

Navigo Health and Social Care CIC

Quality Report

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Core services inspected	CQC registered location	CQC location ID
Acute wards for adults of working age	Harrison House Pelham Lodge Brocklesby Lodge Meridian Lodge Provider Headquarters - Grimsby	1-243099813
Wards for older people with mental health problems	The Gardens Konar Suite Home from home - Ward A1 Provider Headquarters - Grimsby	1-243099827
Community-based mental health services for adults of working age	Weelsby View Medical Centre Scartho Medical Centre Provider Headquarters - Grimsby	1-1206855621
Mental health crisis services and health-based places of safety	Harrison House Provider Headquarters - Grimsby	1-243099813
Community-based mental health services for older people	The Gardens Eleanor Centre Provider Headquarters - Grimsby	1-1206855621

This report describes our judgement of the quality of care at this provider. It 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.

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 services at this Provider

Good



Are Mental Health Services safe?

Requires improvement



Are Mental Health Services effective?

Good



Are Mental Health Services caring?

Good



Are Mental Health Services responsive?

Good



Are Mental Health 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 found that Navigo Health and Social Care CIC was performing at a level which resulted in a rating of good because:

- We found that Navigo as a social enterprise had embraced the concept of patient involvement to its utmost with patients having an active voice in decision making as members of the community interest company. They also through their Tukes employment scheme work actively to engage patients to maximise their working potential to re-integrate patients with mental health problems back into the local community.
- Laing Buisson present annual awards to organisations dedicated to innovation, effective practice and high quality delivery of healthcare in the United Kingdom. In March 2015, Laing Buisson awarded the specialist care award for Excellence in Dementia Care to the Konar team.
- Restraint was only used once de-escalation techniques had failed. The service operated restraint elimination system practical effective control technique (RESPECT) training to de-escalate difficult situations training in response to managing the risks of patients.
- The ward layout on all inpatient areas allowed staff to observe all parts of the ward, with clear lines of sight from the main lounge area.
- None of the incidents of restraint were of prone restraint or resulted in rapid tranquilisation.
- In the adults of working age community teams each patient had a care programme approach (CPA) assessment carried out at least annually and the east team had 95% completion with the west team having 93%.
- We saw examples of staff following National Institute for Health and Care Excellence (NICE) guidance in the older adults inpatient service.
- The Memory Services National Accreditation Programme (MSNAP) accredited the Navigo memory service. The memory service had achieved a rating of excellent for their previous reviews under the scheme
- Navigo had amended their policies in order to adhere to the revised Mental Health Act (MHA) Code of Practice which was issued in April 2015
- We received 173 comment cards from service users, carers and staff, an exceptional amount based on the size of the provider. Of these comment cards 152 were positive and 21 were negative. 73 of the positive cards commented about the caring attitude of staff.
- Konar Suite family and friends test had remained at 100% for over a year.
- Navigo had been involved in the development and delivery of a joint training programme to support police officers understanding of personality disorder and Section 136 of MHA
- Navigo had a membership of over 750 people made up of staff, people using the services and carers. All members had equal voting rights.
- Low sickness and absence rates and reports from staff showed Navigo had a healthy culture. Staff throughout the organisation referred to Navigo as a family. Staff felt supported and were able to contribute and challenge decisions in their areas.
- It was clear from senior management that the organisations greatest risk was financial sustainability.

However

- The community memory service had some issues with control and storage of medication
- The process in place at the Eleanor Centre for the disposal of the sharps box stored on the premises did not meet the requirements of the hazardous waste regulations

Summary of findings

- At the time of inspection the service did not have a full multidisciplinary team but had access to psychology and occupational therapy which underpinned the model of care for assessment, treatment and recovery.
- On the acute services all staff had received their annual appraisal however the service had identified that some staff had not received their supervision as frequently as was expected. The service had implemented changes to address this
- Navigo had provided training for staff on awareness of mental health and this included Mental Health Act awareness, however the provider has recognised that this training needs to be separate and has been addressed on their training action plan
- There were some discrepancies in training figures that were provided to us. Navigo told us that this was due to the electronic system that collated training data.
- We looked at seven complaint files. We found that all complaints were thoroughly investigated with balanced responses. Navigo's policy on complaints stated that responses to complaints should be within 35 days. However, only one of the seven complaints met this target

Summary of findings

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

We always ask the following five questions of the services.

Are services safe?

- The community memory service had some patients who had their medication delivered to the service from the pharmacy. Staff delivered the medication to the patients as part of their routine visits. This medication was stored in a locked cabinet in a locked store room. However, there was no key holding process in place and the keys to access the room and cabinet were stored in a key cabinet the key to which was kept in an open drawer. This practise was unsafe and could place staff and patients at risk.
- The process in place at the Eleanor Centre for the disposal of the sharps box stored on the premises did not meet the requirements of the hazardous Waste Regulations.
- Mandatory training completion rates within the community mental health services for adults of working age were below target in some areas. There were continuing staffing issues at the east team, which could affect the service if not resolved as staff become overworked.

However

- There were nine serious untoward incidents recorded in Navigo Health and Social Care CIC between 24 March 2013 and 05 September 2015. The provider completed a comprehensive serious incident investigation for all deaths or near misses. These were reported on STEIS followed by a 72 hour report to Commissioners and a CQC notification.
- A review of the serious incidents found that these had all been investigated thoroughly and there was a consistent reporting mechanism.
- There was a good oversight of safeguarding from board level.
- Staff followed the organisations policy and knew how to report safeguarding and good links existed with the local authority in relation to both adults and children's safeguarding.
- The provider had a corporate compliance, whistleblowing and CQC policy ratified in January 2016.
- The trust had a risk register in place which identified the owner of the risk and the timescales for completion of identified actions, as well as rag rating it.
- The ward layout on all inpatient areas allowed staff to observe all parts of the ward, with clear lines of sight from the main lounge area.

Requires improvement



Summary of findings

- There were anti-ligature fixtures and fittings in place and where ligatures were found these had been clearly identified.
- The wards complied with guidance on same-sex accommodation, with all bedrooms having ensuite facilities and each ward having female and male only lounges as well as communal lounge areas.
- Navigo did not have any seclusion rooms and stated that they did not practice seclusion and if patients became too difficult to manage without seclusion they would be transferred to a PICU out of area where a seclusion suite could be available.
- There were 56 incidents of the use of restraint recorded at Navigo Health and Social Care CIC between 01 April 2015 and 30 September 2015. These incidents of restraint involved 30 individuals. None of the incidents of restraint were of prone restraint or resulted in rapid tranquilisation.
- Restraint was only used once de-escalation techniques had failed. The service operated restraint elimination system practical effective control technique (RESPECT) training to de-escalate difficult situations training in response to managing the risks of patients.
- Clinic areas for community adult teams were very clean with good stock rotation. Depot injections were used as necessary and these were stored in either a fridge or a cupboard and temperature checked daily.

Are services effective?

- On the older adults wards patients' care plans were person-centred, holistic and ongoing. They accompanied patients in and out of hospital. Patients who were able to told us they were involved in their care.
- In the adults of working age community teams each patient had a care programme approach (CPA) assessment carried out at least annually and the east team had 95% completion with the west team having 93%.
- We saw examples of staff following National Institute for Health and Care Excellence (NICE) guidance in the older adult's inpatient service.
- The adults of working age community teams prescribed medication in line with NICE guidance and we saw evidence of the service maintaining an antipsychotic register for patients with dementia who took antipsychotic medication
- We were told that on the acute wards patient's nutrition and hydration needs were met, there was access to drinks at all times.

Good



Summary of findings

- The Memory Services National Accreditation Programme (MSNAP) accredited the Navigo memory service. The memory service had achieved a rating of excellent for their previous reviews under the scheme.
- Services operated within a multi-disciplinary team framework. This included nurses, doctors, psychologists and allied health professionals such as occupational therapists and speech and language therapists. There were also pharmacists and activity coordinators available to the in-patient facilities.
- All services completed regular audits of care plans and risk assessments and discussed the results and action plans within team meetings and supervisions.
- In addition to mandatory training requirements, all staff on the older adults inpatient areas had received training in dementia awareness.
- We found that the provider used an electronic patient record system within Navigo. This system was well embedded and we received no negative feedback about its use throughout the inspection.
- 95% of staff from NAVIGO had completed their Mental Capacity Act basic awareness, and a further 83% had completed more in-depth training.
- Navigo had amended their policies in order to adhere to the revised Mental Health Act (MHA) Code of Practice which was issued in April 2015.

However

- At the time of inspection the service did not have a full multidisciplinary team but had access to psychology and occupational therapy which underpinned the model of care for assessment, treatment and recovery.
- On the acute services all staff had received their annual appraisal however the service had identified that some staff had not received their supervision as frequently as was expected. The service had implemented changes to address this.
- Navigo had provided training for staff on awareness of mental health and this included Mental Health Act awareness, however the provider has recognised that this training needs to be separate and has been addressed on their training action plan.

Are services caring?

- During our inspection we saw interactions between staff and patients in every service we visited. We saw that patients in all services were treated with dignity, respect and compassion.

Good



Summary of findings

- We received 173 comment cards from service users, carers and staff, an exceptional amount based on the size of the provider. Of these comment cards 152 were positive and 21 were negative. The staffing was the theme of the 14 negative cards, however 73 of the positive cards were themed around caring.
- Patient satisfaction information was available from the community members survey where 69% of the members rated the organisation as excellent, 26% as good with 2% and 3% rating the organisation as poor and average.
- Konar Suite family and friends test had remained at 100% for over a year.
- Information on the rights of patients who were detained was displayed in wards and advocacy services were readily available to support patients. We saw that staff regularly informed patients of their rights, using easy read information if required.
- Children were able to visit patients on the older adults ward using the separate café off the reception area on site. Staff understood the need for children to stay connected to a loved relative in a way that was positive for everyone concerned.

Are services responsive to people's needs?

Good



- The older adults community service did not have a waiting list for treatment and commenced a level of treatment following the first assessment.
- At the time of the inspection, the acute inpatient service was full and bed occupancy was 100%. The service had the capacity to operate the enhanced care ward when required, in the six-month period leading to the inspection occupancy rates were 84% and 91% for the two main wards and 34% for the enhanced care provision.
- Navigo had a service level agreement for the use of an out of area Psychiatric Intensive Care Unit (PICU) should patients require that level of care and treatment.
- The service had developed close working relations with the police particularly around patients in crisis and liable to potential detention under Section 136 of the MHA.
- The 136 suite was connected to the enhanced care facility of the acute wards and was run and staffed by the acute care staff to ensure continuity of care.
- Navigo had been involved in the development and delivery of a joint training programme to support police officers understanding of personality disorder and Section 136 of MHA.

Summary of findings

- Most wards areas and community bases were accessible to people with disabilities. On Konar suite there were fully accessible bathrooms or shower areas available to allow patients to meet their personal care needs.
- Nurse call systems were available in the inpatient areas.
- Meals for individual patients reflected both their nutritional requirements and personal preferences. Staff were knowledgeable about patients' food likes and dislikes.
- The organisation had a practice and clinical governance committee. The committee met monthly and reviewed operational policies, incident reports and action plans, trend analysis, performance. This included complaints.
- New staff also covered, complaints, information governance, the audit program, health and safety and communication streams as part of their induction

However

- Following the decommissioning of 15 care beds, which provided step-up, step-down support the range of options within the care pathway had diminished

Are services well-led?

Good



- Navigo had a membership of over 750 people made up of staff, people using the services and carers. All members had equal voting rights.
- Navigo had recently restructured into a an organisation with fewer levels of hierarchy removing some management roles and therefore costs.
- Navigo were innovative in generating additional income through new business. For example, they had recently acquired a garden centre. The garden centre income not only gave the opportunity to subsidise their core delivery but also enabled a training and employment pathway for service users
- The membership board dealt with the operation of services ensuring people who used them were fully involved. The chief executive chaired the board
- The induction program for new staff covered the organisation's vision and values, performance expectations and governance structures. New staff also covered safeguarding, infection control, MCA, complaints, information governance, the audit program, health and safety and communication streams as part of their induction.
- Navigo used a balanced scorecard system to define key performance indicators.

Summary of findings

- The lead for safeguarding attended North East Lincolnshire Safeguarding Board and reported through the organisation via the CIC Board. There was a good oversight of safeguarding from board level.
- Navigo had a clear code of conduct that defined expectations from staff and what staff could expect from Navigo. It included values they would expect to see from staff such as behaving in a respectful manner, challenging any in-equalities and being solution focused. The code of conduct stated that staff could have access to all managers and senior staff, always have their ideas considered and have a right to own the organisation, vote and attend meetings.
- Low sickness and absence rates and reports from staff showed Navigo had a healthy culture. Staff throughout the organisation referred to Navigo as a family. Staff felt supported and were able to contribute and challenge decisions in their areas.

However

- It was clear from senior management that the organisations greatest risk was financial sustainability. As a community interest company, Navigo were not in a position to operate at a deficit. The clinical commissioning group allocated 9.2% of their budget towards mental health. This limited budget allocation made further cost improvement programmes difficult to achieve.
- the current lead for Training, Development and HR was also the Lead Nurse, NAViGO acknowledge that these responsibilities were too vast for one position NAViGO were due to separate these roles as the lead was due to retire. The organisation was therefore in the process of recruiting for a dedicated Training, Development and HR Manager and a separate Nurse Lead based within operational areas.
- There were some discrepancies in training figures that were provided to us. Navigo told us that this was due to the electronic system that collated training data. Linking of competencies required to roles had been inconsistent resulting in some roles requiring a greater number of competencies. Navigo had also set its organisational expectation high in terms of mandatory training due to not specifying which disciplines were required to do each training element. There was a current action plan in place to ensure future compliance. Priorities included reviewing mandatory training, to consider what training is mandatory for each discipline, to consider making training more accessible and to consider block training.

Summary of findings

- We looked at seven complaint files. We found that all complaints were thoroughly investigated with balanced responses. Navigo's policy on complaints stated that responses to complaints should be within 35 days. However, only one of the seven complaints met this target.

Summary of findings

Our inspection team

Our inspection team was led by:

Inspection Manager: Patti Boden, Care Quality Commission

The team included CQC inspectors and a variety of specialist advisors: consultant psychiatrists, experts by experience who had personal experience of using or caring

for someone who uses the type of services we were inspecting, Mental Health Act reviewers, mental health social workers, nurses (Registered General Nurses, Registered Mental Nurses and Registered Nurses for Learning Disabilities), occupational therapists, pharmacy inspectors, senior managers and social workers

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about Navigo Health and Social Care CIC and asked other organisations to share what they knew. We carried out announced visits to all core services on 19 and 20 January 2016 and a short notice visit to the older adult's home treatment service on the 28 January.

During the inspection, we held focus groups with a range of staff, such as nurses, doctors, allied health professionals and support staff. We also held focus groups at main hospital sites for detained patients prior to and during the inspection. We also interviewed key members of staff, including the chief executive, chairperson, medical director, director of nursing.

During the inspection we also:

- spoke with over 26 patients who shared their experience of the services they had received

- reviewed the feedback contained in 173 comment cards
- observed how patients were being cared for in the services we visited
- spoke with more than 10 carers and or family members
- spoke with over 80 trust employees
- spoke with representatives from the local authority and commissioners of health services
- reviewed care or treatment records of 48 patients
- attended more than 10 clinical meetings which included multi-disciplinary meetings and handovers

In addition to the announced inspection, we carried out a short notice announced visits to the older adults home treatment team on the 28 January 2016.

We also returned to undertake a Short Observational Framework for Inspection (SOFI) on one of the acute adult wards and older person's wards. The SOFI is a tool used to help us collect evidence about the experience of people who use services where they may not be able to fully describe their experience due to cognitive or other problems.

Summary of findings

Information about the provider

Navigo Health and Social Care CIC is a non-profit social company running all local mental health and associated services in North East Lincolnshire.

The population of North East Lincolnshire is 170,000. Deprivation increased in north east Lincolnshire to 29.1 in 2015 compared with 25.2 in 2010.

Navigo is registered to provide the following:

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

It provides the following core services:

- Acute adults of working age (including Home treatment team) but does not provide psychiatric intensive care unit (PICU) services
- Older People inpatients and community (including admiral nurses)
- Crisis resolution and home treatment services
- Health based place of safety

It also provides, but we have not inspected

Eating disorder services

Forensic community services

Early intervention services

Personality disorder community services

Housing and rehabilitation

Family therapy

Volunteer opportunities

A Community inpatient service called Home from Home.

Navigo Health and Social Care CIC runs Navigo Community Mental Health Services and Headquarters, Harrison House, Rharian Fields, Home from Home Service and The Gardens.

Navigo Health and Social Care CIC locations have been registered with CQC as below:

- Harrison House since 15 September 2011
- Navigo Community Mental Health Services and Headquarters since 29 January 2014
- Rharian Fields since 11 May 2015
- Home from Home Service since 03 July 2015
- The Gardens since 15 September 2015.

There have been five inspections carried out at Navigo Health and Social Care CIC (the most recent being 30 January 2014 at Navigo's Community Mental Health Services and Headquarters).

- Navigo's Community Mental Health Services and Headquarters is currently deemed to be compliant (as of 12 March 2014).
- Harrison House is currently deemed to be compliant (as of 31 December 2013).
- The Gardens is currently deemed to be compliant (as of 18 February 2014).

What people who use the provider's services say

We received 173 comment cards from people who use services. Of these comment cards the majority 152 (87%) contained positive comments regarding the service. The remaining comments 21 (12 %) or contained negative comments regarding the service provided.

The most negative comment cards we received (14) related to staffing issues, and 73 comment cards related to the caring attitude of staff.

Themes from positive comment cards and the phrases used were identified as follows:

- brilliant care and support, sympathetic, clean environment, involved in decision making, brilliant team.
- lovely place, clean tidy, friendly caring staff all times, nurses and assistants work hard

Summary of findings

- dignity and respect, safe environment, wards are kept clean, good meals
- caring happy polite staff, excellent food - well priced, staff go the extra mile

Negative comments included:

- premises could do with a paint
- would like more therapies than cognitive behavioural therapy
- could have more daytime activities
- care plans too complicated, info is not what patients want to see

We met with patients before the inspection and patients mostly told us they received a 'high class service' and the overall treatment was good. Staff went the extra mile.

Facilities were clean and appropriate. Good food. Excellent aftercare. We heard that the 'Chief exec's door is always open. He will listen to any issues or suggestions.' Three people at the group who had met him agreed that he was very friendly.

However, negative comments included

- Crisis team lacking knowledge. One patient was told to get a bath, hot drink and go to bed when it was the first time they contacted crisis. People told us they felt unsafe and the crisis team did not/ or were unable to respond appropriately.
- Limited general information given to carers
- No involvement in their care plans
- Staff shortages resulting in unfamiliar staff, cancelled leave, limited activities and 1:1's

Good practice

- We found that Navigo as a social enterprise had embraced the concept of patient involvement to its utmost with patients having an active voice in decision making as members of the community interest company. They also through their Tukes employment scheme work actively to engage patients to maximise their working potential to re-integrate patients with mental health problems back into the local community.
- Laing Buisson present annual awards to organisations dedicated to innovation, effective practice and high

quality delivery of healthcare in the United Kingdom. In March 2015, Laing Buisson awarded the specialist care award for Excellence in Dementia Care to the Konar team.

- Navigo is committed to providing high quality care to the older people in the local area. Accreditation had been awarded through the memory services national accreditation programme (MSNAP) for the provision of assessment and diagnosis of dementia and the provision of psychological interventions for dementia.
- The unit achieved accreditation for inpatient mental health service wards for older people (AIMS-OP) with excellence for the inpatient areas.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that there is an effective process in place with regards to medication monitoring at the Eleanor Centre.
- The provider must ensure that medication is stored safely at the Eleanor Centre.

- The provider must ensure there is provision for the safe disposal of sharps at the Eleanor Centre in line with Hazardous Waste regulations.
- The provider must ensure that compliance to mandatory training is reached in the community services for adults of working age.

Summary of findings

Action the provider **SHOULD** take to improve

- The provide should ensure that the vacant multidisciplinary posts within the acute services should be recruited to.
- The provider should ensure that all staff are compliant with supervision expectations.
- The provider should ensure compliance to Mental Health Act awareness training.
- The provider should ensure that all complaints are responded to within the 35 day timescale.
- The provider should ensure compliance of mandatory training to agreed level as per provider action plan.
- The provider should ensure that the reporting and collating of these training figures is accurate.

Navigo Health and Social Care CIC

Detailed findings

Mental Health Act responsibilities

Navigo had clear governance systems in place for meeting its responsibilities under the Mental Health Act. The services Mental Health Act office provided support to ensure appropriate records were completed for patients who were subject to the Mental Health Act.

Navigo had amended their policies in order to adhere to the revised Mental Health Act (MHA) Code of Practice which was issued in April 2015. The revised Code set new standards and increased the good practice expectations for existing areas covered in the Code for providers and professionals when making decisions about care and treatment for people affected by the Act. CQC stated on the publication of the revised Code that it would expect services to have such policies and procedures in place by October 2015 which they met. We found that these changes had been embedded into practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

Navigo had a Mental Capacity Act (MHA) policy in place. Navigo provided two training programmes for Mental Capacity Act (MCA). These were MCA awareness and MCA. 95% of staff from NAVIGO had completed their Mental Capacity Act basic awareness, and a further 83% had completed more in depth training.

From discussion with staff, observation at meetings and case tracking notes we found staff well informed about issues of capacity and the application of the Mental Capacity Act (MCA) including deprivation of liberty safeguards (DOLS). Staff made referrals to an independent mental capacity assessor (IMCA) if required.

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

Detailed findings

Summary of findings

- The community memory service had some patients who had their medication delivered to the service from the pharmacy. Staff delivered the medication to the patients as part of their routine visits. This medication was stored in a locked cabinet in a locked store room. However, there was no key holding process in place and the keys to access the room and cabinet were stored in a key cabinet the key to which was kept in an open drawer. This practise was unsafe and could place staff and patients at risk.
- The process in place at the Eleanor Centre for the disposal of the sharps box stored on the premises did not meet the requirements of the hazardous Waste Regulations.
- Mandatory training completion rates within the community mental health services for adults of working age were below target in some areas. There were continuing staffing issues at the east team, which could affect the service if not resolved as staff become overworked.

However

- There were nine serious untoward incidents recorded in Navigo Health and Social Care CIC between 24 March 2013 and 05 September 2015. The provider completed a comprehensive serious incident investigation for all deaths or near misses. These were reported on STEIS followed by a 72 hour report to Commissioners and a CQC notification.
- A review of the serious incidents found that these had all been investigated thoroughly and there was a consistent reporting mechanism.
- There was a good oversight of safeguarding from board level.
- Staff followed the organisations policy and knew how to report safeguarding and good links existed with the local authority in relation to both adults and children's safeguarding.

- The provider had a corporate compliance, whistleblowing and CQC policy ratified in January 2016.
- The trust had a risk register in place which identified the owner of the risk and the timescales for completion of identified actions, as well as rag rating it.
- The ward layout on all inpatient areas allowed staff to observe all parts of the ward, with clear lines of sight from the main lounge area.
- There were anti-ligature fixtures and fittings in place and where ligatures were found these had been clearly identified.
- The wards complied with guidance on same-sex accommodation, with all bedrooms having ensuite facilities and each ward having female and male only lounges as well as communal lounge areas.
- Navigo did not have any seclusion rooms and stated that they did not practice seclusion and if patients became too difficult to manage without seclusion they would be transferred to a PICU out of area where a seclusion suite could be available.
- There were 56 incidents of the use of restraint recorded at Navigo Health and Social Care CIC between 01 April 2015 and 30 September 2015. These incidents of restraint involved 30 individuals. None of the incidents of restraint were of prone restraint or resulted in rapid tranquilisation.
- Restraint was only used once de-escalation techniques had failed. The service operated restraint elimination system practical effective control technique (RESPECT) training to de-escalate difficult situations training in response to managing the risks of patients.
- Clinic areas for community adult teams were very clean with good stock rotation. Depot injections were used as necessary and these were stored in either a fridge or a cupboard and temperature checked daily.

Our findings

Safe and clean care environments

Detailed findings

The Konar suite was redesigned to meet the needs of older people suffering acute mental health problems, particularly dementia. Dementia friendly signage enabled patients to identify different areas of the ward for themselves.

The outside space was extensive, accessible and well maintained providing patients with a safe space and fresh air. A summer house converted into a relaxed, recreation and social area known as the Konar Arms provided patients with additional indoor space for recreation. We saw individually assessed equipment to aid both activities of daily living and patient's mobility

The ward layout on all three acute lodges allowed staff to observe all parts of the ward, with clear lines of sight from the main lounge area.

There were anti-ligature fixtures and fittings in place and where ligatures were found these had been clearly identified. Risks were recorded on the ward risk registers and risks were mitigated through individual patient risk management plans.

The wards complied with guidance on same-sex accommodation, with all bedrooms having ensuite facilities and each ward having female and male only lounges as well as communal lounge areas.

The 136 suite was attached to the acute ward and was staffed by staff from the acute wards.

All ward areas were clean, furnishings and fixtures were of a high quality standard that complied with the furniture requirements necessary for acute inpatient areas. Whilst offering a warm, modern homely environment.

Community team bases we visited during the inspection were clean and well maintained.

Acute wards did not allow children to visit on the wards; there was a designated children's visiting area near the main reception area.

On the older adults wards children were able to visit patients on the ward using the separate café off the reception area on site. Staff understood the need for children to stay connected to a relative in a way that was beneficial to both the child and the patients.

Safe staffing

Since April 2014, all hospitals have been required to publish information about staffing levels on wards, including the

percentage of shifts meeting their agreed staffing levels. This initiative was part of the NHS response to the Francis report, which called for greater openness and transparency in the health service. Navigo has published information about staffing levels on its website.

The acute inpatient service had experienced staffing difficulties in the 12 month period leading to the inspection. The information provided for this core service had 91 substantive staff with six staff that had left the trust in the last 12 months. Staffing vacancies were further complicated by the development of new services within the organisation allowing for promotion or movement of staff.

The acute inpatient services had clearly established staffing establishment across the three wards, the establishment derived from the nationally recognised staffing requirements for acute inpatient services for people with mental health problems. This meant that each shift had four band six nurses and seven health care assistants, band five nurses were accounted for within the healthcare assistant numbers. There was one band six nurse allocated to crisis service worker with the additional band six and one band three to support the role for assessments

Healthcare organisations must ensure that they have an appropriately skilled, well-trained and informed workforce who use their knowledge and skills effectively in their everyday practice. To achieve this, they must provide appropriate training. Navigo were not meeting their targets or national requirements for mandatory training.

Navigo had set a target for compliance with mandatory training for all staff at 85% to be achieved by 31 March 2016. At the time of inspection the trust reported their overall mandatory training rate to be 80%, however there was a clear action plan in place and all staff will have reached compliance by April 2016.

The mandatory training compliance rate by core service was:

Older adults community =80%

Older adults inpatient =82%

Older adults HTT=60%

Acute inpatients, including crisis and 136 suite=75%.

Community mental health services for adults of working age= 75%

Detailed findings

Current figures for basic life support were at 31% of the staff force with a further 44% booked onto future training dates. Intermediate life support training had been delivered to 45% of staff with a further 39% booked onto it. Currently only 44% of the staff force had been trained in level one adult safeguarding, however all other staff had booked training dates arranged. Figures for moving and handling training and information governance were also below 60%. There were some discrepancies in figures that were provided to us. Navigo told us that this was due to the electronic system that collated training data. Navigo had also set its organisational expectation high in terms of mandatory training due to not specifying which disciplines were required to do each training element. Therefore it was unclear whether the low figures may be accountable to staff that did not have an essential requirement in that area. For example, administrative support workers were included in the statistics for mandatory training in life support.

the current lead for training, development and human resources was also the lead nurse, Navigo acknowledge that these responsibilities were too vast for one position. Navigo were due to separate these roles as the lead was due to retire. The organisation was therefore in the process of recruiting for a dedicated training, development and human resources manager and a separate nurse lead based within operational areas. There was a current action plan in place to ensure future compliance. Priorities included reviewing mandatory training, to consider what training is mandatory for each discipline, to consider making training more accessible and to consider block training.

Assessing and managing risk to patients and staff

The trust had a risk register in place which identified the owner of the risk and the timescales for completion of identified actions, as well as rag rating it.

Navigo did not have any seclusion rooms and stated that they did not practice seclusion and if patients became too difficult to manage without seclusion they would be transferred to a PICU out of area where a seclusion suite could be available. We were however alerted to an issue following a Mental Health Act monitoring visit that happened in October 2015. On site. Staff were trained in the use of de-escalation techniques and treated patients with dignity and respect at all times. However we were told that some patients would be asked to move to the extra care

area in Brocklesby Lodge if they posed a risk to themselves and others that could not be safely managed on the acute wards. We were told that this would always be with the patient's co-operation. However we found on one patient's file that they had been asked to move to the section 136 suite where staff thought they could be managed more safely. The patient agreed to move, but holding techniques were needed to escort them safely. Although the records were not detailed, we concluded that the patient had then been prevented from leaving for over 24 hours before being re-introduced to Pelham Lodge. The patient was not free to leave the 136 suite even if the door was not closed and two staff were with them. We concluded that this met the definition of a seclusion episode but was not recorded as such. We could not find evidence that the patient had been afforded the safeguards required by the code of practice when a patient is secluded. We were concerned that this might not be an isolated example. In light of this Navigo ratified and fully implemented a seclusion policy prior to our inspection, which then afforded patients the safeguards of the MHA code of practice. Staff training was also undertaken by the management of the acute services to ensure this policy had been fully embedded.

The trust had a policy on the prevention and management of violence and aggression.

There were 56 incidents of the use of restraint recorded at Navigo Health and Social Care CIC between 01 April 2015 and 30 September 2015. These incidents of restraint involved 30 individuals. None of the incidents of restraint were of prone restraint or resulted in rapid tranquilisation.

Restraint was only used once de-escalation techniques had failed. The service operated restraint elimination system practical effective control technique (RESPECT) training to de-escalate difficult situations training in response to managing the risks of patients. The trusts RESPECT trainer was based on the acute wards.

Staff received a debrief following any incidents that occurred. Staff also had the opportunity to self-refer to the trusts confidential care 24 hour advice and support service. In addition to this, the RESPECT trainer reviewed all incident reports, which had involved restraint and worked with the staff and managers to offer additional support

Detailed findings

There were robust processes and checks in place to dispense medication on the inpatient wards, each patient had an individual folder containing both their medicines chart and well-being information covering ongoing physical health results

We did however find that half of the patients prescribed 'as required' medication on the older adults wards had their prescription recorded across two medication cards. This could lead to dispensing errors, this was rectified during the inspection. A local pharmacy did a stock take of medication each week and night staff completed a weekly audit of medicines. Emergency drugs were present, checked and in date.

Clinic areas for community adult teams were very clean with good stock rotation. Depot injections were used as necessary and these were stored in either a fridge or a cupboard and temperature checked daily. Medication was checked in and out and relevant documents were completed to monitor this.

The community memory service had some patients who had their medication delivered to the service from the pharmacy. Staff delivered the medication to the patients as part of their routine visits. This medication was stored in a locked cabinet in a locked store room. However, there was no key holding process in place and the keys to access the room and cabinet were stored in a key cabinet the key to which was kept in an open drawer. This practise was unsafe and could place staff and patients at risk.

The pharmacy delivered medication in sealed packets. The process in place for medication reconciliation relied on the provision of a second label from the pharmacy detailing the contents of the package. Staff did not check the label against the content of the packages and were unable to confirm the correct medication had been received.

The memory service had one patient who was prescribed a depot injection. We found a sharps box on top of the medication cabinet, used to dispose of syringes. Staff informed us there was an agreement to take the box to the Konar ward at the Gardens for disposal when full.

There was not a system in place to monitor and record temperatures within the room and the room did not have any means to control the temperature of the room to ensure it was at a safe temperature for the storage of medication.

Between 12 March 2014 and 12 June 2015, CQC received nine safeguarding concerns and no safeguarding alerts regarding services at Navigo Health and Social Care CIC. All concerns have now been 'closed'.

Navigo had introduced a new safeguarding lead role who had ensured a greater staff awareness that had resulted in increased referrals and an increase in staff queries as well as oversight from the board. The lead for Safeguarding Adults and Safeguarding Children attended North East Lincolnshire Safeguarding Board and reported through the organisation via the CIC Board. There was a good oversight of safeguarding from board level. We were also able to view a report that had gone to the board, some serious case reviews and actions plans where NAVIGO were part of the process.

Staff were aware of safeguarding requirements and showed they understood the referral process into the local authority. Caseloads were managed and re-assessed regularly and were discussed in supervision.

Staff followed the organisations policy and knew how to report safeguarding and good links existed with the local authority in relation to both adults and children's safeguarding.

Track record on safety

There were nine serious untoward incidents recorded in Navigo Health and Social Care CIC between 24 March 2013 and 05 September 2015. All SIRIs were a 'Type One' incident. A type one incident is a term used to describe unexpected or avoidable death or severe harm of one or more patients, staff or members of the public. Four of these incidents were attributed to the community health services, one was attributed to the forensic offender liaison and diversion team. Three were attributed to community mental health and one to the acute inpatient services.

Reporting incidents and learning from when things go wrong

Of these nine serious incidents the provider completed a comprehensive serious incident investigation for all deaths or near misses. These were reported on STEIS the Strategic Executive Information System followed by a 72 hour report to Commissioners and a CQC notification.

A duty of candour letter was then sent to the service user or in the case of a death to the family of the deceased. The

Detailed findings

letter expressed regret for the incident and extends an invitation to be involved in our investigation; they also offered support and signposting where to access support in the community.

A review of the serious incidents found that these had all been investigated thoroughly and there was a consistent reporting mechanism. These serious incidents were fed back into the clinical teams and meetings.

The trust had a duty of candour policy. Staff in all services we visited told us about Duty of Candour or its principles.

Overall, the trust were meeting all the required standards of Duty of Candour.

Anticipation and planning of risk

Potential risks were taken into consideration when planning services. We found that the provider had emergency planning plans and policies in place.

Are services effective?

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

Summary of findings

- On the older adults wards patients' care plans were person-centred, holistic and ongoing. They accompanied patients in and out of hospital. Patients who were able to told us they were involved in their care.
- In the adults of working age community teams each patient had a care programme approach (CPA) assessment carried out at least annually and the east team had 95% completion with the west team having 93%.
- We saw examples of staff following National Institute for Health and Care Excellence (NICE) guidance in the older adult's inpatient service.
- The adults of working age community teams prescribed medication in line with NICE guidance and we saw evidence of the service maintaining an antipsychotic register for patients with dementia who took antipsychotic medication
- We were told that on the acute wards patient's nutrition and hydration needs were met, there was access to drinks at all times.
- The Memory Services National Accreditation Programme (MSNAP) accredited the Navigo memory service. The memory service had achieved a rating of excellent for their previous reviews under the scheme.
- Services operated within a multi-disciplinary team framework. This included nurses, doctors, psychologists and allied health professionals such as occupational therapists and speech and language therapists. There were also pharmacists and activity coordinators available to the in-patient facilities.
- All services completed regular audits of care plans and risk assessments and discussed the results and action plans within team meetings and supervisions.

- In addition to mandatory training requirements, all staff on the older adults inpatient areas had received training in dementia awareness.
- We found that the provider used an electronic patient record system within Navigo. This system was well embedded and we received no negative feedback about its use throughout the inspection.
- These were MCA awareness and MCA. 95% of staff from NAVIGO had completed their Mental Capacity Act basic awareness, and a further 83% had completed more in-depth training.
- Navigo had amended their policies in order to adhere to the revised Mental Health Act (MHA) Code of Practice which was issued in April 2015.

However

- At the time of inspection the service did not have a full multidisciplinary team but since then has access to psychology and occupational therapy which underpins the model of care for assessment, treatment and recovery.
- On the acute services all staff had received their annual appraisal however the service had identified that's some staff had not received their supervision as frequently as was expected. The service had implemented changes to address this.
- Navigo had provided training for staff on awareness of mental health and this included Mental Health Act awareness, however the provider has recognised that this training needs to be separate and has been addressed on their training action plan.

Our findings

Assessment of needs and planning of care

Are services effective?

On the older adults wards patients' care plans were person-centred, holistic and ongoing. They accompanied patients in and out of hospital. Patients who were able to tell us they were involved in their care, and that staff had sat with them to agree what would happen. Where patients were unable to communicate their needs, we saw evidence in care records that relatives/carers had been involved in the formulation of plans.

However on the acute wards care plans were found to be generic in their content and did not always demonstrate evidence of person centred care or a recovery oriented focus.

Care records in the older adults community teams all contained detailed assessments and holistic care plans. Care plans were set out in a format that identified needs, interventions, outcomes and frequency. Patients had signed all the care plans we reviewed and there was evidence that staff were completing capacity assessments and gaining consent from patients.

In the adults of working age community teams each patient had a care programme approach (CPA) assessment carried out at least annually and the east team had 95% completion with the west team having 93%.

We found that the provider used an electronic patient record system within Navigo. This system was well embedded and we received no negative feedback about its use throughout the inspection.

There were systems in place to report and review incidents and accidents that occurred. The staff we spoke to all knew how to report an incident using the datix system, which they found easy to complete.

Best practice in treatment and care

We saw examples of staff following National Institute for Health and Care Excellence (NICE) guidance in the older adults inpatient service and staff told us they had referred to NICE guidelines to clarify the way forward in treatment where there had been a difference of opinion between clinicians. Staff discussed new NICE guidance and legislation in team meetings. This informal learning increased staff awareness and helped identify any formal learning required. This had been particularly effective in embedding the new code of practice. Although the service aspired to following NICE Guidance, we saw no specific

dementia or functional care pathway. We also found in the older adults inpatient services when a patients' nutritional assessment scores were over 15, indicating more specialist knowledge was required referral to a dietician was made.

We reviewed all the older adults inpatient medicine charts and found prescribing in line with NICE Guidance. However, we found that half the patients had their 'as required' pro re nata (PRN) medication spread over two cards. This increased the possibility of a drug error. Our pharmacist raised this concern with the prescribing doctor who agreed to implement the necessary changes

The adults of working age community teams prescribed medication in line with NICE guidance and we saw evidence of the service maintaining an antipsychotic register for patients with dementia who took antipsychotic medication. Both the antipsychotic register and client records provided evidence that the service regularly reviewed the use of medication and sent letters to the patients GP to inform them of the outcome.

Patients in the adult community teams had access to psychological therapies and a psychologist ran clinics in both areas. There had been 58 referrals to adult psychology in the last six months and of those referred 38 had accessed. The majority of service users who had not yet accessed psychology had been referred in January 2016 and would be offered assessment appointments throughout February and March 2016.

We were told that on the acute wards patient's nutrition and hydration needs were met, there was access to drinks at all times. The wards had a close working relationship with the catering staff to accommodate patient choices and dietary requirements. The service could access the expertise from the eating disorders service and dietician.

The Memory Services National Accreditation Programme (MSNAP) accredited the Navigo memory service. The memory service had achieved a rating of excellent for their previous reviews under the scheme

The organisation offered transcranial magnetic stimulation (TMS). TMS is a painless, non-invasive stimulation of the human brain. The service had referred 15 people in the last six months and nine had accessed the treatment. Those who did not access treatment were not appropriate for TMS.

Are services effective?

Physical healthcare needs were assessed and monitored throughout treatment. Clinics took place regularly to look at health and wellbeing. These included a comprehensive overview of physical health including bloods, an electrocardiogram (a simple test that can be used to check your heart's rhythm and electrical activity), weight and physical observations

All services completed regular audits of care plans and risk assessments and discussed the results and action plans within team meetings and supervisions.

Staff participated in comprehensive audit programmes and accreditation schemes. The national audit programme included audits around psychological therapies, schizophrenia and audits around prescribing medication. Staff also assumed governance and audit responsibilities for example health and safety, suicide prevention, compliments and complaints and frequent attenders at accident and emergency. Staff involved included health care assistants as well as qualified nurses and managers

The older adults community services followed commissioning for quality and innovation guidance and used patient reported experience measures and patient reported outcome measures to monitor patient outcomes and service quality.

Skilled staff to deliver care

Services operated within a multi-disciplinary team framework. This included nurses, doctors, psychologists and allied health professionals such as occupational therapists and speech and language therapists. There were also pharmacists and activity coordinators available to the in-patient facilities.

At the time of inspection the service did not have a full multidisciplinary team but since then has access to psychology and occupational therapy which underpins the model of care for assessment, treatment and recovery.

The older adults community service employed a Reiki therapist who provided treatment to patients and carers who are interested in exploring alternative therapies. The service also employed a sleep therapist to support patients to develop a healthy sleep pattern. The functional team who supported patients with a functional mental illness like psychosis or depression received training from the sleep therapist to enable them to support patients in the community.

It was reported that specific training was available to staff who needed it, for example dialectical behaviour therapy and behavioural family therapy. A staff member in the community teams had been supported to change working hours to enable evening sessions to be delivered.

In addition to mandatory training requirements, all staff on the older adults inpatient areas had received training in dementia awareness. Other examples of further training in this area included a support worker being seconded to undertake nurse training, and a qualified staff member considering the degree in non-medical prescribing.

Navigo had an embedded supervision and appraisal system and staff we spoke with said that they received regular clinical and managerial supervision.

The provider's requirement for supervision was monthly which we saw being adhered to. Two support workers on the older adults inpatient services told us that formal supervision was monthly, but ad hoc supervision can be requested any time from senior staff if needed. Compliance with annual appraisal for staff across both teams was 100%.

On the acute services all staff had received their annual appraisal however the service had identified that some staff had not received their supervision as frequently as was expected. The service had implemented changes to address this.

Regular supervision using a supervision audit training record was taking place in the adults community teams. The audit covered patient details, risk management, care plan, reviews, and worker allocation. Workload management was assessed during supervision using the review tool, cases of concern were discussed, and individual staff performance was reviewed

Staff reported that they received an induction to the provider with 90% of the staff employed on the acute wards having received their induction training. The trust has piloted the care certificate and had devised an action plan to ensure its implementation across the services, this was planned to begin with all new employees and then other band two and band three staff

Multi-disciplinary and inter-agency team work

Across Navigo we found evidence of effective multi-disciplinary team working through regular multi-disciplinary meetings and handovers of care.

Are services effective?

We attended more than 10 clinical meetings or handovers across the provider during the inspection. We found that multidisciplinary meetings were held regularly and attended by professionals from other services where this was appropriate to assist with patients care.

Each day the wards held a morning meeting and two staff handovers. During a handover, we saw staff discuss treatment and care for each patient and share detailed information that highlighted individual patients' risks covering the previous 24 hours.

Staff worked long days on the acute wards which meant there were two shift handovers for staff working on the wards. The service operated a daily meeting called a daily huddle; this involved the doctors, clinical leads and other staff members where potential problems across the service were discussed. In addition, an integrated handover included information in relation to the three wards and also the crisis and home treatment part of the service.

Staff in the older adult community teams told us the teams had a morning meeting to discuss the daily work allocations and visits. Each team had regular multidisciplinary team meetings (MDT) attended by psychiatrists, psychology and occupational therapy staff alongside care coordinators and support workers for that team. Staff discussed attending MDT meetings for another team if the patient was transferring between teams. MDT meetings ensured all disciplines working with patients were able to share information and review the care provided to patients.

There was effective inter-service and joint working with others when needed within the community teams. For example working with the crisis and home treatment teams when someone needed increased input. There were good links with primary care and both teams worked closely with GPs. There were three GP practices who worked closely with the consultants.

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

Navigo had clear governance systems in place for meeting its responsibilities under the Mental Health Act. The services Mental Health Act office provided support to ensure appropriate records were completed for patients who were subject to the Mental Health Act.

Navigo had amended their policies in order to adhere to the revised Mental Health Act (MHA) Code of Practice which was issued in April 2015. The revised Code set new standards and increased the good practice expectations for existing areas covered in the Code for providers and professionals when making decisions about care and treatment for people affected by the Act. CQC stated on the publication of the revised Code that it would expect services to have such policies and procedures in place by October 2015 which they met. We found that these changes had been embedded into practice.

Findings from the Mental Health Act review activity (extracted November 2015) show Navigo Health and Social Care CIC has been subject to six separate Mental Health Act review visits in 2014-2015, as shown below:

- Three visits took place at Harrison House
- Three visits took place at The Gardens.

Issues identified were

- Some physical Health checks are being carried out on admission.
- There were no difficulties in arranging GP services during visits.
- Responsible Clinicians recorded their assessments of a patient's capacity to consent at their first treatment.
- There was evidence of discharge planning.
- There was an independent IMHA service available and detained patients had direct access to this service.
- Approved Mental Health Practitioner (AMHP) reports were available.
- Patients had their rights on detention explained to them.
- Units had community meetings.
- Responsible Clinicians recorded their assessments of a patient's capacity to consent at their first treatment.
- There was evidence of discharge planning.

Navigo had provided training for staff on awareness of mental health and this included Mental Health Act awareness, however the provider has recognised that this training needs to be separate and has been

Are services effective?

addressed on their training action plan. Despite this lack of specific training staff had a good understanding of the guiding principles of the MHA. There was evidence of its application for medication and treatment.

We also found that

- The trust ensured staff had the necessary administrative support and legal advice to assist them in the application of MHA. Mental Health Act documentation was meeting the required standards and the new Code of Practice had been embedded into practice in the inpatient areas and the community services.
- Each ward within the service held community meetings where patients had the opportunity to raise concerns. Staff supported patients if they wanted to make a complaint.
- Wards displayed information about detained patients' rights and advocacy services were readily available to support patients. In the documentation we reviewed patients were regularly informed of their rights and leaflets given. When patients did not understand their rights staff repeated these daily.
- An approved mental health professional (AMHP) employed by NAViGO, appointed through North East Lincolnshire local authority, visited the unit daily. This meant there was good co-ordination and planning for any admissions or likely changes in the legal status of patients who may need to be assessed by the AMHP or second opinion appointed doctor (SOAD). Whilst the AMHP's role was, separate from the team, their presence at the morning meeting and at multi-disciplinary reviews added positively to communication about the application of the MHA.
- We saw examples of timely and robust discussions by staff about the needs of patients currently detained in hospital on section 2. The team explored a range of options including section 3, deprivation of liberty safeguards (DOLS), and discharge.
- The manager of the older adults intensive home treatment team was also an AMHP, which provided staff with additional support in their application of the Act and the new code of practice. Compliance with

mandatory training for mental health awareness for staff on Konar ward and the intensive home treatment team was 100%, with 100% of qualified staff on Konar ward trained in accepting and scrutinising section papers.

- Mental Health awareness training was 100% in the west team but no one in the east team had completed the training. However, staff showed a good understanding of the act and how to apply it. The organisation monitored and audited the use of the act regularly.
- The staff we spoke to in the older adults community services demonstrated a good understanding of the mental health act. However, only 60% of the staff had attended mandatory mental health awareness training. However, we found that staff had a good understanding of the Mental Health Act (MHA) and were adhering to the code of practice and the guiding principles. Staff in the memory service informed us they had received training around the mental health act within continuous professional development (CPD) to keep up to date.

Good practice in applying the Mental Capacity Act

Navigo had a Mental Capacity Act (MHA) policy in place. Navigo provided two training programmes for Mental Capacity Act (MCA). These were MCA awareness and MCA. 95% of staff from NAViGO had completed their Mental Capacity Act basic awareness, and a further 83% had completed more in depth training.

From discussion with staff, observation at meetings and case tracking notes we found staff well informed about issues of capacity and the application of the Mental Capacity Act (MCA) including deprivation of liberty safeguards (DOLS). Staff made referrals to an independent mental capacity assessor (IMCA) if required.

Best interest decisions showed involvement from a range of people concerned with the care of individual patients, including both family and professionals. It was reported that services had best interest assessors who took part in a rota to actively complete deprivation of liberty assessments.

Are services caring?

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

Summary of findings

- During our inspection we saw interactions between staff and patients in every service we visited. We saw that patients in all services were treated with dignity, respect and compassion.
- We received 173 comment cards from service users, carers and staff, an exceptional amount based on the size of the provider. Of these comment cards 152 were positive and 21 were negative. The staffing was the theme of the 14 negative cards, however 73 of the positive cards were themed around caring.
- Patient satisfaction information was available from the community members survey where 69% of the members rated the organisation as excellent, 26% as good with 2% and 3% rating the organisation as poor and average.
- Konar Suite family and friends test had remained at 100% for over a year.
- Information on the rights of patients who were detained was displayed in wards and advocacy services were readily available to support patients. We saw that staff regularly informed patients of their rights, using easy read information if required.
- Children were able to visit patients on the older adults ward using the separate café off the reception area on site. Staff understood the need for children to stay connected to a loved relative in a way that was positive for everyone concerned.

Patients and relatives told us the staff treated them with dignity and were respectful at all times. Where patients were unable to tell us, we saw staff treat patients with kindness and compassion. A number of staff, including the cleaners, mentioned that a part of their motivation at work was to deliver a service they would be happy for their relatives to receive.

We received 173 comment cards from service users, carers and staff, an exceptional amount based on the size of the provider. Of these comment cards 152 were positive and 21 were negative. The staffing was the theme of the 14 negative cards, however 73 of the positive cards were themed around caring.

During the inspection we captured the experiences of patients who may have cognitive or communication impairments using the short observational framework tool for inspection (SOFI) on Konar ward and Pelham ward. We found staff engaged well with patients, care was not task orientated and staff responded to patient distress and needs

The involvement of people in the care they receive

On Konar ward, there was a comprehensive information pack and welcome booklet for patients and their families. Patients and carers knew who their key staff member was. Patients who were able to talk to us about their experience told us they were happy with the care they received

Patient satisfaction information was available from the community members survey where 69% of the members rated the organisation as excellent, 26% as good with 2% and 3% rating the organisation as poor and average. Positive themes were inclusive, friendly and non judgmental, person centred services where members would be happy for family and friends to use the services.

We reviewed 10 care records within the older adults community services all showed evidence of involvement where possible in initial assessment, care planning, risk assessment and on-going treatment. We saw evidence that patients' capacity to consent had been assessed and where appropriate they had signed their care plans.

On the older adults inpatient area the multi-disciplinary team invited carers into some meetings. One carer told us

Our findings

Kindness, dignity, respect and support

During our inspection we saw interactions between staff and patients in every service we visited. We saw that patients in all services were treated with dignity, respect and compassion.

Are services caring?

the large group of people in the room could feel intimidating however; staff did their best to make sure they were at ease. Relatives spoke highly of the ward environment and liked being able to join patients for a meal. Carers saw being able to stay in hospital with their loved one before discharge to a care home as sensitive to their needs and very caring.

Konar Suite family and friends test had remained at 100% for over a year. CQC comment cards spoke about caring staff that pay attention to detail, doing a great job at difficult times.

The services held regular community meetings when patients were fully involved.

Information on the rights of patients who were detained was displayed in wards and advocacy services were readily available to support patients. We saw that staff regularly informed patients of their rights, using easy read information if required.

Children were able to visit patients on the older adults ward using the separate café off the reception area on site. Staff understood the need for children to stay connected to a loved relative in a way that was positive for everyone concerned

The acute wards service did not allow children to visit on the wards; there was a designated children's visiting area near the main reception area

Are services responsive to people's needs?

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

Summary of findings

- The older adults community service did not have a waiting list for treatment and commenced a level of treatment following the first assessment.
- At the time of the inspection, the acute inpatient service was full and bed occupancy was 100%. The service had the capacity to operate the enhanced care ward when required, in the six-month period leading to the inspection occupancy rates were 84% and 91% for the two main wards and 34% for the enhanced care provision.
- Navigo had a service level agreement for the use of an out of area Psychiatric Intensive Care Unit (PICU) should patients require that level of care and treatment.
- The service had developed close working relations with the police particularly around patients in crisis and liable to potential detention under Section 136 of the MHA.
- The 136 suite was connected to the enhanced care facility of the acute wards and was run and staffed by the acute care staff to ensure continuity of care.
- Navigo had been involved the development and delivery of a joint training programme to support police officers understanding of personality disorder and Section 136 of MHA.
- Most wards areas and community bases were accessible to people with disabilities. On Konar suite there were fully accessible bathrooms or shower areas available to allow patients to meet their personal care needs.
- Nurse call systems were available in the inpatient areas.
- Meals for individual patients reflected both their nutritional requirements and personal preferences. Staff were knowledgeable about patients' food likes and dislikes.

- The organisation had a practice and clinical governance committee. The committee met monthly and reviewed operational policies, incident reports and action plans, trend analysis, performance. This included complaints.
- New staff also covered, complaints, information governance, the audit program, health and safety and communication streams as part of their induction

However

- Following the decommissioning of 15 care beds, which provided step-up, step-down support the range of options within the care pathway had diminished

Our findings

Service planning

Services were planned and delivered to meet the needs of the people who used services. The provider considered information about the local population in planning and delivering services. External stakeholders were involved in services.

The provider were innovative in generating additional income through new business. For example, they had recently acquired a garden centre. The garden centre income not only gave the opportunity to subsidise their core delivery but also enabled a training and employment pathway for service users.

Access and discharge

The older adults community services completed assessment of new referrals within ten days and emergency referrals within four hours. If the service was unable to complete an emergency assessment within this time they made a referral to the home treatment team to complete the assessment within the four hours.

The older adults community service did not have a waiting list for treatment and commenced a level of treatment

Are services responsive to people's needs?

following the first assessment. Staff referred patients for psychiatry, psychology, occupational therapy and complimentary therapy services following assessment depending on the patients assessed needs.

The managers monitored any waiting times within the community adults service. The service had strict criteria and patients would be signposted to other services if they did not meet this criteria. The crisis service was available to people who needed extra support outside the team's normal working times. Appointment times were flexible for assessments as clinics took place daily

Admission criteria were clear for Konar ward. Admissions followed an assessment by the intensive home treatment team. This team had access to beds in two care homes if a hospital admission was not required. Following the recent decommissioning of 15 care beds, which provided step-up, step-down support the range of options within this care pathway had diminished.

At the time of the inspection, the acute inpatient service was full and bed occupancy was 100%. The service had the capacity to operate the enhanced care ward when required, in the six-month period leading to the inspection occupancy rates were 84% and 91% for the two main wards and 34% for the enhanced care provision. The service was able to respond to people's needs living in the area due to the close proximity of the health based place of safety and the integrated nature of the services provided

Navigo had a service level agreement for the use of an out of area Psychiatric Intensive Care Unit (PICU) should patients require that level of care and treatment. However patient transfers back to the service were determined by the PICU and not always by the service or its staff, staff reported feeling unhappy about this. However it was unclear whether this had made any significant impact to the patients or service.

The service had developed close working relations with the police particularly around patients in crisis and liable to potential detention under Section 136 of the MHA. This involved the development and delivery of a joint training programme to support police officers understanding of personality disorder and Section 136 of MHA. The 136 suite was connected to the enhanced care facility of the acute wards and was run and staffed by the acute care staff to ensure continuity of care. The health based place of safety (section 136 suite) was positioned within the ward but still

maintained individual access and entry for people brought to the facility. It maintained the same high standards as all of the three lodges in respect of décor, furniture and fittings, access to staff and equipment as well as cleaning and maintenance standards.

Following the decommissioning of 15 care beds, which provided step-up, step-down support the range of options within the older adults care pathway had diminished.

The facilities promote recovery, comfort, dignity and confidentiality

All ward areas and community bases were found to be clean, well maintained and comfortable for their patients.

In particular Konar suite had dementia friendly signage present in the reception area and throughout the ward. This enabled patients to identify different areas of the ward for themselves. The refurbishment was to a high standard with 'places to visit' including a post office, bakery and sweet store all situated off the large corridor with areas for patients to stop, sit and to try the goods. The re-furnished rooms had décor, furniture including wardrobes and drawers all of which were dementia friendly. All rooms had en suite facilities, with three rooms having an additional lounge area with a sofa bed for family or carers to use to ensure familiarity and continuity of care.

On the acute wards patients were able to personalise their bedrooms during their inpatient stay and were provided with a keyless system to access their bedrooms, ensuring their bedrooms could be locked when they were not using them. Patients also have additional locker facilities to keep their possessions secure

The health based place of safety was an exceptional space, which also included a double bed so that if people were tired they could rest. All inpatient areas had access to outside space. The space outside of Konar suite was large and safely fenced with wide level paths to walk on, shaded seating, grassy areas and raised beds to garden. A large summerhouse within the garden had been converted into the Konar Arms, with a bar and informal seating patients could use for activities such as card playing or watching a film. A member of staff had suggested this development and following a team discussion, a proposal was made by the team which resulted in the award of a grant from NAVIGO. Staff were clearly proud of they could bring forward ideas around innovative practice.

Are services responsive to people's needs?

Nurse call systems were available in the inpatient areas.

Ward areas and community bases were accessible to people with disabilities.

Staff knew how to access interpreters and signers if the need arose. Staff sought advice from the patient's carer about the best way to communicate with the patient if they were experiencing difficulties. Staff could obtain leaflets in alternative formats if needed.

Food was cooked within the Gardens for Konar suite. Meals for individual patients reflected both their nutritional requirements and personal preferences. Staff were knowledgeable about patients' food likes and dislikes. The menu worked on a two-week rota with a main meal choice of three options, one of which was vegetarian. Choices were made by the patient the day before, however we saw flexibility if patients had changed their mind or forgotten what they had ordered. There was a menu board in the dining room with information about that day's food choices. If patients did not like any of the choices, they could request different food. Each Wednesday was 'fry up night'; this was particularly popular with patients. The small kitchen off the dining room meant patients had access to drinks and snacks at any time. On Konar suite the large dining area made it possible for patients, carers and staff to eat together across staggered times to lessen the noise.

There were a range of therapeutic and recreational activities on offer, in addition to the occupational therapy team, support workers facilitated activities daily. Staff displayed a daily activities program on a white board on the ward areas.

Meeting the needs of all people who use the service

Wards areas and community bases were accessible to people with disabilities. On wards there were fully accessible bathrooms or shower areas available to allow patients to meet their personal care needs.

Patients received an individual welcome pack on admission containing information about the ward. Staff awareness of the need to treat patients as individuals and with respect was high.

In inpatient services the patients religious and spiritual needs were identified during admission. There were multi-faith rooms available for patients use and a chaplaincy service was available for patients.

Listening to and learning from concerns and complaints

Navigo had a complaints policy in place. Leaflets were available and posters were seen in all areas about different ways of complaining including to NAViGO, PALS and CQC.

In our information requests to Navigo Health and Social Care CIC, they stated they had received four complaints between 28 January 2015 and 20 August 2015. Three complaints were categorised as partly upheld because "some elements were upheld and elements were not". One was not upheld. None of the partly upheld complaints were referred to the Independent Sector Complaints Adjudication Service (ISCAS) or Ombudsman.

Navigo had a practice and clinical governance committee. The committee met monthly and reviewed operational policies, incident reports and action plans, trend analysis, performance. This included complaints.

New staff also covered complaints, information governance, the audit program, health and safety and communication streams as part of their induction.

Are services well-led?

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

Summary of findings

- Navigo had a membership of over 750 people made up of staff, people using the services and carers. All members had equal voting rights.
- Navigo had recently restructured into an organisation with fewer levels of hierarchy removing some management roles and therefore costs.
- Navigo were innovative in generating additional income through new business. For example, they had recently acquired a garden centre. The garden centre income not only gave the opportunity to subsidise their core delivery but also enabled a training and employment pathway for service users
- The membership board dealt with the operation of services ensuring people who used them were fully involved. The chief executive chaired the board
- The induction program for new staff covered the organisation's vision and values, performance expectations and governance structures. New staff also covered safeguarding, infection control, MCA, complaints, information governance, the audit program, health and safety and communication streams as part of their induction.
- Navigo used a balanced scorecard system to define key performance indicators.
- The lead for safeguarding attended North East Lincolnshire Safeguarding Board and reported through the organisation via the CIC Board. There was a good oversight of safeguarding from board level.
- Navigo had a clear code of conduct that defined expectations from staff and what staff could expect from Navigo. It included values they would expect to see from staff such as behaving in a respectful manner, challenging any in-equalities and being solution focused. The code of conduct stated that

staff could have access to all managers and senior staff, always have their ideas considered and have a right to own the organisation, vote and attend meetings.

- Low sickness and absence rates and reports from staff showed Navigo had a healthy culture. Staff throughout the organisation referred to Navigo as a family. Staff felt supported and were able to contribute and challenge decisions in their areas.

However

- It was clear from senior management that the organisations greatest risk was financial sustainability. As a community interest company, Navigo were not in a position to operate at a deficit. The clinical commissioning group allocated 9.2% of their budget towards mental health. This limited budget allocation made further cost improvement programmes difficult to achieve.
- The current lead for training, development and human resources was also the lead nurse, Navigo acknowledge that these responsibilities were too vast for one position. Navigo were due to separate these roles as the lead was due to retire. The organisation was therefore in the process of recruiting for a dedicated training, development and human resources manager and a separate nurse lead based within operational areas.
- There were some discrepancies in training figures that were provided to us. Navigo told us that this was due to the electronic system that collated training data. Navigo had also set its organisational expectation high in terms of mandatory training due to not specifying which disciplines were required to do each training element. There was a current action plan in place to ensure future compliance. Priorities included reviewing mandatory training, to consider what training is mandatory for each discipline, to consider making training more accessible and to consider block training.

Are services well-led?

- We looked at seven complaint files. We found that all complaints were thoroughly investigated with balanced responses. Navigo's policy on complaints stated that responses to complaints should be within 35 days. However, only one of the seven complaints met this target.

Our findings

Vision, values and strategy

Navigo had a clear mission "to provide the quality and type of service that it would be happy for its families to use".

They endeavoured to be accountable to the local population. As a community interest company, their members set the organisation's objectives in conjunction with Navigo's main funders NEL CCG. Navigo had a membership of over 750 people made up of staff, people using the services and carers. All members had equal voting rights. For the year, 2015/2016, members voted for the following three priority areas for Navigo to focus on:

- Service user safety – ensuring service users do not come to harm whilst in Navigo's care.
- Clinical effectiveness – applying the best knowledge, derived from research, clinical experience and preferences of service users to ensure Navigo achieve the best outcomes for service users.
- Service user experience – listening to and acting on service user's views to ensure that Navigo provide the best service and experience possible.

Navigo consulted with its members to define key organisational objectives, which managers built into team, and individual personal development objectives. These objectives were as follows:

- To ensure compassion is core to service.
- To embed the five CQC principles throughout Navigo to improve service delivery.
- To continue to provide and improve upon support to carers.
- To actively promote Navigo locally.
- To continue the policy of creativity within Navigo models of care.

Following on from the organisational objectives are measureable quality indicators that Navigo members have identified to improve quality.

Staff across the organisation were familiar with Navigo's mission.

It was clear from senior management that the organisations greatest risk was financial sustainability. As a community interest company, Navigo were not in a position to operate at a deficit. The clinical commissioning group allocated 9 % of their budget towards mental health. This limited budget allocation made further cost improvement programmes difficult to achieve. The board consulted with members on all cost improvement plans.

Particular financial pressure came from increased out of area placement for the elderly and risks relating to leased properties.

Navigo had recently restructured into an organisation with fewer levels of hierarchy' removing some management roles and therefore costs. They were innovative in generating additional income through new business. For example, they had recently acquired a garden centre. The garden centre income not only gave the opportunity to subsidise their core delivery but also enabled a training and employment pathway for service users. However, there were concerns that initiatives to reduce costs and innovative ideas to generate additional income had been exhausted which would therefore compromise the continued delivery of services at their current standard.

Good governance

The CIC Board was responsible for setting the strategic direction of the organisation and the running of the organisation in line with agreed objectives. The CIC board consisted of:

- Non-executive director community representative(elected by community members)
- non-executive director staff representative (elected by staff members)
- non-executive director in business skills (approved by the membership board)
- non-executive director (approved by the membership board)
- chair (elected by members)

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- chief executive officer (approved by members every four years)
- medical director (appointed)
- finance director (appointed).

It received regular updates from sub committees and monitored the financial, clinical and corporate governance of the organisation. The sub committees that fed into the CIC Board were as follows:

- Membership board
- Mental Health Act committee
- financial governance committee
- practice and clinical governance committee
- Tukes.

The membership board met monthly. They dealt with the operation of services ensuring people who used them were fully involved. The chief executive chaired the board. Senior manager of the services, four elected staff representatives, four elected community service users or carers attended it. They received feedback and reports from all areas. Workforce committees also fed into the membership board. The membership board ratifies operational approaches, policies, membership applications, surplus bids and approved other non-executive directors.

The focus of practice and clinical governance committee was the quality of the organisation. The committee met monthly and reviewed operational policies, incident reports and action plans, trend analysis, performance. They held responsibilities for health and safety, drugs, therapy, infection control, clinical audit, CPA's and complaints monitoring. The medical director chaired the committee. Membership included the community non-executive director and all senior operational managers. We reviewed the meeting minutes that showed excellent attendance and well recorded discussions and decisions.

The medical director also chaired the revalidation and appraisal team and attended NHS England quarterly regional meetings and bi-annual meetings with the GMC. Best practice from these events was disseminated at the clinical governance committee meetings.

The Mental Health Act subcommittee had the responsibility of ensuring compliance with mental health legislation and

the use of the Mental Health Act 1983. Hospital managers carried out planned inspections of all inpatient areas and reported to the committee to ensure recommendations and actions were carried out.

The financial governance committee managed the company's financial concerns.

Navigo were able to make decisions and changes without long delays. This was due to Navigo's status as a CIC, this being an organisation with fewer levels of hierarchy and the relatively small size of the organisation.

Staff from core services were clear about their roles and their accountability. The induction program for new staff covered the organisation's vision and values, performance expectations and governance structures. New staff also covered safeguarding, infection control, MCA, complaints, information governance, the audit program, health and safety and communication streams as part of their induction.

Healthcare organisations must ensure that they have an appropriately skilled, well-trained and informed workforce who use their knowledge and skills effectively in their everyday practice. To achieve this, they must provide appropriate training. Navigo were not meeting their targets or national requirements for mandatory training.

Current figures for basic life support were at 31% of the staff force with a further 44% booked onto future training dates. Intermediate life support training had been delivered to 45% of staff with a further 39% booked onto it. Currently only 44% of the staff force had been trained in level one adult safeguarding, however all other staff had booked training dates arranged. Figures for moving and handling training and information governance were also below 60%. There were some discrepancies in figures that were provided to us. Navigo told us that this was due to the electronic system that collated training data. Navigo had also set its organisational expectation high in terms of mandatory training due to not specifying which disciplines were required to do each training element. Therefore it was unclear whether the low figures may be accountable to staff that did not have an essential requirement in that area. For example, administrative support workers were included in the statistics for mandatory training in life support.

The current lead for training, development and human resources was also the lead nurse, Navigo acknowledge

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that these responsibilities were too vast for one position. Navigo were due to separate these roles as the lead was due to retire. The organisation was therefore in the process of recruiting for a dedicated training, development and human resources manager and a separate nurse lead based within operational areas. There was a current action plan in place to ensure future compliance. Priorities included reviewing mandatory training, to consider what training is mandatory for each discipline, to consider making training more accessible and to consider block training.

However, staff we spoke to throughout the organisation reported that training opportunities beyond the mandatory requirements were good. Navigo responded positively to requests for identified training that could enhance the delivery of care and the development of staff. For example, Navigo encouraged staff members to become future managers by inviting them to interview for a program named emerging leaders. Staff from all grades were able to interview for a place. Those who took part in the program were assigned a mentor and took on a project to develop and demonstrate their abilities.

Staff across the organisation showed commitment and passion to their work and the organisation. However, from core service level up to senior management it was clear that Navigo relied upon the goodwill of staff. Senior staff often had several disciplines attached to their role and staff at ward and community level often worked beyond their hours. Whilst this showed a well-motivated staff force, it also created a risk due to its vulnerability.

Staff informed us and the records we reviewed confirmed that all staff received regular managerial supervision and an annual appraisal of their performance. The medical director had oversight of all doctor's supervision and training.

Doctors received at least a one hour weekly supervision and a formal recorded signed off supervision monthly. Staff had appropriate checks in place prior to their employment and up to date registrations as required.

Navigo had a rolling programme for audits to be completed. These included contractual audits required by NHS England, external audits, for example, CCG requests or CQUIN requirements, clinical audits in line with guidelines and internal local audits. The local audits may be required as a result from a serious incident. For example, an audit

was carried out on section 17 leave following an incident; this resulted in a review of the policy and followed up by a further audit six months later. The audit structure was reviewed and recorded in clinical governance committee meetings and bi-annually to the board. The performance manager communicated audit findings through meetings, emails, notice boards and newsletters.

Staff throughout the organisation were able to tell us what constituted an incident and how to report it. Managers completed an initial report for all serious incidents within 72 hours. Band seven staff and above were mostly trained in root cause analysis in order to investigate incidents. Navigo had a rota in place to ensure investigations were shared but also considered staff expertise and avoiding conflicts from the same service area. Two staff were used to investigate each serious incident. Incidents were reviewed at the clinical governance committee. The associate director of operations reviewed datix reports and signed off all serious incident investigations. Senior operational managers met fortnightly to review serious untoward incident action plans and sign them off.

The performance lead analysed trends in incidents and reported to the board. For example, a recent trend in incidents relating to dual diagnosis resulted in a staff role dedicated to dual diagnosis.

We looked at seven complaint files. We found that all complaints were thoroughly investigated with balanced responses. Navigo's policy on complaints stated that responses to complaints should be within 35 days. However, only one of the seven complaints met this target. Staff did always not record telephone calls to complainants or record negotiations when timescales had not been met.

There was a two monthly complaints and concerns meeting. Staff discussed both formal and some considered informal complaints. Senior managers and service user representatives attended the meetings. The meeting was also used to review compliments, feedback from surveys and the friends and family tests.

The governance and quality manager attended the monthly team meetings at service level to disseminate information from incidents, complaints, audits and surveys. These are also cascaded to staff in emails, on notice boards and newsletters.

Navigo had introduced a new safeguarding lead role who had ensured a greater staff awareness that had resulted in

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increased referrals and an increase in staff queries. The lead for Safeguarding Adults and Safeguarding Children attended North East Lincolnshire Safeguarding Board and reported through the organisation via the CIC Board. There was a good oversight of safeguarding from board level.

Mental health managers met prior to committee meetings and were required to complete two mandatory mental health act training sessions per year. Board members all completed mental health act self-assessments every three years. Following a recent Mental Health Act visit, Navigo were made aware that greater checks were required for low stimulus areas. The MHA code of Practice states whether a room is locked or unlocked, any seclusions needs to be documented. Navigo did keep nurses notes; however, seclusion checks were not being carried out. At the time of our inspection, Navigo were in the process of implementing the required checks to comply with the act.

We found that Navigo had developed very good systems to monitor, manage and report on quality standards. The organisation had a performance lead that produced reports which were available to everyone in the organisation. The lead used a balanced scorecard system to define key performance indicators. Balance scorecard is a strategic planning and management tool that is used to align business activities to the vision and strategy of the organization, improve internal and external communications, and monitor organization performance against strategic goals.

Each business area held a monthly performance meeting that discussed performance against key performance indicators. These included indicators on bed occupancy levels, CPA reviews, waiting times, complaints and incidents. The performance reports, which the performance lead produced, enabled managers to pick up early warning signs prior to any non-compliance. This allowed them to act responsively. The reports could be 'run off' for managers at any time; they could be broken down into service level. Managers were able to drill down finding as far as employee level.

We reviewed minutes for all the committee meetings and found at all levels, that staff accountability was increasing. This meant there was a greater assurance that the information received from management was accurate and continually improving.

Senior managers discussed risks at the senior managers meetings. Members at the board meeting discussed all risks. Navigo had no threshold to this discussion; this ensured the board had a clear oversight of the organisation at all levels.

Fit and proper persons test

Navigo met the fit and proper person's requirement. This requirement ensures that directors are fit and proper to carry out their role.

We looked at all nine of the directors files. They carried out pre-employment checks covering criminal record, financial background, identity, right to work, employment history, professional registration and qualification checks. Navigo carried out additional checks for non-executive directors to ensure they obtained references and routine checks on the companies' house website to identify any disbarment from running a business.

Leadership and culture

Navigo had a clear code of conduct that defined expectations from staff and what staff could expect from Navigo. It included values they would expect to see from staff such as behaving in a respectful manner, challenging any in-equalities and being solution focused. The code of conduct stated that staff could have access to all managers and senior staff, always have their ideas considered and have a right to own the organisation, vote and attend meetings.

We found a culture of openness in the trust, with a policy covering the Duty of Candour. There was good understanding of the duty among the staff and discussions where included in committee meetings.

Low sickness and absence rates and reports from staff showed Navigo had a healthy culture. Staff throughout the organisation referred to Navigo as a family. Staff felt supported and were able to contribute and challenge decisions in their areas. All staff were eligible to be members; this gave staff the sense of ownership, which enabled them to be involved in organisation developments. Senior operational managers told us that they were well supported and had the autonomy to carry out their roles effectively.

Navigo met the fit and proper person's requirement. This requirement ensures that directors are fit and proper to carry out their role.

Are services well-led?

We looked at all nine of the directors files. They carried out pre-employment checks covering criminal record, financial background, identity, right to work, employment history, professional registration and qualification checks. Navigo carried out additional checks for non-executive directors to ensure they obtained references and routine checks on the companies' house website to identify any disbarment from running a business.

We reviewed four disciplinary files and three grievance files. There were robust processes in place. Investigations were thorough with outcomes clearly identified and well documented.

The provider had a corporate compliance, whistleblowing and CQC policy ratified in January 2016, which described the process staff should follow if needed. There were no whistleblowing reports and 18 notifications received by CQC between 16 October 2014 and 10 April 2015. All of these had now been closed at the time of our inspection.

Staff told us that they knew how to raise concerns and report incidents in the services that we inspected.

Engagement with the public and with people who use services

Navigo is a social enterprise with 750 members. It is therefore owned and run by the staff and community members. Community members were service users, carers or people in the local area with a genuine interest in mental health. A community membership representative sat on the board as non-executive directors. Community members were part of every committee. There were equal voting rights for staff and community members. This ensured that service users and carers were actively involved in the planning and delivery of care.

Navigo facilitates an initiative called Tukes that provided training, skills development and work experience in real working environments for people who had been socially excluded due to mental health problems. The provision took service users through meaningful occupation to employment. At the time of our inspection, Navigo had 60 ex-service users on their payroll providing some of the additional requirements, for example, catering, domestic services and maintenance. These previous service users were also able to be Navigo members enabling them to contribute to the organisation.

The non-exec director representing service users also sat on interview panels to ensure their involvement in recruitment.

Quality improvement, innovation and sustainability

Navigo participated in external peer review as part of the AIMS accreditation scheme.

The organisation delivered training both nationally and internationally on their approaches in managing aggression. They had delivered this to other large mental health trusts, council services, and schools and further afield. For example, the training was delivered to the police in Antigua at the invite of their government. .

Navigo provide Tukes services. This has been established since 2003 to provide training and employment opportunities to people who have previously found this difficult due to their mental health. Service users and staff working side by side provide all Navigo's ancillary services, for example, hospitality, horticultural, maintenance. They also provide external services as required.

Staff representatives fed innovation from staff to board level. Staff throughout the organisation told us they felt they were able to contribute ideas and that they would be listened to.

Navigo had received the following awards:

- nine national awards for service designs/organisational shape
- National Health and Social Care award for complex care
- Guardian public service of the year award complex care and overall winner
- Government office provider award
- Two Baxendale awards for staff involvement and new organisation
- Mental well-being of staff award - Positive Practice Collaborative
- Laing and Buisson Dementia care award
- HSJ named top 10 NHS provider
- Social enterprise of the year
- Times top 100 best companies 2016
- AIMS accredited as excellent in inpatient areas

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The process in place at the Eleanor Centre for the disposal of the sharps box stored on the premises did not meet the requirements of the hazardous Waste Regulations This was in breach of Regulation 12(2)(h)
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not have a robust process to ensure medication was stored securely at the Eleanor Centre The service did not have a robust process for the reconciliation and monitoring of medication at the Eleanor Centre. This was in breach of Regulation 12(2)(g)
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment Mandatory training compliance was below target for safeguarding adults, safeguarding children, and information governance. This was in breach of Regulation 12 (2)(c)