St Andrew's Healthcare

# Community Partnerships

## Inspection report

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Date of inspection visit: 7, 9, 13, 17 and 20 December 2021
Date of publication: 28/02/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

| | |
|---|---|
| Overall rating for this location | Good |
| Are services safe? | Requires Improvement |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Summary of findings

## Overall summary

This was the first rated inspection of this service. We rated it as good because:

- The service provided safe care. Clinical premises where service users were seen were safe and clean. The number of service users on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each service user the time they needed. Staff managed waiting lists well to ensure service users who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers for most patients. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the service users. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the service users. Managers ensured these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated service users with compassion and kindness, respected their privacy and dignity, and understood the individual needs of service users. They actively involved service users and families and carers in care decisions.
- The service was easy to access. Staff assessed and treated service users who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude service users who would have benefitted from care.
- The service was well led and the governance processes ensured the procedures relating to the work of the service ran smoothly.
- Managers and staff engaged actively with other local health and social care providers to ensure an integrated health and care system was commissioned and provided to meet the needs of the local population. Staff were continually improving and innovating to improve the service.

However:

- Staff had not recorded action taken following a service user presenting as high risk at the Outpatient and Community service.
- Managers had not ensured all staff completed basic life support and immediate life support training.
- Staff at the Assertive Transitions service had not recorded if they offered a copy of care plans to service users.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| **Community-based mental health services for adults of working age** | Good  | This was the first rated inspection of this service. We rated it as good. See summary above for details. |

# Summary of findings

## Contents

# Summary of this inspection

## Background to Community Partnerships

St Andrew's Healthcare Community Partnerships location registered with the Care Quality Commission on 31 January 2013. The service had a registered manager at the time of our inspection. The Community Partnerships location had an office base with treatment rooms on St Andrew's Healthcare Northampton site.

St Andrew's Healthcare Community Partnerships location provides the following services:

- Veterans Mental Health Complex Treatment Service which is commissioned by NHS England Armed Forces, to provide support and treatment to military veterans across the East Midlands and East of England. The service supported 273 service users at the time of our inspection.

- Assertive Transition Service (new model pilot) which is commissioned by a provider collaborative and covers the southern area of the East Midlands. The service works with service users for up to a year supporting them in their transition from secure in-patient settings to a sustainable community placement. The service supported 37 service users at the time of our inspection.

- Criminal Justice Service commissioned to provide screening/assessment in court, followed by an average of 12 face to face individualised psychological interventions. The purpose is to support the service user and in doing so have a positive impact on reducing reoffending. The service supported 167 service users at the time of our inspection. This service is currently provided across South London and Essex.

- Outpatient and Community Services primarily offering private therapies and more recently supporting NHS trusts with autistic spectrum disorder and attention deficit hyperactivity disorder assessments. The service is also piloting bespoke services for schools and universities to support where there are gaps in current mental health provision. The service provides specialist supervision/case consultation for children's homes. The service supported 119 service users at the time of our inspection.

St Andrew's Healthcare Community Partnerships has been inspected once under the previous name of St Andrew's Healthcare Consultancy Service.

St Andrew's Healthcare Community Partnerships is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

This service was last inspected in February 2014 under the Care Quality Commission's previous methodology and was compliant in all areas inspected.

**What people who use the service say**

We spoke with nine service users during the inspection.

We received positive feedback from everyone we spoke with, with service users telling us the service had changed their life and staff were incredible, faultless, supportive, skilled, lovely and polite. Service users also told us they had been well supported throughout the coronavirus pandemic and offered a choice of face to face or virtual appointments.

# Summary of this inspection

Service users were complimentary about the therapy provided and told us they were given different options to choose from. One service user told us the therapy was like no other they had received in 30 years. Service users who accessed the Northampton base for treatment were positive about the facilities and advised they were clean, comfortable and private.

The service recently started using 'Patient Reported Experience Measures' to monitor feedback and satisfaction with the service. We reviewed the results for November 2021 and 77 service users had submitted responses based on their most recent experience of the service. Eighty-two percent of service users fed back their experience of the service was 'very good', 12% 'good', 0.7% 'poor' and 0.7% 'very poor'.

## How we carried out this inspection

The inspection team visited the Community Partnerships Northampton base on 7 and 9 December 2021 and carried out further off site inspection activity until the 20 December 2021. During the inspection we:

- Toured the environment, including the therapy/treatment rooms
- spoke with nine service users who were using the service
- spoke with 35 staff via focus groups and one to one interviews
- interviewed the service registered manager and two other senior managers
- reviewed 30 service user care records
- reviewed policies and procedures relevant to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

## Outstanding practice

We found the following outstanding practice:

- Community Partnerships supported national agendas in service innovations, particularly with the forensic/criminal justice populations in the community as demonstrated by their work with probation delivering Mental Health Treatment Requirements. These have now become a mainstream sentencing option.

## Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

**Action the service MUST take to improve:**

- The service must ensure staff record action taken when a service user has presented as high risk. (Regulation 17 (1) (2) (c))
- The service must ensure all staff complete basic life support and immediate life support training. (Regulation 18 (2) (a))

# Summary of this inspection

**Action the service SHOULD take to improve:**

- The service should ensure staff record that all service users are offered a copy of their care plan. (Regulation 9 (3)(d))
- The service should consider whether the code to access the building should be changed regularly to reduce the risk of unauthorised persons accessing the building.

# Our findings

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Community-based mental health services for adults of working age | Requires Improvement | Good | Good | Good | Good | Good |
| Overall | Requires Improvement | Good | Good | Good | Good | Good |

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

Good

| | |
|---|---|
| Safe | Requires Improvement |
| Effective | Good |
| Caring | Good |
| Responsive | Good |
| Well-led | Good |

## Are Community-based mental health services for adults of working age safe?

Requires Improvement

This was the first rated inspection of this service. We rated safe as requires improvement.

### Safe and clean environment

**All clinical premises where service users received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.**

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. We reviewed environmental risk assessments including ligature risk assessments. Staff had identified and mitigated against risks through individual service user risk assessments and staff presence.

Staff were provided with personal alarms to use in interview rooms and the provider had processes in place to ensure service users were only seen in the building when adequate staff were available to respond to an emergency.

We were concerned that a staff entrance to the building was secured by a coded keypad and the code had never been changed. This meant staff who no longer worked at the service could access the building.

All areas were clean, well maintained, well-furnished and fit for purpose. We reviewed the most recent cleaning audit completed 5 December 2021 and the service scored 98%. Staff from the provider's quality team completed these audits quarterly. Staff made sure cleaning records were up-to-date.

Staff followed infection control guidelines, including handwashing.

Staff made sure fire safety equipment was well maintained, clean and in working order.

### Safe staffing

**The service had enough staff, who knew the service users and received basic training to keep them safe from avoidable harm. The number of service users on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each service user the time they needed.**

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

Good

## Nursing staff

The service had enough nursing and support staff to keep service users safe.

The service had low vacancy rates. The service reported a vacancy rate for all staff roles of 6% as of 30 November 2021. Vacancies were four whole time equivalent psychologists, 0.4 whole time equivalent occupational therapist, 0.4 whole time equivalent social worker and 0.4 whole time equivalent support worker.

The service had not used bank or agency nurses in the 12 months preceding the inspection

The service had not used bank or agency nursing assistants in the 12 months preceding the inspection.

Managers made arrangements to cover staff sickness and absence.

The service had a high turnover rate. The service reported a turnover rate of 38% for the 12 months preceding 30 November 2021. This improved recently with a turnover rate of 3% in November 2021.

Managers supported staff who needed time off for ill health.

Sickness levels were low. The service reported a sickness rate of 2% for the 12 months preceding 30 November 2021.

The number and grade of staff matched the provider's staffing plan.

## Medical staff

The service had enough medical staff.

Managers had not needed to use locums for additional support or to cover staff sickness or absence. The service was able to access additional medical staff from the provider when required for specialist input.

The service could get support from a psychiatrist quickly when they needed to. Staff described how they would escalate psychiatric emergencies in line with individual risk management plans, for example, requesting support from the appropriate community team and waiting with the service user to ensure their safety.

## Mandatory training

Staff had mostly completed and kept up-to-date with their mandatory training. The service reported a compliance rate of 94% for mandatory training as of 30 November 2021. We were concerned the compliance rate for basic life support was 70% and for immediate life support was 67%. Although senior leaders advised that as a contingency staff were able to access emergency support for physical health issues from the provider's onsite inpatient services, these units were located some distance away.

The mandatory training programme was comprehensive and met the needs of service users and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

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

Good

## Assessing and managing risk to service users and staff

**Staff assessed and managed risks to service users and themselves well. They responded promptly to sudden deterioration in a service user's health. When necessary, staff worked with service users and their families and carers to develop crisis plans. Staff monitored service users on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.**

### Assessment of service user risk

Staff completed risk assessments for all service users in line with the provider's policy, using a recognised tool, and reviewed these regularly, including after any incident.

Staff used recognised risk assessment tools including Historical Clinical and Risk Management -20, and Clinical Outcomes in Routine Evaluation-10.

Staff recognised when to develop and use crisis plans and advanced decisions according to service user need. Staff at the Veterans Complex Treatment service completed crisis plans detailing actions and interventions for the service users to try, and contact details for crisis support. Staff included action for the service to take if the service user failed to attend a planned appointment.

### Management of service user risk

Staff usually responded promptly to any sudden deterioration in a service user's health.

Staff at the Veterans Complex Treatment service responded promptly to the impact of the Afghanistan withdrawal on some of their service users by increasing support between sessions. The team introduced additional clinicians to co-work cases where the risk had increased or fluctuated to ensure there was always someone available for service users.

We were concerned staff at the outpatient's service had not recorded whether any action was taken following a service user presenting as high risk and expressing suicidal thoughts.

Staff continually monitored service users on waiting lists for changes in their level of risk and responded when risk increased.

Staff followed clear personal safety protocols, including for lone working. Staff at the service used a lone working application on work phones embedded with GPS and a panic button to contact police and emergency services. There was also a check-in and check-out system on staff electronic calendars. Staff completed risk assessments on people and places to visit, and if visiting people at home, staff attended in pairs.

## Safeguarding

**Staff understood how to protect service users from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up-to-date with their safeguarding training. The service reported a compliance rate of 100% for Safeguarding Children, Young People and Adults (Level 1 and 2) and 94% for Safeguarding - Level 3 as of 30 November 2021.

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

Good

Staff could give examples of how to protect service users from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff at the service described how they would report any safeguarding concerns to the primary care provider as well as reporting internally. Staff gave examples of working with other agencies including a complex case at the Veterans Complex Treatment service which staff persistently escalated to the relevant agencies to ensure the service user was protected.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

### Staff access to essential information

**Staff kept detailed records of service users' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

Service user notes were comprehensive and all staff could access them easily. The service was in the process of updating their electronic records to one system. Staff advised although they were currently accessing records on different systems they were able to access records as required.

When service users transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

### Medicines management

**The service used systems and processes to safely prescribe medicines. Staff regularly reviewed the effects of medicines on each service user's mental and physical health.**

Prescribing staff followed systems and processes to prescribe medicines safely. The service did not administer any medicines.

Prescribing staff reviewed each service user's medicines regularly and provided advice to service users and carers about their medicines. We also saw evidence of staff contacting GP's with review requests, questions and/or information about medicines.

Staff contacted service users' GPs and primary care providers to ensure a review of the effects of each service user's medicines on their physical health, according to National Institute for Health and Care Excellence guidance.

### Track record on safety

**The service had a good track record on safety.**

The provider reported 107 incidents between 1 December 2020 and 30 November 2021. The most common incident type was self-harm with 34 incidents recorded.

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

Good

## Reporting incidents and learning from when things go wrong

**The service managed service user safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave service users honest information and suitable support.**

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with provider policy.

The service had not reported any serious incidents.

Staff understood the duty of candour. They were open, transparent and gave service users and families a full explanation if and when things went wrong.

Managers investigated incidents thoroughly. Service users and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to service user care. We reviewed team meeting minutes which evidenced this.

There was evidence that changes had been made as a result of feedback. Staff described improvements made following learning from incidents. These included changes to the risk management of service users on waiting lists and changes to the process for managing service user's non-attendance at planned appointments.

## Are Community-based mental health services for adults of working age effective?

Good

This was the first rated inspection of this service. We rated it as good.

## Assessment of needs and planning of care

**Staff assessed the mental health needs of all service users. They worked with service users and families and carers to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.**

Staff completed a comprehensive mental health assessment of service users. Staff completed these in all records reviewed.

Staff made sure service users were supported by their GP and primary care provider with physical health needs.

Staff developed a comprehensive care plan for all service users in line with the provider's policy.

Staff regularly reviewed and updated care plans when service users' needs changed.

Care plans were personalised, holistic and recovery-orientated.

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

Good

## Best practice in treatment and care

**Staff provided a range of care and treatment for service users based on national guidance and best practice. They ensured service users had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff provided a range of care and treatment suitable for the service users in the service.

The Veterans Complex Treatment service team provided psychoeducation about trauma and stabilisation; orientation to Cognitive Behaviour Therapy and emotional regulation skills to prepare for more in-depth trauma-focused work (if and when appropriate); establishment of adaptive coping skills for distress (e.g. mindfulness/self-soothing); psychoeducation about re-integration into civilian life; Cognitive Analytical Therapy and Eye Movement Desensitisation and Reprocessing therapy. The focus alongside therapy was to get the service user linked into meaningful support systems.

The Outpatient and Community service team offered Cognitive Behaviour Therapy as the first line of treatment based on National Institute for Health and Care Excellence guidance. The service also offered Eye Movement Desensitisation and Reprocessing therapy, Cognitive Analytic Therapy, Schema therapy and Dialectic Behaviour Therapy, Compassion focused therapy, Acceptance and Commitment therapy, mindfulness and Diadic Developmental Practice (supporting carers working with children with emotional development delays). Staff used a combination of therapies and encouraged service users to try things out to find what worked best for them.

The Assertive Transition service team provided care and treatment based on formulation of service users' needs and where they were in the process of transition out of hospital. Interventions provided included education and/or employment support, substance misuse support, community activities and support to build relationships. The team's psychologists linked with the ward based psychologists to focus on the transition into the community. Transition support workers used the 'Connecting People' intervention to help service users make connections in their community. Staff offered Cognitive Behaviour and compassion based therapies and were trained in Dialectic Behaviour Therapy.

Senior leaders gave examples of involving service users' pets in their care, for example supporting service users to register their pets as therapy animals.

Staff delivered care in line with best practice and national guidance (from relevant bodies such as National Institute for Health and Care Excellence Guidance). The Veterans Complex Treatment service focused on delivery of trauma based treatment and interventions supported by National Institute for Health and Care Excellence Guidance NG116. Trauma processing work was informed by the current evidence-base, using either trauma Cognitive Behavioural Therapy and/or Eye Movement Desensitisation and Reprocessing. If the service user was only able to achieve stabilisation during their commissioned time with the service, they were referred on to appropriate statutory services to complete specific trauma processing work, unless there was capacity within the service and clear rationale supported by commissioners, to allow them to complete the trauma work prior to discharge.

Staff across all teams made sure service users had support for their physical health needs, either from their GP or community services. We saw evidence of referrals to health specialists for physical health concerns and a letter to a service user's GP requesting a review of their medicines with recommendations to support therapy.

Staff supported service users to live healthier lives by supporting them to take part in programmes or giving advice. We saw evidence of this in records reviewed.

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

Good

Staff across all teams used recognised rating scales to assess and record the severity of service user conditions and care and treatment outcomes. All teams used a recognised information management system and associated measurement tools to screen and review service users' outcome measures. There were five measurement tools routinely used within the service: Clinical Outcomes in Routine Evaluation -Outcome Measure, Clinical Outcomes in Routine Evaluation-10, Patient Health Questionnaire, and Generalised Anxiety Disorder assessment. Service users were asked to complete the Clinical Outcomes in Routine Evaluation measurement tools before and after therapy sessions.

The Veterans Complex Treatment Service team used a combination of the following outcome measures at the start and end of treatment: Clinical Outcomes in Routine Evaluation- 34, Patient Health Questionnaire, and Generalised Anxiety Disorder assessment, Work and Social Adjustment Scale, Alcohol Use Disorders Identification test, specific military post-traumatic stress disorder assessment and post-traumatic stress disorder assessment. Staff also screened for moral injury. Staff used the 'International Trauma Questionnaire' to monitor post-traumatic stress disorder and complex post-traumatic stress disorder cluster symptoms during therapy.

The service reported 103 discharges between December 2020 and November 2021 due to treatment completion. Of these 103 discharges, 73% showed improvement in Clinical Outcomes in Routine Evaluation, and of these 34% showed enough improvement to be classed as "recovered".

Staff at the Veterans Complex Treatment Service identified an increase in service users' presenting with possible neurodiversity, particularly features of autism and were monitoring this to better understand whether it was an ongoing pattern and what the impact might be on progression through therapy and the service.

We reviewed a case study for the Assertive Transitions Service. Staff supported the service user to achieve positive outcomes in relation to mental health, social needs and activities of daily living skills resulting in a successful transition into community and discharge from the service.

Staff used technology to support service users. The service supported service users throughout the coronavirus pandemic by providing electronic devices to enable virtual support. Staff also provided additional support and training to ensure service users were confident in using the technology. Staff at the Veterans Complex Treatment service gave an example of a service user completing Eye Movement Desensitisation and Reprocessing therapy virtually. Staff told us the service user reported the therapy changed their life and they have been successfully discharged from the service.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Audits completed in 2021 included Autism spectrum disorder in under 19s: recognition, referral and diagnosis; NG10 - Violence & Aggression; NG53 - Transition between inpatient settings and community.

Staff at the Veterans Complex Treatment Service were part of the Royal College of Psychiatrists pilot for the Quality Network for Veterans Mental Health Services. All data from the service was part of the national data set and used to inform commissioning decisions.

An external evaluation of the Criminal Justice service in Essex found, "Overall, the analysis and results presented from across the six sites are very positive. For 97 individuals who were assessed and started the Mental Health Treatment Requirement since July 2020, statistically significant positive change was identified using the Clinical Outcomes in Routine Evaluation, Generalised Anxiety Disorder assessment and Patient Health Questionnaire."

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

Good

Managers used results from audits to make improvements. Staff at the Assertive Transitions service identified a gap in supporting service users with making family connections and building relationships and established a 'connecting people intervention', a tool to map social connections for service users prior to discharge. Staff were now completing this with all service users. We reviewed service user record audits and resulting actions were completed to make improvements, for example, including GP details on the first page of service user records.

### Skilled staff to deliver care

**The teams included or had access to the full range of specialists required to meet the needs of service users under their care. Managers made sure staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

All teams had access to a full range of specialists to meet the needs of each service user. Community Partnerships was predominantly psychology led with each service led by a psychologist. Alongside psychologists and assistant psychologists, other roles included; mental health nurses, support workers, peer support workers, occupational therapists, social workers, psychiatrists, associate therapists and administrative support. The service was also able to access a bank of occupational therapists, speech and language therapists, psychologists and dieticians from the provider as and when required.

The Veterans Complex Treatment service team had a vacancy for a principal psychologist, this was managed by managers supporting with non clinical work and linking with other providers who could provide some of the therapy.

The Assertive Transitions service had a social worker vacancy which was in the process of being recruited to. The service also sub contracted staff from another provider for employment, substance misuse and carer support.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the service users in their care. Senior managers told us they have a very robust recruitment process to get the right type of people in posts.

Managers gave each new member of staff a full induction to the service before they started work. We saw evidence all staff had completed an induction.

Managers supported staff through regular, constructive appraisals of their work. The service reported 97% compliance with annual appraisal. Staff told us appraisals were used to set goals for the next year and focused on service and personal development.

Managers supported staff through regular, constructive clinical supervision of their work. The service reported 97% compliance with clinical supervision.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. Managers facilitated weekly team meetings for all services, these were a combination of face to face and virtual meetings. Assertive Transitions staff told us they also had reflective practice sessions every fortnight, weekly service user formulation meetings and a check-in session for informal discussions/plans for weekends. We reviewed a sample of team meeting minutes (three for each service). The meetings covered required topics including case discussions, following up on previous actions and sharing of learning.

Managers identified any training needs for their staff and gave them the time and opportunity to develop their skills and knowledge. Staff told us the training was really good and gave examples of courses they attended. These included leadership courses and nurse training.

Managers made sure staff received any specialist training for their role. The service reported staff completion of the following specialist training; Introduction to Autism Diagnostic Observation Schedule 2, Mock Inquest Training Sessions, Developing Resilient Mental Health Services, Essential Supervision Skills training (British Psychological Society approved certificate in clinical supervision), Diadic Developmental Practice Level 1, Adverse Childhood experiences, Master in Business Administration, Master of Science Global Military Veterans and Families Studies, HCR 20 Training, Trauma Informed Care, Compassion Focused training and Sexual Assault Related Risk Assessment training. The service had completed a training needs analysis for staff aligned to planned service developments and specialisms.

Managers recognised poor performance, could identify the reasons and dealt with these. We reviewed a good example of management of this.

Managers recruited, trained and supported peer support workers to work with service users in the service.

### Multidisciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit service users. They supported each other to make sure service users had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

Staff held regular multidisciplinary meetings to discuss service users and improve their care. We reviewed minutes of meetings that evidenced this.

Staff made sure they shared clear information about service users and any changes in their care, including during transfer of care. We saw evidence of this is service user records.

Staff had effective working relationships with other teams in the organisation. We saw evidence of staff working effectively with inpatient teams, quality teams and estates and facilities.

Staff had effective working relationships with external teams and organisations. We saw numerous examples of this in service user records. These included in the Veterans Complex Treatment service agencies working together to ensure the right service provided appropriate treatment with Community Partnerships to provide therapy if the primary provider was unable to and another veteran support provider overseeing physical health needs. We reviewed another example in the Outpatients service where staff organised a multidisciplinary review for a complex service user struggling to access services. The service worked effectively with other complex treatment services, trauma networks, other health providers, the National Probation service, local authorities, the police, public protection agencies, GP's, housing providers, veteran support charities and food banks. We reviewed feedback about the Assertive Transitions service from an external professional who stated, "I have not worked with a community team who keeps such good communication with the ward before".

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.**

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

Good

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. The service reported 93% of all staff had completed Mental Health Act training. The provider required staff at all levels to complete this as part of their mandatory training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The provider's Mental Health Act team was available to provide support and advice if needed.

Service users had easy access to information about independent mental health advocacy.

The service did not detain service users under the Mental Health Act 1983 and was not responsible for completing statutory records relating to Community Treatment Orders.

### Good practice in applying the Mental Capacity Act

**Staff supported service users to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for service users who might have impaired mental capacity.**

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. The service reported 93% of all staff had completed Mental Capacity Act training.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act.

Staff told us service users' capacity was assessed prior to referral to the service by the primary care provider. Staff gained consent to treatment and ensured service users understood what the service would provide. Staff described how they would escalate any concerns relating to a service user's mental capacity.

## Are Community-based mental health services for adults of working age caring?

Good

This was the first rated inspection of this service. We rated it as good.

### Kindness, privacy, dignity, respect, compassion and support

**Staff treated service users with compassion and kindness. They understood the individual needs of service users and supported service users to understand and manage their care, treatment or condition.**

Staff were discreet, respectful, and responsive when caring for service users. We spoke with nine service users during the inspection. We received positive feedback from everyone we spoke with, with service users telling us the service had changed their life and staff were incredible, faultless, supportive, skilled, lovely and polite. One service user told us the therapy was like no other they had received in 30 years.

Staff gave service users help, emotional support and advice when they needed it. Service users told us they had been well supported throughout the coronavirus pandemic and offered a choice of face to face or virtual appointments. We

reviewed an example of staff supporting a service user to complain about another service and meet with the ombudsman. The service user fed back how empowered she felt following through the complaint. We were told how the service reception staff supported any service user calling in a crisis and ensured they were safe and signposted to the right place. We reviewed a discharge survey covering October 2020 to March 2021, there were 21 respondents who all said they felt listened to.

Staff supported service users to understand and manage their own care treatment or condition. We reviewed a discharge survey covering October 2020 to March 2021. There were 21 respondents and 20 said they were given enough time to discuss their needs and treatment.

Staff directed service users to other services and supported them to access those services if they needed help. We saw numerous examples of this in service user records including evidence of referrals to other agencies and support groups, and staff supporting a service user to challenge the lack of support from other agencies and write to their MP.

Service users said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each service user.

Staff felt they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards service users and staff.

Staff followed the provider's policy to keep service user information confidential.

### Involvement in care

**Staff involved service users in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured service users had easy access to independent advocates.**

### Involvement of service users

Staff involved most service users and gave them access to their care plans. We reviewed a discharge survey covering October 2020 to March 2021, there were 21 respondents and 19 said care decisions were made jointly. We were concerned there was no evidence in the six records reviewed for the Assertive Transitions service that service users had been offered a copy of their care plan.

Staff made sure service users understood their care and treatment. Service users were complimentary about the therapy provided and told us they were given different options to choose from. Service users described how staff fully involved them in their care and treatment from the start, explaining the effects/impact of trauma and the different treatment/therapy options and how they work. We reviewed care records for a service user who expressed fear at starting a particular therapy and was provided with additional support by staff to help them deal with their fears. Another care plan detailed how a service user did not like the effects of Eye Movement Desensitisation and Reprocessing therapy, so staff switched to trauma focused Cognitive Behaviour Therapy.

Staff involved service users in decisions about the service, when appropriate. We saw evidence of service user involvement in designing a peer mentoring service. Service users in the Assertive Transitions service were involved in the design of a 'Community Transitions Group' that provided a space for service users to meet to share experiences relating to transition from hospital to community and to provide advice and peer support around this.

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

Good

Service users could give feedback on the service and their treatment and staff supported them to do this. The service gathered monthly feedback through 'Patient Recorded Experience Measures'.

Staff made sure service users could access advocacy services. We saw evidence in service user records that advocacy was offered.

### Involvement of families and carers

Staff supported, informed and involved families or carers. We saw numerous examples of this, including Veterans Complex Treatment service staff involving families in decision on how to contact them for risky service users; Outpatient and Community service staff signposting carers to other support services and involving them in therapy sessions if the service user wished and Assertive Transitions service staff providing carers support via a carers co-ordinator.

Staff helped families to give feedback on the service. We reviewed seven completed carers feedback forms for the Assertive Transitions service which were all positive. Comments included, "The change and improvement of the patient since Assertive Transitions became involved has been huge, he is so positive and looking forward to leaving hospital. Prior to the Assertive Transitions teams involvement he was withdrawn and seemed lost, now he is a totally different person" and "I found working alongside the Assertive Transitions team has given me hope for the future and I think the service provided has been welcomed and supported me in my caring role".

## Are Community-based mental health services for adults of working age responsive?

Good

This was the first rated inspection of this service. We rated it as good.

### Access and waiting times

**The service was easy to access. Its referral criteria did not exclude service users who would also have benefitted from care. Staff assessed and treated service users who required urgent care promptly and service users who did not require urgent care did not wait too long to start treatment. Staff followed up service users who missed appointments.**

The service had clear criteria to describe which service users they would offer services to and offered service users a place on waiting lists.

The service met target times for seeing service users from referral to assessment and assessment to treatment. The Veterans Complex Treatment service reported an average of three days from referral to contact between July 2021 and September 2021 in line with their target. The service reported an average of 15 days from referral to initial appointment for the same period.

Staff saw urgent referrals quickly and non-urgent referrals within the target time. The service had processes to prioritise urgent referrals when required.

Staff engaged with people who found it difficult, or were reluctant, to seek support from mental health services. We saw examples of this in care records and feedback from external stakeholders.

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

Good

Staff tried to contact people who did not attend appointments and offer support. Veterans Complex Treatment service staff escalated concerns and would maximise attempts at engagement before discharging the service user back to their GP, with the option to self-refer back into the service.

Service users had flexibility and choice in the appointment times available. All service users spoken with told us staff worked around their commitments to ensure they were able to attend appointments.

All service users spoken with told us they had never had an appointment cancelled.

Appointments ran on time and staff informed service users when they did not.

The service used systems to help them monitor waiting lists/support service users. Outpatients staff monitored the waiting list and advised service users on the length of the waiting list, sign posting to other providers if they did not want to wait that long. Staff checked in with service users on the waiting list.

Staff supported service users when they were referred, transferred between services, or needed physical health care. Veterans Complex Treatment service staff worked with secondary care services to provide the appropriate interventions when a service user's needs and risks required acute crisis care, including inpatient environments.

Staff worked with secondary care providers to facilitate early discharge with follow up. Staff worked with the police and probation services to ensure continuity of care in the event a service user was taken into custody.

### The facilities promote comfort, dignity and privacy

**The design, layout, and furnishings of treatment rooms supported service users' treatment, privacy and dignity.**

The service had a full range of rooms and equipment to support care and treatment. Service users who accessed the Northampton base for treatment were positive about the facilities and advised they were clean, comfortable and private.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

### Meeting the needs of all people who use the service

**The service met the needs of all service users – including those with a protected characteristic. Staff helped service users with communication, advocacy and cultural and spiritual support.**

The service supported and made adjustments for people with disabilities, communication needs or other specific needs. Examples included staff at the Veterans Complex Treatment service obtaining information at the point of entry including communication needs, cultural, hearing and other physical support. For service users with limited literal skills, the literature was adjusted to make sense to them. Staff sent audio recordings, video clips or website links to provide accessible information for service users. Staff at the Assertive Transitions service supported two service users with mobility issues by linking with social care for practical support. The Assertive Transitions service also ensured service users with cultural or religious needs were linked with the appropriate support. Staff at the Criminal Justice service provided a specific form for service users with a learning disability and longer psychology sessions.

Staff made sure service users could access information on treatment, local service, their rights and how to complain.

The service provided information in a variety of accessible formats so the service users could understand more easily.

Managers made sure staff and service users had access to interpreters or signers when needed. Staff at the criminal justice service gave examples of accessing Polish interpreters for service users.

### Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Service users, relatives and carers knew how to complain or raise concerns. Service users spoken with told us they knew how to complain.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and service users received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. The service reported one complaint received between June 2021 and November 2021. The complaint was investigated and responded to within the timeframes required, and changes were implemented as a result and shared with the team.

Staff protected service users who raised concerns or complaints from discrimination and harassment.

Service users received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff gave examples of changes made as a result of learning from complaints, including the timely transfer of service user notes onto the electronic records system following a carer not being given information in a timely manner, and changing to a different interpreting service following a failure to access an interpreter when required.

The service used compliments to learn, celebrate success and improve the quality of care. The provider reported 19 compliments received from June 2021 to November 2021. The Veterans Complex Treatment service received 10 compliments, Criminal Justice received eight and outpatients received one. Seventeen compliments related to staff attitude and two to communication. Compliments included staff being lovely and supportive and many related how the service was lifesaving and had positively changed the service users and their families lives forever.

Examples of compliments received included: “Good morning, I would like to pass on my thanks to X who has supported both myself and my family. Without the level of support and intervention from X, our situation would have worsened significantly. No words can convey our gratitude for your support at this time, but please accept a massive thank you from us”, “I have really felt listened to every step of the way which I have really appreciated. I have almost felt like I have been part of a team again and being truly able to work together to get to where I need” and, “You are both amazing and I’m not sure I would still be here if it wasn’t for your support”.

Managers told us how they used stories shared on an external care experience feedback website and how service users worked with the marketing department to promote the service. Managers used compliments to reinforce the good work staff were doing and provide additional support and confidence to staff by emphasising they were doing the right thing.

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

Good

## Are Community-based mental health services for adults of working age well-led?

Good

This was the first rated inspection of this service. We rated it as good.

### Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for service users and staff.**

Staff and service users we spoke with confirmed this.

### Vision and strategy

**Staff knew and understood the provider's vision and values and how they applied to the work of their team.**

The provider's vision was to be, "a charity that promotes wellbeing, gives hope and enables recovery" underpinned by the following values: Compassion- Be supportive, understanding and care for our people. Accountability- Take ownership, be responsible and do what you say you will do. Respect- Act with integrity, be open and honest. Excellence- Innovate, deliver and do everything you do well.

Senior leaders developed the service strategy to align with the provider's vision and values and it was used to support staff in setting their own work and development objectives. Senior leaders told us the service had taken ownership of the strategy by ensuring it worked for staff and staff knew how to apply it. The service was focused on doing their best and finding opportunities for expansion.

### Culture

**Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff told us they were supported and valued within the service and managers genuinely cared about their wellbeing with all levels of staff being supportive and caring. Staff told us they were able to raise concerns without fear. However, staff expressed that the service did not feel connected to St Andrew's Healthcare provider and expressed frustration at not being a priority. Staff told us provider level systems and processes, for example, recruitment and information technology were rigid and inflexible, which impacted on the service being able to operate flexibly. Senior managers at the service told us they had presented concerns to the providers executive committee and things were starting to improve, with the service now part of the provider's strategy and being recognised and supported at executive level.

We reviewed the provider's Diversity and Inclusion report for 2020/21. The summary was: Ethnicity- over 22% of staff and 15% of executives were from a minority ethnic background. Eight percent of senior leaders and leaders declared their sexual orientation as LGBTQ+, this compared favourably to the UK population demographic of 2.7%. Twenty percent of senior leaders declared a disability, compared to a 10% external benchmark. The gender pay gap ratio was 0%. Sixty four percent of staff were female; 50% of leaders were female; 35% of the provider's executive committee were female.

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

Good

There were 11 Freedom to Speak Up Guardians across the provider. Staff were able to contact the guardians directly or via a central phone number or email address. Community Partnerships received no concerns raised via Freedom to Speak Up.

The service completed an internal staff wellbeing survey in November 2020 following concerns raised in the provider wide survey of 2019. The staff wellbeing questionnaire was devised to explore whether staff found their jobs rewarding and to ask them to share any ideas they might have about how to improve staff wellbeing. Plans were developed to implement some of the changes suggested with a follow up survey conducted in 2021.

The service reported better engagement with the provider wide staff survey in 2020 with 86% of staff responding from Community Partnerships compared to 51% of staff across the provider. Staff at Community Partnerships scored an optimism total of 65% compared with 50% for the whole provider.

### Governance

**Our findings from the other key questions demonstrated governance processes operated effectively at team level and performance and risk were managed well.**

We reviewed minutes of effective clinical governance meetings attended by the leaders of Community Partnerships and leaders of the services within the partnership. We also reviewed minutes of senior management oversight meetings for the services which evidenced this.

### Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

Risks on the service risk register matched those expressed by staff. All risks were identified and mitigations and actions were in place.

### Information management

**Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The service was involved in pilot projects, research projects and national quality improvement activities, particularly in relation to veteran support and criminal justice work.

### Engagement

**Managers engaged actively with other local health and social care providers to ensure an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.**

Senior leaders told us they actively engaged with local health and social care providers as this was central to the work Community Partnerships undertakes. There were relationships/partnerships with multiple NHS trusts and other third sector providers through work commissioned to address local population needs. Community Partnerships ethos was to use its expertise to work in partnership with other organisations to deliver care to service users. The provider was a member of a local integrated care system and a local health and wellbeing forum.

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

Good

Senior leaders gave examples of working alongside other healthcare providers in the region to find solutions to challenges in service provision. The service had put themselves forward to develop and coordinate solutions to challenges in the region.

Community Partnerships supported national agendas in service innovations, particularly with the forensic/criminal justice populations in the community as demonstrated by their work with probation delivering Mental Health Treatment Requirements. These have now become a mainstream sentencing option.

The Assertive Transition Service team recently presented a plan to commissioners proposing to extend the current model and expand coverage.

### Learning, continuous improvement and innovation

Staff provided numerous examples of learning, continuous improvement and innovation across the service. These included involvement in research projects, for example; “An Exploration of the Personal and Professional Views of Psychotherapists and Psychologists, Practising Therapeutically in a Secure Inpatient Setting and an Outpatient Community Setting”, “Investigating Experiences of Stigma and Discrimination amongst Individuals with Forensic Histories and Mental Health Difficulties Living in the Community”, “Virtual Reality as a Treatment for Social Avoidance in Veterans”, “What is known from existing literature about the relationship of spirituality and religion within the concept of moral injury and military trauma? A scoping review”, “Sustainable Strategic Framework for Growth within Community Partnerships” and “Audit of Autism Specific Risk Factors” and Assertive Transitions service evaluation.

The Assertive Transitions service was a pilot and developed as an innovation. The service was based upon the 12 key components of specialist community forensic care as set out in ‘Developing the Forensic Mental Health Community Service Model’ (NHSE, 2018). The service recently underwent an evaluation which reported, “service users found the service to be very useful and supportive during their transition. The effectiveness might be the result of interventions being tailored directly to support the individual’s needs or by targeting the main components required for behaviour changes to occur.”

The Community Partnerships service was the first to engage in the Community Sentence Treatment Requirements programme in England. The service developed the Rapid Assessment Service in order to gain required information about a service user within an hour to enable other agencies to make their decisions.

A staff member in the Criminal Justice service co authored a chapter in the Psychology Journal titled, “Embedding Third Sector Psychology Services Within the Probation Environment: An Alternative to Mental Health Treatment Requirements”. Staff delivered Cognitive Behaviour Therapy within probation premises, to service users on license or community orders. Results indicated a significant impact across measures of depression, anxiety, general distress and social functioning and 74% of participants committed no further offences in the 12 months following treatment.

The Veteran's Mental Health Complex Treatment Service was a member of The Royal College of Psychiatrists Quality Network for Veterans Mental Health Services. The service underwent a review on 14 April 2021. The service met 87% of all the standards, for type 1 standards (which include fundamental standards) the service achieved a compliance rate of 95%, for type 2 (expected standards for an accredited service) the service achieved a compliance rate of 86% and for type 3 (standards that an excellent service should meet or standards that are not the service responsibility) the service achieved a compliance of 80%.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

| Regulated activity | Regulation |
| --- | --- |
| Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>• Staff had not recorded action taken following a service user presenting as high risk at the Outpatient and Community service.<br>• Managers had not ensured all staff completed basic life support and immediate life support training. |