?

Good  

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

- We reviewed 32 patient care records. Staff completed comprehensive mental health assessments for each patient. Staff ensured that any necessary assessment of the patients' physical health had been undertaken using a protocol shared with GP practices. Staff were aware of and recorded any physical health problems.
- Staff did not record patients' care plans within the care plan section of the recording system in most cases. However, staff ensured plans for care were documented in other areas of the patient records, which were updated as needed, and staff shared these with patients, carers and GPs via letters.
- During the inspection we reviewed data which indicated that in May 2018, the appraisal rate of compliance was at 100% for this core service. Staff received frequent supervision, which included one to one meetings, STAR training days and team meetings. Compliance for supervision was on average 138% for this service.
- The younger persons with dementia service staff showed considerable skills in working with people with these needs.
- Staff shared information about patients at team meetings, supervision and at the multidisciplinary meetings.
- The service had effective working relationships with other teams within the organisation including the crisis team and older adult's inpatient services.
- Staff knew and understood the principles of the Mental Health Act and Mental Capacity Act. Staff compliance with training for the Mental Health Act and for the Mental Capacity Act was above the trust average. Staff held best interest meetings and made decisions in patients' best interest where they lacked capacity. Staff recognised the importance of the persons wishes, feelings, culture and history.

However:

- Multi-disciplinary team provision at the younger persons with dementia service lacked occupational therapy, psychology and a psychiatrist (although the team accessed a psychiatrist for advice from the wider core service).

# Community-based mental health services for older people

## Is the service caring?

**Outstanding** ☆ ↑

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

- We were struck by how well staff treated patients and carers. Staff were discreet, respectful and responsive in all their interactions with patients. Patients told us that staff were always kind, compassionate and incredibly supportive. Staff supported patients to understand and manage their care and treatment or condition in a very sensitive manner. Staff provided patients and carers with information about their condition and treatment and followed up with further explanations from time to time.
- Staff had excellent links with other services to enhance the care of their patients. Staff consistently signposted patients to an extensive range of other services such as third sector organisations, carers groups, Alzheimer's society, Age Concern, Mind and the Citizens Advice Bureau. When patients and carers needed support to access other services, staff would make the referral for them.
- Staff knew how to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of the consequences and knew this would be acted upon.
- Staff maintained the confidentiality of information about patients. Patient care records were stored securely and staff sought signed consent to share information.
- Staff routinely provided patients with a welcome pack when they accessed the service to inform them of the services and support available. This included service leaflets, external leaflets, pathway information, medication information, details on how to contact the service and out of hours support.
- Staff always communicated with patients sensitively and compassionately so that they understood their care and treatment. They used a range of methods of communication including using signers, easy read leaflets and by seeking support from carers and families where appropriate.
- Staff always involved patients in decisions about the service. Some patients were working with the involvement team at the trust. This supported co production in older adult services and included the recruitment and interviewing of new staff. Patients were also invited to participate in the service user reference group.
- A feedback survey was given to each patient at the end of each appointment. This allowed patients to routinely provide feedback on the service. The survey results were displayed at each location and updated monthly. The response rate was consistently high and outcomes were positive.

## Is the service responsive?

**Outstanding** ☆ ↑

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

- The team saw urgent referrals quickly as the duty worker followed these up daily. Non-urgent referrals were seen within an appropriate time. At night and during the weekend patients were directed to contact the Crisis and Telephone Support Service (CATSS) which was open 24 hours per day, seven days per week.
- The team responded promptly when patients or carers telephoned the service. For urgent telephone calls the staff provided an appointment the same day.

# Community-based mental health services for older people

- Staff engaged with people who found it difficult or were reluctant to engage with mental health services. They did this by being flexible with appointment times, visiting the patient at home, considering the availability of carers or by contacting other services engaged with the patient to discuss joint visiting.
- There was a younger person with dementia team providing a dedicated service and expertise to those with young onset dementias.
- Where appropriate, staff extensively signposted or made referrals for patients to access education and work opportunities. This included access to services in the community and access to the trust's recovery college.
- Staff supported patients to maintain contact with their families and carers. Where patients had consented, staff liaised with families and carers and provided information about the patient's care and treatment.
- Staff received feedback on the outcome of the investigation of complaints and acted on the findings. Lessons learned was a standing agenda item and was discussed during team meetings. The staff intranet had 'staff room' where lessons learnt are also shared.

## Is the service well-led?

**Outstanding**   

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

- All staff were trained, supervised and had annual appraisals at which values led objectives and goals were set for the coming year.
- Leadership development opportunities were available across the staff roles. Examples included the Leadership Matters sessions for managers and aspiring managers, clinical administrators within the service being given more complex duties to develop their skills whilst being supported to study for a level four diploma in Business and Professional studies. The service also employed staff on an apprentice scheme which enabled them to gain work experience whilst being supported to gain relevant qualifications such as a national vocational qualification in business.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.
- Staff explained how they were working to deliver high quality care within the budgets available. Managers met with their Human Resources business partner monthly to discuss budgets and plans for service delivery.
- Staff felt positive and proud about working for the provider and their team.
- Staff had access to support for their own physical and emotional health needs through an occupational health service. The trust gained an award for the staff well-being strategy.
- The provider recognised staff success within the service and certificates of recognition and trophies were on display in staff offices.
- Staff had opportunities to participate in research. Teams had participated in two national research projects. Managers were working with National Health Service Executive on developing services for younger people with dementia across counties. Three of the five locations were part of a regional network for improving care for patients with dementia.

However:

# Community-based mental health services for older people

- The management of the younger persons with dementia service was impacted by the small size of the service. Since the inspection this has been partly mitigated by buddying the small services to increase management capacity.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.



# 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 and psychiatric intensive care units (PICU) are part of the trust's services for adults of working age. The wards are situated at Berrywood Hospital in Northampton and St Mary's Hospital in Kettering.

Berrywood Hospital has three acute wards for adults of working age and one psychiatric intensive care ward (PICU):  
Harbour ward had 12 beds which admitted both male and females for assessment.

Bay ward had 17 beds which admitted females for recovery.

Cove ward had 17 beds which admitted males for recovery.

Marina ward (Psychiatric Intensive Care unit) had seven beds which admitted male patients whose needs cannot be safely met within an acute environment.

St Mary's hospital also has three acute wards for adults of working age and one psychiatric intensive care ward (PICU):

Kingfisher ward had 10 beds which admitted both males and females for assessment.

Avocet ward had 15 beds and admitted males for recovery.

Sandpiper ward has 15 beds and admitted females for recovery.

Shearwater ward had seven beds and admitted female patients whose care needs cannot be safely met within an acute environment.

All wards accept patients detained under the Mental Health Act 1983 (MHA).

The trust is registered for the following regulated activities:

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder, or injury

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We inspected the whole service and looked at all key questions.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust. During the inspection visit, the inspection team:

- spoke with 31 patients who were using the service and six relatives
- spoke with the managers for each of the eight wards
- spoke with 42 other staff members, including doctors, nurses, nursing assistants, occupational therapists, psychologists, social workers and a bed manager
- examined medicine management across the service
- examined 99 medication charts

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

- reviewed 34 patient care records
- observed three multidisciplinary meetings
- observed one episode of care (activity group).

## Summary of this service

The summary for this service appears in the overall summary of this report.

## Is the service safe?

**Requires improvement** ● → ←

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

- There were some gaps in seclusion documentation and seclusion care plans. Staff did not fully record how to meet patients' needs while in seclusion, or what bedding and clothing was to be provided. Staff did not record what the patients took into the seclusion room with them (or indicate that they had nothing on their person). There had been two recent incidents of patients who had managed to self-harm when in seclusion, with objects secreted in.
- The use of restraint, including prone restraint and seclusion had increased since the last inspection. Prone restraint accounted for 56% of all the restraint incidents across this service.
- Nurses on three wards were administering medications prescribed, up to three and a half hours after the prescribed time, and had not reflected this in documentation. The administering nurses were signing that the medications were given at the time prescribed (08:00hrs), and not the actual time the patient received their medication. If a different nurse was administering medications later in the day, there could be the potential of medications prescribed more than once daily, being administered too early without sufficient gap between doses.
- The trust had not met their training target for staff completing intermediate life support, with 59% of staff compliant.

However:

- Staff undertook regular risk assessments of the environments, including ligature risk assessments. Assessments included actions taken by staff to minimise risk. There were blind spots on each of the wards, where staff could not always easily observe patients. However, the ligature risk assessments demonstrated how staff managed this and reduced risk. Each ward office held a map, which identified the most significant risk areas on the ward, which was colour coded. This gave all staff a straight forward reference point.
- Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff maintained equipment well and replaced as required. All wards were clean, well maintained and had appropriate furnishing. Staff adhered to infection control measures, for example, handwashing and the application of hand sanitiser.
- Staff were trained in safeguarding, and knew how to make a safeguarding referral. Staff put appropriate protection plans in place as necessary for individual patients. There was good safeguarding procedures in place which staff followed.
- Staff reported incidents in line with trust policy. These were reviewed by ward managers and discussed at monthly meetings, and learning from incidents cascaded to ward staff.

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

## Is the service effective?

Good   

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

- Staff completed a comprehensive mental health assessment of each patient upon admission, or shortly afterwards. This was recorded in patient care records.
- Patients had good access to physical healthcare, including to specialists when needed. We saw examples of this, including input from a physiotherapist and appointments with specialist, physical health consultants.
- Staff completed Health of the Nation Outcome Scales (HoNOS) and assigned patients to specific mental health clusters. These are tools used to individualise patient care and record severity and outcomes.
- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. Training given supported staff to meet the needs of the patients. Nursing assistants undertook care certificates and national vocational qualifications. Qualified nurses were encouraged to attend additional training and conferences.
- Staff had the opportunity to reflect and learn from practice; seek out personal and peer support; and discuss issues around work performance. Each ward held regular team meetings, or team days. Most staff received regular one to one supervision. Managers completed annual appraisals with all staff.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, Code of Practice and the guiding principles. The service had access to Mental Health Act administrators, who provided support and legal advice. Staff knew who they were and how to contact them. Staff had a broad understanding of the Mental Capacity Act and knew where they could find relevant information including an up to date policy. Staff assumed patients had the capacity to make specific decisions.
- All new staff received an appropriate induction to the service. This consisted of a corporate induction, some mandatory training, and learning about the ward and trust policies and protocols. Staff then spent time orientating themselves to the ward allocated, alongside staff, before working as part of the team.

However:

- Staff used terminology in the care plans for informal patients that did not reflect their legal status. For example, we saw several references to “Section 17 leave” being “suspended”; patients were referred to as having “unescorted leave”, and “escorted leave with two staff”. One care plan stated, “unescorted leave but must take medications”. We were concerned that staff did not always ensure that care plans for informal patients accurately reflected their legal status and associated rights.

## Is the service caring?

Good   

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

- Staff interactions with patients were observed to be kind, respectful, and discreet. Staff were responsive to individual needs, and it was evident that some staff and patients had built a good rapport.

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

- Staff understood the individual needs of patients. This included cultural, social and religious needs. Staff directed patients to other services when appropriate, such as local drug and alcohol support services. Of the 31 patients we spoke with, 29 were positive about the staff. Patients felt that staff were kind and supportive, and treated them with dignity and respect.
- Staff ensured that patients had access to advocacy as and when needed. Staff displayed information around the ward about independent mental health advocacy. Staff assisted patients with accessing the service.
- Patients could give feedback about the service they received. Patients and carers gave immediate feedback about the service through the “did you receive great care today” leaflets. These were readily available on all wards.
- Staff encouraged patients to work jointly with staff around care planning. Some care plans had patients’ views and demonstrated joint working. Patients were offered copies of their care plans.
- Some patients actively participated in the teamwork training (restraint training), by sharing their experiences, perception and feelings around being physically restrained by staff. In addition to this, some patients had the opportunity to assist staff with training around recovery, delivering sessions jointly with staff at the recovery college.

However:

- Three patients out of 31 spoke negatively of the staff, using terms “sarcastic”, using “derogatory terms” and “stigmatising”. One relative used the terms “man-handled” and “threatening” when speaking about staff.
- Information from an external source expressed how some patients had reported that staff across the service were “punitive”.
- Four of six relatives told us there was a lack of communication from ward staff, and gave examples of when staff had failed to inform them of significant incidents or important information.

## Is the service responsive?

Good   

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

- Staff did not move patients between wards during an admission unless it was justified on clinical grounds. For example, a transfer to the psychiatric intensive care ward.
- Staff planned the discharges of patients at an appropriate time of day, to enable carers or other healthcare professionals to be involved and support where needed.
- Staff and patients had access to a full range of rooms and equipment to support treatment and care. Each ward had space utilised for activities, clinic rooms and de-escalation rooms.
- The trust had robust bed management processes in place, including when patients returned unexpectedly from leave. Staff completed risk assessment prior to leave and Whilst patients were not always guaranteed to return to their original bed, patients were given choices, including support from the home treatment team and options to go out of area if they wished. Plans been agreed with patient representatives
- All wards had single bedrooms for patients. There were no shared bedrooms or dormitories. We saw that some patients who had been on the wards for some time, had personalised their bedrooms with photographs, pictures and personal items.

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

- Patients could make hot drinks and snacks throughout the 24-hour period. Generally, the kitchen areas were locked by staff throughout the night. However, if patients requested something to eat or drink, staff facilitated this.
- The service made adjustments for disabled patients. Each hospital had appropriate access to premises for patients who may have required a wheelchair, or who had limited mobility. We saw that special beds, mattresses, and hoists had been sourced as and when required for patients.
- Patients we spoke with were aware of how to make a complaint, and who to approach in the first instance. Staff managing the complaint usually fed back the findings to the patients. Staff knew how to handle complaints appropriately, and knew how to escalate, where to record, and who to report too. Staff received feedback on the outcome of the investigation of complaints during team meetings and in supervision.

However:

- The wards occupancy levels ran consistently over 100%. Some patients had been placed in out of area beds in hospitals miles from their homes. The number of patients receiving out of area care had increased since the last inspection.

## Is the service well-led?

Good   

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

- Staff knew and understood the trusts visions and values. Throughout the inspection, we saw staff demonstrate these values in their day to day work with patients. The trusts vision and values were dedicated to making a positive difference, and aimed to provide care with compassion.
- Staff felt able to raise concerns without fear of retribution, and were familiar with the freedom to speak up guardian, and their role.
- Managers attended regular quality meetings, where they discussed ward issues. These included safeguarding, incidents, and staffing concerns.
- The trust used electronic systems to collate data across the service. This enabled ward managers to monitor the effectiveness of their wards.
- Managers and staff had access to feedback from patients, carers, and staff and used it to make improvements to the service.
- Innovations were taking place in the service. This included the ongoing trial of the use of body cameras, and the introduction of sensory modulation rooms across four wards.

However:

- The sickness rate for the service was above the national average.
- The seclusion audit used did not fully capture if staff had completed documentation in full.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

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

## Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

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

Good   

## Key facts and figures

Northamptonshire Healthcare NHS Foundation Trust provides community-based mental health services of adults of working age.

### **North and South Planned Care and Recovery Teams (PCART).**

- PCART South had staff based at Campbell House, Northampton and Danetre Hospital. Daventry.
- PCART North had staff based at Isebrook Hospital, Wellingborough, Stuart Road, Corby and St Mary's Hospital, Kettering.

The teams accept referrals for people registered with a Northamptonshire GP or eligible to be registered, who have a severe and enduring mental illness. Inpatient ward staff or other trust community teams usually refer to this service. PCART teams work with patients aged 18 to 65 years.

### **Northamptonshire Service for the Treatment of Early Psychosis (N-STEP)**

The team has staff based at St Mary's Hospital and Campbell House sites. The team offers a specialist countywide service. Staff work with patients aged 14-34 years within Northamptonshire who are experiencing their first episode of psychosis. The team accepts referrals from primary care service, these are screened by the crisis team who offer immediate signposting to other services if N-STEP is not appropriate.

### **The Personality Disorder Hub**

The team is based at Campbell House and offers a specialist countywide service. Staff work with patients aged 18 to 65 years who have a diagnosis of personality disorder/complex emotional needs who present with significant levels of severity, complexity or risk. The team accepts referrals from other trust teams who are giving care and treatment to patients under the Care Programme Approach.

The Care Quality Commission last inspected this core service in January 2017 as part of a comprehensive inspection of Northamptonshire Healthcare NHS Foundation Trust. At this inspection we found that this core service had breached the following regulation:

- Regulation 15 safety and suitability of premises - the trust did not ensure that premises were secure.

We checked during this inspection and the trust had addressed the findings of the inspection in 2017 and was no longer in breach of the regulations.

The CQC have registered the location Trust headquarters (which this core service is under) for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.
- Family Planning
- Nursing Care

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

Our inspection of this core service in June 2018 was 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 these services and information requested from the trust.

The inspection team visited community teams on 5, 6 and 7 June 2018.

During the inspection visit, the inspection team:

- visited teams to look at the environment and observed the care, staff gave to patients
- spoke with 40 patients who were using the service
- contacted seven carers of patients who were using the service
- spoke with the managers for all the community teams inspected and three other senior managers
- spoke with 45 staff including nurses, support workers, doctors, occupational therapists, peer support worker, psychologists, employment specialists, administration and domestic staff
- spoke with a student nurse and a carers support worker
- observed 12 episodes of care, including clinics, assessments and reviews
- observed five staff meetings including morning review and multi-disciplinary team meetings
- reviewed 47 patient care and treatment records including, referral information, risk assessments, care plans and prescription charts.
- carried out a specific check of the medication management
- reviewed 26 staff records including supervision, appraisal and training records
- reviewed a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

The summary for this service appears in the overall summary of this report.

## Is the service safe?

**Good** ● ↑

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

- The trust had ensured there were enough staff to safely support patients in the community. Managers ensured staff were aware of lone working protocols to keep them safe when meeting patients on site or in the community. Team managers had ensured their staff met the trust target for completing mandatory training.
- Staff had a range of systems, such as PCART teams used a 'live' monitoring tool to regularly review risks and safety plans for patients to reduce the risk of them having crises. Managers identified staff to work in a 'hub' that covered duty. These staff dealt with urgent referrals for patients where there were concerns about a deterioration in their mental health and covered staff absence. Doctors allocated appointment times each day for staff to arrange for



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

patients to see them if urgent. Staff checked on patients if they did not attend appointments. Managers shared learning with staff following incidents in the core service to reduce the risk of reoccurrence. Managers had systems to review and monitor safeguarding concerns for patients with staff at team meetings and in their individual supervision. The trust had effective systems in place to ensure staff monitored and administered medicines effectively.

- The trust had systems in place to share essential information across teams. Staff had comprehensively completed 33 risk assessments (89% of those reviewed) and updated them regularly after incidents. Staff also completed crisis plans with patients, which they referred to as 'safety plans'. These held information about local crisis services including help lines. The N-STEP team held weekly multidisciplinary clinical meetings to review the management of significant risk issues for patients including contingency plans. Personality disorder hub staff completed a 'chain analysis' to identify signs and triggers for patients' risky behaviour.
- The trust had reviewed its health and safety arrangements at Campbell House after our last inspection, to ensure they accounted for visitors entering the building. Trust staff had implemented environmental ligature risk audits for all community buildings accessed by patients, after our last inspection.

However:

- Staff in three teams had difficulties navigating the electronic patient record system as staff had not always stored information in the same place. PCART south staff at Danetre had not completed three out of the five risk assessments we checked, which posed a risk that staff would not know what support to give them.

## Is the service effective?

Good   

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

- Most teams had clear comprehensive and holistic care plans which identified patients' needs and the care required. Staff gave a range of care and treatment interventions suitable for the patient group, including those recommended by the National Institute for Health and Care Excellence guidance. These included medication and psychological therapies and, when needed, support for employment, housing and benefits, and interventions that enabled patients acquire living skills. Staff across teams referred to using cognitive behavioural, dialectical behavioural and cognitive analytical therapies. Some staff also provided eye movement desensitization and reprocessing (a psychotherapy treatment originally designed to alleviate the distress associated with traumatic memories) with patients. N-STEP staff worked with patients using the recovery 'strengths' model and interventions including brief family therapy. The trust had reduced the amount of time patients waited by psychological assessment. The trust had a target for patients receiving assessments within 13 weeks with staff giving appointments usually in eight weeks. PCART multi-disciplinary staff offered other psychological interventions and psychology staff gave them supervision. Teams offered patients other services such as occupational therapy workshops on anxiety, depression, self-management, assertiveness, life skills, 'living life to the full' and relaxation.
- Staff had ensured that 32 patients (from the 37 records we checked) had physical healthcare assessments. The trust trained support workers to carry out checks, for example, blood pressure and we observed physical health check clinics taking place across PCART teams. Staff supported patients to live healthier lives, for example, through participation in smoking cessation schemes, acting on healthy eating advice, diabetes monitoring, managing cardiovascular risks and dealing with issues relating to substance misuse. Staff used recognised rating scales and other approaches to rate severity and to monitor outcomes for example, the 'health of the nation outcome scales' and the 'model of creative ability'. The personality disorder hub team had completed a review of 12 patients between 2015 and 2018 which found that eight patients had reduced hospital admissions.

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

- Most teams included, or had access to, the full range of specialists needed to meet the needs of patients. For example, doctors and nurses, support workers, occupational therapists, clinical psychologists, and pharmacists. N-STEP and PCARTs had peer support workers (people with experience of using mental health services). Staff had effective multidisciplinary working with internal and external teams such as crisis and housing services and PCART morning team meetings. Staff had opportunities for developing their skills and competencies through managers giving regular supervision and appraisal. Staff had opportunities for specialist training such as for attention deficit hyperactivity disorder and cognitive behavioural therapy for psychosis. Managers gave examples of where they had dealt with poor staff performance promptly and effectively.

However:

- PCART south staff at the Danetre site had not completed physical health checks for five patients. PCART staff had not reviewed two patient's care plans and staff had completed only basic information in three patient's plans, which posed a risk that patients may not have their needs met.
- There was no social work provision in teams. Managers were unsuccessful in their attempt to recruit social workers to teams. There was no section 75 agreement to integrate social care staff into teams and PCART north staff reported challenges with social care support from the local authority.

## Is the service caring?

Good   

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

- Patients and carers had given positive feedback to teams about the care and treatment they received via 'I want great care' feedback forms and the trust shared this information with teams. We observed and heard staff treating patients with kindness, privacy, dignity, respect, compassion and support. Thirty-eight patients and seven carers also confirmed that staff treated them kindness, dignity and respect.
- Staff involved patients in care planning and risk assessment. They encouraged patients to record their 'story' on 'My CPA care plan and information' documentation. This avoided the need for staff to ask patients for information about themselves at new appointments and when transferring between services. Staff involved patients when appropriate in decisions about the service. Staff enabled patients to give feedback on the service they received (for example, via surveys).
- N-STEP patients and carers had reviewed and designed information packs to give to others. Staff had involved patients and carers in developing a video which gave information to patients, carers and others about the service. The personality disorder hub team had developed a 'lived experience and advisory panel', which involved patients in developing the service. Patients were involved in delivering training for staff and GPs and in a video giving information about dialectical behavioural therapy.
- Staff informed and involved families and carers appropriately and provided them with support when needed. Staff enabled families and carers to give feedback on the service they received (for example, via surveys or community meetings). The trust had arranged for independent carers support workers at PCART offices to help carers access support. Staff gave carers information about how to access a carer's assessment. The N-STEP team offered 'family and friends' sessions, giving information about psychosis and opportunities to ask any questions they might have. The personality disorder hub team employed a carers consultant. They had developed a carers support service including expectations of the service, leaflets and programmes.

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

## Is the service responsive?

Good   

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

- Teams had clear criteria for which patients were eligible for their service. The trust had ensured that patients did not have to wait a long time for services. The trust had met commissioned timeframes for patients receiving an assessment with 18 weeks of referral to the service. The PCART and the N-STEP team had 'hub's, with identified staff to see urgent referrals quickly and non-urgent referrals within an acceptable time. Teams had systems in place to contact patients within seven days of their discharge from hospital. Staff tried to engage with people who found it difficult or were reluctant to engage with mental health services. Staff supported patients during referrals and transfers between services, for example, if patients needed temporary treatment in an acute hospital.
- The N-STEP team had a dedicated employment advisor to support patients back into employment. PCART teams arranged for housing benefit advisors to attend offices to give support to patients. Staff encouraged patients to develop and keep relationships with people that mattered to them, both within the services and the wider community. Most patients said staff helped them with socialisation and activities of daily living such as shopping. Staff liaised with community services such as charity led crisis cafes, supported living schemes, homelessness and substance misuse services. N-STEP and PCART staff supported patients to attend community groups to improve their wellbeing, such as yoga and gardening at allotments.
- The trust encouraged staff to consider how they could meet patients' diverse needs. Equality and diversity training was mandatory for staff, and managers had ensured that 95% of staff completed this. The trust made adjustments for disabled patients, for example, ensuring team locations were accessible for patients or others with mobility difficulties. Staff gave patients' information in an accessible form. Staff could access interpreting or signing services when needed. N-STEP manager had given information to staff about Ramadan so that they could support patients, as needed. Teams considered how they could adjust their services to meet the local populations needs. For example, PCART south Danetre team had developed a group to support men with mental and physical health issues.
- Staff promoted complaints and compliments processes with patients and discussed learning and changes to practice in team meetings.

However

- Staff did not record much information in care and treatment records about the support they gave to patients about their diverse needs.

## Is the service well-led?

Good   

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

- Managers effectively led teams providing an open and supportive culture. Staff had gone on away days to give feedback on their service and had developed mission statements in line with the trusts visions and values. Staff felt supported and valued by their managers and could raise concerns and receive a response. Managers had systems in place to address risks and staff competencies. The trust had governance systems to share information with staff about key developments and improvements. The service had plans for emergencies, for example, adverse weather or a flu outbreak.

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

- The trust had systems and procedures to ensure that the premises were safe and clean; there were enough staff; staff had access to training and supervision; staff assessed patients and most patients said the service met their needs.
- Managers monitored referrals and waiting times were and there were systems to review incidents to reduce the risk of reoccurrence. Managers had a clear framework of what they should discuss at team meetings to ensure that they shared essential information, such as learning from incidents and complaints and discussed. Staff understood arrangements for working with other teams, both within the trust and external, to meet the needs of patients.
- The trust provided staff with opportunities to keep updated about their work via the intranet, bulletins and newsletters. Managers and staff had access to feedback from patients, carers and staff and used it to make improvements. For example, the personality disorder hub staff invited patients and carers to their governance meeting to develop the service. The trust held 'community recovery and co-production' groups to give community mental health patients, carers and staff opportunities to influence developments. Patients and staff could meet with members of the trust's senior leadership team and governors to give feedback on their experience of services directly and tell 'their story' to influence care and treatment.

However:

- PCART managers had not fully recorded how they shared learning with staff after incidents

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

# Our inspection team

Julie Meikle, Head of Hospital Inspection, and Karen Holland, Inspection Manager, lead this inspection.

An Executive Reviewer, Mary Mumvuri, Executive Director of Nursing and Quality, Kent & Medway NHS & Social Care Partnership Trust, supported our inspection of well-led for the trust overall.

The team included four Inspection Managers, 13 Inspectors, two Assistant Inspectors, 24 specialist advisers and four experts by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.