

Good 

Northamptonshire Healthcare NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Isebrook Hospital	RP1X3	Wellingborough CMHT	NN8 1LP
Isebrook Hospital	RP1X3	East Northants CMHT	NN8 1LP
St Mary's Hospital	RP1A1	Kettering CMHT	NN15 7PW
Stuart Road Clinic	RP1	Corby CMHT	NN17 1RJ
Campbell House	RP1	Northampton East CMHT	NN1 5EB
Campbell House	RP1	Northampton West CMHT	NN1 5EB
Campbell House	RP1	Team 63	NN1 5EB
Willowbrook Health Centre	RP1P1	Changing Minds (North Team)	NN17 2UR

Summary of findings

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

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

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

Summary of findings

Ratings

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

Overall rating for Community Mental Health Services for Adults of Working Age

Good 

Are Community Mental Health Services for Adults of Working Age safe?

Requires Improvement 

Are Community Mental Health Services for Adults of Working Age effective?

Good 

Are Community Mental Health Services for Adults of Working Age caring?

Good 

Are Community Mental Health Services for Adults of Working Age responsive?

Good 

Are Community Mental Health Services for Adults of Working Age well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for community services for adults of working age of good because:

- Risk management was good across the teams and the service had found ways to keep people in treatment who were difficult to engage with.
- Staff showed an awareness of the Mental Capacity Act and deprivation of liberty safeguards.
- Paperwork relating to community treatment orders was generally in order across the team.
- Good team working was taking place.
- Staff were compassionate and had a caring approach to people who used the services.
- Risk management was good across the teams and they had found ways to attempt to keep people in treatment who were difficult to engage with.
- The waiting list for treatment was being managed proactively with staff allocated to ensure people were signposted to the most relevant service in a timely manner.

- Documentation of incidents and the investigation of serious untoward incidents showed the trust had learnt from these and changes had been made as a result.

However:

- There were gaps in the records of drug storage refrigerators at Isebrook hospital and there was no provision for consistently monitoring the temperature on days when the clinic was closed or over the weekend as per trust policy.
- The two ECG machines at the Northampton CMHT location were not maintained in working order. One was not working and the other was reported as unreliable. These were managed by an external contractor but had been out of action “for some time”. The blood pressure machine and scales had not been calibrated at the Isebrook location and there was no thermometer for use in the physical health clinic.
- There was no trust wide system in place for capturing, analysing and demonstrating learning from concerns raised or complaints made at a local level.

Summary of findings

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

Are services safe?

We rated the mental health community services for adults as requires improvement for safe because:

- There were gaps in the records relating to the medication fridge in the community mental health team based at Isebrook hospital and there was no provision for consistently monitoring the temperature on days when the clinic was closed or over the weekend as per trust policy.
- Risk assessments were not always sufficiently detailed. For example, we noted in historic risk assessment documentation for one patient that there had been a history of using firearms which was not highlighted in the current assessment. There was also a lack of detail in assessments and clear documentation as to whether a safeguarding alert had been raised where there was a potential risk to children in relation to the service user's mental health.
- The two ECG machines at the Northampton CMHT location were not working effectively. One was not working and the other was reported as unreliable. These were managed by an external contractor but had been out of action "for some time". Blood pressure machine and scales had not been calibrated at the Isebrook location and there was no thermometer for use in the physical health clinic.
- Accurate records of stocks of medication were not maintained by the community teams at Corby and Kettering CMHT.
- The systems in place for dispensing Clozapine at Corby CMHT required review. In particular with regards to support workers handing out pre-packed medication and the identification and monitoring of potential physical health complications and side effects.
- The clinic environments were safe and in good condition.
- Teams were mostly well staffed.
- Patients had crisis plans in place.
- There were good examples of learning from incidents. We saw the example of safety checks being used following a medication error.
- There were daily discussions of risk within each team with actions planned to address immediate concerns.

Requires Improvement



Summary of findings

- Risks assessments were contained in each care and treatment records.
- Waiting lists were monitored to detect increases in risk presented by individual's mental health deteriorating.
- Staff had undertaken safeguarding training and there were good safety systems for lone working.
- Medication administration was safe across the teams.

Are services effective?

We rated mental health community services for adults as requires improvement for effective because:

- Assessments and care plans were up to date and we found evidence that NICE guidelines were being followed in relation to access to psychological therapies and the monitoring of physical health whilst receiving antipsychotic medication.
- There was good multi-disciplinary working.
- Informal supervision was occurring and staff informed us the teams were supportive of each other. Formal supervision was mostly documented however the records were not complete across all locations.
- The Health of the Nation Outcome Scale (HoNOS) was used to measure people's progress in treatment.
- The teams were meeting their targets for follow up appointments.

Good



Are services caring?

We rated mental health community services for adults as good for caring because:

- Most patients felt they were treated with respect and dignity and kindness.
- Patient feedback was obtained through service user forums and the programme called "I want great care".
- The staff we spoke with demonstrated a compassionate attitude towards the people they cared for.
- Whilst observing visits we noted that staff demonstrated a respectful manner.
- Inconsistent recording of patient involvement in the planning of their care was noted at Kettering, Corby and the CMHTs based at Isebrook Hospital.

Good



Summary of findings

Are services responsive to people's needs?

We rated mental health community services for adults as good for responsiveness because:

- There was effective management of waiting lists which included signposting people towards more appropriate services.
- We saw the criteria for referral to the CMHT service had been refined and the duty / facilitator system was effective in managing these referrals.
- The teams were proactive in engaging people who found it difficult to or who were reluctant to engage with services.
- We saw outstanding and innovative practice when visiting the Changing Minds team at Corby where new ways of working were used to increase access for people who used services.
- Interpreters were available for those who required them.
- There was a procedure for responding to formal or written complaints made by patients. We saw examples of these and the changes made as a result.
- There was no trust wide system in place for capturing, analysing and demonstrating learning from concerns raised or complaints made at a local level.

Good



Are services well-led?

We rated mental health community services for adults as good for well led because:

- The senior management were spoken of with great regard by all staff.
- Staff felt valued and felt their managers were accessible and approachable.
- There was an open culture and good team working within each team.
- The chief executive was highly regarded by the teams and board members had attended local team meetings.
- The team risk register was accessible to all staff and used on a daily basis.
- Feedback was received from staff through the team meetings in addition to staff away days.
- Local managers were under great pressure as a result of the recent and ongoing consultation and reorganisation of services.

Good



Summary of findings

- Managers were overstretched and this had affected the quality of auditing and monitoring of the service.

Summary of findings

Background to the service

The community mental health services for adults of working age formed part of the mental health provision of Northamptonshire Healthcare Foundation Trust.

The teams were based across the Trust as follows:

- Northampton East and West CMHT were based at Campbell House in Northampton.
- Kettering CMHT was based at St Mary's Hospital, Kettering.
- Corby CMHT was based at the Stuart Road Clinic in Corby.
- East Northants and Wellingborough CMHTs were based at Isebrook Hospital, Wellingborough. They shared a nursing team but had separate medical provision.

- All CMHT locations provided support for people in the community, outpatient clinics, and medication clinics for Clozaril monitoring and depot injections in addition to physical healthcare clinics.
- Changing Minds (North team) were based at the Willowbrook Health Centre in Corby and provided psychological therapy treatment programmes to people across the trust.
- Team 63 were based in Campbell House but worked across the trust providing support to clinical teams in managing people on the personality disorder pathway of treatment. They also ran a treatment programme and provided training throughout the trust.

The CQC had not inspected these services previously.

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett - Consultant Psychiatrist Oxleas NHS Foundation Trust

Team Leader: James Mullins - Head of Hospital Inspection (mental health) CQC

The team included CQC managers, inspection managers, inspectors and support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected this core service consisted of 10 people: one CQC inspector, one psychiatrist, two experts by experience, two Mental Health Act reviewers, one nurse, one occupational therapist, one social worker and a psychologist.

The team split into two teams of five people. One team led by the CQC inspector visited Campbell House, Team 63, Wellingborough CMHT and East Northants CMHT. The other team led by the psychiatrist visited Kettering CMHT, Corby CMHT and Changing Minds.

We undertook an unannounced inspection on 18th February to the Corby and Kettering CMHT to gather further evidence and check on actions taken by the provider on issues raised during the initial inspection. The team consisted of a CQC inspector and a specialist advisor.

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

To get to the heart of 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.

During the inspection visit, the inspection team:

- Visited the community mental health teams and looked at the quality of the environment and observed how staff were caring for patients.

- Observed six home visits, two depot clinics, a physical healthcare clinic and two clozapine clinics.
- Spoke with 28 patients and two carers.
- Spoke with the service manager and operations manager for each service.
- Spoke with 37 other staff members; including doctors, psychologists, advocates, nurses and occupational therapists.
- Attended and observed three daily meetings, a referral meeting and two team meetings.

We also:

- Looked at 47 sets of care and treatment records.
- Reviewed in detail 13 sets of legal paperwork relating to community treatment orders.
- Carried out a specific check of the medication management on four services.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

- Patients were generally positive and complimentary both about the service and the individual staff members.
- Some concerns were expressed at Kettering CMHT that staff did not always return phone calls and that some patients found it difficult to contact staff when they needed them.

Good practice

- There were daily discussions of risk and amendment of the teams risk register.
- People's treatment outcomes were being monitored consistently.
- There were dedicated appointments for people to access in case of emergency or increased need.
- Team 63 were receiving training around a new psychological therapy, Mentalisation Based Treatment (MBT) – a treatment designed to help people with relationships and the ability to manage their own emotions.
- The Northampton CMHT was developing a therapeutic programme around the injectable anti-psychotic medication Olanzapine. The team had developed a designated lounge for people to use for the three hour observation period post injection and were in discussion with other trusts to develop productive and therapeutic activity programmes while people were being monitored.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the trust MUST take to improve the community mental health services for people of working age

- The trust must ensure medical equipment is in working order. The two ECG machines at the Northampton location were not maintained in working order. One was not working and the other was reported as unreliable. These were managed by an external contractor but had been out of action “for some time”. The blood pressure machine and scales had not been calibrated at the Isbrook location and there was no thermometer for use in the physical health clinic.
- The trust must maintain accurate records of stocks of medication held by them at the Corby and Kettering locations.

Action the trust SHOULD take to improve the community mental health services for people of working age

- The trust should review the systems in place for dispensing Clozapine at Corby CMHT with regards to support workers handing out pre-packed medication and the identification and monitoring of potential physical health complications and side effects.

- The trust must ensure there is a system in place for capturing, analysing and demonstrating learning from concerns raised or complaints made at a local level or that did not require a written formal response.
- The trust should ensure that the proposed service level agreement with an external pharmacy company from April 2015 includes effective monitoring arrangements for those patients prescribed Clozapine.
- The trust should ensure that all risk assessments are comprehensive, accurate and updated consistently.
- The trust should ensure that any safeguarding referrals that have been made are clearly identifiable in the person’s notes and liaison with other services is effective with regards to potential risks to children.
- The trust should ensure there is consistent documentation of formal supervision and appraisal of staff.
- The trust should ensure that clinical information is not lost due to the lack of interface of the IT systems within the organisation.
- The trust should ensure that patients are provided with information about the service and involved in their care plans.
- The trust should ensure that local auditing is completed consistently and can be accessed in a timely and efficient manner.

Northamptonshire Healthcare NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Wellingborough CMHT	Isebrook Hospital
East Northants CMHT	Isebrook Hospital
Kettering CMHT	St Mary's Hospital
Corby CMHT	Stuart Road Clinic
Northampton East CMHT	Campbell House
Northampton West CMHT	Campbell House
Team 63	Campbell House
Changing Minds (North team)	Willowbrook Health Centre

Mental Health Act responsibilities

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

Care and treatment was being provided for some patients under community treatment orders (CTO). The paperwork we scrutinised was mostly in good order. Staff had a good awareness of the conditions of the CTOs and where to find additional information if required.

Detailed findings

Consent to treatment requirements were met, except in the Wellingborough and East Northants CMHT where we found consent for medication form attached to the wrong person's medication card.

It was not consistently and clearly recorded whether patients had understood their rights under the CTO.

Mental Capacity Act and Deprivation of Liberty Safeguards

We found staff had received basic training in MCA and DoLS. Their awareness of the application of this within the community was limited with regards to the independent advocacy services provided by the trust.

Are services safe?

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

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

Summary of findings

We rated the mental health community services for adults as requires improvement for safe because:

- Risk assessments were not always sufficiently detailed. For example, we noted in historic risk assessment documentation that there had been a history of using firearms which was not highlighted in the current assessment. There was also a lack of detail in assessments and clear documentation as to whether a safeguarding alert had been raised where there was a potential risk to children in relation to the service user's mental health.
- The environments were safe and in good condition.
- Teams were mostly well staffed.
- People who used services had crisis plans in place.
- There were good examples of learning from incidents. We saw the example of safety checks being used following a medication error.
- There were daily discussions of risk within each team with actions planned to address immediate concerns.
- Risks assessments were contained in each person's notes.
- Waiting lists were monitored to detect increases in risk presented by people's mental health deteriorating.
- Staff had undertaken safeguarding training and there were good safety systems for lone working.

Medication administration was safe across the teams

- Clinic rooms were generally well equipped with equipment to carry out physical examinations. The two ECG machines at the Northampton CMHT location were not working effectively. One was not working and the other was reported as unreliable. These were managed by an external contractor but had been out of action "for some time". Blood pressure machine and scales had not been calibrated at the Isbrook location and there was no thermometer for use in the physical health clinic.
- Accurate records of stocks of medication were not maintained by the community teams at Corby and Kettering CMHT. The systems in place for dispensing Clozapine at Corby CMHT required review. In particular with regards to support workers handing out pre-packed medication and the identification and monitoring of potential physical health complications and side effects.

Safe Staffing

- Teams were well staffed with the few vacancies covered by regular agency staff.
- Sickness rates were low in comparison with other services in the Trust (1.9%).
- It was generally possible to access a psychiatrist rapidly if needed and people who used services were able to access dedicated emergency appointments with a psychiatrist.
- Caseloads at Kettering CMHTs were high and staff felt this was unsafe at times. We found case loads ranging from 36 to 31 at Kettering CHMT. Caseloads at Corby and Northampton East and West were lower at 25 to 30 service users. However, staff informed us and we found that some staff had a higher proportion of challenging cases / those on CTO's than others. Consultants informed us they have an average of 300 service users on their caseloads which they felt was manageable at present.
- The allocation of people under community treatment orders was not evenly spread across the team.
- At Kettering concerns were raised around the lack of continuity of care for people due to the use of locum psychiatrists.

Our findings

Safe Environment

- The physical environment at the clinics were safe and in good condition. Interview rooms were fitted with alarms.

Are services safe?

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

Assessing and managing risk for patients and staff

- The systems in place for dispensing Clozapine at Corby CMHT required review. In particular with regards to support workers handing out pre-packed medication and the identification and monitoring of potential physical health complications and side effects.
- There were daily discussions of risk within each team with actions planned to address immediate concerns. Risks assessments were contained in each set of notes that we examined. We found however that these were not always updated in a timely manner.
- Risk assessments were not always sufficiently detailed. For example, we noted in historic risk assessment documentation that there had been a history of using firearms which was not highlighted in the current assessment. There was also a lack of detail in assessments and clear documentation as to whether a safeguarding alert had been raised where there was a potential risk to children in relation to the service user's mental health.
- Patients had crisis plans in place.
- Waiting lists were monitored to detect increases in risk presented by people's mental health deteriorating.
- Staff received safeguarding training and were aware of how to make a referral if required. They told us that they were well supported by the trust's safeguarding team.
- Safeguarding referrals had been made but these were not clearly identifiable and referrals involving children were not being highlighted effectively.

- There were good safety systems for lone working and staff were aware of the relevant protocols.

Track record on safety

- The trust had risk registers and safety thermometers at service line and team level regarding risks for their area with identified actions.
- The CMHT were seeing service users on the Care Programme Approach within seven days of discharge in 96.71% of cases, over the 95% performance target.
- There were no suicides within three days of discharge between April 2012 and March 2013
- Within the period April 2012 to March 2013, there were three suicides of outpatients who were not in receipt of care at the time of their death.
- The trust notified CQC of any concerns promptly and took action to investigate these.
- Senior trust staff were aware of the new duty of candour requirements.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents using the trust-wide electronic reporting system.
- Staff demonstrated openness about incidents where things had gone wrong and were able to show us documentation of the investigation and actions taken, including discussion and apology to the patient.
- We saw team minutes that demonstrated the sharing of information about serious incidents that had happened.

Are services effective?

Good 

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

Summary of findings

We rated mental health community services for adults as requires improvement for effective because:

- Assessments and care plans were up to date and we found evidence that NICE guidelines were being followed in relation to access to psychological therapies and the monitoring of physical health whilst receiving antipsychotic medication.
- There was good multi-disciplinary working.
- Informal supervision was occurring and staff informed us the teams were supportive of each other. Formal supervision was mostly documented however the records were not complete across all locations.
- The Health of the Nation Outcome Scale (HoNOS) was used to measure people's progress in treatment.
- The teams were meeting their targets for follow up appointments.

- Care plans included information on service user's physical health needs and each team had a specific physical health clinic run by support workers.
- The progress of patients was monitored using the Health of the Nation Outcome Scale (HoNOS) as well as more local service-based measures.
- Team 63 used feedback and evaluation tests at the beginning and end of each stage of treatment.
- All of the teams were meeting their targets for follow up appointments.
- The Changing Minds team had developed innovative ways of working with people using personalised, virtual sessions including Skype and webinars to assist people who had difficulty attending treatment.
- The team provided specialist psychological therapy treatment and had robust methods of evidencing the impact of interventions for patients.
- Team 63 delivered a programme of treatment for people with a diagnosis of personality disorder which patients told us had made a significant difference in their lives.
- Team 63 delivered training throughout the trust, supporting staff to care for patients with a diagnosis of personality disorder and those who were very difficult to engage.

Our findings

Assessment of needs and planning of care

- Assessments and care plans were up to date, personalised and completed in a timely manner when patients began treatment.
- Information was held securely on the trust's information management system. Staff accessed this as required.
- Staff highlighted a difficulty when patients were receiving support from social services and other community services as they used a different recording system. This could mean that important information was not shared and could be lost.

Best practice in treatment and care

- We found evidence that NICE guidelines were being followed in relation to access to psychological therapies and the monitoring of physical health whilst receiving antipsychotic medication in locations where monitoring equipment was working.

Skilled Staff to deliver care

- The team included occupational therapists and psychologists. A pharmacist was available for consultation when required and each team had dedicated psychiatrist cover.
- Staff were up to date with their mandatory training and had undertaken additional training specific to their role such as cognitive behavioural therapy (CBT).
- It was clear that informal supervision was occurring and staff informed us the teams were supportive of each other. Formal supervision was generally documented however the records were not fully completed across the locations.

Multi-disciplinary and inter-agency team work

Are services effective?

Good 

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

- There was good multi-disciplinary working. This included daily team meetings where patient risks were systematically reviewed and in which the MDT were present and weekly full team meetings where comprehensive clinical discussions took place.
- The teams worked closely with the crisis team to ensure patients received appropriate support when they needed it.
- Staff had good relationships with other core services but felt relationships with social workers had weakened as they had recently been removed from the teams following the recent reorganisation.

Adherence to the MHA and the MHA Code of Practice

- Care and treatment was being provided for some patients under community treatment orders (CTO). The required legislative paperwork was well maintained.
- Staff had a good awareness of the conditions of the CTOs and where to find additional information if required.

- Consent to treatment requirements were met, except in the Wellingborough and East Northants CMHT where we found a consent for medication form attached to the wrong person's medication card.
- It was not consistently and clearly recorded whether patients had understood their rights under the CTO.

Good Practice in applying the MCA

- We found staff had received basic training in MCA and DoLS.
- The trust's MCA/ DoLS policy was available throughout the service.
- Staff awareness of the independent mental health and mental capacity advocacy services provided by the trust was limited. Staff we spoke with did not know when to refer people to the services and some told us they undertook this role themselves, meaning the service user had no independent support in the case of raising a complaint
- Staff awareness and knowledge of this change was limited across the core service.

Are services caring?

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

Summary of findings

We rated mental health community services for adults as good for caring because:

- Most patients felt they were treated with respect and dignity and kindness.
- Patient feedback was obtained through service user forums and the trust wide programme called “I want great care”.
- Staff showed a compassionate attitude.
- Whilst observing visits we noted that staff demonstrated a respectful manner.
- Inconsistent recording of patient involvement in the planning of their care was noted at Kettering, Corby and the CMHTs based at Isebrook Hospital.

- Staff demonstrated an understanding of the individual needs of people they cared for
- Staff showed a compassionate attitude and whilst observing visits to patients we noted a respectful manner was used.

The involvement of people in the care they receive

- Patient feedback was obtained through a service user forum, a service user group which met bimonthly.
- Patients gave feedback via the trust wide programme called “I want great care”.
- Patients were involved in the recruitment of new staff.
- Patients were able to access the trust advocacy service. Staff knowledge of this was limited but staff told us they tend to act as the person’s advocate if required. Patients confirmed this.
- “Patient stories” were used in trust board meetings to promote involvement and understanding.
- Inconsistent recording of patient involvement in the planning of their care was noted at Kettering, Corby and the CMHTs based at Isebrook Hospital.

Our findings

Kindness, dignity, respect and compassion

- Most patients felt they were treated with respect and dignity and kindness.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated mental health community services for adults as good for responsiveness because:

- There was effective management of waiting lists which included signposting patients towards more appropriate services.
- We saw the criteria for referral to the CMHT service had been refined and the duty / facilitator system was effective in managing these referrals.
- The teams were proactive in engaging people who found it difficult to or who were reluctant to engage with services.
- We saw outstanding and innovative practice when visiting the Changing Minds team at Corby where new ways of working were used to increase access for patients.
- Interpreters were available for those who required them.
- There was a procedure for responding to formal or written complaints made by patients. We saw examples of these and the changes made as a result.
- There was no trust wide system in place for capturing, analysing and demonstrating learning from concerns raised or complaints made at a local level.

- Each team kept a number of appointments available that were used for patients requiring additional support.
- Patients who required additional support to avert a crisis could be seen in a timely manner.
- The teams were proactive in engaging people who found it difficult to or who were reluctant to engage with services. This included phone contact and support, drop in appointments and where required assertively setting the boundaries and expectations of being in treatment.
- We saw outstanding practice when visiting the Changing Minds team where new ways of working were used to promote access for patients, such as webinars, skype and a recovery-focused application for smart phones.
- Patients were given a choice of appointments and the appointments system generally ran on time.

The facilities promote recovery, dignity and confidentiality

- The buildings were well maintained although the team at Isebrook hospital were in temporary accommodation whilst their offices were being refurbished.
- The teams had the full range of rooms and equipment available to provide treatment.
- The interview rooms generally promoted privacy but the walls at the facilities in Corby were thin which could compromise the confidentiality of conversations.
- There was a range of information regarding services available to people in waiting area at Campbell House. However, information was sparser at other locations.

Meeting the needs of all people who use the service

- Each clinic had access for the disabled.
- Interpreters were available when required and we saw evidence of innovative approach to the challenge of providing interpreter services to patients undergoing psychological therapies which honoured their cultural needs and maintained their privacy.
- For example, a service user who spoke very limited English was being supported through talking therapies by the same interpreter to maintain consistency and privacy.

Listening to and learning from concerns and complaints

Our findings

Access, Discharge and Transfer

- There was effective waiting list management which included signposting patients towards more appropriate services such as Changing Minds therapies team, the wellbeing facilitators and other third sector or voluntary services.
- There were 18 patients awaiting a care co-ordinator across the trust.
- We saw the criteria for referral to this core service had been refined and the duty facilitator system was effective in managing these referrals.

Are services responsive to people's needs?

Good 

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

- There was a procedure for responding to formal or written complaints ("level 2") made by patients. We saw examples of these and the changes made as a result.
- Staff expressed their concern with regards to the new complaints system which was being trialled. The teams had raised this with the trust board for review.
- There was no trust wide system in place for capturing, analysing and demonstrating learning from concerns raised or complaints made at a local level.

Are services well-led?

Good 

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

Summary of findings

We rated mental health community services for adults as good for well led because:

- The senior management were spoken of with great regard by all staff.
- Staff felt valued and felt their managers were accessible and approachable.
- There was an open culture and good team working within each team.
- The chief executive was highly regarded by the teams and board members had attended local team meetings.
- The team risk register was accessible to all staff and used on a daily basis.
- Feedback was received from staff through the team meetings in addition to staff away days.
- Examples were seen of innovative practice within some teams.
- Local managers were under great pressure as a result of the recent and ongoing consultation and reorganisation of services.
- Managers were overstretched and this had affected the quality of auditing and monitoring of the service.

- Other board members had attended team meetings to understand the core services being provided.

Good Governance

- We saw evidence of good learning from serious incidents and the monitoring of less serious occurrences.
- The core service local risk register was accessible to all staff and used on a daily basis during morning meetings to assess any risks presented by changes in the service user's presentation.
- Feedback was received from staff through these meetings in addition to staff away days. Information around significant risks (both clinical and non-clinical) was then escalated to the Trust-wide risk register for consideration by senior management.
- At Corby CMHT, there was a consultant-led community group to improve interactions with local stakeholders and to help identify gaps in the service. It consisted of local GP's, social workers and the police in addition to CMHT staff.
- There were systems in place to monitor training, supervision and complaints. However, we found these were not consistently completed in some teams.
- Not all the key performance indicators were available to team managers.

Leadership, morale and staff engagement

- There was an open culture and good team working.
- Staff felt able to feedback on services and the sickness level over the preceding 12 months was 1.9% which was low in comparison with the rest of the trust.
- The management told us they were under great pressure as a result of the recent and ongoing consultation and reorganisation of services.
- Managers being overstretched and this had an effect on the quality of auditing and monitoring of the service.
- Some managers were covering several teams and this was cited by staff as a factor in the low morale in some teams.

Commitment to quality improvement and innovation

Our findings

Vision and values

- Staff told us about the trust's values.
- There had been a recent trust wide re-organisation of community mental health services
- The senior management were spoken of with great regard by all staff. They felt valued and felt their managers were accessible and approachable.
- The chief executive was highly regarded by the teams and we were told of her action to bring forward interviews as a result of staffing concerns expressed to her.

Are services well-led?

Good 

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

- Team 63 were involved in several initiatives including learning from other services across the county, most recently with Somerset services to introduce a new way of working with people. The team were also receiving training around a new psychological therapy, Mentalisation Based Treatment (MBT) – a treatment designed to help people with relationships and the ability to manage their own emotions.
- The Northampton CMHT was developing a therapeutic programme around the injectable anti-psychotic medication Olanzapine. The team had developed a designated lounge for people to use for the three hour observation period post injection and were in discussion with other providers to develop productive and therapeutic activity programmes while people were being monitored.
- There were representatives from other trusts visiting to observe how the team was developing this new initiative.
- Changing Minds were involved in a project funded by NHS England around the treatment of long term conditions. The detailed approach to monitoring outcomes and progress against targets and their use of technology to engage people was outstanding.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities)
Regulations 2010 Assessing and monitoring the quality of service provision

The trust must ensure there is a system in place for capturing, analysing and demonstrating learning from concerns raised or complaints made at a local level or that did not require a written formal response.

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA 2008 (Regulated Activities)
Regulations 2010 Safety, availability and suitability of equipment

The trust must ensure medical equipment is in working order. The two ECG machines at the Northampton location were not maintained in working order. One was not working and the other was reported as unreliable. These were managed by an external contractor but had been out of action “for some time”. The blood pressure machine and scales had not been calibrated at the Isbrook location and there was no thermometer for use in the physical health clinic.