Good

Northamptonshire Healthcare NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

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St Mary's Hospital
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RP1A1	Campbell House	Campbell House - PCRT South (Northampton)	NN1 3EB
RP1A1	Campbell House	Campbell House - NHFT Personality Disorder Hub (previously team 63)	NN1 3EB
RP1A1	Campbell House	Campbell House - N-Step South	NN1 3EB
RP1J6	Danetre Hospital	PCRT South (Daventry and South Northampton)	NN11 4DY

Summary of findings

RP1A1	Campbell House	Stuart Road - PCRT North (Kettering and Corby)	NN17 1RJ
RP1F2	Isebrook Health Campus	PCRT North (Wellingborough and East Northamptonshire)	NN8 1LP
RP1A1	Campbell House	Campbell House - N-Step North	NN15 7PW
RP1A1	The Rushden Centre	The Rushden Centre - Early Onset Dementia Team	NN10 0PT

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 the service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated community-based mental health services for adults of working age as good because:

- Patient records contained comprehensive assessment and person centred care plans. There was evidence of patient involvement in planning treatment and care, and patients confirmed this during interviews.
- Staff adhered to the National Institute for Health and Care Excellence guidelines relating to medication management, physical health checks, perinatal services and treatment of patients with personality disorders.
- Staff supported patients, and gave choice and control in relation to medication options.
- The trust nurtured and encouraged service improvement and innovative practice. Teams provided groups and treatment programmes to aid patient recovery. These included patient led groups.
- Staff demonstrated knowledge and understanding of safeguarding processes, and were able to recognise types of abuse.
- Staff demonstrated a good understanding of the trust lone working policy to maintain personal safety while working in the community.
- Care and treatment environments were clean including clinic rooms and patient waiting areas.
- Patients consistently reported that their allocated workers were responsive to their needs in times of crisis, and that they could contact the team or out of hours services when needed for support.
- Staff were aware of the trust's speak up guardian, and knew how to raise concerns without fear of reprisals. Staff consistently reported that team morale was good and that they enjoyed their roles.

However:

- At Campbell House the first floor waiting area did not have reception staff and patients did not sign in at the ground floor reception. There was the possibility for patients to be unaccounted for between entering the building and accessing the first floor waiting areas.
- Community teams did not complete environmental ligature risk audits for rooms and waiting areas accessed by patients.
- Emergency medication such as adrenaline was not stored in clinic rooms for use on site or when administering medication in the community.
- From the 37 patient records reviewed for PCRT South teams, some did not contain information as to the patients MHA status. This could affect entitlement to assistance with support with care and housing services
- Some patients told us they had not received a copy of their care plans. The electronic recording system did not indicate when this information had been offered to patients.
- Patient records contained variable levels of recording for crisis plans with these plans incorporated into their care programme approach (CPA) reviews, with apparent confusion between CPA reviews and care plans. Care plans in some records were not individualised document.
- PCRT South, Daventry and South Northamptonshire had closed access to the psychology waiting list for new referrals for those patients who required long term intervention. The psychologists were available for assessment and advice, short-term work, urgent referrals and joint casework. No indication of timescales was given for when the team would be able to accept new referrals for long term pieces of work.

Summary of findings

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

Are services safe?

We rated community-based mental health services for adults of working age as requires improvement for safe because:

- At Campbell House the first floor waiting area did not have reception staff and patients did not sign in at the ground floor reception. There was the possibility for patients to be unaccounted for between entering the building and accessing the first floor waiting areas. Some patients arrived at reception and walked straight through without showing an appointment letter to the reception staff on the ground floor.
- Patients waited at the staff exit door at the rear of Campbell House after 5pm when the main reception closed, this area had poor lighting, placing staff and patients at potential risk.
- Community teams did not complete environmental ligature risk audits for rooms and waiting areas accessed by patients.
- Emergency medication such as adrenaline was not stored in clinic rooms for use on site or when administering medication in the community.
- The risk information stored on the front pages of some patient records required review.
- The clinic room fridge at PCRT South, Daventry and South Northamptonshire, had a broken door lock. Staff had reported this to maintenance, but this issue remained outstanding at the time of the inspection. The fridge was located in a locked room only accessed by staff.
- Staff mandatory training rates were at 72% for PCRT North, Kettering and Corby team. Staff were booked to attend outstanding training.

However:

- Staff demonstrated a good understanding of the trust lone working policy to maintain personal safety while working in the community.
- Staff worked collaboratively within multi-disciplinary teams to manage patient risks. Staff knew how to report incidents, with lessons learnt shared in supervision and team meetings. Serious incidents and safeguarding concerns were fixed agenda items for discussion in team meetings.
- Staff demonstrated knowledge and understanding of safeguarding processes, and were able to recognise types of abuse. Staff received debriefing and support after incidents.

Requires improvement

Summary of findings

- Patients received timely access to staff when experiencing crisis, for example presenting at the team reception or telephoning care coordinators.
- Care and treatment environments were clean including clinic rooms and patient waiting areas.
- Medication cards contained patient photographs to prevent medication administration errors, with routine recording of patient allergy information.
- All teams contained skilled and experienced professionals. Most teams had a full complement of staff and where staff required discretionary leave, managers utilised agency cover.
- Staff promptly addressed a safety concern identified by a member of our inspection team.
- We examined 64 care and treatment records including risk assessment. These were mainly individualised and included historic risks. The computer recording system utilised a front page to alert staff to current risks and ongoing areas of concern.

Are services effective?

Good

We rated community-based mental health services for adults of working age as good for effective because:

- Patient records contained Health of the Nation Outcome Scales and mental health clustering tools to assess the physical and mental health needs of each patient. Records contained consistent recording of consent to treatment and information sharing protocols. We examined 64 patient records, the majority contained comprehensive assessments and person centred care plans.
- The trust's electronic recording system enabled teams to communicate with and update GPs. Staff reported this had improved processes such as amending prescriptions and accessing test results.
- Staff adhered to the National Institute for Health and Care Excellence guidelines relating to medication management, physical health checks and treatment of patients with personality disorders.
- Staff worked collaboratively with other agencies and professionals to support patients and their families. Staff discussed outcomes of joint visits with housing, social care, police and health visiting teams during team meetings.
- Nurse prescribers in PCRT South, Northampton worked alongside the consultants to reduce waiting lists, with the aim of enabling the consultants to be able to offer appointments to patients in crisis. Other teams were considering use of this model.

Summary of findings

- Staff used a wide range of outcome measures within their practice. These included Dialog (structured discussion with patients), QPR (questionnaire patient recovery), post morbid adjustment scale and mental health clustering.
- Staff participated in national research trials, and some teams were part clinical networks.

However:

- Patient records for PCRT South teams contained variable levels of recording for crisis plans with these plans incorporated into their care programme approach (CPA) reviews, with apparent confusion between CPA reviews and care plans.
- From the 37 patient records reviewed for PCRT South teams, a few did not contain information as to the patient's MHA status. This could affect entitlement to assistance with support with care and housing services.

Are services caring?

Good

We rated community-based mental health services for adults of working age as good for caring because:

- Staff had a good working knowledge of their allocated patients.
- Patients gave positive feedback regarding their care and treatment from the teams.
- Staff supported patients, and gave choice and control in relation to medication options. Examples included consultants discussing medication side effects with patients to support them to make informed decisions.
- Staff gave telephone and face-to-face support to patients and carers. Staff were patient centred, professional and offered constructive advice and support.
- Patients reported that their allocated workers were responsive to their needs in times of crisis, and that they could contact the team or out of hours crisis services when needed for support.

However:

- Some patients told us they had not received a copy of their care plans. The electronic recording system did not indicate when this information had been offered to patients.

Are services responsive to people's needs?

Good

We rated community-based mental health services for adults of working age as good for responsive because:

Summary of findings

- PCRT South had a waiting list of 44 patients. Measures were in place to manage the risks associated. This included having designated staff that completed regular reviews of the patients and liaised with the crisis team. Staff discussed the waiting list at weekly team meetings.
- Teams discussed new referrals at their weekly meetings. Staff would source any additional information relating to risk or support needs before allocation.
- Once on the team waiting list (where applicable) or allocated to a member of staff, the patient would be sent a welcome letter and contact numbers for out of hours services.
- Teams without waiting lists were seeing 96% of referrals within 14 days in line with the trust performance indicator.
- Information on how to complain was displayed in patient waiting areas. Good examples of patients being written to by team managers to apologise when something had gone wrong as part of the complaints process were found in patient records. Patients told us they were aware of how to complain.
- PCRT teams were meeting the trust target of reviewing patients discharged from hospital within seven days. Some teams had developed caseload management tools that incorporated discharge planning for use in supervision.
- Staff offered specialist telephone consultation to assist patients when needing support. PCRT South, Daventry and South Northamptonshire had daily drop in sessions for patients to meet with the team at Danetre Hospital at 1pm.
- Buildings were accessible for disabled patients including some teams having their own car parking with level access paths to entrance doors.
- Information leaflets were available in large print and could be translated into different languages to inform patients and their families.

However:

- PCRT South, Daventry and South Northamptonshire had closed access to the psychology waiting list for new referrals for those patients who required long term intervention. The psychologists were available for assessment and advice, short-term work, urgent referrals and joint casework. No indication of timescales was given for when the team would be able to accept new referrals for long term pieces of work.

  Where appropriate, some patients were referred to groups and alternative support services run by other professionals within the team such as occupational therapists.

Summary of findings

- Staff in PCRT South teams appeared to lack confidence to plan discharge for community patients on their caseloads, expressing concerns that patients could deteriorate.
- Teams based at Campbell House reported frustrations at the lack of meeting rooms to see patients or hold groups.

Are services well-led?

Good

We rated community-based mental health services for adults of working age as good for well-led because:

- Staff were aware of the trust's speak up guardian, and knew how to raise concerns without fear of reprisals. Staff consistently reported that team morale was good and that they enjoyed their roles. Staff worked closely with colleagues and managed patient risks with support from the team managers. Staff implemented the trust's vision and values into their practice and patient care.
- The trust nurtured and encouraged service improvement and innovative practice. Teams provided groups and treatment programmes to aid patient recovery. These included patient led groups.
- Staff supervision rates were at 100% completion with the exception of PCRT North, Wellingborough and East Northamptonshire which was at 80% with outstanding sessions booked.
- Managers had an open door policy and were supportive and approachable.
- Teams held local risk registers, which staff updated in consultation with their managers. This information fed into the overall trust risk register.

However:

- PCRT team managers were responsible for large numbers of staff, split between two sites, with no team member holding a deputy role.
- Concerns about security at Campbell House and ligature risks audits across all sites were identified, which had not been addressed by senior managers.

Summary of findings

Information about the service

Since the last inspection in February 2015, the trust had restructured their community-based services. Community mental health teams (CMHT) were replaced with planned care, recovery and treatment teams (PCRT).

- PCRT teams offered support to patients living in the community, receiving treatment for the management of long-term mental health conditions. They linked closely with inpatient teams during hospital admissions. Patients received treatment under Community Treatment Orders (CTO) and community-based mental health treatment services. Patients had an allocated care coordinator. PCRT teams worked with patients aged 18 to 65 years.
- PCRT North consisted of one team based at Stuart Road (previously Kettering and Corby CMHT) and one team based at Isebrook Hospital (previously Wellingborough and East Northamptonshire CMHT).
- PCRT South consisted of one team based at Campbell House (previously Northampton East and West CMHT) and one team based at Danetre Hospital (previously Daventry and Towcester CMHT).

The inspection team also visited:

- N-Step countywide teams: This team worked with patients experiencing their first episode of psychosis who had not received treatment for mental health problems before. They worked with patients aged 14 to 35 years, providing care and specialist early intervention treatment, based in the community.
- NHFT Personality Disorder Hub (previously known as team 63): They provided specialist, countywide services for adults diagnosed with a personality disorder. The team did not care coordinate patients, as these patients were already under the care of a community team. The team offered consultation and training to staff in community teams to meet the needs of patients on their caseloads with a personality disorder.
- The early onset dementia service who worked with patients under 65 years of age with dementia and memory loss. This was a specialist team who supported patients across Northampton with assessment, diagnosis and treatment.
- The team consisted of four staff (plus administration) and they worked flexibly across the county to see patients in a variety of settings. Support workers worked with patients to ensure they received accurate and relevant information following diagnosis. This included information about advanced decisions and power of attorney.

From the last inspection in February 2015, CQC rated the service overall as good, with the safe domain rated as requires improvement. CQC identified the following areas of improvement for community-based mental health services for adults of working age:

- The trust must ensure medical equipment is in working order. The two ECG machines at the Northampton location were not maintained in working order. One was not working and the other was reported as unreliable. These were managed by an external contractor but had been out of action “for some time”. The blood pressure machine and scales had not been calibrated at the Isebrook location and there was no thermometer for use in the physical health clinic.
- The trust must maintain accurate records of stocks of medication held by them at the Corby and Kettering locations.
- The trust must ensure there is a system in place for capturing, analysing and demonstrating learning from concerns raised or complaints made at a local level or that did not require a written formal response.
- The trust should review the systems in place for dispensing Clozapine at Corby CMHT with regards to support workers handing out pre-packed medication and the identification and monitoring of potential physical health complications and side effects.

Summary of findings

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

These were reviewed as part of the inspection. The trust had addressed identified concerns and implemented measures to prevent reoccurrence.

Our inspection team

Our inspection team was led by:

Chair: Mark Hindle , Chief Operating Officer, Merseycare NHS Foundation Trust

Team Leader: Julie Meikle, Head of Hospital Inspections, mental health hospitals, CQC

Inspection Manager: Tracy Newton, Inspection Manager, mental health hospitals, CQC

The team that inspected community-based mental health services for adults of working age as part of an announced, comprehensive inspection consisted of eight people.

One CQC inspection manager, one CQC inspector, one psychiatrist, one psychologist, one nurse, one occupational therapist, one social worker and an expert by experience (someone that had personal experience of using or caring for someone who uses mental health services).

One sub-team visited NHFT Personality Disorder Hub based at Campbell House, PCRT South, Daventry and South Northamptonshire based at Danetre Hospital and PCRT North, Wellingborough and East Northamptonshire based at Isebrook Hospital.

The other sub-team visited PCRT South, Northampton based at Campbell House, N-Step North and South based at St Mary's Hospital and Campbell House, PCRT North, Kettering and Corby based at Stuart Road.

The CQC inspection team that inspected community-based mental health services for older adults also visited the early onset dementia service for patients under 65 years of age with dementia and memory loss, the team were based at The Rushden Centre.

Why we carried out this inspection

We inspected this community-based mental health services for adults of working age as part of our ongoing comprehensive mental health inspection programme. This was an announced inspection.

Summary of findings

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited seven teams across five trust sites and looked at the quality of the treatment environment and observed how staff interacted with patients
- met with 27 patients who were using the service
- interviewed the managers for each service
- interviewed 48 other staff members; including doctors, nurses, social workers, occupational therapists, administration and support staff
- spoke with six family members or carers
- attended and observed six meetings these included team referral and allocation meetings
- observed eleven episodes of care and treatment between staff and patients in clinics and community settings
- collected feedback from two patients using comment cards
- examined in detail 64 care and treatment records
- reviewed 28 patient medication cards
- examined a range of policies, procedures and other documents relating to the running of this core service.

What people who use the provider's services say

- Patients told us that staff were responsive to their needs, and if they contacted the office and their allocated worker was unavailable; their worker would return their call the same day, often within an hour.
- Patients said staff were very caring and went above and beyond to support them to maintain their independence and safe living in the community.
- Patients confirmed they had choice and control in relation to medication options, with information and advice on side effects explored fully. Most patients reported to be involved in their care and treatment plans.
- Carers and family members told us they were encouraged to attend review meetings, and offered support in their own right.
- Where patients had made complaints, they reported to be satisfied with the handling of their concerns and the outcomes. Some patients told us they sat on the trust complaints committee.
- Patients spoke positively about groups and community based activities they could attend to aid recovery.

However:

- Some patients who attended Campbell House for their appointments, reported concerns regarding a lack of meeting room availability, and felt under pressure during appointments as they had experienced times where appointments had ended abruptly as the room was needed by someone else.
- Patients reported to arrive for appointments and follow their workers from room to room until finding an available meeting room.

Summary of findings

- Patients raised concerns about other trust services, for example, their experiences during hospital admissions. Trust staff gave advice on the trust's complaints process.

Good practice

- Teams had designated staff running physical health care clinics to support patients to maintain their physical health alongside the management of side effects and risks associated with taking medication. Patient records linked their health checks with guidance from the National Institute for Health and Care Excellence.
- Teams offered groups and activities to support and reintegrate patients into their local community. Patients led some groups for example the allotment group linked to PCRT North, Wellingborough and East Northamptonshire.
- NHFT Personality Disorder Hub staff offered specialist training, support and clinical guidance to staff within the trust to aid management of patients with personality disorders.
- N-Step teams were involved in research trials linked to early intervention in the management of patients with psychosis.
- Nurse prescriber roles within the team were developing to enable consultants to offer urgent appointments.
- Perinatal services in partnership with the children's services were being developed, having run a pilot project in Corby.

Areas for improvement

Action the provider MUST take to improve

- The trust must review health and safety arrangements at Campbell House, ensuring all visitors are accounted for on entering the building.

Action the provider SHOULD take to improve

- The trust should implement environmental ligature risk audits for all community buildings accessed by patients.
- The trust should review arrangements in place for managing allergic reactions following medication administration.
- The trust should ensure patients have access to psychological therapies.
- The trust should ensure the MHA status for each patient is clearly documented in their records.
- The trust should ensure that all care plans are holistic and patient centred and a record maintained of when a copy of the care plan is offered to patients.

Northamptonshire Healthcare NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
PCRT South (Northampton)	Campbell House
NHFT Personality Disorder Hub (previously team 63)	Campbell House
N-Step South	Campbell House
PCRT South (Daventry and South Northampton)	Danetre Hospital
PCRT North (Kettering and Corby)	Stuart Road
PCRT North (Wellingborough and East Northamptonshire)	Isebrook Hospital
N-Step North	St Mary's Hospital
Early Onset Dementia Team	The Rushden Centre

Mental Health Act responsibilities

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

- Staff completed mandatory MHA training as part of their induction, then regular refresher courses. Completion compliance for PCRT North, Kettering and Corby 79%, Wellingborough and East Northamptonshire 85%. PCRT

South, Northampton 100%, Daventry and South Northamptonshire100%. NHFT Personality Disorder Hub 98%. N-Step North and South combined - 100%. Staff had been booked onto training where completion figures were low.

- The trust Mental Health Act (MHA) administration office oversaw MHA paperwork, and had responsibility for completion of regular quality audits. Staff could contact the office for advice and guidance when required.
- From the 64 patient records viewed during the inspection 18 patients received care under a Community Treatment Order (CTO).
- Where applicable, CTO paperwork contained terms and conditions, for example where a patient was to reside, and under what terms the CTO could be recalled.

However:

- From the 37 patient records reviewed for PCRT South teams, some did not contain information as to the patients MHA status. This could affect entitlement to assistance with support with care and housing services.
- From the 18 CTO records, some did not contain details of consent to treatment discussions.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff interviewed had completed Mental Capacity Act (MCA) mandatory training. They demonstrated clear understanding of how to implement capacity assessments into practice and were aware of the five statutory principles. Completion compliance for PCRT North, Kettering and Corby 79%, Wellingborough and East Northamptonshire 85%. PCRT South, Northampton 100%, Daventry and South Northamptonshire 100%. NHFT Personality Disorder Hub 98%. N-Step North and South combined - 100%. Staff had been booked onto training where completion figures were low.
- Where applicable, patient MCA assessments were documented in their records, and were date, time and question specific. Staff reported to discuss MCA concerns with colleagues and in team meetings, and gave examples of where multi-disciplinary MCA assessments were completed. Staff were aware of the trust MCA policy and where to seek advice from.
- No teams reported to have made Deprivation of Liberty Safeguard applications to the local authority within the last six months.

Requires improvement

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

Our findings

Safe and clean environment

- At Campbell House, the ground floor reception area did not have reception staff and patients did not sign in before going to the first floor waiting area. This meant patients could be unaccounted for between entering the building and accessing the first floor waiting areas.
- Patients waited at the staff exit door at Campbell House after 5pm when the main reception closed, this area had poor lighting, placing staff and patients at potential risk
- At all sites, there were areas of the premises that patients could access unaccompanied for example the toilet facilities. These contained ligature risks (fittings to which a patient intent on self-injury might tie something to harm themselves).
- There was no ligature audit assessment in place for any of the community locations inspected. This was discussed with team managers, who advised that the patients accessing these sites lived in the community, and were not deemed to be at high risk of ligature. However, crisis services were co-located with the PCRT teams, and the inspection team observed a number of distressed patients using these premises to seek support and advice from staff.
- Waiting areas and interview rooms were clean and comfortable. Interview rooms were fitted with alarms and spy holes in the doors, for use by staff in the event of an emergency.
- Clinic rooms for each team were well equipped, with regular checks and calibration of equipment such as blood pressure and ECG machines. This was an area of concern identified from the last inspection. Patients attended regular physical health checks held by the teams to monitor side effects and risks associated with medication.
- Some teams shared clinic rooms with other services. From the checks completed during the inspection, all clinic rooms were clean and tidy, with regular audits of environment, room and fridge temperatures completed. Medication cards contained patient photographs to prevent medication administration errors with consistent allergy information recorded.
- The clinic room fridge at PCRT, Daventry and South Northamptonshire had a broken door lock. We saw evidence of the completed maintenance log, but this issue remained outstanding at the time of the inspection.
- Staff adhered to infection control principles including handwashing and use of alcohol gel both in clinical areas and when working out in the community.

Safe staffing

- PCRT North had a total of 47 staff and PCRT South had a total of 49 staff. NHFT Personality Disorder Hub had 5.5 staff and N-Step North and South had 18.5 staff. PCRT North had one staff member on long term sick leave, PCRT South had two staff members on long term sick leave and N-Step countywide team had one staff member on long term sick leave. Sick leave was managed through use of consistent agency staff that were familiar with the trust, and knew the geographical area. Agency staff were used where staff members required extended, planned leave to maintain staffing levels for those periods.
- PCRT South had four vacancies, NHFT Personality Disorder Hub were due to have a vacancy, with the staff member working their notice period. N-Step countywide team had one vacancy. The trust was actively recruiting, with vacancies either being advertised or interview dates having been agreed.
- Caseloads for full time staff in the PCRT teams ranged between 25 and 30 patients. Staff reported this to be manageable, allocation rates were linked to complexity and risks. N-Step staff held caseloads of approximately 15 patients. Staff in the NHFT Personality Disorder Hub held smaller caseloads between five and eight patients, but these staff did not care coordinate patients, and held other responsibilities such as training staff within the trust, running treatment programmes and supporting colleagues in the PCRT teams.

Requires improvement

Are services safe?

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

- Formulation and clustering tools were used to identify risks, develop action plans and identify severity of patient needs. This helped inform priority for allocation, and identification of the correct care coordinator in relation to skills and experience.
- Where staff members were off sick or on leave, teams utilised a duty diary system and communicated patient needs within the team to ensure consistent coverage.
- PCRT North and South teams both accessed five consultants and speciality doctors. PCRT North had one consultant on long term sick leave. N-Step countywide teams had access to one consultant and a staff grade doctor. NHFT Personality Disorder Hub did not have a consultant allocated to their team.
- Consultants moved with patients if under the PCRT team, but required support from the crisis team for consistency of approach.
- Staff had completed mandatory safeguarding training for working with children and adults. Completion compliance for PCRT North, Kettering and Corby was adult 100% and child 69%, Wellingborough and East Northamptonshire 85% for both courses. PCRT South, Northampton 100% for both courses, Daventry and South Northamptonshire 100% for both courses. NHFT Personality Disorder Hub 98% for both courses. N-Step North and South combined was 100% for both courses. Staff were booked to attend training where completion levels were low.

Assessing and managing risk to patients and staff

- Staff completed risk assessments and reviewed risk history for all new referrals. Risk assessments were updated following incidents or as a patient's condition changed. Teams discussed risks collaboratively as a professional group at weekly team meetings, and this information was added to their minutes.
- From the 64 patient records reviewed, the majority contained very detailed comprehensive assessments, and documented involvement from the patient, carers and family members as well as interagency working in the management of risks.
- The computer recording system utilised a front page to alert staff to current risks and ongoing areas of concern. However, in some records, this information required review.
- Patient records contained detailed crisis plans, and evidence of patient involvement when they were devised. During the inspection, the team observed staff implementing patient crisis plans and supporting patients to good effect when they presented at reception or reported deterioration in their mental health. Patients gave examples of where staff had supported them to utilise their crisis plans effectively.
- The NHFT Personality Disorder Hub offered telephone consultation when experiencing crisis to support patients to implement the skills taught in the dialectical behaviour therapy programme.
- Staff worked collaboratively with other agencies including the police, child and adult social care services to manage shared risks.
- PCRT South teams managed individual risks for those patients on their waiting list by maintaining regular contact with the patients and their GPs and through discussions in team meetings and with the crisis team.
- Staff demonstrated clear knowledge of trust safeguarding processes and procedures, and recognised types of abuse. Staff reported to access support and advice from the trust safeguarding team as well as their managers. Safeguarding cases were a fixed agenda item for team meetings.
- From data provided by the trust, community-based teams had made 18 adult safeguarding referrals from January to December 2016.
- Staff adhered to the trust lone working policy meeting with patients in pairs where concerns were identified. Staff working in the NHFT Personality Disorder Hub did not visit patients in their own homes, instead meeting on trust premises or at GP practices.
- PCRT teams had 'live movement' monitoring board, where patients assessed to be deteriorating, or likely to require additional support would receive extra home visits, or concerns would be alerted to the out of hours team to monitor that patient.
- The trust pharmacy team visited regularly and audited all medication stored on site. Where there were concerns regarding prescribed medication regimes the pharmacy team would liaise with the patient's allocated care coordinator.

Requires improvement

Are services safe?

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

- Procedures were in place for staff to take medication and depot injections on community visits. Staff used special storage bags, and followed trust policy regarding transportation and dispensing. Arrangements were in place for disposal of medication and reporting administration errors.
- Emergency medication such as adrenaline was not stored in clinic rooms for use on site or when administering medication in the community. From reviewing trust policies and patient records, protocols for completion of risk assessment in relation to allergic reaction was not in place. Some of the hospital sites and homes visited were in rural locations and access to emergency services could be delayed.
- Staff reported to not introduce new depot medications when administering to patients in their own homes, instead seeing those patients on trust premises. Staff advised that oxygen therapy and assistance in emergencies had been sourced from adjacent physical health wards based on the same sites. This did not manage all identified risks.

Track record on safety

- PCRT North, Kettering and Corby, PCRT South, Northampton, NHFT Personality Disorder Hub and N-Step North and South teams had not reported any serious incidents in the 12 months prior to the inspection.
- PCRT Wellingborough and East Northamptonshire had reported two serious incidents in the 12 months prior to the inspection. These both involved the death of patients living in the community, and were under investigation by the trust.
- PCRT South, Daventry and South Northamptonshire had reported one serious incident at the 12 months prior to the inspection. This had been investigated by the trust.
- Serious incidents were a fixed item on team and business meeting agendas from copies of minutes viewed during the inspection. This offered a forum for sharing lessons learnt and dissemination of information by managers.

Reporting incidents and learning from when things go wrong

- Serious incidents, investigation outcomes and lessons learnt were discussed with staff during supervision and in team meetings.
- Staff demonstrated working knowledge of trust procedures to follow in the event of an incident, and utilised the trust electronic recording system for reporting. Staff received support and debriefing after incidents.
- Patient records contained examples of written apologies given when something had gone wrong. The letters sent by the team managers were in addition to verbal apologies given by staff. As an outcome of incidents, and where things had gone wrong, teams reviewed their practice and approaches to mitigate reoccurrence.

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.

Our findings

Assessment of needs and planning of care

- We examined 64 care and treatment records. These contained comprehensive assessments of patient care and support needs. Staff completed initial assessments with new patients, then reviewed and updated them to reflect changes and progression with treatment. The NHFT Personality Disorder Hub completed their assessments in stages, linked to the delivery of their treatment programme.
- Patient records contained personalised, recovery-focussed care plans, and detailed patient involvement in identification of goals. However, some care plans did not appear personalised to the individual needs of patients, instead containing a list of services they could access.
- Consent to the sharing of information was recorded in patient records.
- Teams used the same electronic records system. This offered consistency of information sharing for example, if patients moved between teams or were seen by out of hours services. The system was used by GP practices and enabled staff to liaise with GPs for example around updating prescriptions and accessing test results. The system also enabled teams to review patients past medical histories and utilise this information as part of their regular physical health care checks.
- Paper records were stored securely at each team location.

Best practice in treatment and care

- Staff discussed the use of the National Institute for Health and Care excellence (NICE) guidelines when prescribing medication. Patients reported to have meetings with their consultant where the guidelines were used as a discussion tool to enable them to make informed decisions. Patient records quoted the NICE guidelines in relation to physical health care monitoring.
- The PCRT teams ran health care clinics for patients to be weighed and have their blood pressure checked, they could also access ECGs and medication reviews. There were facilities available for blood testing. Where patients had minimal involvement with the PCRT team, for example attending the service only for routine depot injections, these patients had regular health checks to prevent any issues being overlooked.
- Health of the nation outcome scales and clustering tools were utilised to assess risks and identify needs.
- PCRT South, Daventry and South Northamptonshire had closed access to the psychology waiting list for new referrals for those patients who required long term intervention. The psychologists were available for assessment and advice, short-term work, urgent referrals and joint casework. No indication of timescales was given for when the team would be able to accept new referrals for long term pieces of work. Where appropriate, some patients were referred to groups and alternative support services run by other professionals within the team such as occupational therapists.
- Patients under the care of all other PCRT teams were able to access psychological therapies as recommended in NICE guidelines, in the care and treatment of patients with mental health conditions, including personality disorders and for those patients experiencing early onset psychosis. Therapies included use of dialectical behaviour therapy, cognitive behavioural therapy, cognitive analytic therapy, eye movement desensitization and reprocessing and family therapy.
- Staff used outcome measures including Dialog (structured discussion with patients), QPR (questionnaire patient recovery), post morbid adjustment scale used to rate severity condition and to measure the effectiveness of treatment and intervention and mental health clustering.
- A variety of group activities were available to encourage patient reintegration into the local community, with some groups run by patients with support from staff. These included walking, craft, allotment and sports groups. Aims and objectives for sessions were set out so patients were clear of the expectations. Risk assessments were completed before patients could attend groups, and these were reviewed in light of any incidents or changes in patient presentation.

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- PCRT North, Kettering and Corby team had worked collaboratively with children services to develop perinatal groups based in Corby, as a need for this service was identified. The team were exploring ways to implement similar groups in other areas of the county.
- Where patients required assistance with sourcing employment, housing or welfare benefits, there was an independent service that patients could work with as well as support provided by staff. Patients discussed their experiences of using this service, and gave positive examples of assistance received with completing application paperwork for benefits and getting support and advice with rehousing.
- Staff completed regular clinical audits. These included audits of clinic rooms and medication, infection control practices, patient records including care plans, feedback from groups and training programmes and patient involvement and service user feedback.

Skilled staff to deliver care

- The PCRT teams contained a full range of mental health disciplines working collaboratively with the consultants. These included occupational therapists, nurses and psychologists. Staff identified there could be time delays for accessing social workers through the local authority. There was no section 75 agreement in place with the local authority, however teams were introducing joint meetings with the aim of improving lines of communication.
- The NHFT Personality Hub consisted of psychologists, nurses and occupational therapists.

  They worked alongside the PCRT teams through use of structured clinical management (SCM) to offer specialist training and support for PCRT staff working with patients with personality disorders and associated conditions.
- All teams consisted of skilled and experienced staff who worked in partnership to manage and assess patient needs and risks. Where new staff joined the team, they received a thorough induction and shadowing opportunities with colleagues. Where applicable, new staff completed preceptorship programmes. The induction programme for new support workers was aligned to the care certificate standards.
- There was a supervision structure in place, with staff receiving regular clinical supervision. Completion rates were between 80% and 100%. NHFT Personality Disorder Hub held weekly group supervision to review caseloads and staff wellbeing, attendance was mandatory. This was in addition to regular individual supervision sessions. Where issues relating to staff performance were identified in any team, the managers in partnership with the trust HR department addressed these.
- Training and professional development along with innovation was encouraged within the trust. Staff gave examples of training courses and education qualifications they were able to access.

Multi-disciplinary and inter-agency team work

- The teams held weekly multi-disciplinary meetings, and were involved in interagency meetings to manage the needs of patients and assessment of individual risks.
- All staff worked closely with the crisis out of hours team for consistency of approach with patients, and to manage risks. The inspection team observed team meetings, including clinical case discussions. Staff provided updates on joint visits and meetings attended with other agencies including the police, housing services, health visiting teams, education and social care staff. Where patients had a history of substance misuse or long-term health conditions, staff liaised with specialist services and GPs.
- Patient records indicated sharing of information in relation to crisis and risk management with other professionals involved in their care, with consent.

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

- Staff completed mandatory MHA training as part of their induction, then regular refresher courses. Completion compliance for PCRT North, Kettering and Corby 79%, Wellingborough and East Northamptonshire 85%. PCRT South, Northampton 100%, Daventry and South Northamptonshire 100%. NHFT Personality Disorder Hub 98%. N-Step North and South combined - 100%. Staff were booked on training where completion rates were low.

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- The trust Mental Health Act (MHA) administration office oversaw MHA paperwork, and had responsibility for completion of regular quality audits. Staff could contact the office for advice and guidance when required.
- From the 64 patient records viewed there were 18 patients receiving care under a community treatment order (CTO). Where applicable, CTO paperwork contained terms and conditions, for example where a patient was to reside, and under what terms the CTO could be recalled. However, a few CTO records did not contain details of consent to treatment discussion.
- From the 37 patient records reviewed for PCRT South teams, a few did not contain information as to the patient's MHA status. This could affect entitlement to assistance with support with care and housing services.
- Patient records documented when patients had their rights under the MHA explained to them, and when staff revisited this information.
- Where applicable, consent to treatment forms were held with medication cards in the team clinic rooms.
- Information on independent mental health advocacy services was displayed in patient waiting areas, and was provided with the welcome letter sent to patients when referred to the team. Patients spoken with reported to be aware of how to access advocacy services if they wished to.

Good practice in applying the Mental Capacity Act

- Staff had completed Mental Capacity Act (MCA) mandatory training. They demonstrated clear understanding of how to implement assessment into practice and were aware of the five statutory principles. Completion of training for PCRT North, Kettering and Corby 79%, Wellingborough and East Northamptonshire 85%. PCRT South, Northampton 100%, Daventry and South Northamptonshire100%. NHFT Personality Disorder Hub 98%. N-Step North and South combined - 100%. Staff were booked onto training where completion rates were low.
- Where applicable, patient MCA assessments were documented in their records, and were date, time and question specific. Staff reported to discuss MCA concerns with colleagues and in team meetings, and gave examples of where multi-disciplinary MCA assessments were completed. Staff were aware of the trust MCA policy and where to seek advice from.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff interacted with patients and their family members with care and compassion. Staff spoke about the patients on their caseloads with knowledge of their needs, social and medical histories. Staff offered practical and emotional support to carers and family members.
- Staff treated patients with respect, and showed professionalism when handling challenging situations.
- Patients told us that staff were responsive to their needs, were caring and treated them politely. Patients gave examples of where staff had offered support and encouragement to attend groups and reintegrate into their local community, and offered support in times of crisis.
- The trust had introduced 'I want great care', a feedback system to enable patients to rate their experiences of using services. Teams visited had been rated approximately 4.6 to 4.8 stars (out of a possible five) and 93% of patients would recommend the service to others.

The involvement of people in the care that they receive

- Patients reported to have been involved in the development of their care plans and spoke about the value placed on this by staff. The patient records reviewed during the inspection contained evidence of patient and family involvement; however the electronic recording system did not indicate where copies of care plans had been offered.
- Patient records demonstrated involvement in care programme approach reviews. However, some care plans were combined with the CPA record rather than being recorded as separate documents. Care plan checklist were inconsistently used to record patient involvement and it was unclear if the patient had been present at the CPA review due to the documents being merged.
- Some patient crisis plans reviewed were not personalised documents and did not contain patient's protective factors and plans to be implemented in the event of deterioration or relapse.
- Staff encouraged patients to participate in their treatment. Patients confirmed medication side effects were explained to enable them to make informed decisions.
- Staff offered support to carers and family members as appropriate. Members of the NHFT Personality Disorder Hub identified the need for a separate service for carers and family members rather than offering joint appointments with patients. They were developing a separate group for carers.
- Patients knew how to access advocacy services if required.
- Patients we spoke to were involved in service development, or sat on the trust complaints committee. Some patients reported to be unaware of involvement groups and indicated they would be keen to learn more about it.
- Staff encouraged collaborative working with family members and carers, whilst maintaining patient confidentiality.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- PCRT South teams held a waiting list of 44 unallocated cases. To manage the risks associated with these patients designated team members were responsible for triage, completion of initial assessments and regular reviews. Staff worked collaboratively with the crisis team to ensure identification of deteriorating patients and implementation of appropriate support. Managers identified that PCRT South's waiting list had formed after the community team restructure. The waiting list was on the trust risk register.
- PCRT North and N-Step countywide teams did not have waiting lists at the time of the inspection. They were mainly able to allocate new referrals within 14 days in line with the trust performance indicator.
- NHFT Personality Disorder Hub held a waiting list of three patients for the south treatment group, as the next programme was due to start August 2017. Patients could attend the northern group as an alternative. Unlike PCRT and N-Step patients, patients on the waiting list for treatment through NHFT Personality Disorder Hub already had allocated care coordinators within the community teams.
- Urgent referrals or patients experiencing crisis received priority with visits and telephone support offered by the team duty workers. PCRT South team had piloted a project, due for implementation across the other community teams where patients were seen for routine outpatient reviews by nurse practitioners. The aim of the project was to enable the consultants to have flexibility in their diary to offer urgent appointments. The consultants spoke positively about this arrangement.
- Consultants received support from team managers to review their caseloads and used the team knowledge of their patients to inform which patients needed to remain on the outpatient clinic lists.
- Community teams were co-located and worked closely with the out of hours crisis service to ensure patients could access immediate support. Patients experiencing deterioration in their condition or assessed to be at high risk were placed on the team 'live movement' monitoring boards, and the crisis teams were alerted to these patients.
- The inspection team observed incidents where patients attended the community team offices unannounced and in distress, or telephoned staff to report feeling suicidal or experiencing a deterioration in their mental health. All incidents were dealt with immediately, managers were kept updated on situations as they developed and where appropriate, appointments were moved forward.
- Staff drew on professional experiences and knowledge of their patients to engage with patients who found it difficult to work with services. Appointments were offered at times and in locations to try to suit patient needs and their additional commitments.
- NHFT Personality Disorder Hub staff worked closely with PCRT staff to implement strategies into their practice to assist patients with a diagnosed personality disorder to engage with services through use of structured clinical management (SCM).
- PCRT teams were meeting the trust performance indicator for reviewing all patients discharged from hospital within seven days.
- PCRT teams held weekly allocation and caseload review meetings. For those teams without a waiting list, cases tended to be allocated once all risk screening had been completed. If referrals were received with information missing, the duty worker for that day would review the case on the electronic recording system, and contact the referrer as required for further information.
- New patients referred to all teams received a welcome letter, which included details of out of hours support services. Patients were encouraged to access additional community resources such as local charities offering telephone and face-to-face support.
- Staff at PCRT South teams appeared to lack confidence in discharge planning for community patients on their caseloads, expressing concerns that patients could deteriorate. PCRT North teams were implementing a

Are services responsive to people's needs?

Good

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

caseload management tool that considered discharge planning as it was recognised that staff workload levels needed to be well managed to enable them to be responsive to the changing needs of patients.

- Psychologists for PCRT South, Daventry and South Northamptonshire reported to be utilising alternative sources of treatment such as community activity groups for patients to attend.
- If patients missed appointments, staff would support them by attending appointments jointly. Sometimes, consultants would offer home visits as an alternative to patients travelling to appointments. Staff would complete welfare check visits to patient's homes or liaise with the Police, alerting their managers to any concerns.

The facilities promote recovery, comfort, dignity and confidentiality

- All sites visited contained a range of clinic and meeting rooms, with medical and therapeutic equipment used for assessment and treatment sessions. Clinic rooms were utilised for administration of depot medication and physical health care clinics.
- Staff and patients raised concerns in relation to room availability at Campbell House. Staff reported that a review of the room booking systems in place was required. Some patients reported to feel under pressure during appointments as they had experienced treatment sessions ending abruptly due to the room being required for another patient. Patients also reported to follow staff round while a room was sourced which impacted on appointments starting on time, and did not make them feel staff were prepared for their session.
- Patient waiting areas contained information leaflets and posters on support services, treatment options and conditions. There was information for carers, and advice on mental health act rights, how to complain to the trust and local charities and organisations providing community based support services.

Meeting the needs of all people who use the service

- Facilities were accessible for patients and visitors with disabilities. There were lifts in place and accessible toilets. PCRT South, Daventry and South Northamptonshire had an allocated car parking area with level paving leading to the department to aid independent access. Equipment was available to support patients with hearing impairment. The patient advice liaison services (PALS) translated information leaflets and produced information in large print.
- Posters and information leaflets in patient waiting areas were mainly in English, it was unclear how patients could easily access information in alternative formats without knowing what to ask for.
- The trust had a procedure in place for staff to access interpreters and signers to support with treatment and interaction with patients where needed.

Listening to and learning from concerns and complaints

- Patient waiting areas had posters and leaflets explaining the complaints process. Patients interviewed reported to understand how to make a complaint. Where patients had complained, they reported to have had their concerns handled sensitively and be satisfied with the outcome.
- Staff were aware of the trust complaints policy and supported patients to raise concerns. PCRT North, Kettering and Corby had received 15 complaints in the last 12 months. Of these two were upheld, five were partially upheld and none were referred to the ombudsman.
- PCRT North, Wellingborough and East Northamptonshire had received six complaints in the last 12 months. Of these one was upheld and four partially upheld, none were referred to the ombudsman.
- PCRT South, Daventry and South Northamptonshire had received four complaints in the last 12 months. Three were not upheld, one partially upheld. None were referred to the ombudsman.
- PCRT South, Northampton had received six complaints in the last 12 months. Four were partially upheld and none were referred to the ombudsman.
- NHFT Personality Disorder Hub had received one complaint in the last 12 months which was not upheld or referred to the ombudsman.
- N-Step had received no complaints in the last 12 months.

Are services responsive to people's needs?

Good

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

- Staff received feedback on complaints and investigation findings in team meetings and through supervision. Patient records contained good examples of where managers had provided written apologies to patients and carers where something had gone wrong.
- All teams had received verbal and written compliments, including thank you cards which were displayed on team notice boards. Feedback from compliments was discussed in team meetings.

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.

Our findings

Vision and values

- Staff knew and demonstrated the vision and values of the trust in their treatment practices and approach to patients, taking 'pride' in their work and wanting to offer a high 'quality' service.
- Staff knew who the senior managers within the trust were, and reported that these managers were present at trust inductions and held lead roles within the organisation linking to aspects of clinical practice aligned with the CQC action plan. Patient waiting areas contained posters with pictures of senior managers on to aid recognition.
- The score for the trust's friends and family test was 94%.

Good governance

- Staff were encouraged to further their education and develop innovative practices for the benefit of staff and service development. This included, N-Step teams involvement in research trials linked to early intervention in the management of patients with psychosis. Nurse prescriber roles within the teams were developing to enable consultants to offer urgent appointments, and provision of perinatal services in partnership with children's services were being developed, having run a pilot project in Corby.
- Managers confirmed they completed regular quality audits of care plans and patient records and discussed issues during supervision
- Staff received annual appraisals. Completion rates for PCRT South, Northampton, Daventry and South Northamptonshire, N-Step North and South teams and NHFT Personality Disorder Hub staff was 100%.
- Appraisal completion rates for PCRT North, Kettering and Corby were 79%, Wellingborough and East Northamptonshire was 80%. Where staff had not received an annual appraisal, team managers confirmed dates had been booked for completion.
- Staff received a copy of their supervision record, and managers held an electronic version. In addition to individual supervision, NHFT Personality Disorder Hub staff attended mandatory group supervision held on a weekly basis.
- Team managers reported to feel well supported and have sufficient authority and administration support to meet the demands of their role. Where issues relating to staff performance were identified, these were addressed in partnership with the trust HR department. PCRT managers were responsible for two teams based at different trust sites without deputies.
- Staff added team related risks such as waiting lists to the local risk register in collaboration with their managers. This information fed into the overall risk register for the trust and was reviewed regularly.
- Staff worked collaboratively within the teams to manage patient risks, with support and guidance from the team managers. Staff discussed clinical cases in weekly multi-disciplinary team meetings, and there were trust wide profession specific forums staff were encouraged to attend. This offered a forum for shared lessons learnt from incidents and dissemination of information.
- Staff information boards contained the trust's CQC action plan document and this was reviewed in team business meetings.
- Serious incidents, investigation outcomes and lessons learnt were discussed with staff during supervision and in team meetings.
- Staff completed mandatory MHA training as part of their induction, then regular refresher courses. Completion compliance for PCRT North, Kettering and Corby 79%, Wellingborough and East Northamptonshire 85%. PCRT South, Northampton 100%, Daventry and South Northamptonshire100%. NHFT Personality Disorder Hub 98%. N-Step North and South combined - 100%. Staff had been booked onto training where completion figures were low.
- Most staff had completed mandatory safeguarding training for working with children and adults. Completion compliance for PCRT North, Kettering and Corby was adult 100% and child 69%, Wellingborough and East Northamptonshire 85% for both courses. PCRT South, Northampton, Daventry and South Northamptonshire was 100% for both courses. NHFT Personality Disorder Hub 98% for both courses. N-Step North and South combined was 100% for both courses. Staff were booked to attend training where completion levels were low.

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.

- Teams without waiting lists were seeing 96% of referrals within 14 days in line with the trust performance indicator. PCRT teams were meeting the trust performance indicator for reviewing all patients discharged from hospital within seven days.
- Senior trust managers had not addressed the identified concerns relating to environmental security at Campbell House. For example, the possibility of patients not being accounted for when they arrived for appointments.
- Senior trust managers had not implemented environmental ligature risk audits to reflect changes in dependency levels as a result of the recent service restructure. We observed a number of distressed patients accessing these services during the inspection.
- The trust had not offered patients under PCRT South, Daventry and South Northamptonshire the alternative of accessing specialist treatment from psychologists in other PCRT teams as an interim alternative while their waiting list was closed to patients requiring long term intervention.
- PCRT South, Daventry and South Northamptonshire had closed access to the psychology waiting list for new referrals for those patients who required long term intervention. The psychologists were available for assessment and advice, short-term work, urgent referrals and joint casework. No indication of timescales was given for when the team would be able to accept new referrals for long term pieces of work. Where appropriate, some patients were referred to groups and alternative support services run by other professionals within the team such as occupational therapists.

Leadership, morale and staff engagement

- Staff reported to enjoy their roles, whilst acknowledging the challenges they faced working with complex patients and managing risks in the community. Staff reported to be listened to and encouraged to give feedback to develop their service for the benefit of the patients.
- Morale within all teams was good, with no cases of bulling or harassment under investigation. Staff reported to be comfortable raising concerns and giving feedback without fear of reprisals and were aware of the trust's speak up guardian. There were no whistleblowing cases reported to be under investigation at the time of the inspection.
- Staff supported each other, and shared clinical expertise when managing complex patients.
- Staff participation in training and access to continual professional development opportunities was encouraged by the trust. New staff and agency workers completed a thorough induction programme. There was effective mentorship in place including shadowing opportunities with colleagues to gain practice experience when required. Teams offered student nurse and occupational therapy placements.
- PCRT North had a total of 47 staff and PCRT South had a total of 49 staff. NHFT Personality Disorder Hub had 5.5 staff and N-Step North and South had 18.5 staff. PCRT North had one staff member on long term sick leave, PCRT South had two staff members on long term sick leave and N-Step countywide team had one staff member on long term sick leave. Sick leave was managed through use of consistent agency staff that were familiar with the trust, and knew the geographical area.

Commitment to quality improvement and innovation

- Innovative practice and service development was nurtured within teams and the wider trust. Treatment programmes, therapy groups and medical interventions were developed in line with national practice guidelines, including National Institute for Health and Care Excellence and the Royal College of Psychiatry.
- Service development and learning from good practice in other trusts was considered when developing new services and programmes within this trust. Teams were involved in research and part of clinical network groups.
- The core service developed innovative practice in several areas. This included development of nurse prescriber roles, development of perinatal services, research trials in the N-Step team, and designated staff to run physical health care clinics.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The trust did not ensure that premises were secure. This was because: Patients did not sign in with reception staff on arrival at Campbell House for appointments, and were moving between the ground and first floors of the building without being accounted for. This was a breach of regulation 15.