

Requires improvement

Northamptonshire Healthcare NHS Foundation
Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RP1J6	Danetre Hospital	Memory Assessment Service, Daventry and Towcester	NN11 4DY
RP1V4	Berrywood Hospital	Memory Assessment Service, Northampton	NN5 6UD
RPIV4	Berrywood Hospital	Older Peoples Community Mental Health Team, Northampton	NN5 6UD

Summary of findings

RP1X1	Stuart Road Clinic	Older Peoples Community Mental Health Team, Corby and Kettering	NN17 1RJ
RP1X1	Stuart Road Clinic	Memory Assessment Service, Kettering and Corby	NN17 1RJ
RP1X1	The Rushden Centre	Older Peoples Community Mental Health Team, Rushden and Wellingborough	NN10 0PT
RP1X1	The Rushden Centre	Memory Assessment Service, Wellingborough and Rushden	NN10 0PT
RP1J6	Danetre Hospital	Older Peoples Community Mental Health Team, Daventry and Towcester	NN11 4DY

This report describes our judgement of the quality of care provided within this core service by Northamptonshire Healthcare NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Northamptonshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Northamptonshire Healthcare NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Community-based mental health services for older people as **requires improvement** because:

- There was no system in place to ensure that patients received the required annual health checks, including blood tests. Staff did not know whether this was the responsibility of the service or of the GP.
- Staff were not supervised and appraised in line with trust policy. When we visited the service the compliance rate for supervision was 43%. The compliance rate for appraisals was 75%. However, the trust submitted data following the inspection and these figures had improved.
- Compliance with mandatory training for the service was 78%, which fell below the trust target of 90%.
- Sixty-seven per cent of staff were trained in the Mental Capacity Act. This fell below the trust's target of 90%. Staff did not consistently document mental capacity assessments and best interest decisions in care records when they were required.
- Managers did not have assurance systems in place to monitor and audit the quality and performance of the service.
- The consultant post at Corby and Kettering had been vacant for over two years. Locums covered this post but changed every few weeks. This meant that appointments were not always available when needed.

- The service did not have information leaflets readily available in other languages. Staff told us they had to request these from the trust communications team.

However:

- Ninety per cent of staff were trained in safeguarding and knew how to respond to any safeguarding concerns.
- Staff responded promptly to deterioration in patients' health. Staff worked flexibly to respond to changes in patients' needs.
- The service mostly followed National Institute for Health and Care Excellence (NICE) guidelines for the treatment of Alzheimer's and dementia. The service offered psychological therapies recommended by NICE.
- Patients told us that staff treated them with respect and were kind and caring. Patients felt that staff listened to them and were helpful.
- The service was meeting their referral to assessment targets. Staff discussed new referrals in the weekly multi-disciplinary meetings and prioritised patients who needed seeing urgently.
- Managers ensured staff reported all incidents, safeguarding, and complaints.
- Managers and staff had the ability to submit items to the risk register.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- Staff had completed risk assessments for 93% of patients.
- Ninety per cent of staff were trained in safeguarding and knew how to respond to any safeguarding concerns.
- Staff responded promptly to deterioration in patients' health. Staff worked flexibly to respond to changes in patients' needs.
- The service had one serious incident in the last 12 months. Incidents and investigations were discussed in team meetings, at both service level and a wider trust level.
- All areas were clean and well maintained. Furniture was in good condition and comfortable.

However:

- Staff, patients and carers said there was rapid access to a psychiatrist when required at all the locations except Corby and Kettering, where the consultant post was vacant. Locums were covering the vacancy. Locums changed every few weeks and sometimes this meant that appointments could not be made and there was not access to a psychiatrist when needed.
- Compliance with mandatory training for the service was 78%, which fell below the trust target of 90%.
- Managers and staff were not following fire safety procedures. Issues previously identified in a fire risk audit had not been acted on.
- The service had personal safety protocols in place, including a lone working procedure. However, staff across the service did not follow this procedure as they routinely called in at 16.30 and not after their appointments had finished.
- The interview rooms were not all fitted with alarms. Only one out of four of the sites visited had alarms fitted. The manager said this had never been an issue.

Good



Are services effective?

We rated effective as **requires improvement** because:

- A shared protocol was in place that showed the GP was responsible for monitoring the patient's overall health and well-being. However, staff did not check whether annual health checks, including blood tests, had been carried out.

Requires improvement



Summary of findings

- Staff were not supervised and appraised in line with trust policy. When we visited the service, the compliance rate for supervision was 43%. The compliance rate for appraisals was 75%. However, the trust submitted data following inspection and these figures had improved.
- Sixty-seven per cent of staff were trained in the Mental Capacity Act. This fell below the trust's target of 90%. The data provided by the trust before the inspection showed 67% of staff had completed this training. However, the trust provided evidence after the inspection that showed 86% of staff had now completed this training. Staff did not consistently document mental capacity assessments and best interest decisions in care records where they were required.

However:

- Staff completed comprehensive assessments in a timely manner for 90% of patients. Staff kept care records up to date for most patients.
- Staff considered the physical health needs of patients. We observed staff reviewing patients' routine physical health needs during appointments.
- The service followed National Institute for Health and Care Excellence (NICE) guidelines for the treatment of Alzheimer's and dementia apart from ensuring completion of physical health checks. The service offered psychological therapies recommended by NICE.
- Staff had access to monthly team meetings. Managers had also recently introduced 'STAR' days. These took place once a month and provided protected time for staff to complete training and supervisions. Weekly multi-disciplinary meetings took place to discuss patient care and treatment. There was effective handover between teams within the organisation. The service had good working links with other agencies, including GPs, social services and voluntary organisations.

Are services caring?

We rated caring as **good** because:

- Patients told us that staff treated them with respect and were kind and caring. Patients felt that staff listened to them and were helpful.
- We observed staff interacting with patients in a caring and compassionate way.
- Patients told us that they were involved in decisions about their care and given choices about treatments.

Good



Summary of findings

- Carers told us that staff were supportive and involved them in their relatives care. Staff also sign posted carers to other services that could offer them support.
- Patients could feedback on the care they received through the trust's 'I want great care' web based system.

However:

- Patients reported that they had not been offered a copy of their care plan or been invited to care programme approach reviews.

Are services responsive to people's needs?

We rated responsive as **good** because:

- The service was meeting their referral to assessment targets. Staff discussed new referrals in the weekly multi-disciplinary meetings and prioritised patients who needed seeing urgently.
- Staff responded promptly when patients phoned the service requiring urgent support. We observed staff bringing appointments forward and arranging to see another patient the same day.
- Managers told us they had easy access to interpreters if required. The service displayed posters and information leaflets on a range of topics in the reception areas.
- Patients spoken with told us they knew how to complain. Staff knew how to investigate complaints and would report outcomes to patients.

However:

- The service did not have information leaflets readily available in other languages. Staff told us they had to request these from the trust communications team.

Good



Are services well-led?

We rated well-led as **requires improvement** because:

- Managers did not utilise assurance systems in place to monitor and audit the quality and performance of the service.
- A shared protocol was in place that showed the GP was responsible for monitoring the patient's overall health and well-being. However, staff did not check whether annual health checks, including blood tests, had been carried out.
- Mandatory training, including Mental Capacity Act (MCA), supervisions and appraisals were all below the trust compliance rates.

However:

Requires improvement



Summary of findings

- Most staff spoken with felt well supported. They were able to raise concerns with their line manager and felt listened to.
- Managers ensured staff reported all incidents, safeguarding, and complaints.
- Managers and staff had the ability to submit items to the risk register.

Summary of findings

Information about the service

Community-based mental health services for older people are part of the trust's services for older people. They offer services in locations across Northamptonshire. We visited the following teams:

- Memory Assessment Service, Corby and Kettering
- Community Mental Health Team, Corby and Kettering
- Memory Assessment Service, Rushden and Wellingborough
- Community Mental Health Team, Rushden and Wellingborough
- Memory Assessment Service, Daventry and Towcester
- Community Mental Health Team, Daventry and Towcester
- Memory Assessment Service, Northampton
- Community Mental Health Team, Northampton

The service provides mental health treatment for patients with functional mental health problems over the age of 65 years and treatment for patients with organic mental health issues over the age of 65 years.

Teams included psychiatrists, psychologists, community psychiatric nurses, occupational therapists, health care support workers, medical secretaries and administrative staff.

Northamptonshire Healthcare NHS Foundation Trust underwent a full comprehensive inspection of its services between 02 and 06 February 2015. This core service was given an overall rating of good and was rated good in all domains. Following the last inspection, we told the trust that it should take the following actions:

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

During this inspection, we found that medication systems and processes had been reviewed, staff reported managers had supported them through change and the trust had increased the number of psychologists.

Our inspection team

Our inspection team was led by:

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

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC.

Inspection manager: Tracy Newton, Inspection Manager (mental health) CQC.

The team included one inspector, one inspection manager, a variety of specialist advisors, which included a

nurse, a doctor, a social worker, an occupational therapist and an expert by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team would like to thank all those who met and spoke with them during the inspection and who shared their experiences and perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

To fully understand the experience of patients, we always ask the following five questions of every service and provider:

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

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

During the inspection visit, the inspection team:

- visited all eight services and looked at the quality of the service environment and observed how staff were caring for patients

- spoke with seven patients who were using the service
- interviewed the service manager with responsibility for this service and the managers for each of the sites
- spoke with 34 other staff members; including doctors, nurses, psychologists and occupational therapists
- attended and observed one handover meeting and one multi-disciplinary meeting
- spoke with 23 carers of patients using the service
- looked at 42 treatment records of patients
- attended and observed two clinics
- looked at 40 human resources and supervision records of staff
- Looked at a range of policies, procedures and other documents related to the running of the service.

What people who use the provider's services say

We spoke with seven patients and 23 carers who were positive about their experience of the service. They told us that they found staff to be very caring, kind, responsive and respectful. Most people and their relatives were involved in decisions about their care.

People who use the services and carers that we spoke with said they had not been offered a copy of their care plan and had not been invited to any Care Programme Approach (CPA) reviews.

Good practice

There is nothing specific to note.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that patients have annual health checks completed and documented within case records.
- The provider must ensure that all staff receive supervision and appraisals in line with trust policy.
- Managers must ensure they are monitoring the quality and performance of their service.
- The provider must ensure that staff adhere to the Mental Capacity Act when completing and recording mental capacity assessments.

Summary of findings

Action the provider **SHOULD** take to improve

- The provider should ensure all staff mandatory training is completed in line with trust policy.

Northamptonshire Healthcare NHS Foundation Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Memory Assessment Service and Community Mental Health Team, Rushden and Wellingborough	The Rushden Centre
Memory Assessment Service and Community Mental Health Team, Daventry and Towcester	Danetre Hospital
Memory Assessment Service and Community Mental Health Team, Northampton	Berrywood Hospital
Memory Assessment Service and Community Mental Health Team, Corby and Kettering	Stuart Road Clinic

Mental Health Act responsibilities

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

Mental Health Act was covered as part of the trust's mandatory Mental Capacity Act training. The data provided

by the trust before the inspection showed 67% of staff had completed this training. However, the trust provided evidence after the inspection that showed 86% of staff had now completed this training.

The service was not supporting any patients who were subject to any part of the Mental Health Act. Staff knew where to get information about the Mental Health Act.

Detailed findings

Patients had access to Independent Mental Health Act Advocacy services. Staff knew how to access these services. There were posters displayed in all locations.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act was not part of the trust's mandatory training. The trust target for this training was 90%. The data provided by the trust before the inspection showed 67% of staff had completed this training. However, the trust provided evidence after the inspection that showed 86% of staff had now completed this training.

Most staff were able to describe how they would use the Mental Capacity Act in their roles. However, some staff were not able to do this.

The trust had a policy on the Mental Capacity Act and staff were aware of this. They could access an electronic version of the policy.

Staff were not always completing and recording capacity assessments when required. However, there was evidence in some care records that capacity assessments had been completed on a decision specific basis.

Staff supported patients to make decisions. We saw evidence in some care records that best interest meetings had taken place when a patient lacked capacity.

Staff knew where to go for more information on the Mental Capacity Act.

Managers and staff spoken with were not aware of any arrangements in place to monitor adherence to the Mental Capacity Act within the trust.

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The interview rooms were not all fitted with alarms. Only one out of four of the sites visited had alarms fitted. The manager said this had never been an issue.
- All areas were clean and well maintained. Furniture was in good condition and comfortable.
- The service had equipment to carry out physical observations and emergencies, which included blood pressure monitors and defibrillators. Staff checked these regularly to ensure they were working effectively. We saw records that confirmed this.
- We viewed building maintenance records that included fire risk assessments, fire drills, portable appliance testing, health and safety audits and asbestos checks. Staff ensured that the issues identified, had action plans in place. Most of the required actions had been completed. However, at the Northampton site fire extinguishers were not fixed to the wall, they were sat on the floor. This had been identified as an issue in a fire audit in 2013, but had still not been actioned.
- At the time of the inspection, the service was not administering medication for any patients. The service had access to the community adult team clinic if they needed to store medication.
- Staff adhered to infection control procedures, including handwashing. We saw hand washing posters displayed at all locations.

Safe staffing

- The total number of substantive posts was 64.9 whole time equivalents (WTE). The trust set the core staffing levels for the service. The established level of registered nurses across the service was 30.4 whole time equivalent (WTE). At the time of the inspection, there were 3.5 WTE vacancies. The established level of unqualified staff was 15.6. The service had 1.8 WTE vacancies for unqualified staff. The team with the

highest number of vacancies was Rushden and Wellingborough Community Mental Health Team. The consultant post for two of the eight teams had been vacant for over two years.

- Managers reported that caseloads varied across the teams and ranged from 17 to 59 cases per care coordinator. However, staff at the Northampton Memory Assessment Service reported that they had a caseload of 1000 patients, split between three staff. Caseloads varied depending on the level of support that patients required. For example, the memory assessment service usually saw patients once every 6 to 12 months. Managers reported that there were six patients waiting to be allocated a care coordinator.
- Between 01 October 2015 to 30 September 2016 bank staff had covered 647 shifts and agency staff covered 226 shifts due to sickness, absence or vacancies. However, 75 shifts had not been covered, which resulted in teams working below the numbers required to meet the needs of patients. The community mental health team for Daventry and Towcester had the highest rate of unfilled shifts at 25.
- Staff, patients and carers said there was rapid access to a psychiatrist when required at all the locations except Corby and Kettering, where the consultant post was vacant. Locums were covering the vacancy. However, locums changed every few weeks and sometimes this meant that there wasn't access to a psychiatrist when needed.
- Compliance with mandatory training for the service was 78%, which fell below the trust target of 90%. The following mandatory training was below 75%, Resuscitation level 2 (73%).

Assessing and managing risk to patients and staff

- Staff had undertaken a risk assessment at the initial assessment for 39 out of 42 care records reviewed. Staff had updated most of these regularly. Three of these records had no risk assessment and a further three risk assessments had not been updated. Staff had not completed crisis plans or advance decision documents in any of the care records reviewed.

Are services safe?

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

- Staff responded promptly to deterioration in patients' health. We observed staff arranging an appointment for that day for a patient who had rung up needing urgent support. Staff worked flexibly to respond to changes in patients' needs. They did this by changing appointment times or bringing appointments forward. Staff would also provide appointments during the evening once a week.
- Staff reviewed the waiting list in weekly multi-disciplinary meetings. Managers advised that if risks increased for a person on the waiting list, staff prioritised their case and allocated a care coordinator.
- Ninety per cent of staff were trained in safeguarding and knew how to respond to any safeguarding concerns. Staff were able to describe the procedure for reporting safeguarding concerns.
- The service had personal safety protocols in place, including a lone working procedure. However, staff across the service did not follow this procedure as they routinely called in at 16.30 and not after their appointments had finished.
- There were medicine management procedures in place. At the time of our visit, the service was not storing medication for people who use the services. The service could use the community-based services for adult's clinic room and medication storage facilities if they needed to.

Track record on safety

- The service had one serious incident in the last 12 months. Managers had carried out a root cause analysis investigation into the incident. Managers shared the findings and lessons learned from the investigation with the team.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to do this. Staff reported incidents using electronic forms, and forwarded to managers. Managers reviewed the information before the incident could be closed. This meant managers had an overview of incidents, ensured staff were aware of lessons learnt and implemented action plans to reduce the risk of repeated incidents.
- Staff were able to describe their duty of candour. Staff were open and transparent and explained to patients if something had gone wrong. Patients and their carers spoken with confirmed this.
- Managers discussed incidents and investigations in team meetings, at both service level and a wider trust level. We reviewed team meeting minutes, which evidenced this.

Are services effective?

Requires improvement 

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

Our findings

Assessment of needs and planning of care

- Staff completed comprehensive assessments in a timely manner for the majority of patients. We reviewed 42 care records of which 38 had detailed assessments.
- Staff maintained up to date care records, which were, personalised, holistic and recovery orientated for the majority of patients. Thirty-two of the records reviewed evidenced this.
- The information needed to deliver care and treatment effectively was stored securely within computer based records. Other teams within the trust and NHS providers, for example, GPs could also access the system. This ensured all information was readily available for staff to deliver care. However, some psychologists' records were kept in paper format and these were stored securely in a locked cabinet in a locked office.

Best practice in treatment and care

- The service followed National Institute for Health and Care Excellence (NICE) guidelines for the treatment of Alzheimer's and dementia, including guidance relating to the prescribing of medication, but staff were unable to evidence that they carried out appropriate monitoring of this.
- The service also offered psychological therapies recommended by NICE. Staff provided one to one cognitive behavioural therapy for patients with functional mental health problems. Staff delivered two different groups, a 'living well with dementia' group and a 'cognitive stimulation' group. The psychology team had evaluated these groups and demonstrated that they had improved the lives of patients and their carers. Occupational therapists also provided anxiety management groups. Staff referred patients to other providers for support with employment, housing and benefits.
- Staff considered the physical health needs of patients. We observed staff reviewing patients' routine physical health needs during appointments. Forty of the care records we reviewed included an initial assessment of physical health needs. However, only 24 records evidenced any ongoing support for physical health care. There was no system in place to ensure that required annual health checks, including blood tests, were being

carried out. This included monitoring of people prescribed antipsychotic medication. Staff did not know whether this was the responsibility of the service or of the GP.

- Staff used outcome measures and other tools to assess and record severity and outcomes for patients. These included mini mental health assessments, cognitive assessments, health of the nation outcomes scores, clustering and checking for improvements or deterioration following patients starting on memory enhancing medication.
- Clinical staff participated in some clinical audits. These included Prescribing Observatory for Mental Health audits. They had also participated in a local audit, regarding Mental Capacity Act (MCA) training and knowledge. The audit results showed an overall positive improvement in both staff attendance at MCA training and the current level of knowledge and awareness that staff had relating to MCA and Deprivation of Liberty Safeguards (DoLS).

Skilled staff to deliver care

- The team consisted of psychiatrists, psychologists, nurses, health care support workers and occupational therapists. The service did not have a pharmacist but sought pharmacy support from local pharmacies.
- The staff we spoke with were experienced in working with older people. Most staff had been with the service for a number of years and had worked in other older peoples services prior to joining this service.
- Staff were not supervised and appraised in line with trust policy. When we visited the service, the compliance rate for supervision was 43%. Out of 40 staff records reviewed 19 had no supervision records and a further five had not received supervision for over a year. Whilst supervision records were dated, we found that dates had been changed on two of the records and no explanation was given as to why this had been done. However, the trust submitted data after the inspection and it showed supervision had improved to 78% (CMHT Northampton 71% and CMHT Daventry 86%).
- The compliance rate for appraisals was 75%. Twelve of these records reviewed had an appraisal completed within the last 12 months. However, 15 records had no appraisal. Most appraisals reviewed did not include

Are services effective?

Requires improvement 

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.

development objectives. The trust submitted data following inspection that showed appraisal rate compliance had improved to 92.5% (CMHT Northampton 93% and CMHT Daventry 92%).

- Staff had access to monthly team meetings. Managers had also recently introduced 'STAR' days. These took place once a month and provided protected time for staff to complete training and supervisions. We reviewed minutes of both these meetings, which evidenced this.
- Some staff had received specialist training to support them in their role. This included Deprivation of Liberty Safeguards (DOLS) assessor training, dementia training, phlebotomy, and ECG training.
- Managers told us they did not have any staff on performance management at the time of our visit. They told us they would follow trust policy on performance management and seek support from HR if they had any staff performance issues.

Multi-disciplinary and inter-agency team work

- Weekly multi-disciplinary meetings took place to discuss patient care and treatment. We observed one of these meetings and saw that staff reviewed existing patients, new referrals and allocations. The meeting included discussions on patients' specific needs for example, mental capacity, best interests, safeguarding, mental and physical health needs and involvement required from other agencies.
- Staff worked together to carry out joint assessments. We observed an assessment taking place that involved a community psychiatric nurse and a psychologist.
- There was effective handover between teams within the organisation. We observed a handover meeting from the home treatment team to the service. The meeting covered all aspects of the patient's care and support needs.
- The service had good working links with other agencies, including GPs, social services and voluntary organisations. We observed the local GP contacting the specialist doctor requesting they attend the surgery to see a patient with memory problems. Patients and carers told us that staff sign posted or referred them to other organisations for support with specific issues, for example, housing and benefits.

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

- There were no patients subject to a community treatment order (CTO) at the time of our visit. Staff were able to tell us what they would do if they were supporting a patient on a CTO.
- The trust covered Mental Health Act training within Mental Capacity Act training. The data provided by the trust before the inspection showed 67% of staff had completed this training. However, the trust provided evidence after the inspection that showed 86% of staff had now completed this training. Thirty-one out of 42 care records reviewed evidenced that staff sought informed consent. Staff adhered to consent to treatment requirements for the majority of patients. We observed staff seeking consent from patients during appointments and support sessions.
- Patients had access to Independent Mental Health Advocates (IMHA). We saw posters and leaflets about IMHA services in waiting rooms. Staff provided patients and carers with information about local advocacy services. At the time of our visit there were no patients receiving support from an IMHA. Staff and care records confirmed this.
- The trust provided administrative support and legal advice on implementation of the MHA and code of practice when required. Staff we spoke with knew how to access this support if required.

Good practice in applying the Mental Capacity Act

- The data provided by the trust before the inspection showed 67% of staff had completed this training. However, the trust provided evidence after the inspection that showed 86% of staff had now completed this training. This fell below the trust's target of 90%.
- Staff did not consistently document mental capacity assessments and best interest decisions in care records where they were required. Only 11 out of 42 records had evidence of capacity assessments. This did not reflect the number of observations of capacity being discussed with patients and in multi-disciplinary meetings.
- Some staff were not able to tell us how they would put the Mental Capacity Act into practice in their work. However, we did observe inclusive and least restrictive practice.

Are services effective?

Requires improvement 

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

- Staff were aware of the Mental Capacity Act policy and how they could access it. They could access an electronic version of the policy as and when required.
- Staff told us they could get support in following the Mental Capacity Act from the Mental Health Act administration office.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- Patients told us that staff treated them with respect and were kind and caring. Patients felt that staff listened to them and were helpful.
- We observed staff interacting with patients in a caring and compassionate way. Staff knew about their patients, were sensitive to their needs and offered reassurance to patients during their appointments. Staff also provided practical support, for example, showing a patient and their carer how to use a new pill dispenser.

The involvement of people in the care that they receive

- Patients told us that they were involved in decisions about their care and given choices about treatments. However, patients reported that they had not been offered a copy of their care plan or been invited to care programme approach (CPA) reviews.

- Carers told us that staff were supportive and involved them in their relatives care. Staff also sign posted carers to other services that could offer them support.
- Patients had access to local advocacy services. The service provided leaflets about advocacy services for all patients.
- Managers provided opportunities for patients and carers to get involved in recruiting new staff. For example, patients were involved in interviewing staff.
- Patients could feedback on the care they received through the trust's 'I want great care' web based system. Managers collated this feedback monthly into overall satisfaction ratings and displayed them in reception areas. Managers also displayed 'you said we did' posters, which detailed what the service had done in response to feedback.
- Staff followed the trust's confidentiality policy and patients' personal information was kept secure.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The service received referrals directly, usually from GPs, inpatient wards and general hospitals. Staff discussed new referrals in a weekly multi-disciplinary meeting. Staff prioritised patients who needed seeing urgently.
- The service had a referral to assessment target of six weeks for the memory assessment service and 13 weeks for the community mental health team. The service was meeting these targets. There was no target for referral to treatment times. There were four patients on the waiting list at the time of our visit.
- The service had a duty worker system that meant a member of the team was always available from nine to five to respond to urgent referrals and telephone calls.
- The service did not have an older people crisis team. However, functional patients could access the adult crisis team for out of hours support.
- Staff responded promptly when patients phoned the service requiring urgent support. We observed staff bringing appointments forward and arranging to see another patient the same day.
- Managers told us it was rare for patients to miss appointments. Staff called patients or carers prior to appointments to remind them. If a patient did not attend, staff attempted to contact the patient, the patient's family, and other involved professionals to find out why they did not attend.
- Staff tried to arrange appointments at a time to suit the patient. The service provided appointments one evening a week to be more flexible.
- Managers told us that staff cancelled appointments occasionally. This was usually due to unexpected staff absence. Managers tried to get another staff member to cover before cancelling. Staff then contacted the patient or their carer, apologised, explained the reason for the cancellation and arranged a new appointment for as soon as possible.

- A shared protocol was in place that showed the GP was responsible for monitoring the patient's overall health and well-being. However, staff did not check whether annual health checks, including blood tests, had been carried out.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a full range of rooms and equipment to provide care and treatment at four of the five sites visited. These included interview rooms, clinic rooms, therapy rooms and group rooms. The rooms were clean, well maintained and well furnished. The site at Rushden did not have enough rooms and the manager had raised this within the trust. An action plan was in place to re-configure the building to improve the facilities.
- The service displayed posters and information leaflets on a range of topics in the reception areas. These helped patients to make decisions about their care and treatment. Patients and carers told us that staff provided information about the service, which included how to complain.

Meeting the needs of all people who use the service

- Sites had disabled access to all patient areas.
- The service did not have information leaflets readily available in other languages. Staff told us they had to request these from the trust communications team.
- Managers told us they had easy access to interpreters if needed and could usually get support from an interpreter arranged within two days.

Listening to and learning from concerns and complaints

- The service had received seven complaints in the last 12 months. One of these complaints was partially upheld. One complaint is ongoing. The complaints related to communication, staff attitude, access and discharge, delayed or cancelled appointments and clinical treatment. There were no complaints referred to the ombudsman.
- Patients spoken with told us they knew how to complain. The service welcome pack included information on how to complain. Staff knew how to handle informal complaints and tried to resolve

Are services responsive to people's needs?

Good 

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

complaints. If not they passed the complaint to their manager. Formal complaints went through the trust's complaints system and allocated managers investigated them. The complainant could access support from a complaints advocate.

- Managers fed back the outcomes and actions from complaints with staff in supervision and team meetings. We saw meeting minutes that confirmed this.
- The service had received 15 compliments in the last 12 months.

Are services well-led?

Requires improvement 

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

Our findings

Vision and values

- Staff were not aware of the trust's new vision and values but were able to describe the values they would apply in their work. These included being caring and compassionate.
- Staff did not know all of the senior managers in the trust. However, they did know the senior managers that had visited the team.

Good governance

- Managers did not have assurance systems in place to monitor and audit the quality and performance of the service. The service only had one key performance indicator and this was for referral to assessment times. Managers had access to reports generated by the trust but took no action to monitor compliance rates. Mandatory training, including Mental Capacity Act (MCA), supervision and appraisals were all below the trust compliance rates. The recording of supervisions and appraisals was poor. Managers advised that they relied on verbal feedback for assurance that roles were being carried out.
- Managers did not ensure that staff were aware of the 'shared care' protocol between the service and GPs. A shared protocol was in place that showed the GP was responsible for monitoring the patient's overall health and well-being. However, staff did not check whether annual health checks, including blood tests, had been carried out. Due to this staff did not know who was responsible for these checks and therefore managers were not assured that patients had their annual physical health checks completed.
- Managers ensured that staff had enough time to provide care to patients. We observed that appointments were not rushed.
- Managers ensured staff reported all incidents, safeguarding, and complaints. Managers discussed with staff any lessons learnt from investigations in team meetings. Managers identified actions and ensured they were addressed in a timely manner.

- Managers supported staff to participate in clinical audits in order to improve the service and outcomes for patients.
- Managers told us they had sufficient authority to lead their teams. Each team had administrative support.
- Managers and staff had the ability to submit items to the risk register. The service had one item on the trust risk register, relating to safe staffing at the Corby and Kettering community mental health team.

Leadership, morale and staff engagement

- Most staff spoken with felt well supported. They were able to raise concerns with their line manager and felt listened too. They told us they knew how to use the whistle blowing process and would be confident to do so. However, three out of 34 staff spoken with, who worked in the same team, said they would not feel confident to use the whistle blowing process out of fear of victimisation.
- The service had a sickness absence rate of 3%, which was below the trust average of 4.6%.
- Most staff told us that morale was good and they worked well together in their teams. There were no reported cases of bullying or harassment in any of the teams.
- Managers had access to and provided their staff with opportunities to develop leadership skills. These included leadership forums with other managers from across the trust and access to leadership training.
- Managers used the duty of candour and explained to people when things went wrong. They supported staff to report incidents and mistakes.
- Managers encouraged staff to feedback on the service and share ideas for service development in team meetings.

Commitment to quality improvement and innovation

Managers were unable to provide any evidence of how they ensure quality improvement.

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

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

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

- Formal capacity assessments and best interest's decisions were not fully recorded within the care records.

This was in breach of regulation 11

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- Managers had no assurance systems in place to monitor the quality and safety of their services.
- Managers did not ensure staff understood their responsibilities in relation to the shared care protocol with GP's.

This was in breach of regulation 17

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

- Staff were not receiving the training, supervision and appraisals necessary for them to carry out their roles and responsibilities.

This was in breach of regulation 18