

# NAViGO Health and Social Care CIC

## Inspection report

NAViGO House  
3-7 Brighowgate  
Grimsby  
North East Lincolnshire  
DN32 0QE  
Tel: 01472583000  
[www.navigocare.co.uk](http://www.navigocare.co.uk)

Date of inspection visit: 14 November to 16  
December 2017  
Date of publication: 15/02/2018

## Ratings

### Overall trust quality rating

Good ●

Are services safe?

Good ●

Are services effective?

Good ●

Are services caring?

Outstanding ★

Are services responsive?

Good ●

Are services well-led?

Good ●

# Summary of findings

## Our reports

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.

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.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

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.

The Evidence appendix appears under the Reports tab on our website here: [www.cqc.org.uk/provider/1-177460793/reports](http://www.cqc.org.uk/provider/1-177460793/reports). A detailed Use of Resources report is available under the Inspection summary tab ([www.cqc.org.uk/provider/1-177460793/inspection-summary](http://www.cqc.org.uk/provider/1-177460793/inspection-summary)).

## Background to the trust

Navigo Health and Social Care community interest company is a non-profit making community interest company that provides all local mental health and associated services in North East Lincolnshire.

The population of North East Lincolnshire is approximately 170,000 and areas within the authority rank within the 10% most deprived areas of England.

Navigo is registered to provide the following:

- transport services, triage and medical advice provided remotely
  - treatment of disease, disorder or injury
  - diagnostic and screening procedures
  - assessment or medical treatment for persons detained under Mental Health Act 1983.
- It provides the following services:

- Acute wards for adults of working age (including Home treatment team)
- Older People inpatients and community services (including admiral nurses)
- Crisis resolution and home treatment services
- Health based place of safety
- Eating disorder services

# Summary of findings

- Forensic community services
- Early intervention services
- Personality disorder community services
- Housing and rehabilitation
- Family therapy
- Volunteer opportunities

Navigo Health and Social Care community interest company locations have been registered with CQC as below:

## Overall summary

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

## What this provider does

Navigo Health and Social Care community interest company is a non-profit making community interest company that provides all local mental health and associated services in North East Lincolnshire.

## 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 three complete core services in total. These were selected due to their previous inspection ratings or our ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided.

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 at the trust level. Although Navigo is not an NHS Trust, in discussion with the provider we decided to inspect it as one because of its size and because it is the only provider of mental health care in North East Lincolnshire.

## What we found

### Overall provider

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

# Summary of findings

- We rated the key questions of safe, effective, responsive and well-led as good overall and the key question of caring as outstanding overall. Our rating for Navigo took into account the previous ratings of services not inspected this time.
- Our decisions on overall ratings take into account factors including the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- We rated well-led at the provider level as good.
- We rated wards for older adults with mental health problems as outstanding and Rahrian Fields the eating disorders inpatient service as outstanding.
- Navigo's quality and patient safety strategy covered the next two years and aimed to strengthen the quality of patient care and ensure there was a clear strategic approach for quality governance.
- The community interest company board and senior leadership team had the appropriate range of skills, knowledge and experience to perform its role.
- Navigo met the fit and proper person requirement.
- The Duty of Candour requirements were fully met by Navigo.
- Engagement with staff, service users and carers around development of Navigo's vision and values was exceptional and this was demonstrated throughout the whole organisation.
- There was an overwhelming sense that all staff and service users were aware of all of the members of the community interest company board. They felt included in the organisation and they were able to be part of the decision making process.
- In the 2016 NHS staff survey, Navigo was one of the best performing organisations.
- Navigo has a sound approach to ensuring learning and change following 'never' episodes, serious complaints and safeguarding incidents. The formulation and implementation of action plans was undertaken by a dedicated quality team.
- Navigo had a safeguarding policy and procedure and their requirements were fully met under safeguarding.
- Navigo was involved with the local sustainability and transformation partnership and the accountable care partnership, these plans aligned with Navigo's strategy.
- Navigo recognised staff success by staff awards and through feedback.

However:

- The providers target rate for appraisal compliance was 100%. As at 31 August 2017, the overall appraisal rates for non-medical staff was 78%.
- Navigo failed to meet its target of 35 days as detailed in their policy when responding to complaints.
- The provider took a significant time to resolve staff grievances. One took six months and one took nine months to complete.
- It is a legal requirement to publish a report annually stating what action has been taken to meet the public sector equality duty. Whilst an annual equality and diversity report had been produced and had been utilised to inform action within the organisation, it was not published at the time of inspection.

# Summary of findings

## Are services safe?

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

- There were enough staff with the right qualifications, skills, training and experience to provide safe care for patients who used the services. The provider had a stable workforce with low levels of sickness and few vacancies.
- Staff worked closely with other agencies to ensure safeguarding concerns were investigated.
- Staff knew what to report as an incident and how to do this. Managers appropriately investigated incidents and fed back lessons learnt to the staff teams.
- Ward layouts allowed staff to observe patients and were clean tidy and well maintained.
- Wards complied with guidance on eliminating mixed-sex accommodation.
- Rooms used by the community teams were tidy and contained all the necessary equipment required to carry out physical examinations. Equipment was well maintained and regular checks were carried out to

However:

- Mandatory training rates were lower in some core services than Navigo's target
- Not all patients had a completed and up to date risk assessment.

## Are services effective?

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

- Staff followed national guidelines from the National Institute of Health and Care Excellence (NICE). Staff in the eating disorder service followed best practice guidance to plan patients' individual care and treatment.
- Managers invested in their staff. They offered staff developmental, and specialist training that enhanced their skills.
- The completion of the Mental Health Act documentation was good. Staff adhered to the principles of the Mental Health Act and the Mental Capacity Act.
- The older adults inpatient ward used a recognised assessment tool called Decision, Inform, Choice, Explanation and Support known as DICES. Patient records had up to date risk assessment and management plans.

However:

- Managers did not ensure that staff on all wards and departments were provided with regular supervision.

## Are services caring?

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Patients were able to make advance decisions about their care and treatment. Advance decisions were recorded in patients' care records.

# Summary of findings

- Patients and carers were encouraged to give feedback on the service and the care they received. Patients participated in recruitment panels. Information regarding independent advocacy services was given to patients when they started using the service
- Patients were genuinely respected and valued as individuals and were empowered as partners in their care.
- There was a strong, visible patient centred culture. Feedback from patients was consistently positive and it was obvious that patients held staff in high regard.
- Staff were fully committed to ensuring patients were active partners in their care. They empowered them to have a voice and reflected patient's preferences in the care they received
- Staff genuinely respected and valued patients as individuals. Relationships between staff and patients were strong, caring and supportive. It was evident that staff valued the therapeutic relationship they had with their patients.

## Are services responsive?

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

- Delayed discharges were reduced in the mental health older adults' wards. There was a dedicated discharge liaison worker attached to the ward who commenced discharge plans and care package assessments for patients from the point of admission.
- Staff were committed to ensuring a patient's individual needs and preferences were central to all aspects of the delivery of care and treatment.
- Patients were routinely given information on how to make a complaint.
- Wards planned and provided services to meet the needs of all patients at all stages in their care and treatment.
- Services provided a mixture of planned and ad hoc therapies and activities, in response to patient feedback on the service.
- People could access community mental health services when they needed it. The provider had a target for referral to triage/assessment and from assessment to treatment. The provider's target was the same as the national target of 14 days. Information from the provider indicated that both community mental health teams were meeting these targets with the actual number being 14 days for referral to triage/assessment.

## Are services well-led?

Our rating of well-led stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as good because:

- The provider had a clear vision for what it wanted to achieve. The organisation's values were included in annual performance reviews and staff were involved in the development and ongoing review of these. Staff were encouraged to give feedback relating to services.
- Staff had access to the provider's intranet. The provider had a website, which contained information for the public about services provided, news and events. Patients and carers told us they were able to give feedback on services
- Rharian Fields won the national positive practice award in eating disorders in 2016.
- There was strong collaboration, team working and high levels of satisfaction across all staff.
- Effective structures were in place to ensure communication from ward to board level and vice versa.

# Summary of findings

- There was a consistent and high level of engagement with staff, patients and their families and carers.
- Staff were empowered to lead and deliver change.

## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, and for the whole provider. 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, for example, the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

On occasions, Navigo had admitted service users with profound learning disabilities to their units until appropriate placements could be found for them. They used Brocklesby Lodge (an acute ward) to allow for the carers from the community and family to move in to support the service users and on Konar suite (older adults) Navigo had family rooms available. This allowed both the carers and the family to stay if it was in the best interests of the service user.

## Areas for improvement

We found areas for improvement including one breach of legal requirements that the provider must put right. We found five things that the provider 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 one requirement notice to Navigo. This means that they have to send us a report saying what action it would take to meet this requirement.

Our action related to a breach of one legal requirement in one service and one at provider.

For more information on action we have taken, see the sections on areas for improvement and regulatory action.

## What happens next

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

### Outstanding practice

See above.

### 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

# Summary of findings

## Provider level

- Navigo must ensure that it meets its target for staff appraisal.  
**Community adults for working age**
- Navigo must ensure that all staff have regular supervisions and appraisals.

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

### Provider level

- Navigo should ensure that grievances are resolved within a specified timescale.
- Navigo should ensure that complaints are responded to within the 35 day timescale.
- Navigo should ensure they meet the requirement to publish a report annually to meet the public sector equality duty.  
**Community adults of working age**
- The provider should consider making Mental Health Act training mandatory for all staff.  
**Eating Disorders**
- The provider should ensure staff update their compliance with mandatory intermediate life support training as it comes up for renewal.

## 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.

We rated leadership at the provider level as good. For more information, see under the sub-heading Overall trust in the Overall summary above.



## 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 →← Feb 2018	Good →← Feb 2018	Outstanding ↑ Feb 2018	Good →← Feb 2019	Good →← Feb 2018	Good →← Feb 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 mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Wards for older people with mental health problems	Good →← Feb 2018	Good →← Feb 2018	Outstanding →← Feb 2018	Outstanding ↑ Feb 2018	Outstanding ↑ Feb 2018	Outstanding ↑ Feb 2018
Community-based mental health services for adults of working age	Good →← Feb 2018	Requires improvement ↓ Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018
Community-based mental health services for older people	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Specialist eating disorders service	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018
<b>Overall</b>	Good →← Feb 2018	Good →← Feb 2018	Outstanding ↑ Feb 2018	Good →← Feb 2018	Outstanding ↑ Feb 2018	Outstanding ↑ Feb 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.

# Wards for older people with mental health problems

Outstanding  

## Key facts and figures

Navigo Health and Social Care CIC provide inpatient services for older people with mental health problems. These services are for patients admitted informally and for those detained under the Mental Health Act 1983. Navigo deliver the service from Konar Ward providing assessment, treatment and rehabilitation to older people who require a hospital admission due to their mental health needs.

The ward has 12 beds available for both males and females with either functional or organic mental health problems such as psychotic disorders or dementia. The ward is situated on a site within the grounds of the county's general hospital. North East Lincolnshire's Clinical Commissioning Group commission 11 beds. There is one non-commissioned bed, which other providers can use on a spot purchase basis.

At the time of our inspection, there were nine patients allocated to the ward. Of these, one was detained under the Mental Health Act.

The inspection was unannounced.

At the last inspection in January 2016, we rated safe, effective, responsive and well-led as good. We rated caring as outstanding. On this inspection we looked at all five key questions.

Before the inspection visit, we reviewed information that we held about the service and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the environment
- attended and observed a patient communications meeting, a staff meeting, two handovers and a doctor's meeting
- spoke with five patients who were using the service
- spoke with three carers of patients using the service
- spoke with the registered manager and the ward manager
- spoke with 15 other staff members including the consultant, nurses and support workers
- spoke with two staff from other organisations working with the ward
- collected feedback from patients and carers using comment cards
- looked at nine care records of patients
- looked at nine prescription cards of patients
- carried out a specific check of the medication management
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

# Wards for older people with mental health problems

- Staff truly respected and valued the patients as individuals. They were empowered as partners in their care both practically and emotionally. Patients and carers were continually positive stating that staff care and support exceeded expectations. Staff recognised and respected the totality of the patients' needs and provided a strong visible person-centred culture.
- Staff demonstrated clear evidence that the service was tailored to focus on the needs and preferences of the patients. They understood the individual preferences of each patient and used a flexible approach, found innovative ways to ensure choice and went the extra mile to ensure these needs were met.
- The facilities on the ward offered exceptional comfort and were designed to offer patients an environment more associated with a person's home than a hospital ward. The bedrooms were all individual including en suite facilities. Some had small kitchenette areas and lounges encouraging independence. Some had additional sleeping facilities specifically for the use of family members if this was required.
- Staff consistently considered a patient's privacy and dignity. They found innovative ways to enable patients to maintain their independence as much as possible. The ward ensured a patient's family were involved in all aspects of the care provided where this was agreed.
- The ward had strong leadership, which steered a culture to deliver high quality person-centred care. There was a systematic and integrated approach to monitoring and reviewing progress in line with strategic plans.
- There were high levels of staff satisfaction among all staff and an inspired shared purpose. All staff embedded the organisation's mission to deliver services they would be happy for their family to use. They felt fully involved in decisions about the ward and had no reservations about contributing to ideas or expressing any concerns.
- Staffing levels were good. There was a stable workforce with low sickness, turnover and vacancies. The service did not use agency staff; bank staff were all familiar with the ward. Patients received daily one to one support. All patients and carers we spoke with, informed us that staff were always available, responsive and caring.
- There was a high compliance for staff completing mandatory training units. They were encouraged to participate in other specialised training additional to their mandatory requirements to develop skills beneficial to the patients on the ward. Staff received regular supervision and yearly appraisals.
- Staff assessed patient risks regularly. They managed identified risks effectively and ensured they shared these appropriately. The ward did not apply blanket restrictions on patients.
- The service followed best practice guidance to plan patients' individual care and treatment. Staff ensured patients were active partners in their care, producing personalised care plans which included physical health, mental health, social and emotional needs and goals.
- The ward was clean and well maintained. There was appropriate monitoring of environmental risks and health and safety requirements. The provider responded quickly when repairs or maintenance work was required. Staff, patients and visitors to the ward all felt safe.

However:

- Staff had not received training specifically around the Mental Health Act and the code of practice.
- The provider's recording of restraint was inaccurate. The system did not differentiate between different levels of restraint and indicated the use of prone restraint, which had not occurred.

# Wards for older people with mental health problems

## Is the service safe?

Good   

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

- Staffing levels were good. The manager had the ability to increase these dependent on need. Additional staff were familiar with the environment they worked in.
- The ward was clean and well maintained.
- Mandatory training compliance was high.
- Risk assessments were present and up to date.
- The clinic room was fully equipped with accessible resuscitation equipment. Staff followed good medicines management practices.
- All staff knew what to report as an incident and how to do this. Managers appropriately investigated incidents and fed back lessons learnt to the staff team.

However:

- The provider's recording of restraint was inaccurate. The system did not differentiate between different levels of restraint and indicated the use of prone restraint, which had not occurred.
- The clinic room did not have an examination couch as staff carried out physical examinations in a patient's bedroom. Patients were not asked where they would like to be examined meaning this may not always be their preferred choice or in their best interest.

## Is the service effective?

Good   

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

- Patients had good access to physical healthcare on admission and ongoing monitoring. This included access to specialists when needed.
- A full range of disciplines provided input into the care of patients. Within 72 hours of a patient's admission, staff held a multi-disciplinary meeting to plan on-going care.
- Patients had detailed personalised care plans that addressed mental and physical health needs. Staff reviewed the care plans regularly.
- Staff adhered to the principles of the Mental Health Act and the Mental Capacity Act. Documentation was up to date and available on the wards.
- The provider encouraged staff to access training to enhance the care and treatment they could provide to the patients.
- Staff received regular supervision.

However:

# Wards for older people with mental health problems

- Staff did not receive training specifically around the Mental Health Act and the code of practice.

## Is the service caring?

**Outstanding** ☆ ➡ ➡

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

- Staff were highly motivated to provide a strong person-centred approach. They recognised a patient's individual needs and were committed and innovative in meeting these.
- Staff showed a caring, respectful and supportive attitude at all times. They embedded a consistent consideration of a patient's privacy and dignity.
- Staff were fully committed to ensuring patients were active partners in their care. They empowered them to have a voice and reflected patient's preferences in the care they received.
- Staff valued the involvement and perspective of families and carers in a patient's care

## Is the service responsive?

**Outstanding** ☆ ↑

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

- Staff demonstrated a high level of commitment and flexibility to ensure a patient's individual needs and preferences were central to all aspects of the delivery of care and treatment.
- The facilities of the ward were innovative and exceptionally welcoming offering excellent comfort in an environment that promoted dignity, independence and recovery.
- Information was available about how to complain. Staff actively encouraged feedback from patients, their carers and families in order to improve.
- The ward used the provider's home treatment team that ensured admissions were appropriate and out of area placements rare.
- The ward had a dedicated discharge liaison worker who commenced discharge plans and care package assessments for patients from the point of admission. This prevented delays in a patient's discharge.

## Is the service well-led?

**Outstanding** ☆ ↑

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

- Managers and team leaders demonstrated a high level of experience, capacity and capability to deliver excellent care. They had a deep understanding of the issues, challenges and priorities of the ward and of the wider systems and pathways.
- Staff awareness of the organisation's mission and values was high. They applied them to their everyday practice had the opportunity to contribute to discussions about the organisation's strategy.

# Wards for older people with mental health problems

- There were high levels of staff satisfaction and a strong organisational commitment.
- Effective structures were in place to ensure communication from ward to board level and vice versa.
- There was a consistent and high level of engagement with staff, patients and their families and carers.
- Staff were empowered to lead and deliver change.

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

Good   

## Key facts and figures

NAVIGO is an independent health provider who provides a range of health and care services across North East Lincolnshire. There are two community mental health teams; the East team is situated at Weelsby View Health Centre and the West team at Scartho Medical Centre. Both teams offer care and treatment for adults with mental health illnesses.

The teams comprise of psychiatrists, psychologists, occupational therapists, nurses, social workers and health care support workers. Services care for adults with a diagnosis of severe and enduring mental health condition and provide care and treatment services both in patients own homes and service locations.

The service was last inspected in November 2016 when we looked at the 'safe' domain. The last full inspection of the service was carried out in January 2014. The service was found to be meeting the required standards during both inspections and there were no areas for improvement identified.

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

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

During the inspection we:

- Looked around the service environment for health, safety and cleanliness.
- Reviewed 18 patient care records.
- Checked all the prescription charts for patients attending clinics.
- Spoke with both location managers.
- Spoke with 11 other staff members including nurses, administrators, social workers and a psychologist.
- Spoke with 14 patients and two carers.
- Reviewed information about staff supervision, appraisals and mandatory training.
- Attended two staff huddles, one care programme approach review and two clinics.
- Checked stocks in two clinic rooms including emergency equipment.

## Summary of this service

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



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

- Clinic rooms were tidy and contained all the equipment required to carry out physical examinations. There were enough staff with the right qualifications and skills to care for patients who used the service. The service used a recognised risk assessment tool to assess and manage potential risks to patients and staff.
- Medication was stored in line with national guidance. Staff followed good practice in relation to medicines management. The provider reported serious incidents and carried out investigations where needed.
- The service provided care and treatment based on national guidance. There were a range of specialists to meet the needs of patients. Processes were in place for the support and management of staff performance. Staff had a good understanding of the Mental Health Act and the Mental Capacity Act.
- Staff treated patients with compassion. Patients were involved in decisions about their care and treatment. Patients were able to make advance decisions about their care and treatment. Patients and carers were encouraged to give feedback on services and the care they received.
- Services were meeting the national target for referral to triage/assessment and from assessment to treatment. Staff were flexible with appointment times. Both community health teams had suitable premises to provide care, support and treatment. Information was available to patients in different formats. Patients were given information on how to make a complaint. Learning from complaints was shared during team meetings.
- The provider had a robust recruitment process. The organisations values were included in annual performance reviews. Regular audits were carried out to ensure the safety and quality of services. Recommended changes were implemented following incidents. The provider had a risk register in place which was regularly reviewed.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Computers and software were password protected to ensure confidentiality. The provider had a website which contained information about services provided, news and events.

However:

- Not all staff received regular supervision and appraisal. Some staff had not completed the provider's mandatory training.
- The provider did not include Mental Health Act training in their mandatory training package.
- Patients who lacked capacity were not routinely referred to advocacy services.

## Is the service safe?

Good   

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

- Clinic rooms used by the teams were tidy and contained all the necessary equipment required to carry out physical examinations. Equipment was well maintained and regular checks were carried out to ensure room and fridge temperatures were kept at correct levels.
- There was enough staff with the right qualifications, skills, training and experience to care for patients who used the services.
- The service used a recognised risk assessment tool to assess and manage potential risks to patients and staff. Staff worked closely with other agencies to ensure safeguarding concerns were investigated.

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

- Medication was stored in line with guidance. Staff working in clinics followed good practice in relation to medicines management. Medication reviews were carried out on a regular basis.
- The service managed patient safety incidents well. The provider reported serious incident and carried out investigations following incidents. Debriefs were carried out with staff and lessons learned were shared with staff.

However:

- Not all staff had completed the provider's mandatory training.
- Two of the care records we looked at contained out of date risk assessments.

## Is the service effective?

**Requires improvement**  

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

- Not all staff received regular supervision and appraisal. Information provided showed that 70% of non-medical staff had received an appraisal in the last 12 months. Between 1 September 2016 and 31 August 2017, 56% of nursing staff had received clinical supervision.

- Patients who lacked capacity were not routinely referred to advocacy services.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff used the Health of the Nation Outcome Scale to monitor health outcomes.
- Both community mental health teams had a range of specialists required to meet the needs of patients.
- There were processes in place for the support and management of staff performance. Staff felt supported in their work.
- Staff had a good understanding of the Mental Health Act. Patients on community treatment orders their rights explained when reviews were carried out. Patients were given information on how to access independent advocacy services.
- Staff demonstrated a good understanding of the Mental Capacity Act. Capacity assessments were carried out if there was a concern about a patient's capacity. Capacity assessments were recorded correctly with decisions documented in care records.

## Is the service caring?

**Good**   

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

- Staff helped patients access employment opportunities.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients decided if they wanted family or carers involved in their treatment.

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

- Patients were able to make advance decisions about their care and treatment. Advance decisions were recorded in patients' care records.
- Patients and carers were encouraged to give feedback on the service and the care they received. Patients participated in recruitment panels. Information regarding independent advocacy services was given to patients when they started using the service.

## Is the service responsive?

Good   

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

- There was a clear criterion for which patients would be offered treatment and could be placed on waiting lists. The provider had a target for referral to triage/assessment and from assessment to treatment. Both community mental health teams were meeting the national target and the provider's target.
- The service had suitable accommodation to provide support and treatment to patients. Both community mental health teams had suitable premises with a range of rooms and equipment to enable them to provide care, support and treatment. Staff had access to interpreting and signing services.
- Patients were given information on how to make a complaint. Community services had received two complaints and 28 compliments between 1 September 2016 and 1 August 2017. Complaints were investigated and feedback was provided. Learning from complaints was shared during team meetings.

## Is the service well-led?

Good   

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

- The provider had a robust recruitment process. Posts were offered subject to checks on the applicant and a probationary period.
- The provider had a clear vision for what it wanted to achieve. The organisation's values were included in annual performance reviews and staff were involved in the development and ongoing review of these. Staff were encouraged to give feedback relating to services.
- Regular audits were carried out to ensure the safety and quality of service provided. Managers at both locations received feedback about things that had happened in other services. Recommended changes were made following incidents.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The provider had a risk register in place with risks being discussed as part of the monthly business meetings. There was a business continuity plan in place for the community mental health teams.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff were provided with a laptop computer to allow them to work in any location with an internet connection. Computers and software installed were password protected to ensure patient confidentiality.
- Staff had access to the provider's intranet. The provider had a website which contained information for the public about services provided, news and events. Patients and carers told us they were able to give feedback on services.

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

## Areas for improvement

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

# Specialist eating disorders service

Outstanding 

## Key facts and figures

Navigo Health and Social Care CIC provides a specialist eating disorder service for adults with complex eating disorders called Rharian Fields. The inpatient ward admits patients detained under the Mental Health Act 1983 and those admitted informally. It provides assessment, treatment and rehabilitation to patients who require a hospital admission due to their eating disorder. The service has an aftercare, outpatient provision, which patients who live locally can access once discharged from the ward into the community. There is also a day patient service, which sees patients in the community.

The ward has eight beds available for both men and women. The ward is situated on a site within the grounds of the county's general hospital. Rharian Fields accepts privately funded patients as well as patients funded by the NHS across the United Kingdom.

At the time of our inspection, there were six patients allocated to the ward. All patients were female and there were no patients detained under the Mental Health Act. The outpatient provision was not currently required as there had been no local patients discharged recently. The community day patients' service was located away from the inpatient ward at NAViGO House, and was not part of this inspection.

We have not inspected this service before and this inspection was unannounced.

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

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

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

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the environment
- attended and observed a clinical review, handover, group therapy session and a lunchtime experience
- spoke with three patients who were using the service
- spoke with three carers of patients using the service
- spoke with the registered manager and the ward manager
- spoke with seven other staff members including the consultant, the psychologist, the dietitian, nurses and nursing assistants
- collected feedback from patients and carers using comment cards

# Specialist eating disorders service

- looked at five care records of patients
- looked at six prescription cards of patients
- carried out a specific check of the medication management
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

This was the first time we have inspected the eating disorders service.

We rated it as outstanding because:

Navigo Health and Social Care CIC provides a specialist eating disorder service for adults with complex eating disorders called Rharian Fields. The inpatient ward admits patients detained under the Mental Health Act 1983 and those admitted informally. It provides assessment, treatment and rehabilitation to patients who require a hospital admission due to their eating disorder. The service has an aftercare, outpatient provision, which patients who live locally can access once discharged from the ward into the community. There is also a day patient service, which sees patients in the community.

The ward has eight beds available for both men and women. The ward is situated on a site within the grounds of the county's general hospital. Rharian Fields accepts privately funded patients as well as patients funded by the NHS across the United Kingdom.

At the time of our inspection, there were six patients allocated to the ward. All patients were female and there were no patients detained under the Mental Health Act. The outpatient provision was not currently required as there had been no local patients discharged recently. The community day patients' service was located away from the inpatient ward at NAViGO House, and was not part of this inspection.

We have not inspected this service before and this inspection was unannounced.

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

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

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

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the environment
- attended and observed a clinical review, handover, group therapy session and a lunchtime experience
- spoke with three patients who were using the service

# Specialist eating disorders service

- spoke with three carers of patients using the service
- spoke with the registered manager and the ward manager
- spoke with seven other staff members including the consultant, the psychologist, the dietitian, nurses and nursing assistants
- collected feedback from patients and carers using comment cards
- looked at five care records of patients
- looked at six prescription cards of patients
- carried out a specific check of the medication management
- looked at policies, procedures and other documents relating to the running of the service.

## Is the service safe?

**Good** 

This was the first time we had inspected this service. We rated it as CHOOSE A RATING because:

- There was appropriate monitoring and management of environmental risks. The service reviewed environmental risks yearly and offered a safe environment for providing care.
- Staff carried out comprehensive risk assessments for patients on admission and formulated risk management plans. They recognised and responded appropriately to changes in the risks to their patients.
- Staff assessed, monitored and managed patients' physical health risks on a day-to-day basis. They followed best practice standards described in relevant national guidance.
- There was a stable workforce, low sickness levels and no vacancies. The service did not use agency staff.
- Patients received daily one to one support from the nurse on duty and one to one support from their named nurse whenever they were on duty.

However:

- Staff were slow to update their compliance with mandatory intermediate life support training. The service had adequate cover in an emergency, provided by an adjoining ward.

## Is the service effective?

**Outstanding** 

This was the first time we had inspected this service. We rated it as outstanding because:

- There was a truly holistic approach to assessing, planning and providing care and treatment to all patients who used this service.
- The provider proactively pursued opportunities to participate in benchmarking and peer review. The service participated in an approved accreditation scheme, which recognised the services' compliance with standards of best practice.

# Specialist eating disorders service

- The service invested in their staff and encouraged staff at all grades to continue their professional development. They recognised the continuing development of their staff's skills, competence and knowledge was integral to ensuring high-quality care.
- Staff, teams and services were committed to working collaboratively and finding efficient ways to deliver more joined-up care to people who use services, particularly those patients from out of area.
- There is a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage.

## Is the service caring?

**Outstanding** 

This was the first time we had inspected this service. We rated it as outstanding because:

- There was a strong, visible patient centred culture. Staff were highly motivated to offer care that was warm hearted, supportive and promoted patient's dignity.
- Staff empowered patients to be effective partners in their care. Patients had an active voice in decisions about their care and individual preferences and needs were reflected in the care provided.
- Staff genuinely respected and valued patients as individuals. Relationships between staff and patients were strong, caring and supportive. It was evident that staff valued the therapeutic relationship they had with their patients.
- Staff recognised the importance role those close to the patient played in the patient's current and future care and worked in partnership to encourage meaningful involvement. They offered flexible family therapy appointments and carers support to help support those close to the patient.

## Is the service responsive?

**Good** 

This was the first time we had inspected this service. We rated it as good because:

- The ward planned and provided services to meet the needs of all patients at all stages in their care and treatment.
- The environment was modern, comfortable and well maintained. There was a calm and relaxed atmosphere conducive to recovery.
- Staff promoted a positive mealtime experience for patients. They understood the needs of different groups of patients and provided appropriate support.
- The service provided a mixture of planned and ad hoc therapies and activities, in response to patient feedback on the service.
- Staff provided relaxation and activities post mealtime.

## Is the service well-led?

**Outstanding** 



# Specialist eating disorders service

This was the first time we had inspected this service. We We rated it as outstanding because:

- Managers had an inspired shared purpose, and the skills and experience needed to deliver and motivate staff to succeed.
- There was strong collaboration, team working and high levels of satisfaction across all staff.
- The ward had strong governance arrangement in place to monitor and support the quality and safety of service delivery.
- The organisation ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively.
- The service won the national positive practice award in eating disorders in 2016.
- The ward had achieved the standard required for national practice accreditation.

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](https://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.

This section is primarily information for the provider

## Enforcement actions

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

# Our inspection team

<first name last name, job title or description – if a non-CQC chair was used> chaired this inspection and <first name last name, CQC title> led it. An executive reviewer, <name and title>, supported our inspection of well-led for the trust overall.

The team included <x> [further] inspectors, <x> executive reviewers, <x> specialist advisers, and <x> 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.