

Northamptonshire Healthcare NHS Foundation
Trust

Community-based mental health services for older people

Quality Report

Sudborough House, St Mary's Hospital
77 London Road
Kettering
Northamptonshire
NN15 7PW
Tel: 01536 410141
Website: www.nht.nhs.uk

Date of inspection visit: 2 - 6 February 2015
Date of publication: 26/08/2015

Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Trust Headquarters	RP1X1	Older People's Community Mental Health Team, Northampton	NN15 7PW
Trust Headquarters	RP1X1	Older People's Community Mental Health Team, Rushden	NN15 7PW
Trust Headquarters	RP1X1	Older People's Community Mental Health Team, Corby	NN15 7PW

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-based mental health services for older people

Good 

Are Community-based mental health services for older people safe?

Good 

Are Community-based mental health services for older people effective?

Good 

Are Community-based mental health services for older people caring?

Good 

Are Community-based mental health services for older people responsive?

Good 

Are Community-based mental health services for older people 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

Contents

Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Background to the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
What people who use the provider's services say	9
Good practice	9
Areas for improvement	9

Detailed findings from this inspection

Locations inspected	10
Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Findings by our five questions	12

Summary of findings

Overall summary

Overall summary

We rated community services for people with mental health problems overall as good because:

- Staff were committed and effective in treating older people with mental health problems.
- Each service inspected had a high proportion of staff that were experienced, skilled and long-serving within the service.
- The service had a good safety record and good safety protocols in place.
- People were seen and assessments took place in a timely manner.
- Information was stored securely and was accessible when needed.
- Different parts of the service worked well together sharing information and skills for the benefit of people using the service.
- Staff responded promptly to urgent requests for help.
- People using the service were positive about the support, kindness, effectiveness and responsiveness of staff.

- Staff were well trained and generally felt well supported.

However:

- The older people's community mental health team at Stuart Road did not have a record of medicines received and medicines taken out. This meant it could not account for the proper use of medicines it was responsible for. Managers confirmed that this concern would be addressed promptly.
- Some concerns were expressed by staff at the high levels of caseloads.
- A shortage of psychologists at Rushden meant that psychological therapies were not always available.
- Staff at Stuart Road felt that a lack of management support had a negative impact on their effectiveness. This showed in the high stress levels there amongst staff.

Summary of findings

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

Are services safe?

We rated the older people mental health community services as good for safety because:

- The service benefited from having some very experienced, competent and committed staff.
- Teams had a good record on safety and learned from incidents and also used reflective practice to learn and improve.
- Staffing was usually maintained at safe levels
- There were good safety protocols and good assessments and management of risk.

However:

- The older people's community mental health team at Stuart Road did not have a record of medicines received and medicines taken out. This meant it could not account for the proper use of medicines it was responsible for. Managers confirmed that this concern would be addressed promptly.
- Some concerns were expressed by staff at the high levels of caseloads.

Good



Are services effective?

We rated the older people mental health community services as good for effective because:

- Assessments were completed in a timely manner.
- Care records were up to date and information for staff was accessible.
- The trust shared information effectively and teams worked together in the best interests of those using the service.
- Staff showed a good awareness of people's physical healthcare needs as well as their mental health needs.

However:

- A shortage of psychologists within one team meant that psychological therapies were not always available.

Good



Are services caring?

We rated the older people mental health community services as good for caring because:

- Staff showed good commitment to treating and supporting those people using the service.
- People using the service, and their carers and relatives, were kept informed and involved about care and treatment.

Good



Summary of findings

- People using the service were treated with dignity, respect, kindness and compassion.
- Staff worked well to put people at ease.

Are services responsive to people's needs?

We rated the older people mental health community services as good for responsiveness because:

- People requiring a service were seen promptly.
- People using the service were very positive about its promptness and responsiveness. Teams engaged with those reluctant to engage with services.
- Services were 'dementia-friendly' where appropriate.
- Appointments were flexible to meet the needs of people using the service.
- Activities were prioritised according to people's needs.

Good



Are services well-led?

We rated the older people mental health community services as good for well led because:

- Teams were well motivated, dedicated, shared the values of the trust, and were committed to improvement.
- Staff were well trained, experienced and well supported.

However:

- Staff at Stuart Road felt they were not receiving adequate support following local changes to the structure of teams.

Good



Summary of findings

Background to the service

Community based mental health services for older people are in teams based at a variety of locations throughout Northamptonshire. We inspected the following services:

- The older people's community mental health long term treatment team, Northampton, and the memory assessment service, based at Berrywood Hospital.
- The older people's community mental health long term treatment team Wellingborough/Rushden, and the memory assessment service, based at the Rushden Centre.

- The countywide early onset dementia team based at the Rushden Centre.
- The older people's community mental health long term treatment team North, and the memory assessment service based at Stuart Road, Corby.

These services had not previously been inspected by CQC.

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 community-based mental health services for older people consisted of two CQC inspectors, an expert by experience who had experience of using mental health services and a specialist advisor with a mental health social work background.

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and trust:

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

Before visiting, we reviewed a range of information we hold about Northamptonshire Healthcare NHS Foundation Trust and asked other organisations to share what they knew.

We carried out an announced visit between 03 and 05 February 2015.

During the inspection visit, the inspection team:

- Inspected community-based mental health services for older people based at five locations.

Summary of findings

- Met with nine people who were using the service.
 - Spoke with the managers of four teams.
 - Met with 25 other staff members; including doctors, nurses and student nurses.
 - Attended and observed two multi-disciplinary meetings, two team meetings and two supervisions
 - Carried out with permission three visits with staff to see people who used the service in their own homes.
- We also:
- Reviewed in detail 11 care and treatment records.
 - Examined a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

- People we spoke with who used the service were overwhelmingly positive in their responses.
- People told us how kind, caring and helpful the staff that treated and supported them were.
- People had great confidence in the ability of staff to respond to individual needs promptly and effectively.
- Some people with functional illnesses had known particular staff for many years. One person, for example, valued a familiar member of staff who had helped them through difficult times and still helped them maintain their well-being in the community.

Good practice

- The continuity of care provided by this service was valued by patients.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the trust **SHOULD** take to improve

- The trust should review its systems and processes for the recording of dispensed medication.
- The trust should ensure that all staff are supported through a period of change and increasing pressure of work.
- The trust should ensure that a review takes place of the provision of psychologists and occupational therapists in some areas.

Northamptonshire Healthcare NHS Foundation Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Older People's Community Mental Health Team, Northampton	Trust Headquarters
Older People's Community Mental Health Team, Rushden	Trust Headquarters
Older People's Community Mental Health Team, Corby	Trust Headquarters

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.

- Staff were trained in and had a good awareness of the Mental Health Act and the code of practice. They told us much of their work in this respect concerned people in care homes.
- There were clear protocols in place where people required referrals for Mental Health Act assessments and evidence of prompt accessible support available from consultant psychiatrists.
- There were no examples of community treatment orders in use.
- Staff told us they rarely used them but were able to explain how they were used when required and how people's rights were explained to them.
- Staff could get legal advice from the trust if required.

Detailed findings

- Audits of the application of the Mental Health Act took place. These were stored electronically at St. Mary's

hospital. The most recent report of the trust's Mental Health Act scrutiny group showed no concerns about the application of the Mental Health Act within older people's community mental health teams.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were able to give clear examples of how they supported patients and services in working within the Mental Capacity Act.
- The majority of work staff did with the Mental Capacity Act was in care homes.
- Staff gave examples of how they supported care homes or drew to their attention when someone needed consideration for a deprivation of liberty safeguards authorisation because their liberty was being restricted.
- Staff gave examples of best interest meetings when patients' wishes conflicted with the service's duty of care. These, for example, took place when patients with

reduced mental capacity did not agree to taking medication or having other medical interventions essential to their well-being. Staff would ensure best interests meetings took place before any actions took place that compromised people's freedoms. They would take an active role in supporting individual well-being and ensuring restrictions or interventions were in accord with the person's needs. This occurred principally in supporting people in care homes.

- Staff showed a good understanding of the Act and were able to guide staff in care homes when required.

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 older people mental health community services as good for safety because:

- The service benefited from having some very experienced, competent and committed staff.
- Teams had a good record on safety and learned from incidents and also used reflective practice to learn and improve.
- Staff responded promptly to any sudden deterioration in people's health. Examples were seen of proactive interventions by staff.
- Staffing was usually maintained at safe levels
- There were good safety protocols and good assessments and management of risk.

However:

- The older people's community mental health team at Stuart Road did not have a record of medicines received and medicines taken out. This meant it could not account for the proper use of medicines it was responsible for. Managers confirmed that this matter would be addressed promptly.
- Some staff expressed concern about a perceived disparity in individual case loads.

- Because of the varying nature of the services, caseloads varied enormously, with numbers on caseloads not necessarily reflecting workloads.
- The early onset dementia team had large caseloads because patients living with dementia remained on their active caseload, but in many cases were stable and reviewed every six months.
- There was not a problem with short term sickness in this service teams. There were however, a number of staff on long term sickness leave. These gaps were being covered by agency and bank staff.
- Services had psychiatrists available as an integral part of teams, or on demand support when required.

Assessing and managing risk to patients and staff

- Staff undertook risk assessments of patients at the initial triage/ assessment and updated this regularly.
- Staff responded promptly to any sudden deterioration in people's health. Examples were seen of proactive interventions by staff.
- Staff received training in safeguarding and knew how to make an appropriate alert.
- Staff were able to give examples and scenarios in which relevant safeguarding referrals were made.
- Staff had clear personal safety protocols. This included safe lone working practice.
- Staff explained the practice for lone working and in what circumstances additional staff would be required. There were alerts on the computer system identifying known potential risks to staff. Protocols and risk management plans were in place for such situations.
- There were risk based plans, and protocols on what to do if people using the service did not respond to calls. Staff gave clear examples of their responses in such situations.
- Most of the services we looked at did not store medication, but supported patients who obtained medicines themselves, either from pharmacies, wards or directly from GPs. Where medicines were stored, they were stored securely, with sharps also being stored and disposed of properly.

Our findings

Older people's community mental health teams
Northampton Corby and Rushden

Safe environment

- The majority of the service was provided in people's homes or on hospital wards.
- Clinic rooms were clean and suited for purpose with good facilities and adequate soundproofing to ensure confidentiality.

Safe staffing

- The service was staffed by experienced and competent staff who were clear on priorities and committed to safe practice.

Are services safe?

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

However:

- The older people's community mental health team at Stuart Road did not have a record of medicines received and medicines taken out. This meant it could not account for the proper use of medicines it was responsible for. The manager for this service confirmed that this matter would be addressed promptly.

Track record on safety

- Staff and managers told us they had few if any adverse incidents in this service. This was supported by those records seen.

- We saw information concerning alerts in related services so that staff were made aware of these

Reporting incidents and learning from when things go wrong

- Staff were clear on incident reporting and how to report these. Staff gave examples of what to report. These ranged from suspecting abuse in a person's own home to poor practice in a care or nursing home, or in a hospital.
- Staff were clear on the distinction between reporting abusive practice and in supporting services by helping improve practice.

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 the older people mental health community services as good for effective because:

- Assessments were completed in a timely manner.
- Care records were up to date and information for staff was accessible.
- The trust shared information effectively and teams worked together in the best interests of those using the service.
- Staff showed a good awareness of people's physical healthcare needs as well as their mental health needs.

However:

- A shortage of psychologists within one team (Rushden) meant that psychological therapies were not always available.

Our findings

Older people's community mental health teams
Northampton Corby and Rushden

Assessment of needs and planning of care

- Comprehensive assessments were completed in a timely manner.
- Services showed a clear sense of prioritisation according to need, with risk and safeguarding issues producing 24 hour responses.
- Care records were up to date and were personalised. They were recovery-based for patients with functional illnesses, and for people with dementias, they focused on well-being.
- Care plans showed patient and carer involvement in the process. Risk assessments were detailed and highlighted positive and negative factors. Appropriate support mechanisms were recorded to manage identified risks.
- Information for staff was stored securely and accessibly. Records were stored electronically, making them available across sites.

- Where information was initially obtained and recorded on paper, it was later scanned into the electronic database. Paper information, once electronically recorded, was securely destroyed.

Best practice in treatment and care

- Medication needs were discussed in team meetings where senior practitioners could give advice and staff with appropriate prescribing rights could agree appropriate medications.
- We saw that psychological therapies were being offered. At Rushden there was a vacancy for a psychologist, which meant such therapies couldn't be offered.
- Staff gave us examples of support given in areas such as social care packages. One staff member told us how they supported a person to get a home care package arranged.
- Staff showed a good awareness of the need to ensure people's healthcare needs were met. Team meetings included discussions of people's physical healthcare needs.
- Staff monitored medication, often jointly with care homes and other professionals, to ensure that people were not over-medicated. Consultant psychiatrists were kept fully involved to ensure they could guide best practice.
- Team discussions of individual cases showed a good holistic approach to patient need.
- Outcome measures were used to rate severity and outcomes. Teams used rating and outcome tools to benchmark and monitor severity of dementia and physical health needs.
- Clinicians gave examples of clinical audits and their value in improving practice. For example, an audit of anti-psychotic care plans in one area had shown a need for these to be updated.
- We saw medications being dispensed appropriately during home visits with the nurse clear and confident about what to do, including disposal of equipment.
- Medicines were prescribed appropriately, through agreement with consultants.

Skilled staff to deliver care

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.

- Teams were made up of a variety of health professionals. Because some teams were small, or because there were vacancies, some teams did not have the full range of professionals within them. Psychiatrists were available wherever needed.
- Some areas had vacancies for psychologists and occupational therapists, but were actively recruiting to fill these.
- the Rushden team told us of the excellent links they had with their local social work team, and detailed how they worked together with them, doing joint assessments, best interests meetings and safeguarding meetings.
- Staff were inducted appropriately and received mandatory training. Records showed the service had an overview of training and highlighted where mandatory training had not taken place within agreed timescales.
- Supervisions and appraisals were taking place and staff told us they felt supported. The one exception was Stuart Road, where staff told us they had not received formal supervision for several months and felt unsupported. They felt stressed and unsupported, following changes to the structure of their team.
- Although staff all received mandatory training, some staff felt that within their specialisms, certain areas such as dementia should also have been mandatory for all staff.
- Student nurses were supported within teams and were positive in responding to questions about their learning and support.
- Supervisions were effective, clear, and were an aid to improving practice, while recognising good practice and individual needs.
- Performance issues were being addressed where appropriate. Managers were able to give example of these being resolved to improve the effectiveness and responsiveness of the service.
- Multi-disciplinary meetings took place. These contained a wide mix of health professionals who were able to contribute, share experience and come to joint decisions on the best way to treat and support people using the service.
- Stuart Road had a weekly team meeting which was largely a discussion of new and continuing cases. This was effective as it enabled actions to be planned and also allowed for contributions to be made from other team members.
- We saw examples of good co-operation between teams to ensure people who needed it got prompt support. We saw examples at Stuart Road of prompt responses to early dementia diagnosis order to effectively support families and carers to enable people to be treated and maintained in the community.
- Where there were social workers based in teams, as in Rushden, this facilitated good joint working.
- Teams were accepting assessments done by another team, rather than doing their own and in effect duplicating work. This showed that teams were now working together more effectively.

Adherence to the MHA and the MHA Code of Practice

- Staff were trained in and had a good awareness of the Mental Health Act and the code of practice. They told us much of their work in this respect concerned people in care homes.
- There were clear protocols in place where people required referrals for Mental Health Act assessments and evidence of prompt accessible support available from consultant psychiatrists.
- There were no examples of community treatment orders in use.
- Staff told us they rarely used them but were able to explain how they were used when required and how people's rights were explained to them.
- Staff could get legal advice from the trust if required.
- Audits of the application of the Mental Health Act took place. These were stored electronically at St. Mary's hospital. The most recent report of the trust's Mental Health Act scrutiny group showed no concerns about the application of the Mental Health Act within older people's community mental health teams.

Good practice in applying the MCA

However:

- A shortage of psychologists within some teams meant that psychological therapies were not always available.

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.

- Staff were able to give clear examples of how they supported patients and services in working within the Mental Capacity Act.
- The majority of work staff did with the Mental Capacity Act was in care homes.
- Staff gave examples of how they supported care homes or drew to their attention when someone needed consideration for a deprivation of liberty safeguards authorisation because their liberty was being restricted.
- Staff gave examples of best interest meetings when patients' wishes conflicted with the service's duty of care.
- Staff showed a good understanding of the Act and were able to guide staff in care homes when required.

Are services caring?

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

Summary of findings

We rated the older people mental health community services as good for caring because:

- Staff showed good commitment to treating and supporting those people using the service.
- People using the service, and their carers and relatives, were kept informed and involved about care and treatment.
- People using the service were treated with dignity, respect, kindness and compassion.
- Staff worked well to put people at ease.

Our findings

Older people's community mental health teams
Northampton Corby and Rushden

Kindness, dignity, respect and compassion

- We went on three visits with staff from different teams. Staff interactions with people using the service were responsive, respectful and supportive.
- People using the service were extremely positive about it. We had nothing but positive feedback from people we spoke with. Particular praise came for staff at Stuart Road.

- Staff understood about the holistic healthcare needs of their patients.
- We saw that patient confidentiality was maintained.

The involvement of people in the care they receive

- People using the service told us they were kept informed and involved in their care. People were supported to maintain independence wherever possible.
- Where staff assessed people, they gave a summary of decisions and findings in a clear manner to ensure that people using the service understood and agreed with proposed courses of action.
- Team discussions, individual cases and carer feedback showed that families and carers were involved and supported.
- Staff showed a good awareness of the impact one person's mental health needs could have on their loved ones and offered support and advice in this area.
- Advocacy was available. Each team had access to a variety of advocacy services.
- We saw feedback in the form of 'Great Care' comment cards used by the trust. Responses were very positive; reflecting what users of the service told us when we spoke with them.

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 the older people mental health community services as good for responsiveness because:

- People requiring a service were seen promptly.
- People using the service were very positive about its promptness and responsiveness. Teams engaged with those reluctant to engage with services.
- Services were 'dementia-friendly' where appropriate.
- Appointments were flexible to meet the needs of people using the service.
- Activities were prioritised according to people's needs.

Our findings

Older people's community mental health teams
Northampton Corby and Rushden

Access, discharge and transfer

- People were seen promptly. Urgent referrals were seen the same day or the following weekday. The crisis or 'out of hours' team was available where required. There was no evidence of waiting lists.
- Commissioners had set a target time of 13 weeks between referral and appointment for this core service. Evidence was seen of response rates of two to three weeks to referrals.
- Examples were seen of teams being flexible and responding to calls appropriately. Patients told us staff were responsive and answered calls appropriately. No cancelled appointments were reported.
- There were clear admission and referral criteria in place.
- Examples were seen of where the service supported people who were reluctant to engage with mental health services. Occupational therapists explained how they supported people reluctant to engage with services and how they had got people motivated to address their physical health care needs.

- Staff ran through scenarios of what they did when people didn't respond to calls. Staff showed themselves to be sensitive and responsive to people's wishes and needs where people were reluctant to engage, changing staff and approaches where necessary.
- Memory assessment clinics gave people the choice of home visits or appointments. They recognised that most people preferred home visits and accommodated these. Home visits also minimised the chances of missed appointments.
- Staff told us they worked hard to honour appointments and were only late if these overran. They said this was inevitable at times, but we had no complaints about this from people we spoke with.

The facilities promote recovery, dignity and confidentiality

- Most patients were seen on home visits. However, there were facilities for some people to be seen at clinics.
- .
- The service also helped staff and patient well-being by highlighting those patients who needed extra support because of their mental health needs by displaying discreet butterfly insignia by patients' beds.
- Patient passports were being developed. These were one page 'grab sheets' which gave staff basic health care information which the patient might not be able to give themselves, owing to their mental health. Dementia care packs were given to carers when a diagnosis was confirmed.
- We saw information on treatments, local services, patients' rights, and how to complain. These were in public areas and team members told us they took information packs with them to new patients.

Meeting the needs of all people who use the service

- Clinics were accessible to the disabled.
- Staff told us there were interpreters and signers available if required and gave us examples of their use.

Listening to and learning from concerns and complaints

- People using the service were aware of how to complain. The 'I want great care' leaflets were also offered for additional feedback on care and treatment.

Are services responsive to people's needs?

Good 

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

- Staff had an awareness of how to handle complaints appropriately. We discussed with the manager of a team how a complaint was responded to and how that team were still working with the person concerned.
- Staff received feedback from complaints so they could learn from them and take suitable action.

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 the older people mental health community services as good for well led because:

- Teams were well motivated, dedicated, shared the values of the trust, and were committed to improvement.
- Staff were well trained, experienced and well supported.
- However:
- Staff at Stuart Road felt they were not receiving adequate support following local changes to the structure of teams.

Our findings

Older people's community mental health teams
Northampton Corby and Rushden

Vision and values

- Staff knew of and agreed with the organisation's values.
- Team objectives reflected organisation's values and objectives. Whatever their views on recent changes and their detrimental effects on teams, staff maintained a professional approach at all times.
- Staff were aware of the most senior managers in the organisation were and most said they had been visited by senior trust leaders.

However:

- Staff at Stuart Road felt that lack of management support had a negative impact on their effectiveness.

Good governance

- Staff received required mandatory training.

Staff received regular supervision in all but the service at Stuart Road. Here the manager acknowledged "Formal supervision' had been slipping lately" and told us how they planned to address this.

- Staff described various ways in which they received information from the board and other governance meetings for this core service.

- Managers had access to governance systems that enabled them to monitor the quality of care provided. This included the trust's electronic incident reporting system, audits and the electronic staff training record.
- Staff received emails and newsletters from the trust giving updates on trust developments.
- Key performance indicators for this core service were being monitored through the trust's clinical governance systems

Leadership, morale and staff engagement

- Teams within the service were quite small, so overall sickness rates could be affected by small numbers of people with long term sickness. Short term sickness levels were low which reflected staff commitment and morale.
- Staff told us they were confident of using whistleblowing procedures.
- Some staff told us they had escalated concerns about re-organisation and support. They did not fear victimisation. Their main concern was whether or not they would get a useful response to concerns they raised.
- Job satisfaction and morale was high amongst staff in most locations.
- Team work and mutual support was good.
- We were told by managers and teams they were able to give feedback on services and input into service development.

Commitment to quality improvement and innovation

- The memory assessments services told us they planned to apply for accreditation by the relevant approved bodies.
- Services were aware of work they need to improve on in order to be successful in any application. For example that they needed more psychology support in teams to be successful in this accreditation.
- Teams in memory assessment and early onset dementia teams showed keen involvement in the latest research developments in their fields.