

NAViGO Health and Social Care CIC

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this provider. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this provider

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of provider management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the provider

Navigo Health and Social Care Community Interest Company is a non-profit making organisation providing all local mental health and associated services in North East Lincolnshire.

The population of North East Lincolnshire is approximately 170,000 and areas within the authority rank within the 10% most deprived areas of England.

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 services:

- Acute wards and community services for adults of working age
- Older People inpatients and community services (including admiral nurses)
- Long stay rehabilitation services for adults of working age
- Crisis resolution and home treatment services
- Health based place of safety
- Eating disorder services
- Forensic community services
- Early intervention services
- Personality disorder community services
- Housing and rehabilitation
- Family therapy
- Volunteer opportunities

Overall summary

Our rating of this provider stayed the same since our last inspection. We rated it as **Good**   

What this provider does

Navigo Health and Social Care Community Interest Company is a non-profit making organisation providing all local mental health and associated services in North East Lincolnshire.

Summary of findings

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected two complete core services in total. These were selected due to their previous inspection ratings or our ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided.

Our comprehensive inspections of NHS organisations has shown a strong link between the quality of overall management of an organisation and the quality of its services. For that reason, all NHS trust inspections now include inspection of the well-led key question at the trust level. Although Navigo is not an NHS trust, in discussion with the provider we decided to inspect it as one because of its size and because it is the only provider of mental health care in North East Lincolnshire.

What we found

Overall provider

Our rating of the provider stayed the same. We rated it as good because:

- We rated well-led at the provider level as good.
- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.
- Senior operational roles had business as well as operational roles and responsibilities. They demonstrated understanding of their areas of expertise.
- Navigo's strategy was aligned with the local sustainability and transformational plans and integrated care partnerships. They regularly monitored their progress.
- Staff felt respected, supported and valued and were positive about working for the provider. This was evident from the core services reviews that we undertook and also the staff and service user focus groups.
- Staff and service users were treated with dignity and respect, at times offering support outside of their commissioned services.
- Navigo practiced value-based recruitment and service users were always involved in the recruitment process.
- Navigo recognised members', staff and volunteers' achievements. In June 2019 they held their first volunteers and members award ceremony and held regular staff award events.
- Navigo had a well embedded governance structure.

Summary of findings

- The provider reported no never events since our last inspection.
- Safeguarding governance structures were current and formed part of the providers quality agenda.
- Navigo had centralised clinical dashboards that were available at all levels including to the board and to service areas; these were usually reported on quarterly to the board, however this data could be viewed daily.
- Navigo had the 12th highest response rate for the NHS staff survey of all NHS providers; they scored in the top 10% of all provider trusts in 11 of the 32 key areas.
- Navigo was involved in numerous national research projects.
- Navigo was involved in some innovative projects for staff, members and service users.

However:

- The long stay rehabilitation service we inspected was rated as requires improvement in both the safe and well led domain.
- In both core services we found that the provider did not have a policy on ligature risk or a comprehensive fire policy.
- Two bank staff member had not completed any mandatory training.
- Some medicine cards had gaps on them.
- In the rehabilitation service, not all incidents were reported and acted upon in a timely manner.

Are services safe?

Our rating of safe went down. We rated it as requires improvement because:

- The provider did not have a policy on ligature risks or a fire procedure at the time of inspection. The ligature risk assessment was not comprehensive, and staff did not have easy access to this.
- There were no personal emergency evacuation plans in place for those who needed them.
- Some bank staff did not have access to the electronic patient record system. They relied on other staff to be able to read or input information. They had not always completed mandatory training.
- Some medicine cards had gaps on them.
- In the rehabilitation service not all incidents were reported and acted upon in a timely manner.

However:

- All wards were clean, well equipped, well furnished, well maintained and fit for purpose.
- The clinical areas had enough staff to care for patients.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour.
- The wards had a good track record on safety.
- In the acute wards for adults of working age, the service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- Provider wide mandatory training rates were 92%.

Summary of findings

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission.
- Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff understood and discharged their roles and responsibilities under the MHA 1983 and MCA 2005.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They had introduced a suicide assessment process and also participated in clinical audit.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.
- Navigo ensured compliance to supervision for its staff and exceeded its target of 85%.

However:

- One patient record contained a T2 which was completed on behalf of the Responsible Clinician. When we raised this, the Responsible Clinician rewrote the T2. However, they did not complete a capacity assessment to assess the patient's capacity to consent to treatment to check that the patient continued to provide their consent.
- The service did not have a policy or procedure for patients to self-medicate and this meant patients were prevented from developing skills and independence in this area.

Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.
- People's views and experiences were gathered and acted on to shape and improve the services and culture. People who used services and those close to them were actively engaged and involved in decision making.
- Staff and community representatives spoke passionately about the work that Navigo undertook and their involvement in this.

Are services responsive?

Our rating of responsive improved. We rated it as outstanding because:

Summary of findings

- The quality of the design, layout, and furnishings of the lodges supported patients' treatment, privacy and dignity. The facilities were innovative and met the needs of a range of people. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- There were innovative approaches to providing integrated person-centred care working with other service providers and enabling carer and family support to aid recovery.
- The provider chaired the local Mental Health Crisis Care Concordat and had regular meeting with the police to discuss complex patients.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- Navigo treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the wider service.

Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- The community interest provider board and the senior leadership team had the skills, knowledge, experience and integrity needed to perform their roles.
- All leaders within Navigo were visible and approachable. They all made regular visits to the ward and community areas, this included visits by the non-executive directors.
- Leaders had the skills, knowledge and experience to perform their roles and had a good understanding of the services they managed.
- Staff felt respected, supported and valued. The provider held regular staff awards events. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Navigo ran an annual rising star, leadership development programme. This programme equipped potential leaders in essential leadership skills that Navigo require of these staff.

However:

- Our findings from the other key questions in the core services demonstrated that governance processes did not always operate effectively at ward level and that risks were not always managed well.
- There was no policy on ligature risk or a fire procedure at the time of our inspection. The ligature risk assessment was not comprehensive, and staff did not have easy access to this assessment or fire evacuation procedures. However, following inspection, these were provided in draft versions.
- Some bank staff did not have access to the electronic patient record system and had not always completed mandatory training.
- Although it was known that patients could access Brocklesby Lodge from the health-based place of safety, managers had not taken any steps to reduce the risk of this occurring again.

Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, and for the whole provider. They also show the previous ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account, for example, the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Summary of findings

Outstanding practice

We found examples of outstanding practice for the provider and acute wards for adults of working age.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including four breaches of legal requirement that the provider must put right in two core service areas.

Action we have taken

We issued four requirement notices to Navigo. This means that they have to send us a report saying what action it would take to meet this requirement.

Our action related to breaches in two core services.

What happens next

We will make sure that Navigo takes the necessary action to improve its services. We will continue to monitor the safety and quality of services throughout continuing relationship with the provider and regular inspections.

Outstanding practice

The provider used the Collaborative Assessment and Management of Suicidality (CAMS) for all patients expressing suicidal ideation, self-harm or at high-risk for life-threatening behaviour. The provider was conducting a research proposal to evaluate the feasibility of the assessment framework within the NHS. The provider told us early data suggested a 75% reduction on previous year figures for suicide within North East Lincolnshire

Navigo had also recently purchased the ground floor at Navigo house (Navigo headquarters) and had developed in partnership with a third sector organisation a “safe space” initiative. This provided an open access facility offering a drop-in session for vulnerable people three nights a week between the hours of 6.30 pm and 1.30am. This service offered shower and laundry facilities and refreshments alongside practical mental health assistance from dedicated staff.

Navigo had also recently invested in a new sailing therapy which was launched under the name “NAVIGate”. It offered free sailing lessons to its service users through care co-ordinator referral. This project hoped to explore the positive link between water, health and wellbeing and that the sailing sessions would help to improve both physical and mental health. This was last years chosen project and two service users had progressed from this training and gained their sailorman qualifications.

Areas for improvement

Long stay rehabilitation services mental health services for adults of working age

Action the provider **must** take to improve:

- The provider must ensure that all practicable steps are taken to ensure that Brocklesby Lodge is secure and robust to prevent unauthorised entry from the health-based place of safety. (Regulation 15)

Summary of findings

- The provider must ensure there is a comprehensive assessment of and all that is reasonably practicable is done to mitigate and manage ligature risks. (Regulation 12)
- The provider must ensure that all staff, including bank staff, receive appropriate training to enable them to carry out the duties that they are employed to perform. (Regulation 18)
- The provider must ensure that there are always sufficient numbers of suitably qualified staff deployed. (Regulation 18)
- The provider must ensure the safe and proper management of medicines. (Regulation 12)
- The provider must ensure that all incidents are reported without delay. (Regulation 17)

Action the provider **should** take to improve:

- The provider should ensure that there are comprehensive and accessible policies and procedures in place to manage the safety and to improve quality of the service.
- The provider should ensure that care and treatment of service users is only provided with the consent of the relevant person or in accordance with the Mental Health Act 1983 or the Mental Capacity Act 2005.
- The provider should ensure that there is further development to ensure it follows a recognised model for rehabilitation care.

Acute wards for adults of working age

Action the provider **must** take to improve:

- The provider must ensure there is a comprehensive ligature risk assessment that assesses, manages and mitigates the risk posed by the various ligature points. (Regulation 12)
- The provider must ensure that personal emergency evacuation plans are put in place for those that need them. (Regulation 12)
- The provider must ensure that all staff, including bank staff, receive appropriate training and access to systems to enable them to carry out the duties that they are employed to perform. (Regulation 18)

Action the provider **should** take to improve:

- The provider should ensure that there are comprehensive and accessible policies and procedures in place to manage the safety and to improve quality of the service.

Is this organisation well-led?

Our comprehensive inspections of NHS organisations has shown a strong link between the quality of overall management and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Although Navigo is not an NHS trust, in discussion with the provider we decided to inspect it as one because of its size and because it is the only provider of mental health care in North East Lincolnshire.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole provider

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Dec 2019	Good →← Dec 2019	Outstanding →← Dec 2019	Outstanding ↑ Dec 2019	Good →← Dec 2019	Good →← Dec 2019

The rating for well-led is based on our inspection at provider level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement Dec 2019	Good Dec 2019	Good Dec 2019	Good Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019
Wards for older people with mental health problems	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018
Community-based mental health services for adults of working age	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Community-based mental health services for older people	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Specialist eating disorders service	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018
Overall	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Outstanding ↔ Dec 2019	Outstanding ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement



Key facts and figures

Navigo Health and Social Care Community Interest Company provides one long stay mental health rehabilitation service called Brocklesby Lodge. Brocklesby Lodge is a high dependency rehabilitation service that provides care and treatment for up to five patients. It accepts male and female patients.

The provider developed and opened the service in October 2018 following consultation with commissioners. The service aim is to provide rehabilitation mental health services for patients within the local area to reduce the number of patients receiving care and treatment out of the area. The service accepts referrals for patients in secure care that are ready to step down into non-secure care and for patients in out of area rehabilitation placements.

Brocklesby Lodge is at the Harrison House location in Grimsby.

This is the first inspection that CQC has undertaken of this service.

We inspected the whole core service and all the key questions. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During our inspection we:

- Toured the care environments and observed how staff were caring for patients.
- Spoke with one patient.
- Spoke with one carer.
- Interviewed the clinical manager and associate director of nursing and quality.
- Interviewed five other staff including a doctor and health care assistants.
- Observed a patients' coffee morning and an activity session.
- Reviewed four patients care and treatment records.
- Received feedback from two staff on comment cards.
- Undertook a review of medicines management.
- Reviewed a range of policies and documents relating to the running of the service.

Summary of this service

We have not inspected this service before. We rated it as requires improvement because:

- Our findings from the key questions demonstrated that the service did not always provide safe care and did not always have effective governance processes to manage and mitigate risk sufficiently.
- Brocklesby Lodge could and had been easily accessed by patients from the health-based place of safety. Apart from recording this on the risk register, managers had not taken any action taken to try to prevent this from happening again.

Long stay or rehabilitation mental health wards for working age adults

- The service required further development to ensure it followed a recognised model for rehabilitation care. The service operated without a registered nurse on shift at night which was not in line with the essential requirement set by the Royal College of Psychiatrists and AIMS rehab quality network. There was no policy on self-medication which meant patients could not develop these skills.
- One out of the two medication cards had gaps where medicines had not been signed for on two days for a total of nine medicines.
- Despite managers being informed of incidents, they had not ensured that the incidents had reported promptly using incident reports. An incident where a patient gained access to Brocklesby Lodge from the health-based place of safety occurred in July which was not reported until after our inspection in August. We raised two medicines incidents with managers during our inspection and there was a three-day delay in completing an incident form to report these.
- One bank staff had not completed any training despite working for the provider for 14 months.
- Bank staff did not have access to the electronic patient record system. They relied on other staff to be able to read or input information.
- There was no policy on ligature risk reduction and no fire policy at the time of our inspection. However, the provider had written a draft fire policy and added management of ligature risks to their observation policy after the on-site inspection but submitted within the inspection window timeframes.
- One patient record contained a T2 which was completed on behalf of the Responsible Clinician. When we raised this, the Responsible Clinician rewrote the T2. However, they did not complete a capacity assessment to assess the patient's capacity to consent to treatment to check that the patient continued to consent.
- Two rooms used to support treatment and care were not soundproof and this meant that patients' privacy may not be upheld.

However:

- The ward was very clean and well maintained.
- Staff assessed and managed patient risks well including monitoring physical health. The use of restrictive interventions was low.
- Staff felt respected, supported and valued. They recognised the provider's vision and values and could raise concerns without fear of retribution.

Is the service safe?

Requires improvement



We rated safe as requires improvement because:

- Patients using the health-based place of safety could and had accessed Brocklesby Lodge because the door in between was not robust enough and there was a push to exit button accessible in the health-based place of safety.
- The provider did not have a comprehensive policy on ligature risks and staff had not assessed the level of risk, appropriate management and mitigation measures or residual risks. The laundry room was not included in the ligature risk assessment.

Long stay or rehabilitation mental health wards for working age adults

- The provider had not ensured that staff at Brocklesby Lodge had easy access to fire evacuation procedures or the most recent fire risk assessment. The evacuation procedure did not correspond with action that staff told us they should take. The provider had written a draft fire policy in August 2019. There had not been a fire evacuation drill since the service opened.
- The ward did not have a registered nurse on shift at night between 8:30pm and 8am which was not in line with the minimum requirement to ensure the ward was safe according to standards from the Royal College of Psychiatrists and AIMS rehab quality network.
- One bank staff member had not completed any training despite starting 14 months previously. Bank staff did not have access to the electronic patient record system. They relied on other staff to be able to read or input information. At the factual accuracy stage, the provider submitted an updated policy, effective from November 2019, which stated that bank staff would receive training to access electronic patient records.
- One out of the two medication cards had gaps where medicines had not been signed for on two days for a total of nine medicines.
- Staff did not always report all the incidents they should. An incident took place in July 2019 involving a patient accessing the ward unauthorised from the health-based place of safety. We raised this incident as an issue and found afterwards that it had not been reported until after our inspection in August 2019. The two medicines incidents we identified and escalated to managers had not been reported until three days after our inspection.

However:

- The ward was very clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff participated in the provider's restrictive interventions reductions programme and the use of restrictive interventions was low. Staff assessed and managed patient risks well. They completed detailed patient risk assessments which they reviewed regularly.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Is the service effective?

Good ●

We rated effective as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit.

Long stay or rehabilitation mental health wards for working age adults

- The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with other staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005. Staff recorded consideration of mental capacity to make specific decisions.

However:

- One patient record contained a T2 which was completed on behalf of the Responsible Clinician. When we raised this, the Responsible Clinician rewrote the T2. However, they did not complete a capacity assessment to assess the patient's capacity to consent to treatment to check that the patient continued to provide their consent.
- The service did not have a policy or procedure for patients to self-medicate and this meant patients were prevented from developing skills and independence in this area.

Is the service caring?

Good 

We rated caring as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- A pharmacist held a regular drop in session for patients to ask questions about their medication.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

Is the service responsive?

Good 

We rated responsive as good because:

- The service was designed to bring patients back to the local area from secure care and out of area mental health rehabilitation care. Staff planned and managed discharge well. They liaised well with services that would provide aftercare.

Long stay or rehabilitation mental health wards for working age adults

- The design, layout and furnishings of the ward supported patients' treatment and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.
- Staff supported patients with activities outside of the service, such as work, education and family relationships.
- The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously.

However:

- Two rooms used to support treatment and care were not soundproof and this meant that patients' privacy may not be upheld.

Is the service well-led?

Requires improvement 

We rated well-led as requires improvement because:

- Our findings from the other key questions demonstrated that governance processes did not always work effectively at ward level and risks were not always managed well or mitigated sufficiently.
- There were no policies on fire or ligature risks at the time of our inspection and policies written afterwards did not provide enough information for staff about their roles and responsibilities in managing and reducing these risks.
- Managers had not ensured a fire evacuation drill had been carried out since Brocklesby Lodge opened.
- The service required further development to ensure it followed a recognised model for rehabilitation care. The service operated without a registered nurse on shift at night which fell below the minimum requirement and there was no policy on self-medication which prevented patients from having independence in this area.
- Although it was known that patients could access Brocklesby Lodge from the health-based place of safety, managers had not taken any steps to reduce the risk of this occurring again.
- Despite managers being informed of incidents, we found occasions where they had not ensured that the incidents had been reported promptly using incident reports.
- Managers had not ensured bank staff did not have access to the electronic patient record system and managers had not ensured that one bank staff member had completed mandatory training.

However:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Long stay or rehabilitation mental health wards for working age adults

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Acute wards for adults of working age and psychiatric intensive care units

Good   

Key facts and figures

Navigo health and social care community interest company.

Harrison House is a purpose built Acute Mental Health site which comprises of four distinct buildings providing in-patient, rehabilitation unit and adult acute mental health services for North East Lincolnshire. Within this location's registration are two adult acute inpatient units of eleven beds (Pelham and Meridian). The Harrison House main building is a two-storey unit from where the administration, support services, medical services and therapeutic community are based. Pelham and Meridian are mixed sex wards with ensuite. The lodges are staffed 24 hours a day and treat individuals with acute mental health problems both formally and informally that require periods of in-patient care.

The Care Quality Commission has inspected Harrison House four times; the last inspection was an unannounced inspection that took place in January 2016. At the last inspection, we rated the hospital overall as 'good'. We rated the service as 'good' for Safe, 'good' for Effective, 'good' for Caring, 'good' for Responsive and 'good' for Well-led.

Following that inspection, we told the provider that there were no actions to take to improve.

There have also been two recent Mental Health Act reviewer visits that occurred on Pelham Lodge 14 January 2019 and Meridian Lodge 20 August 2018.

We inspected the whole core service and all the key questions. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During our inspection we:

- Toured the environments on Meridian and Pelham Lodges and observed how staff were caring for patients
- Reviewed the clinic rooms and medicines management on Meridian and Pelham Lodges
- Spoke with six patients and received five comment cards
- Spoke with three carers
- Interviewed the clinical manager, medical director and associate director of acute services
- Interviewed 11 other staff including a doctor, junior doctors, nurses and health care assistants
- Observed a patients' coffee morning and an activity session
- Observed a ward review and a best interest meeting
- Observed a morning handover and a safety huddle
- Reviewed six patients care and treatment records
- Reviewed a range of policies and documents relating to the running of the service.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

Acute wards for adults of working age and psychiatric intensive care units

- The ward environments were clean. The wards had enough nurses and doctors. The use of restrictive practices was low, they managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice.
- The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions

However:

- There was no policy on ligature risk reduction and no fire policy at the time of our inspection. However, the provider had written a draft fire policy and added management of ligature risks to their observation policy after the on-site inspection but submitted within the inspection window timeframes.
- There were no personal emergency evacuation plans in place for those that needed them.
- One bank staff did not have access to the electronic patient record system and had not completed any mandatory training.

Is the service safe?

Requires improvement ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- The provider did not have a policy on ligature risks or a comprehensive ligature risk assessment that showed ligature risks had been assessed, managed and mitigated sufficiently.
- The provider had not ensured that staff had easy access to fire evacuation procedures or the most recent fire risk assessment. The provider had written a draft fire policy in August 2019. There were no personal emergency evacuation plans in place for those that needed them.
- Bank staff did not have access to the electronic patient record system. They relied on other staff to be able to read or input information. One bank member of staff had not completed any mandatory training but had been provided with an induction.

However:

- All wards were clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Acute wards for adults of working age and psychiatric intensive care units

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good  → ←

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The lodges had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Acute wards for adults of working age and psychiatric intensive care units

- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

Is the service responsive?

Outstanding  

Our rating of responsive improved. We rated it as outstanding because:

- Staff managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.
- The quality of the design, layout, and furnishings of the lodges supported patients' treatment, privacy and dignity. The facilities were innovative and met the needs of a range of people. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- There were innovative approaches to providing integrated person-centred care working with other service providers and enabling carer and family support to aid recovery.
- The provider chaired the local Mental Health Crisis Care Concordat and had regular meeting with the police to discuss complex patients.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them comprehensively and learned lessons from the results, and shared these with the whole team and the wider service.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

However:

Acute wards for adults of working age and psychiatric intensive care units

- There was no policy on ligature risk reduction and no fire policy at the time of our inspection. However, the provider had written a draft fire policy and added management of ligature risks to their observation policy after the on-site inspection but submitted within the inspection window timeframes.
- Managers had not ensured that bank staff had access to the electronic patient record system and one bank staff member had not completed mandatory training.

Outstanding practice

We found examples of outstanding practice in acute wards for adults of working age.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right. We found one thing that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

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.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Our inspection team

Jenny Wilkes, a Head of Hospitals Inspection, led this inspection. We used one executive reviewer and specialist advisers, who were leads in safeguarding, equality and diversity and governance. The inspection covered two core services and included four inspectors one inspection manager, a Mental Health Act reviewer and two analysts.

Specialist advisers are experts in their field who we do not directly employ.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.