CareQuality Commission

Lincolnshire Partnership NHS Foundation Trust

Inspection report

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Date of inspection visit: 16 October to 08 November 2018
Date of publication: 16/01/2019

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 trust. 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 trust	Good ●
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive?	Good ●
Are services well-led?	Outstanding ☆

We rated well-led (leadership) from our inspection of trust 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 trust

Lincolnshire Partnership NHS Foundation Trust was established on 1 June 2002 when social care and health services, formerly provided by Lincolnshire County Council and Lincolnshire Healthcare NHS Trust, were brought together to create new mental health and learning disabilities services.

Lincolnshire Partnership NHS Foundation Trust operates from 56 sites providing services in Lincolnshire to a population of 718,800 across an area of 2,646 square miles and North-East Lincolnshire to a population of 159,000 across an area of 74 square miles. The trust operates from nine locations registered with Care Quality Commission, serving mental health and learning disability needs. The trust has 240 inpatient beds the majority of which are on the main sites in Lincoln, Grantham and Boston and nine community teams operating across the county. In addition, the trust also works closely with Lincolnshire CCG and South West Lincolnshire CCG as the trusts main commissioners of services.

Lincolnshire Partnership Trust received foundation trust status 1 October 2007.

The trust collaborates with five clinical commissioning groups, with West Lincolnshire CCG taking the lead role.

The trust delivers the following mental health services:

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

- Long stay/rehabilitation mental health wards for working age adults.

- Forensic inpatient/secure wards

- Wards for older people with mental health problems

- Child and adolescent mental health wards

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

- Mental health crisis services and health-based places of safety

- Specialist community mental health services for children and young people

- Community-based mental health services for older people

- Community mental health services for people with learning disabilities or autism

Since the last inspection, the trust has opened a new ten bed male psychiatric intensive care unit at St Georges Site.

The trust has had 11 Mental Health Act Monitoring visits since November 2017. Across all visits, there were 44 actions the trust was required to address.

The trust has been inspected twice under the comprehensive mental health inspection programme, in December 2015 (published April 2016) and April 2017 (published June 2017). Following the January 2017 inspection, the trust received an overall rating of good. The safe, caring and well led domains were rated as 'good' and the effective rating domain was rated 'requires improvement'. We issued three requirement notices against mental health core services. The trust had addressed all breaches at the time of this inspection.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as **Good** 🟢 ➡️ ⬅️

Summary of findings

What this trust does

Lincolnshire Partnership Foundation NHS Trust provides a variety of mental health and community health services, across Lincolnshire for adults of working age, older adults and Tier 4 services for children and young people. The trust provides these services across nine registered locations from 52 sites across Lincolnshire. The trust serves a population of approximately 750,000 people across Lincolnshire. The trust has an annual expenditure budget of £100 million (2018/19) completed 298,000 community contacts and receives 56,000 referrals a year. The trust employs over 2000 in a wide variety of roles.

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 three complete services, which were previously rated as requires improvement or which we risk assessed as requiring inspection this time. Those inspected were:

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

- Community mental health services for people with learning disabilities or autism

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

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed Is this organisation well-led?

What we found

Overall trust

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

- The trust responded in an extremely positive way to the improvements we requested them to make following our inspection in April 2017. At this inspection, we saw significant improvements in the core services we inspected and an impressive ongoing improvement and sustainability of good quality care across the trust as a whole. The senior leadership team had been at the fore front of delivering quality improvement and there was a true sense of involvement from staff, patients and carers towards driving service improvement across all areas.

- Leadership had been invested in at all levels so that staff had the right skills, behaviours, knowledge and experience to challenge as necessary and to ensure quality and sustainability of service delivery. This was underpinned by a very strong senior leadership team that had identified priorities, driven cultural change at a pace and led by example. The

Summary of findings

trust board and senior leadership team displayed integrity on an ongoing basis. The trust's non-executive members of the board challenged appropriately and held the executive team to account to improve the performance of the trust. The trust leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them. The board were supportive to the wider health and social care system, with both the chair, chief executive and executive team taking up key roles in the local system including through Sustainability Transformation Programme. Reports from external sources, that include NHS Improvement and commissioners, was consistently favourable.

- The trust had a clear vision and set of values with quality and sustainability as the top priorities which were robust and realistic. These had been co-produced with staff at all levels and patients. Values were fully embedded throughout the trust through recruitment, new initiatives, staff appraisals and staff wellbeing. At board and committee meetings discussions were consistently linked to the values. We were particularly impressed that each service had identified specific behaviours that aligned with each value so they had close alignment with their services. Each individual team across the trust had taken time to ensure that they understood what the values and behaviours meant for their individual teams and the patients that they provided care for. Local leadership across the trust was strong, visible and effective. Staff were particularly praising of the chief executive and the chair of the trust.

- We found that there has been a continued and impressive cultural shift to an organisation that is truly inclusive, that enabled and empowered staff and patients to be heard and became part of the culture of change. The culture had truly been embedded and promoted an arena across the trust for shared learning and encouragement of staff to offer ideas to improve service delivery and patient experience. Staff showed pride and spoke passionately about their roles and working for the trust, their personal progression, opportunities to access specialist training and open and transparent relationships with senior colleagues.

- The building of a continuous quality improvement and innovation culture has enabled the trust to move from a top down organisation to a system where staff were empowered to make decisions for improvement for the benefit of services to patients. The delivery of innovative and continuous quality improvement was central to all aspects of the running of the service. There was a true sense of desire to drive service improvement for the benefit of patients, carers, and the wider system, evident throughout the inspection. Staff included patients in service improvement and used their feedback to change practice. The trust actively sought to participate in national improvement and innovation projects, and encouraged all staff to take ownership, put forward ideas and remain involved throughout the process. The trust had improved their focus and the attention that they paid to innovation in the last 2 years which had yielded positive outcomes and national awards. Research was acknowledged as an asset in the trust. For the first time in 2018 the research annual report and outcomes was published highlighting the excellent work done across the organisation. The trust was proud to highlight the research and innovation conference which was attended by nearly 100 attendees. The conference encouraged staff to take their first step on research and understand what research can mean for them.

- Engagement with both staff and patients was evident and was seen to be fundamental to the way that the trust makes decisions, changes and manages the services. Peer support workers, experts by experience and clinical apprentices were not only valued in teams but part of them and strengthen the voice and the participation of the patients. The trust had invested in these patients and provided training and mentorship to them. Staff, patients and carers were actively involved in a number of different ways and the trust prioritised engagement at every level and through all services. Patients, families and carers were encouraged to provide feedback on the care they had received by a number of routes, for example, via focus groups, questionnaires and a variety of engagement events.

- Staff across all services spoke highly of the executive team and chair without exception. We observed that the vision and values of the organisation were truly embedded throughout the trust and reflected in all aspects of care delivery; including service re design. The commitment to equality and diversity was exemplary. The equality strategy had been produced to clarify the intentions and obligations of the trust and to openly show their commitment to equality and

Summary of findings

diversity. We were told about several examples of how the views of the members of the networks and individuals were fully integrated into defining the tone and philosophy of the trust. Throughout the year the trust had held equality Conferences to raise awareness of equality areas, jointly with Lincolnshire NHS providers and internal staff networks. The trust was proud to share with us the progression of the multi-agency LGBT+ conference. Staff network groups provided a platform for staff to voice their opinions and support the trust to improve working practices and services.

- Staff showed caring, compassionate attitudes, were proud to work for the trust, and were dedicated to their roles. We were impressed by the way all staff in the trust embraced and modelled the values. The values were embedded in the services we visited, and staff showed the values in their day-to-day work. Throughout the trust, staff treated patients and each other with kindness, dignity and respect. The style and nature of communication was kind, respectful and compassionate and met the needs of the individual patients. Staff showed strong therapeutic alliances with their patients and carers and clearly understood their needs and wishes. Staff offered guidance and caring reassurance in all therapeutic interventions, but they were in particularly inspiring and skilled when they supported patients that felt unwell or distressed, confused or agitated. Overall, positive feedback was received from those patients, families and carers spoken with about the care and treatment received from staff. Patients told us that they felt safe across the trust. The trust promoted a person-centred culture and staff involved patients and those close to them as partners in their care and treatment. Staff provided positive emotional support to patients.

- The trust had robust systems and processes for managing patient safety. Staff recognised when incidents occurred and reported them appropriately. The board had oversight of incidents, and themes and trends were identified and acted upon. Managers investigated incidents appropriately and shared lessons learned with staff in a number of ways. When things went wrong, staff apologised and gave patients honest information and suitable support. The trust applied the duty of candour appropriately. We reviewed serious incident reports and found investigations were thorough and included participation from family and carers; where appropriate. Staff had training on how to recognise and report abuse and applied it. The trust had effective systems for identifying risks and planning to eliminate or reduce them. We were particularly impressed with the trust focus on reducing dormitories style accommodation in the inpatient services. The trust was committed to improving services by learning from when things go well and when they went wrong.

- The management of risk and the use of data has significantly improved since our last inspection. Data was being turned into useful information for all levels of staff to use to inform practices. We were impressed with the trust decisive and swift move from a RAG rating system of reporting to a statistical process control technique. In addition, this they had also implemented NHS Improvement summary icons to indicate the type of variation seen on each reporting indicator. This proactive and positive change has enabled the board to focus on changes in performance which merit discussion and potential interventions required.

- The board had listened to staffs' feedback about the patients' electronic record and invested in replacing the system. The new system went live in September 2018. The new system supported staff to maintain clear records of patients' care and treatment and ensured patient confidentiality was maintained. Staff we spoke with were pleased with the new system and felt the trust had delivered quality training to support them to use it. Whilst they acknowledged that it was still early days using the system they had all noted that the system was a vast improvement and supported them in their day to day work. Care and treatment records were clear, up-to-date and available to all staff providing care. The trust provided care and treatment based on national guidance. Patients had access to psychological support and occupational therapy. The physical healthcare needs of all patients were met. Patients that were admitted to acute hospitals were supported by mental health and learning disability practitioners during their admission and throughout the discharge process.

- Staff were compliant with mandatory training across all services and staff had opportunities for further training to support care and treatment for patients. Managers ensured staff received supervision and yearly appraisals.

Summary of findings

- The trust ensured safe staffing levels were maintained. Staffing levels and skill mix across all core services was planned and reviewed so that people who used services received safe care and treatment. Managers ensured services across the trust increased staffing based on clinical need or made arrangements to cover leave, sickness and absence.

- Trust premises across all mental health and community teams were clean and well maintained. Across services staff had completed environmental risk assessments. Where issues had been identified, staff mitigated these risks by carrying out additional checks or had taken other actions to resolve the issues. The trust had robust estate management processes and ongoing plans for improvements.

- The trust had a clear oversight and had promoted the importance of wellbeing amongst their workforce. The wellbeing service demonstrated the responsiveness of the organisation to support the wellbeing of staff. The service had a dedicated psychological and occupational therapy service which included a dedicated counsellor for staff experiencing domestic abuse. Staff we spoke with throughout the inspection spoke highly of the wellbeing service and acknowledged that the trust had worked hard to deliver a service that met the diverse needs of the staff that worked across the trust.

- We were pleased that the trust had reviewed the appropriateness of the governance arrangements in relation to the Mental Health Act administration and compliance. They had recognised that this was a key area to strengthen to ensure the best possible outcomes for patients detained under the Mental Health Act. This review led to the implementation of a policy document and flowchart being devised and implemented in both clinical division and corporate teams to highlight the correct procedure for the administration of the Act. Heat maps were produced to identify to teams the proactive reading of patients' rights, reviews of sections and the completeness of the detention paperwork. Audits for Mental Health Act and Community Treatment Orders were clearly documented.

- Systems for the safe management and administration of medicine were in place. Incidents and errors within the trust were reported and investigated and outcomes and learning shared with staff. The pharmacy team were now involved in the reviewing of serious incidents when medicines were involved.

However:

- The trust continued to have difficulties in recruiting substantive consultant and medical staff. It remained above the budget of medical agency expenditure to cover consultant vacancies.

- The recording of staff supervision remained an issue. Whilst we recognise that, since the last inspection, the trust had taken action in order to promote staffs experience and compliance with supervision, the recording systems were not robust and did not capture staffs' compliance with supervision. However, we note the compliance figures were on an upward trajectory and were confident that this would continue to increase.

- In the near future they were going to be some very significant changes in the senior leadership team in the upcoming months. Whilst we acknowledge how this is being thought through, planned and managed over time, we have some concern that this could potentially be de-stabilising.

Are services safe?

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

- The trust had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Community patients had rapid access to a psychiatrist when needed. Inpatient services had the appropriate medical cover throughout the day, and an on-call rota in place throughout the night. Each ward manager adjusted staffing levels daily as required, to meet patient needs. When necessary, bank and agency staff were sought to maintain safe staffing levels.

Summary of findings

- Staff used recognised risk assessment tools or adapted tools. Staff completed holistic risk assessments on admission and updated these regularly and after incidents. Staff used the assessment to understand and manage risks individually. Ward staff responded to changes in patient risks.

- Staff understood how to protect patients from abuse and were aware of the requirement to work 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 training was at the appropriate level for the services they delivered.

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

- Staff received and were up to date with mandatory training. Specialist training and leadership training was available.

- Staff followed best practice when storing, giving, and recording medication, and staff regularly reviewed the effects of medications on each patient's physical health. Patients detained under the Mental Health Act received medicines that were duly authorised and administered in line with the Mental Health Act Code of Practice. Staff had access to T2 (consent to treatment) and T3 (record of second opinion) for reference when administering medication for patients.

- Clinical areas were safe, clean, well furnished, well maintained and fit for purpose. Staff could see all clinical areas and knew about any ligature anchor points and the actions to mitigate risks to patients who might try to harm themselves. Ligature cutters were available in service areas.

However:

- We found two environmental issues in the seclusion rooms at Ward 12 and the Hartslome centre, managers told the inspection team the trust was addressing these.

- Emergency medicines were available within the acute wards; however, they were locked in the drug cupboard which may have caused a delay in administration.

- We could not be sure that staff in the community teams would be able to access emergency aid in all situations, in a timely manner. Neither did staff have access to emergency adrenaline, if needed, when administering medications at the service users home.

- In one of the eight community adult mental health teams we visited staff were not recording clinic room temperatures in line with trust policy.

- In the community adult mental health teams Doctor's caseloads were higher than national guidelines suggested they should be. Doctors told us they did not feel confident that there were enough or appropriate resources either within or external to the service to enable them to discharge.

- Demand for the community and home treatment team had increased over the last few months and staff told us that if this continued current staffing levels would not be sufficient.

- Staff were able to access information but not always in a timely manner. The trust had recently transferred to a new electronic record system. At the time of our visit there were three systems in use; the new system, the previous system and a temporary system to bridge the two.

Are services effective?

Our rating of effective improved. We rated it as good because:

Summary of findings

- Staff assessed the physical and mental health of all service users on admission and supported service users with their physical health and encouraged them to live healthier lives. Staff developed individual recovery focussed care plans and updated them when needed. Staff provided treatments and care for service users based on national guidance and best practice. Staff had implemented positive behaviour support plans for patients with behaviours that challenge.

- Staff kept detailed records of service users care and treatment. The new care records were recovery orientated and reflected the service users' views and goals. They were clear, up-to-date, and easily available to all staff giving care. Care plans included protection plans and vulnerabilities where applicable. Staff could give examples of how to protect patients from harassment or discrimination; including protected characteristics under the Equality Act. The trust had implemented interactive technology at the Hartsholme centre which enabled patients to have access to their care plans in electronic form in their bedroom.

- A physical health lead supported staff to ensure patients received the support they needed for physical health care. Acute liaison nurse who supported patients when they accessed acute health care.

- Managers made sure they had staff with the skills needed to provide high-quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills. Other specialists, such as a speech and language therapist or dieticians, could be accessed via a referral. The trust was supporting some nursing assistants to undertake nurse training. Qualified nurses were encouraged to attend additional training and conferences.

- Staff in the community learning disability team had effective working relationships with external teams and organisations. This included with the local authority, the acute hospital, schools and other providers. Representatives from the local authority attended hub team multi-disciplinary meetings. The service had developed a joint protocol with the local acute hospital trust for supporting patients with learning disabilities.

- Managers had recognised the need for specialised roles within teams. They provided opportunities for peer support workers, people with lived experience of mental health illness to take on roles to help service users back into education, employment, and productivity. They had also trained peer support workers to jointly facilitate psycho-education groups for people experiencing bi polar disorder.

- 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 to service users their rights. Staff supported service users to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity. The service had its own Mental Act administrators who checked Mental Health Act and Mental Capacity Act paperwork, and they had completed an audit of this paperwork in May 2018.

However:

- Staff at the south west hub community adult team, had not recorded detailed assessments of patients' mental capacity. Records of mental capacity were not always easy to find due to different systems being in use at the time of the inspection.

- In the community adult team not all staff had completed Mental Capacity Act training. Staff compliance with Mental Capacity Act training was 76%, which was lower than the 87% reported at the last inspection.

- We reviewed 41 seclusion records, 18 (46%) patients did not have a medical review within one hour of their episode of seclusion commencing and nine (24%) of the records examined did not have a specific seclusion care plan.

- Whilst on site managers told us that supervision compliance rates had improved, the recording of staff supervision remained an issue. Supervision rates for the staff within the acute services were at 70% and the learning disability community team rate was 76%. Both compliance rates were below the trust target of 85%.

Summary of findings

Are services caring?

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

- We found patients, families and carers were truly respected and valued as individuals across all services.

- We were impressed throughout the inspection on how staff treated service users with compassion and kindness. When interacting with service users they were respectful and responsive providing service users with help, emotional support, and advice at the time they needed it. Staff respected service users' privacy and dignity.

- The trust had worked hard to produce a strong, visible and person-centred culture. Staff were highly motivated and delivered kind and compassionate care; which respected the individual choice of patients and protected their dignity. Staff recognised and respected the individual needs of patients, including cultural, social and religious beliefs.

- Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). One carer told us that staff had provided their relative with a communication passport. Another carer told us that staff used visual aids to communicate with their relative.

- When patients were admitted to inpatient wards staff were orientated them to the ward. Staff showed patients around and introduced them to other staff and patients. Staff provided patients with welcome packs upon admission. This contained information about the ward generally and the patients' rights, whether detained or informal, this was available in electronic format at the Hartsholme centre.

- Through the trusts engagement programme staff ensured patients, families and carers had the opportunities to be active partners in their care. Staff across the organisation worked in partnership with patients and those close to them in an integrated approach. We saw this had a positive impact on patient care.

- The trust ensured patients and carers could provide feedback on the services they received in a number of ways. For example, involvement in focus groups and patients' engagement meetings. In the patient friends and family test.

- Staff ensured that patients could access advocacy, both within the trust and from an independent advocacy service. Carers were provided with information on how to access a carer's assessment. Carers felt supported by staff and involved appropriately in their relatives' care and treatment.

Are services responsive?

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

- People could access services when they needed to. Within the community health services, waiting times from referral to treatment were in line with good practice.

- Bed management processes were effective and included daily bed management meetings. Managers said they would endeavour to ensure a bed was available for patients on return from leave. Patients were not moved between wards during an admission episode unless it was justified on clinical grounds, for example a transfer to the psychiatric intensive care ward.

- Staff responded to referrals in a timely manner. The hub teams held weekly referral meetings to review new referrals. We observed one of these meetings, referrals were received from GP's, other providers, the local authority and other trust teams. Staff decided as a multi-disciplinary team whether the referral met the service criteria and it was then allocated to the discipline of staff best placed to meet the patients' needs.

- Within the mental health and learning disability community teams, the services had a clear admission and discharge criteria. Staff monitored any service users on waiting lists for assessment through weekly telephone calls from duty

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workers, and the service user knew how to access urgent help if needed. Service users could access the service closest to their home when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge service users were in line with good practice. Staff saw urgent referrals quickly, and non-urgent referrals within an acceptable time.

- Staff across the acute and psychiatric intensive care unit service worked on admissions and discharges. Bed managers, social workers and discharge co-ordinators all worked collaboratively to ensure appropriate flow of movement across the acute and psychiatric intensive care units.

- Since the last inspection there has been a significant decrease in patients placed out of area. The opening of the male psychiatric intensive care unit (PICU) contributed to this. Since it opened in July 2017 no male patients requiring this service have been placed out of county. The trust produced a daily dashboard of patients in out of area placements which was monitored and arrangements for patients to return to local beds was discussed. At the time of the inspection we were informed there were 21 out of area placements.

- The service was accessible to all who needed it and took account of service users' individual needs. Staff helped service users with communication, advocacy, and cultural support.

- The service provided information in a variety of accessible formats, so the patients could understand more easily. The service provided information in line with accessible information standards. Managers made sure staff and patients could get hold of interpreters or signers when needed.

- Staff and inpatients had access to a full range of rooms and equipment to support treatment and care. Each ward had space utilised for activities, clinic rooms and de-escalation rooms. In addition to this, outside space was available for fresh air. The service also had gyms for patient use, following an appropriate induction.

- Within the community teams there were enough interview rooms, therapy rooms, and clinic space for staff to see service users in comfort. There were adequate resources at the team bases to enable staff to deliver the treatments necessary. Staff supported service users with activities outside the service, such as work, training, education, and family relationships.

- Patients we spoke with were aware of how to make a complaint, and who to approach in the first instance. Staff managing the complaint usually fed back the findings to the patients. This could be face to face, if the patient was on the ward, or through a letter. Staff knew how to handle complaints appropriately, and knew how to escalate, where to record, and who to report too.

However:

- The trust were commissioned to provide a service that diagnosed autism spectrum disorders but did not offer any support. The trust had inherited a waiting list for this service, which was at 211 at the time of our visit.

- The number of readmission to this the acute and psychiatric intensive care unit had increased. In the 12 month period 1 January 2016 to 31 December 2017 there was 32 readmissions within 28 days. For the 12 month period 1 May 2017 to 30 April 2018 there was 71 readmissions within 28 days of discharge.

Are services well-led?

Our rating of well-led improved. We rated it as outstanding because:

- The trust had a senior leadership team in place with the appropriate range of skill, knowledge and experience to perform its role. Whilst there had been recent changes to the executive team this had been strategically planned to ensure that the changes were implemented effectively with minimal impact on the running of the trust. The executive board members were proactive, accomplished, open and responsive to feedback and passionate about improving the organisation.

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- When senior leadership vacancies arose the recruitment team reviewed capacity and capability needs. The trust had a robust appointment process for all board directors. Fit and proper persons checks were in place. The trust demonstrated succession planning at board level. The trust people strategy outlined the key aims over the next four years and identified that internal talent needed to be recognised to support succession planning in to key roles.

- Non-executive and executive directors were clear about their areas of responsibility. The trust used the organisational risk register as its board assurance framework to support good governance. Individual directorates were held to account by the board on financial, performance and quality.

- The trust leadership team had a comprehensive knowledge of current priorities and challenges across all sectors and acted to address them. The board were supportive to the wider health and social care system, with the chief executive and finance director having key roles in the local system including the Sustainability and Transformation Plan. The trust was in a strong position within the system to influence care for all the people in the county.

- The delivery of the financial efficiency programme (CIP) was monitored monthly by the trust leadership team and tracked quarterly through finance committee. Regular updates regarding CIPs were provided to NHS Improvement by the Trust. Managers monitored changes for potential impact on quality and sustainability, when cost improvements were taking place. The trust had a strong financial position.

- The trust's strategy, vision and values underpinned a culture which was patient centred. We were particularly impressed with the caring and compassionate attitudes of staff across all services we visited. Leaders showed an inspiring positive culture with a shared purpose towards the vision, values and strategy. Leaders modelled and encouraged compassionate, inclusive and supportive relationships between all grades of staff. Leaders at every level lived the vision and prioritised high quality sustainable and compassionate care.

- We were impressed at how the culture had been embedded and promoted an arena across the trust for shared learning and encouragement of staff to offer ideas to improve service delivery and patient experience. Values were embedded within trust processes for example, staff appraisals, recruitment and staff awards which were aligned to values. Across all services staff told us that the relationships they have with colleagues and local managers were very supportive and that they staff would go the extra mile to support colleagues. Staff showed pride and spoke passionately about their roles and working for the trust, their personal progression, opportunities to access specialist training and open and transparent relationships with senior colleagues.

- The board received holistic information on service quality and sustainability via the integrated performance report. This report provided the board with the trust level metrics and key points summary as the main indicators currently not being met together with the trust level reporting for quality and safety, patients experience and safe staffing.

- The trust had identified that they needed to improve their quality and validity of their data. Board members attended a session ran by NHS Improvement to develop in this area. Within a month of attending this session the board redeveloped and adapted their integrated board report, moving away from a RAG rated tool to using a technique called statistical process control. The use of which supports more effective decision making. This radically improved their integrated performance report. This positive change has enabled the board to focus on changes in performance which merit discussion and potential interventions required. In addition to this the trust is the first to have incorporated NHS Improvements summary icons to indicate the type of variation seen for each of their reporting indicators and also the capability of an indicator to achieve the trust set target.

- The trust had invested in a new electronic clinical information system in response to staff feedback on the previous system. The new system went live in September 2018. To support staff with the new system training was provided and a helpline was set up for the first month the system was in use. The trust welcomed staff to feedback any issues that they had with the system. We saw a 'you said, we did' document that highlighted that the trust had listened to feedback from staff about the new system and had taken action to improve it.

Summary of findings

- Since the last inspection there has been a significant decrease in patients placed out of area. The opening of the male psychiatric intensive care unit (PICU) contributed to this. Since it opened in July 2017 no male patients requiring this service have been placed out of county. The number of occupied bed days for male PICU has remained at zero since October 2017, when all out of county male PICU patients had finally been discharged or repatriated. Female patients requiring a PICU bed have also decreased significantly. The trusts dashboard showed there was one female patient in a PICU bed out of county. Ten women had been placed out of area requiring an acute inpatient bed. The trust had now began planning how it will address the current out of area rehabilitation activity. The implementation delivery plan which has been agreed with the commissioners highlighted the need to develop a community personality disorder service. The trust were in the process of writing an additional business case for the transformation of the rehabilitation services, to include a community rehabilitation service offer.

- Staff and leaders demonstrated a culture of putting the patient first and co-production. The trust had employed peer support workers, experts by experience and clinical apprentices to strengthen the voice and the participation of the patients. The trust had invested in these patients and provided training and mentorship to them.

- The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. This included active involvement in sustainability and transformation plans. The trusts intention is to improve the sustainability of care provided by the system as a whole, including involvement in the Acute Services Reconfiguration and Out of Hospital Care reviews currently taking place in Lincolnshire.

- Staff and leaders reported that the level of disciplinary actions taken against staff had reduced by 75% in the last twelve months. Due to the revision of the disciplinary policy to include lessons learnt, pre and post investigation, the culture had moved from what was perceived by staff as a culture of blame to one that was based on a lesson learnt approach.

- The trusts equality strategy had been revised and been in place for the last two years. The strategy had been produced to clarify the intentions and obligations of the trust and to openly show their commitment to equality and diversity. The trust had three active staff networks and meetings took place quarterly. These staff network groups provided a platform for staff to voice their opinions and support the trust to improve working practices and services. Each staff network had an executive sponsor and visible leaders.

- The trust encouraged staff to feel confident to raise concerns openly. The trust had a freedom to speak up guardian who worked with the chief executive and union representatives to develop the role. The guardian had received appropriate training. In services across the trust there were speaking up champions to support and signpost staff when needed.

- The trust had effective systems in place for learning from incidents. Action plans arising from when things went wrong, raised through incidents or complaints, were monitored and reported on. The trust followed a robust process when investigating deaths and there was a specific mortality governance group in place. The trust complied with and exceeded the national guidance on learning from deaths in that they reported all deaths in addition to minimum national expectations. We saw that the trust contacted families and carers for their views and kept them informed. The trust applied Duty of Candour appropriately and we saw good examples of this in practice.

- The trust had a clear oversight and had promoted the importance of wellbeing amongst their workforce. The wellbeing service demonstrated the responsiveness of the organisation to support the wellbeing of staff. The service had a dedicated psychological and occupational therapy service which included a dedicated counsellor for staff experiencing domestic abuse. The service ran gender specific health and wellbeing workshops and physical activities session were offered to staff. Staff we spoke with throughout the inspection spoke highly of the wellbeing service and acknowledged that the trust had worked hard to deliver a service that met the diverse needs of the staff that worked across the trust.

Summary of findings

- The workplan for the trust medicines management team aligns with the trust priorities and is based on national guidance for medicines management in mental health. The new chief pharmacist had completed a scoping document which covered all aspects of medicines optimisation in the trust. From this medicine optimisation priorities and risks have been identified as well as an overall view of the pharmacy team staffing to support developments.

- Improving communication in the pharmacy team was identified as a key priority. This was being achieved through regular meetings and group supervision sessions. All pharmacy staff have had an annual appraisal and retention rates had improved within the team. All the staff we spoke to were positive about working in the pharmacy team for this trust. This work had facilitated a repurposing of pharmacy team staff to better meet the needs of the trust.

- The trust had robust information governance systems in place including the confidentiality of patient records in line with best practice. The trust had completed the information governance toolkit assessment. The information toolkit had achieved compliance of 90%.

- In the 2017, NHS Staff Survey the trust had better results than other similar trusts in 18 key areas. There was an above average response to the take up of the survey and only one key area out of 32 had below average results. The overall results highlighted the trust as the 7th best mental health trust in the country.

- The trust ensured safe staffing levels were maintained within services. The trust had a favourable staffing position and had worked hard to recruit and retain staff. Whilst bank and agency staff were used, they were often regular staff who knew the wards and patients well. The trusts involvement in the NHS improvement carter improvement programme around staffing, e-rostering and agency and bank use resulted a reduction of nursing agency use.

- The trust ensured staff had appropriate training for their roles. Data showed an overall trust compliance with mandatory training in May 2018 of 87%. Staff received annual appraisals. The trust had an appraisal system in place and used an electronic record system which captured compliance in appraisal and many other trust performance indicators.

- The trust ensured patients and carers could provide feedback on the services they received in a number of ways. For example, involvement in focus groups and patients' engagement meetings. In the patient friends and family test. The trust scored between 1% and 6%, higher than the England averages for patients recommending it as a place to receive care for five of the six months in the period (January to June 2018). Both March and April 2018 saw the highest percentage of patients who would recommend the trust as a place to receive care with 95%, for each month.

- There was a comprehensive trust wide internal audit plan in place, agreed by the executive board and overseen by the audit committee. Leaders were satisfied that clinical and internal audits were sufficient to provide assurance. The trust participated in clinical research studies as part of the national institute for health research. Research was acknowledged as an asset in the trust. For the first time in 2018 the research annual report and outcomes was published highlighting the excellent work done across the organisation.

- The trust involvement strategy confirms the trusts commitment to involving patients, carers, staff, volunteers, the public and stakeholders in the development of its services by encouraging active participation in the decision making process about what services are provided, how those services are developed and how those services are delivered. The trust had a dedicated involvement lead committed to ensuring service users, members and carers are properly consulted and involved in how the trust is run.

- A culture of co- production was embedded throughout the trust. The operational plan clearly outlined that patients, staff and working in partnership with other organisation to develop clinical and financially sustainable health care services for the people of Lincolnshire. The trust had signed up to the Triangle of Care. This approach had created a therapeutic alliance between service users, staff and carers that promotes safety, supports recovery and sustains wellbeing.

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- The trust actively sought to participate in national improvement and innovation projects. The trust had set aside funds for the innovation scheme and awarded funding to support good ideas in teams across the trust. The trust had improved their focus and the attention that they paid to innovation in the last 2 years which had yielded positive outcomes. The trust had won an award for 'Innovation to Support Service Development'. The co-produced Wellbeing Passport by staff and patients in the community adolescent mental health team in North East Lincolnshire had been shortlisted for an award.

However:

- The trust continued to have difficulties in recruiting substantive consultant and medical staff. It remained above the budget of medical agency expenditure to cover consultant vacancies.

- The recording of staff supervision remained an issue. Whilst we recognise that, since the last inspection the trust had taken action in order to promote staffs experience and compliance with supervision the recording systems were not robust and did not capture staffs' compliance with supervision. However, we note the compliance figures were on an upward trajectory and were confident that this would continue to increase.

- There were some very significant changes in the senior leadership team in the near future. Whilst we acknowledge how this is being thought through, planned and managed over time, we have some concern that this could potentially be de-stabilising.

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

Our rating of this service improved. We rated it as good because:

- Managers had calculated the number and grade of nurses and nursing assistants required per ward. We examined staffing rotas and found that the number of nurses and nursing assistants matched this number on most of the shifts. Each ward manager adjusted staffing levels daily as required, to meet patient needs. When necessary, bank and agency staff were sought to maintain safe staffing levels. Staff could be deployed from other acute wards within the service on occasions to cover safe staffing numbers at short notice. The teams included a range of specialists required to meet the needs of the patients. Teams included doctors; nurses; nursing assistants; occupational therapists; psychologists; social workers; bed managers and discharge facilitators. Other specialists, such as a speech and language therapist or dieticians, could be accessed via a referral. The trust was supporting some nursing assistants to undertake nurse training. Qualified nurses were encouraged to attend additional training and conferences.

- Wards appeared clean, had appropriate, modern furnishings and were well maintained. We saw a dedicated team of housekeeping staff cleaning the wards throughout the inspection. Housekeepers worked flexibly over the seven day period and worked to a schedule to ensure all ward areas were cleaned. Patients were supported to keep their bedrooms clean and tidy. Patients had somewhere safe to store their possessions. There were lockable cupboards or drawers in bedrooms, and patients could store items in a separate locked area, if needed. Staff and patients had access to a full range of rooms and equipment to support treatment and care. Each ward had space utilised for activities, clinic rooms and de-escalation rooms. In addition to this, outside space was available for fresh air. The service also had gyms for patient use, following an appropriate induction.

- Managers told us that the number of out of area placements had reduced significantly over recent months. They said that the provision of the 10 psychiatric intensive care beds had contributed to the reduction of patients receiving care out of area. The trust produced a daily dashboard of patients in out of area placements which was monitored and arrangements for patients to return to local beds was discussed. At the time of the inspection we were informed there were 21 out of area placements.

- We observed positive interactions between staff and patients. Staff were responsive to individual need during our inspection. Staff understood individual needs of patients and knew the patients well. This included cultural, social

Summary of findings

and religious needs. Staff said they could raise concerns about any discriminatory, disrespectful or abusive behaviour or attitudes towards patients, without fear of reprisal. Staff maintained the confidentiality of patients. Sensitive conversations with patients took place in private. Staff were mindful of other patients being in communal areas and ensured that any conversations about patients between staff could not be overheard by others.

- Managers had the skills, knowledge and experience to perform their roles. Ward managers had a good understanding of the wards they managed and were aware of how well the team was performing. We saw that ward managers were visible throughout the inspection, attended multidisciplinary meetings, patient meetings, and were available generally for staff and patients. Staff reported that they could approach the ward managers, who would make time to speak with them as required. Staff on the wards knew who the service managers and senior leaders were.

However:

- We found two environmental issues in the seclusion rooms at Ward 12 and the Hartslome centre, managers told the inspection team these were being addressed by the trust.

- Emergency medicines were available; however, they were locked in the drug cupboard which may have caused a delay in administration.

- We reviewed 41 seclusion records, 18 (46%) of patients did not have a medical review within one hour of their episode of seclusion commencing. Managers told us they had reviewed the medical on call rota, and from December 2018 there would be a doctor available on each of the hospital sites to undertake medical reviews within one hour of seclusion commencing. Nine (24%) of the records examined did not have a specific seclusion care plan.

- The number of readmissions to this core service has increased. In the 12 month period 1 January 2016 to 31 December 2017 there was 32 readmissions within 28 days. For the 12 month period 1 May 2017 to 30 April 2018 there was 71 readmissions within 28 days of discharge.

- The recording of staff supervision remained an issue. Whilst we recognise that, since the last inspection the service had taken action in order to improve in this area the recording systems were not robust and did not capture staffs' compliance with supervision. Supervision rates were at 70%, this was below the trust target of 85% for this service.

Community based mental health services for adults of working age

Our rating of this service improved. We rated it as good because:

- The trust had addressed all the actions we asked them to after our last inspection, and they were introducing a new recovery focussed care plan designed for the service user to complete with input from clinicians. Managers showed efficient and effective use of their governance dashboards. The trust had appointed Mental Health Act administrators into the community mental health teams. The result was significant improvement in community treatment order paperwork. We saw local risk registers in use, and the trust had given additional training and support for staff to use the new electronic recording systems.

- We saw how the trust had made significant improvement in other areas of the service including the development of new roles to improve service users access to physical health, and easier access to psychological therapies by training their community mental health staff.

- The service showed that it had developed a learning culture and strong leadership at service level. The trust was supporting innovative practice such as the psycho-educational bi-polar disorder group and employment peer support worker roles.

- Staff completed and updated risk assessments for each service user and used these to understand and manage risks individually. Staff knew how to protect service users from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Summary of findings

- Staff were knowledgeable and felt empowered to give high quality care to service users. Staff felt there were opportunities for career development both within the service and the trust. Service users and carers were happy with the quality of care they had received from the service.

However:

- We could not be sure that staff would be able to access emergency aid in all situations, in a timely manner. Neither did staff have access to emergency adrenaline, if needed, when administering medications at the service users home. Although this is good practice, rather than a requirement, and the trust had risk assessed the situation, the timeframes of between three and five minutes to access emergency equipment and medications from neighbouring wards, or calling an emergency ambulance, did not seem realistic in all situations.

- We found one team base where staff were not checking and recording the clinic room refrigerator temperatures correctly.

- The doctor's caseloads were significantly higher than national guidelines suggest, and there were no robust or clear measures in place to address this issue.

Community mental health services for people with a learning disability or autism

Our rating of this service improved. We rated it as good because:

- Leaders inspired staff to continuously improve and innovate. The service had developed training packages to help carers, other providers and agencies to support patients more effectively. Managers recruited, trained and supported experts by experience to support patients and staff in the service. The service employed six experts by experience, all had used learning disability services previously. The experts by experience were used to help with staff recruitment, promote the service to external agencies and increase awareness of learning disabilities.

- Leaders had the right skills, knowledge and experience to lead their teams. Staff knew and understood the trust's visions and values and could describe how they applied to their work. Staff felt respected, supported and valued by their team and wider management. The trust provided initiatives to support staff wellbeing and supported staff to achieve a healthy work life balance through flexible working arrangements. Staff could raise concerns without fear. Staff understood the whistle-blowing policy and who their speak up guardian was.

- Staff had effective working relationships with external teams and organisations. This included with the local authority, the acute hospital, schools and other providers. Representatives from the local authority attended hub team multi-disciplinary meetings. The service had developed a joint protocol with the local acute hospital trust for supporting patients with learning disabilities. The service had developed training packages to help other providers and agencies to support patients more effectively.

- Staff ensured patients received care and treatment for their physical health needs. A physical health lead supported staff to ensure patients received the support they needed for physical health care. The service employed an acute liaison nurse who supported patients when they accessed acute health care.

- Patients and carers told us that staff were discreet, respectful, and responsive and gave patients help, emotional support and advice when they needed it. Staff supported, informed and involved families or carers. We spoke with six carers who told us that staff were fantastic, approachable, friendly, caring and thoughtful. They told us that staff go above and beyond and they could not expect a better service. Staff provided training sessions for carers to help them better support their relative.

- Staff responded to referrals in a timely manner. The hub teams held weekly referral meetings to review new referrals. We observed one of these meetings, referrals were received from GP's, other providers, the local authority and other trust teams. Staff decided as a multi-disciplinary team whether the referral met the service criteria and it was then allocated to the discipline of staff best placed to meet the patients' needs.

Summary of findings

- The service provided information in a variety of accessible formats, so the patients could understand more easily. The service provided information in line with accessible information standards. Managers made sure staff and patients could get hold of interpreters or signers when needed. Carers told us that staff had provided their relatives with communication aids.

However:

- Staff at the south west hub had not recorded detailed assessments of patients' mental capacity. Records of mental capacity were not always easy to find due to different systems being in use at the time of the inspection.

- As of 31 May 2018, 76% of the workforce had received training in the Mental Capacity Act. The training compliance reported during this inspection was lower than the 87% reported at the last inspection (3 April 2017).

- The recording of staff supervision remained an issue. Whilst we recognise that, since the last inspection the service had taken action in order to improve in this area the recording systems were not robust and did not capture staffs' compliance with supervision. Supervision rates were at 76%, this was below the trust target of 85% for this service.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. 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 factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice across all services. For more information, see the outstanding practice section of this report.

Areas for improvement

We found 13 things 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.

Action we have taken

We issued no requirement notices to the trust.

For more information on action we have taken, see the sections on Areas for improvement.

What happens next

We will check that the trust takes the necessary action to make the improvement we have identified. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

- Within the community learning disability service staff had developed training packages to help carers, other providers and agencies to support patients more effectively. These included; recognising learning disabilities, epilepsy, health risks for people with learning disabilities, reasonable adjustments, vulnerability of population, reducing the use of psychotropic medications and the importance of positive behaviour support.

Summary of findings

- Managers recruited, trained and supported experts by experience to work with patients and staff in the community learning disability service. The service employed six experts by experience, all of whom had used learning disability services previously. The experts by experience were used to support staff recruitment, promote the service to external agencies and increase awareness of learning disabilities.

- Staff on acute wards had undertaken a piece of work with NHS England regarding engaging effectively with patients when they are subject to enhanced observations. The staff had made a video that had been uploaded to the trust website and have been shortlisted for a Nursing Times award.

- The trust has introduced interactive technology at the Hartsholme centre to enable patients to control temperature and lighting in their room. Patients were also able to access TV and other applications and a document store which included their care plans and other relevant information.

- In the community mental health team for adults of working age the trust had supported one of their peer support workers to carry out a joint research project with a professor from Nottingham University to compare a traditional approach of working with people who were experiencing bi-polar disorder with a new 20-week group based psycho-educational program. Having completed and evaluated the new program the peer support worker had gone onto to trial the program in two areas of the midlands. Following this success, managers were encouraging the peer support worker to co-facilitate the roll out the program within the Lincolnshire adult community mental health service. This program had attracted national recognition.

- The trust had recently introduced several innovative roles and strategies for improving discharge rates and liaison with acute hospitals to improve the service user experience in the community mental health adult service. New roles included Inpatient Liaison and Discharge Lead, and Advanced Nurse Practitioner.

- The learning disability learning community service had developed training packages to help carers, other providers and agencies to support patients more effectively. These included; recognising learning disabilities, epilepsy, health risks for people with learning disabilities, reasonable adjustments, vulnerability of population, reducing the use of psychotropic medications and the importance of positive behaviour support.

- Within the learning disability community service managers recruited, trained and supported experts by experience to work with patients and staff in the service. The service employed six experts by experience, all of whom had used learning disability services previously. The experts by experience were used to support staff recruitment, promote the service to external agencies and increase awareness of learning disabilities.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust SHOULD take to improve:

We told the trust it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. These 13 actions related to three core services.

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

- The trust should ensure that patients are reviewed by a doctor within the first hour of seclusion and that all patients have a specific seclusion care plan.

- The trust should ensure that the blind spot in the seclusion room on ward 12 is minimised.

Summary of findings

- The trust should ensure the wall coating in the seclusion room at the Hartsholme centre is sealed.

- The trust should ensure that medicines required for resuscitation or other medical emergencies are accessible in tamper evident packaging that allows them to be administered as quickly as possible.

- The trust should ensure that readmission rates to wards are reviewed and kept to a minimum.

- The trust should ensure that there are robust systems in place to record supervision and that they meet the trust set target for supervision.

Community based mental health services for adults of working age

- The trust should review their policy and risk assessments relating to prompt access of emergency equipment and medications in all community mental health settings.

- The trust should ensure that staff in all team bases are checking and recording the clinic fridge temperatures accurately.

- The trust should ensure that there are measures in place to reduce the high caseloads of doctors and some early intervention team members.

Community mental health services for people with a learning disability or autism

- The trust should ensure that all Mental Capacity assessments are detailed fully.

- The trust should ensure that staff are able to access patient records whilst the new electronic records system is being embedded.

- The trust should review gaps in service provision with the relevant commissioners.

- The trust should ensure that there are robust systems in place to record supervision and that they meet the trust set target for supervision.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust 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.

Our rating of well-led improved. We took into account the current ratings of services not inspected this time. We rated it as outstanding because:

- The trust had a senior leadership team in place with the appropriate range of skill, knowledge and experience to perform its role. Whilst there had been recent changes to the executive team this had been strategically planned to ensure that the changes were implemented effectively with minimal impact on the running of the trust. The executive board members were proactive, accomplished, open and responsive to feedback and passionate about improving the organisation.

- When senior leadership vacancies arose the recruitment team reviewed capacity and capability needs. The trust had a robust appointment process for all board directors. Fit and proper persons checks were in place. The trust demonstrated succession planning at board level. The trust people strategy outlined the key aims over the next four years and identified that internal talent needed to be recognised to support succession planning in to key roles.

Summary of findings

- Non-executive and executive directors were clear about their areas of responsibility. The trust used the organisational risk register as its board assurance framework to support good governance. Individual directorates were held to account by the board on financial, performance and quality.

- The trust leadership team had a comprehensive knowledge of current priorities and challenges across all sectors and acted to address them. The board were supportive to the wider health and social care system, with the chief executive and finance director having key roles in the local system including the Sustainability and Transformation Plan. The trust was in a strong position within the system to influence care for all the people in the county.

- The delivery of the financial efficiency programme (CIP) is monitored weekly by the trust leadership team and tracked quarterly through finance committee. Regular updates regarding CIPs were provided to NHS Improvement by the Trust. Managers monitored changes for potential impact on quality and sustainability, when cost improvements were taking place. The trust had a strong financial position.

- The trust's strategy, vision and values underpinned a culture which was patient centred. We were particularly impressed with the caring and compassionate attitudes of staff across all services we visited. Leaders showed an inspiring positive culture with a shared purpose towards the vision, values and strategy. Leaders modelled and encouraged compassionate, inclusive and supportive relationships between all grades of staff. Leaders at every level lived the vision and prioritised high quality sustainable and compassionate care.

- We were impressed at how the culture had been embedded and promoted an arena across the trust for shared learning and encouragement of staff to offer ideas to improve service delivery and patient experience. Values were embedded within trust processes for example, staff appraisals, recruitment and staff awards which were aligned to values. Across all services staff told us that the relationships they have with colleagues and local managers were very supportive and that they staff would go the extra mile to support colleagues. Staff showed pride and spoke passionately about their roles and working for the trust, their personal progression, opportunities to access specialist training and open and transparent relationships with senior colleagues.

- The board received holistic information on service quality and sustainability via the integrated performance report. This report provided the board with the trust level metrics and key points summary as the main indicators currently not being met together with the trust level reporting for quality and safety, patients experience and safe staffing.

- The trust had identified that they needed to improve their quality and validity of their data. Board members attended a session ran by NHS Improvement to develop in this area. Within a month of attending this session the board redeveloped and adapted their integrated board report, moving away from a RAG rated tool to using a technique called statistical process control. The use of which supports more effective decision making. This radically improved their integrated performance report. This positive change has enabled the board to focus on changes in performance which merit discussion and potential interventions required. In addition to this the trust is the first to have incorporated NHS Improvements summary icons to indicate the type of variation seen for each of their reporting indicators and also the capability of an indicator to achieve the trust set target.

- The trust had invested in a new electronic clinical information system in response to staff feedback on the previous system. The new system went live in September 2018. To support staff with the new system training was provided and a helpline was set up for the first month the system was in use. The trust welcomed staff to feedback any issues that they had with the system. We saw a 'you said, we did' document that highlighted that the trust had listened to feedback from staff about the new system and had taken action to improve it.

- Since the last inspection there has been a significant decrease in patients placed out of area. The opening of the male psychiatric intensive care unit (PICU) contributed to this. Since it opened in July 2017 no male patients requiring this service have been placed out of county. The number of occupied bed days for male PICU has remained at zero since October 2017, when all out of county male PICU patients had finally been discharged or repatriated. Female patients requiring a PICU bed have also decreased significantly. The trusts dashboard showed there was one female patient in

Summary of findings

a PICU bed out of county. Ten women had been placed out of area requiring an acute inpatient bed. The trust had now began planning how it will address the current out of area rehabilitation activity. The implementation delivery plan which has been agreed with the commissioners highlighted the need to develop a community personality disorder service. The trust were in the process of writing an additional business case for the transformation of the rehabilitation services, to include a community rehabilitation service offer.

- Staff and leaders demonstrated a culture of putting the patient first and co-production. The trust had a patient engagement programme which supported on going involvement of patients to support the transformation of services. The trust had employed peer support workers, experts by experience and clinical apprentices to strengthen the voice and the participation of the patients. The trust had invested in these patients and provided training and mentorship to them.

- The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. This included active involvement in sustainability and transformation plans. The trusts intention is to improve the sustainability of care provided by the system as a whole, including involvement in the Acute Services Reconfiguration and Out of Hospital Care reviews currently taking place in Lincolnshire.

- Staff and leaders reported that the level of disciplinary actions taken against staff had reduced by 75% in the last twelve months. Due to the revision of the disciplinary policy to include lessons learnt, pre and post investigation, the culture had moved from what was perceived by staff as a culture of blame to one that was based on a lesson learnt approach.

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Summary of findings

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However:

- The trust continued to have difficulties in recruiting substantive consultant and medical staff. It remained above the budget of medical agency expenditure to cover consultant vacancies.

- The recording of staff supervision remained an issue. Whilst we recognised that, since the last inspection the trust had taken action in order to promote staffs experience and compliance with supervision the recording systems were not robust and did not capture staffs' compliance with supervision. However, we note the compliance figures were on an upward trajectory and were confident that this would continue to increase.

- There were some very significant changes in the senior leadership team in the near future. Whilst we acknowledge how this is being thought through, planned and managed over time, we have some concern that this could potentially be de-stabilising.

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 trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good Jan 2019	Good ↑ Jan 2019	Good Jan 2019	Good Jan 2019	Outstanding ↑ Jan 2019	Good Jan 2019

The rating for well-led is based on our inspection at trust 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	Good ↑ Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019	Good ↑↑ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Long-stay or rehabilitation mental health wards for working age adults	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017
Forensic inpatient or secure wards	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017
Child and adolescent mental health wards	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017
Wards for older people with mental health problems	Good →← Jun 2017	Requires improvement →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017
Community-based mental health services for adults of working age	Good →← Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Mental health crisis services and health-based places of safety	Good →← Jun 2017	Requires improvement →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017
Specialist community mental health services for children and young people	Good →← Jun 2017	Good →← Jun 2017	Outstanding →← Jun 2017	Good →← Jun 2017	Outstanding →← Jun 2017	Outstanding →← Jun 2017
Community-based mental health services for older people	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017	Good →← Jun 2017
Community mental health services for people with a learning disability or autism	Good ↑ Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Outstanding ↑ Jan 2019	Good ↑ Jan 2019
Overall	Good →← Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Outstanding ↑ Jan 2019	Good →← Jan 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.

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

Good 🟢 ⬆️

Key facts and figures

The acute wards and psychiatric intensive care unit for adults of working age provided by Lincolnshire Partnership NHS Foundation Trust are part of the trust's acute division. The wards are situated over three sites.

- Lincoln Hospital, The Peter Hodgkinson Centre, has two wards for adults of working age: Charlesworth and Conolly. Charlesworth has 20 beds and is a female ward. Conolly has 22 beds and is a male ward.

- St George's hospital, Hartsholme psychiatric intensive care unit, has ten beds for male patients. This unit has not been previously inspected by the Care Quality Commission.

- Pilgrim Hospital in Boston has one ward, Ward 12, it has 10 beds for males, and 10 beds for females.

All wards accept patients detained under the Mental Health Act.

The Care Quality Commission last inspected Lincolnshire Partnership NHS Foundation Trust in April 2017. The overall rating for this service was requires improvement. The safe, effective and well led domains were rated as requires improvement, the caring domain was rated as good and the responsive domain was rated as inadequate. The following areas were identified as actions the provider must take to improve:

- The trust must ensure that detained patients are appropriately risk assessed by a qualified staff member prior to any prescribed leave commencing.

- The trust must ensure that clinical staff receive regular supervision.

- The trust must ensure that staff receive mandatory training in line with trust targets.

- The trust must ensure that patients who are being nursed in seclusion have care plans in place.

- The trust must ensure that physical health care needs are reflected in care planning.

- The trust must ensure that patients have appropriate discharge plans in place.

The inspection team visited the three acute wards and the psychiatric intensive care ward between 16 and 18 October 2018. During the visit the inspection team:

- visited all four wards at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with 20 patients who were using the service

- spoke with the managers of each of the wards

- spoke with 33 other staff members; including managers, doctors, nurses, support workers, housekeepers; occupational therapists, a psychologist and activity co-ordinators

- reviewed 29 records relating to patient risk assessments, physical health and care plans, and 46 patient prescription charts. We reviewed 64 records relating to episodes where staff secluded patients

- attended and observed one hand-over meeting, one multi-disciplinary meeting and three observations of care

- looked at medication management on each ward

- Looked at a range of policies, procedures and other documents relating to the running of the service.

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

Summary of this service

The summary for this service appears in the overall summary of this report.

Is the service safe?

Good 🟢 ⬆

Our rating of safe improved. We rated it as good because:

- Wards appeared clean, had appropriate, modern furnishings and were well maintained. A dedicated team of housekeeping staff cleaning the wards throughout the inspection. Housekeepers worked flexibly over the seven day period and worked to a schedule to ensure all ward areas were cleaned. Patients were supported to keep their bedrooms clean and tidy.

- Managers had calculated the number and grade of nurses and nursing assistants required per ward. We examined staffing rotas and found that the number of nurses and nursing assistants matched this number on most of the shifts. Each ward manager adjusted staffing levels daily as required, to meet patient needs. When necessary, bank and agency staff were sought to maintain safe staffing levels. Staff could be deployed from other acute wards within the service on occasions to cover safe staffing numbers at short notice. There was adequate medical cover throughout the day, and an on-call rota in place throughout the night. Doctors could usually attend the ward quickly in the event of an emergency.

- We examined 29 care records. Staff completed a risk assessment of every patient upon admission. These included the patients' historical and current risks. Nursing staff updated these regularly, including following incidents. The trust used their own risk assessment tool. Staff were aware of any specific physical risk issues for individual patients and managed these effectively. For example, at ward 12, we saw that one patient was at risk of falling. Staff had implemented a care plan specifically around this, which was reflected in the risk assessment.

- Staff were trained in safeguarding and knew how to make a referral. We saw that nursing staff had raised safeguarding concerns appropriately, and in a timely way.

- Staff knew what incidents to report, and how to report them in line with trust policy. Staff interviewed spoke about the importance of being open and transparent with patients. Staff were aware of and demonstrated the duty of candour placed on them to inform people who use the services of any incident affecting them. Systems were in place for dissemination of information, included discussions at team meetings, during reflective practice meetings, through emails and alerts which were sent out centrally to staff, and during multidisciplinary meetings.

- Nursing staff ensured patients utilised escorted Section 17 leave, when granted. (Section 17 refers to detained patients having permission to leave the hospital for a specified length of time) Staff reported that on occasions, leave had been delayed or rescheduled, due to the activity levels on the wards. Section 17 leave forms clearly included terms and conditions for leave, including a risk assessment.

- Medicines were stored safely and securely and were only accessible by authorised staff. Controlled drugs were appropriately stored and managed. Refrigerator and room temperatures were monitored and were maintained within the recommended limits. All medications were available, within date, and suitable for use. Patients detained under the Mental Health Act received medicines that were duly authorised and administered in line with the Mental Health Act Code of Practice. Staff had access to T2 (consent to treatment) and T3 (record of second opinion) for reference when administering medication for patients.

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

- The compliance for mandatory and statutory training courses across the service was 84%.

However:

- We found two environmental issues in the seclusion rooms at Ward 12 and the Hartslome centre. Managers told the inspection team these were being addressed by the trust.

- Emergency medicines were available; but, they were locked in the drug cupboard which may have caused a delay in administration.

- We reviewed 41 seclusion records, 18 (46%) patients did not have a medical review within one hour of their episode of seclusion commencing and nine (24%) of the records examined did not have a specific seclusion care plan.

Is the service effective?

Good 🟢 ⬆

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

- We examined 29 care records. Staff completed a mental health assessment of patients upon, or shortly after admission. This included, where possible an assessment of the patients' physical health needs. Staff implemented care plans which reflected the patient's needs following initial assessment. Most care plans were personalised, holistic and recovery orientated. Nursing staff updated care plans when necessary and following multidisciplinary discussions. The trust had implemented interactive technology at the Hartsholme centre which enabled patients to have access to their care plans in electronic form in their bedroom.

- The teams included a range of specialists required to meet the needs of the patients. Teams included doctors; nurses; nursing assistants; occupational therapists; psychologists; social workers; bed managers and discharge facilitators. Other specialists, such as a speech and language therapist or dieticians, could be accessed via a referral. Some nursing assistants were being supported by the trust to undertake nurse training. Qualified nurses were encouraged to attend additional training and conferences.

- Care plans included protection plans and vulnerabilities where applicable. Staff could give examples of how to protect patients from harassment or discrimination; including protected characteristics under the Equality Act. The service followed safe procedures for children visiting patients. Each ward had a designated room for this purpose.

However:

- Whilst on site managers told us that supervision compliance rates had improved. the recording of staff supervision remained an issue. Supervision rates were at 70%, this was below the trust target of 85%.

Is the service caring?

Good 🟢 ➡ ⬅

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

- We observed positive interactions between staff and patients. Staff were responsive to individual need during our inspection. Staff understood individual needs of patients and knew the patients well. This included cultural, social and religious needs. Staff said they could raise concerns about any discriminatory, disrespectful or abusive behaviour or attitudes towards patients, without fear of reprisal.

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

- Staff maintained the confidentiality of patients. Sensitive conversations with patients took place in private. Staff were mindful of other patients being in communal areas and ensured that any conversations about patients between staff could not be overheard by others.

- Patients were orientated to the ward upon admission. Staff showed patients around and introduced them to other staff and patients. Staff provided patients with welcome packs upon admission. This contained information about the ward generally and the patients' rights, whether detained or informal, this was available in electronic format at the Hartsholme centre.

- Staff told us they informed and involved families and carers appropriately and provided them with support when needed, if the patient had consented to this. The trust had an email account set up for families and carers. This enabled them to email and express their opinions, if for example they could not attend a multidisciplinary meeting. Staff described how they would support carers to access a carer's assessment.

Is the service responsive?

Good 🟢 ⬆

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

- Patients had somewhere safe to store their possessions. There were lockable cupboards or drawers in bedrooms, and patients could store items in a separate locked area, if needed. Staff and patients had access to a full range of rooms and equipment to support treatment and care. Each ward had space utilised for activities, clinic rooms and de-escalation rooms. In addition to this, outside space was available for fresh air. The service also had gyms for patient use, following an appropriate induction.

- Bed management processes were effective and included daily bed management meetings. Managers said they would endeavour to ensure a bed was available for patients on return from leave. Patients were not moved between wards during an admission episode unless it was justified on clinical grounds, for example a transfer to the psychiatric intensive care ward.

- Staff across the service worked on admissions and discharges. Bed managers, social workers and discharge co-ordinators all worked collaboratively to ensure appropriate flow of movement across the acute and psychiatric intensive care units.

- Information provided was in a variety of languages. Staff could obtain information in different languages spoken by patients. Easy read versions of leaflets could also be sourced for those patients who had a learning disability. Ward staff had access to interpreters and signers. We spoke with some staff who spoke different languages, and who had helped patients interpret during multidisciplinary meetings.

- Patients were given a choice of foods to meet individual dietary requirements of religious and ethnic groups. Patients at the Hartsholme centre had recently taken part in a "tasting session" to decide which foods would be part of the new menu choices.

- The trust provided a chaplaincy service that provided patients with access to support from a variety of religions and faiths.

- Managers told us that the number of out of area placements had reduced significantly over recent months. They said that the provision of the 10 psychiatric intensive care beds had contributed to the reduction of patients receiving care out of area. The trust produced a daily dashboard of patients in out of area placements which was monitored and arrangements for patients to return to local beds was discussed. At the time of the inspection we were informed there were 21 out of area placements.

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

- Patients we spoke with were aware of how to make a complaint, and who to approach in the first instance. Staff managing the complaint usually fed back the findings to the patients. This could be face to face, if the patient was on the ward, or through a letter. Staff knew how to handle complaints appropriately, and knew how to escalate, where to record, and who to report too.

However:

- The number of readmissions to this core service has increased. In the 12 month period 1 January 2016 to 31 December 2017 there was 32 readmissions within 28 days. For the 12 month period 1 May 2017 to 30 April 2018 there was 71 readmissions within 28 days of discharge.

Is the service well-led?

Good 🟢 ⬆

Our rating of well-led improved. We rated it as good because:

- Managers had the skills, knowledge and experience to perform their roles. Ward managers had a good understanding of the wards they managed, and were aware of how well the team was performing. We saw that ward managers were visible throughout the inspection, attended multidisciplinary meetings, patient meetings, and were available generally for staff and patients. Staff reported that they could approach the ward managers, who would make time to speak with them as required. Staff on the wards knew who the service managers and senior leaders were.

- Systems were in place to manage information. The trust used electronic systems to collect data from wards. These included an electronic system to record incidents and risks, and a system to record staff training, sickness, supervision and appraisals. The trust used this data to provide monthly compliance reports, which enabled managers to review and act. Staff had access to information technology needed to complete their work. Staff reported that generally the electronic recording system worked well and was easy to navigate.

- Wards had information boards detailing the staff on duty and staffing levels. These informed patients of the staff available for care and treatment for that day. Managers and staff facilitated weekly community meetings, these allowed patients and carers, where appropriate to raise concerns and provide feedback about the wards. The minutes of the meetings showed that actions had been taken following the meetings.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

Community-based mental health services of adults of working age

Good 🟢 ⬆️

Key facts and figures

Lincolnshire Partnership NHS Foundation Trust's integrated community mental health teams (ICMHT) provide recovery-based interventions and support people to live with long term mental health needs in the community. This core service provides care and treatment to service users in their own homes and in residential service provision from nine locations across the county. In addition to the integrated community mental health teams this core service includes a designated standalone specialist early intervention team, based at Carholme Court Lincoln, individual clinicians provide early intervention work into the nine-integrated community mental health teams.

During our inspection in October 2018, we inspected the whole core service. We inspected these community-based mental health services for adults of working age as part of our ongoing comprehensive mental health inspection programme. Our inspection was announced, with 72 hours' notice, to ensure that everyone we needed to talk with was available.

Following the last inspection, in April 2017, community mental health services for adults of working age was rated as requires improvement.

CQC identified the following actions the trust must take:

- The trust must ensure that all care plans are personalised, holistic and recovery focussed.
- The trust must ensure that patients consistently receive medication reviews and physical healthcare monitoring.
- The trust must implement formal outcome measures to assess patient progress.
- The trust must implement an effective governance system to ensure that their balanced scorecard is accurate and provides front line staff with the correct information.
- The trust must implement an effective system to audit Community Treatment Order paperwork.
- The trust must ensure that patients requiring access to psychological therapies receive this in a timely manner.

CQC identified the following actions the trust should take:

- The trust should ensure that consideration is given to the introduction of a local service risk register.
- The trust should ensure that all staff receive training in using their electronic records system.
- The trust should ensure that all risk assessments are consistently reviewed.

During our inspection of October 2018, we found the trust had either fully addressed these issues, or had started to address these issues, and had time limited action plans for their completion.

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

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

Community-based mental health services of adults of working age

- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services and sought feedback from service users at focus groups. During the inspection visit, the inspection team:

- visited eight locations and looked at the quality of the environment and saw how staff were caring for patients

- spoke with 16 people who were using the service

- interviewed the senior managers with responsibility for these services, and managers for each of the teams

- met with 48 other staff members; including doctors, nurses, social workers, peer support workers, clinical psychologists, and occupational therapists

- spoke with three volunteers, and third sector workers

- attended two multi-disciplinary meetings

- observed three episodes of direct care

- spoke with six carers of patients

- examined 49 care and treatment records and 39 medication records

- carried out a specific check of the medication management at six locations, and

- Reviewed a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

The summary for this service appears in the overall summary of this report.

Is the service safe?

Good 🟢 ➔ ⬅

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

- Clinical areas were safe, clean, well furnished, well maintained and fit for purpose. Staff could identify ligature anchor points and the actions in place to mitigate the risks to patients who might try to harm themselves. Ligature cutters were available in reception areas and staff carried personal alarms where interview rooms did not have an emergency call system.

- The service had enough staff, including medical staff who knew the patients and received basic training to keep people safe from avoidable harm. Managers had decided safe staffing levels by calculating the number and grade of members of the multidisciplinary team needed using a systematic approach. The service provided mandatory training in key skills to all staff and made sure everyone completed it.

- The service did not use agency staff and used very few bank staff. Managers covered staff absence within the teams and without undue pressure on other team members There was rapid access to a psychiatrist when needed.

- Community mental health team staff caseloads were within standard guidelines and managers helped staff to manage the size of their caseloads.

Community-based mental health services of adults of working age

- Staff completed and updated risk assessments for each service user and used these to understand and manage risks individually. Staff knew how to protect service users from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

- Staff followed best practice when storing, giving, and recording medication, and staff regularly reviewed the effects of medications on each patient's physical health.

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

However:

- The community mental health teams did not store emergency medication or equipment. If required staff would have to access the emergency medication or equipment form neighbouring wards. Although this is good practice, rather than a requirement, and the trust had risk assessed the situation, the timeframes of between three and five minutes to access emergency equipment and medications from neighbouring wards, or calling an emergency ambulance, did not seem realistic in all situations.

- In one of the eight teams we visited staff were not recording clinic room temperatures in line with trust policy. The inspection team pointed this out to the team manager, who put in place measures to rectify the situation.

- Doctor's caseloads were higher than national guidelines suggested they should be. Doctors told us they did not feel confident that there were enough or appropriate resources either within the service to enable them to discharge.

Is the service effective?

Good 🟢 ⬆️

Our rating of effective improved. We rated it as good because:

- Staff assessed the physical and mental health of all service users on admission and supported service users with their physical health and encouraged them to live healthier lives. Staff developed individual recovery focussed care plans and updated them when needed. Staff provided treatments and care for service users based on national guidance and best practice.

- Staff kept detailed records of service users' care and treatment. The new care records were recovery orientated and reflected the service users' views and goals. They were clear, up-to-date, and easily available to all staff giving care.

- Managers made sure they had staff with the skills needed to provide high-quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills. Staff from different disciplines worked together as a team to benefit service users. They supported each other to make sure service users had no gaps in their care.

- Managers had recognised the need for specialised roles within teams. They provided opportunities for peer support workers, people with lived experience of mental health illness to take on roles to help service users back into education, employment, and productivity. They had also trained peer support workers to jointly facilitate psycho-education groups for people experiencing bi polar disorder.

- 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 to service users their rights who were on Community Treatment

Community-based mental health services of adults of working age

Orders. Staff supported service users to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity. The service had its own Mental Act administrators who checked Mental Health Act and Mental Capacity Act paperwork, and they had completed an audit of this paperwork in May 2018.

Is the service caring?

Good 🟢 ➡️⬅️

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

- Staff treated service users with compassion and kindness, when interacting with service users they were respectful and responsive providing service users with help, emotional support, and advice at the time they needed it. Staff respected service users' privacy and dignity.

- Staff supported service users to understand and manage their care, treatment, or condition. Staff understood the individual needs of service users, including their personal, cultural, social, and religious needs. Staff directed service users to other services when appropriate, and if needed supported them to access those services.

- Staff involved service users and those close to them in decisions about their care, treatment, and changes to the service. We saw how the service facilitated service user and carer feedback groups and gave service users and their carers detailed information packs at the start of treatment.

- Service users told us they were very happy with the service they received, and carers felt staff kept them sufficiently informed where the service user had given permission. Carers we spoke with confirmed they knew how to access a carers assessment if needed.

- One family member was exceptionally complimentary of the service her relative had received from this service and praised the staff for their skills and management of a situation that arose during a particularly difficult time for them and their service user relative.

Is the service responsive?

Good 🟢 ⬆️

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

- The service had a clear criteria for patients that they would provide care and treatment to. Staff monitored all service users on waiting lists for assessment through weekly telephone calls from duty workers, and the service user knew how to access urgent help if needed. Service users could access the service closest to their home when they needed it. Waiting times from referral to treatment and arrangements to admit, if required, treat and discharge service users were in line with good practice. Staff saw urgent referrals quickly, and non-urgent referrals within an acceptable time.

- The service was accessible to all who needed it and took account of service users' individual needs. Staff helped service users with communication, advocacy, and cultural support. Staff tried to engage with people who found it difficult or were reluctant to engage with mental health services. Staff tried to make follow up contact with people who did not attend appointments, and staff offered service users flexibility in the times of appointments.

- There were enough interview rooms, therapy rooms, and clinic space for staff to see service users in comfort. There were adequate resources at the team bases to enable staff to deliver the treatments necessary. Staff supported service users with activities outside the service, such as work, training, education, and family relationships.

Community-based mental health services of adults of working age

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good 🟢 ⬆

Our rating of well-led improved. We rated it as good because:

- Managers had the right skills and abilities to run a service providing high-quality sustainable care. Leaders had a good understanding of the services they managed. They could explain how the teams were working to provide high quality care.

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Staff had opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values, this included staff reward and recognition schemes such as employee of the month and team of the month. Staff felt positive and proud about working for the trust and their team. Teams worked well together and where there were difficulties managers dealt with them appropriately.

- Staff and managers used a systematic approach to continually improve the quality of its services and maintained high standards of care by creating an environment in which excellence in clinical care flourished. Managers encouraged staff to contribute to service improvement through discussion forums. Managers actively invited staff to flag up anything they felt was not working well, and to put forward alternative solutions. Staff received feedback from managers about their suggestions, and any suggestions that managers took on board were acknowledged through various staff recognition schemes, as exampled above.

- Managers had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The trust collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.

- Communication systems across the trust were usually efficient.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

Community mental health services for people with a learning disability or autism

Good 🟢 ⬆️

Key facts and figures

Lincolnshire Partnership Foundation Trust provides community mental health services for people with a learning disability across five teams in four locations. There are four community hubs in Lincoln, Boston, Grantham and Spalding.

- The west hub team is based in Lincoln.

- The east hub team is based in Boston

- The south hub is based in Spalding.

- The south west hub is based in Grantham.

- The Community Home Assessment and Treatment (CHAT) team is based in Lincoln and works closely with the community hub.

The service works with adults over 18 who have a diagnosis of learning disability and associated physical and/ or mental health needs who are registered with a Lincolnshire GP.

The service was rated as requires improvement following the previous comprehensive inspection in April 2017. The safe and effective key questions were rated as requires improvement due to breaches of regulation 12, safe care and treatment and regulation 11, need for consent. We identified areas for improvement and told the trust to take the following actions:

- The trust must ensure that all patients receive a detailed risk assessment and that this is updated regularly.

- The trust must ensure that the plan of interventions for individual patients is clearly recorded and updated when necessary and that patients and their relatives, where appropriate, are involved in care plans.

- The trust must ensure that mental capacity assessments and any subsequent best interests meetings are fully documented in line with the Mental Capacity Act.

- The trust should ensure that the alarms in the clinic rooms adjacent to the Lincoln hub are operational or that other measures are in place to ensure staff safety.

- The trust should take urgent steps to address the staffing issues in the south hub at Spalding.

- The trust should ensure that staff compliance with training in the MHA and MCA meets the trust target.

- The trust should ensure and monitor that all staff receive regular supervision.

We have identified the issues which remain in this report. The trust had completed some but not all the actions from the April 2017 inspection.

Our inspection, carried out between 15-19 September 2018, was comprehensive and announced at short notice (staff knew we were coming) to ensure that everyone we needed to talk to was available. Before the inspection visit we reviewed information that we held about this core service and information we had requested from the Trust.

During the inspection visit, the inspection team:

- spoke with three patients who were using the service

Community mental health services for people with a learning disability or autism

- spoke with six carers of patients who were using the service
- spoke with the managers or deputies for each of the teams
- spoke with 24 other staff members; including doctors, nurses, intervention workers, occupational therapists, psychologists, speech and language therapists, behaviour of concern nurses and administrators
- observed four meetings and three episodes of care
- reviewed 37 patient records relating to physical health
- Reviewed 37 records relating to patient risk assessments and care plans.

Summary of this service

The summary for this service appears in the overall summary of this report.

Is the service safe?

Good 🟢 ⬆

Our rating of safe improved. We rated it as good because:

- Staff completed a risk assessment for each patient when they were admitted and reviewed this regularly. Staff used a risk assessment tool developed within the service to meet the needs of the patient group. Psychologists completed historical clinical risk-20 and specialist learning disability sex offenders risk assessments.
- Staff knew how to recognise adults and children at risk of abuse, or suffering harm and worked with other agencies to protect them. All staff received training in safeguarding that was appropriate for their role. Staff knew how to make a safeguarding referral and who to inform if they had concerns.
- Managers ensured there were sufficient staff to meet patient needs. Managers had calculated staffing numbers to meet the service specification laid down by commissioners in consultation with stakeholders, including patients and carers. Staff and carers told us that appointments were rarely cancelled.
- Staff reviewed the effects of each patient's medication on their physical health according to National Institute of Health and Care Excellence guidance. The service had a STOMP (stopping over medication of people) lead. STOMP is a national project aimed at reducing the use of psychotropic medication for people with a learning disability or autism. The lead shared positive outcomes that had been achieved for patients through reducing the use of psychotropic medication, which included increased mobility and a reduction in side effects.

However:

- Demand for the community and home treatment team had increased over the last few months and staff told us that if this continued current staffing levels would not be sufficient.
- The trust had recently transferred to a new electronic record system. At the time of our visit there were three systems in use; the new system, the previous system and a temporary system to bridge the two. Staff were able to access information but not always in a timely manner.

Community mental health services for people with a learning disability or autism

Is the service effective?

Good 🟢 ⬆️

Our rating of effective improved. We rated it as good because:

- Staff had effective working relationships with external teams and organisations. This included with the local authority, the acute hospital, schools and other providers. Representatives from the local authority attended hub team multi-disciplinary meetings. The service had developed a joint protocol with the local acute hospital trust for supporting patients with learning disabilities.

- Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff regularly reviewed and updated care plans when patient's needs changed. Care plans were personalised, holistic and recovery-orientated. Staff had implemented positive behaviour support plans for patients with behaviours that challenge.

- Staff ensured patients received care and treatment for their physical health needs. A physical health lead supported staff to ensure patients received the support they needed for physical health care. The service employed an acute liaison nurse who supported patients when they accessed acute health care.

- The service had access to a full range of specialists to meet the needs of the patients in the service. This included psychiatrists, nurses, psychologists, occupational therapists, speech and language therapists, physiotherapists, behaviour support nurses, intervention workers, mental health liaison, physical health liaison and social workers.

- The majority of staff (89%) had completed training in the Mental Health Act, this was an higher than the 85% reported at the last inspection.

However:

- Staff at the south west hub had not recorded detailed assessments of patients' mental capacity. Records of mental capacity were not always easy to find due to different systems being in use at the time of the inspection.

- Staff had not all completed Mental Capacity Act training. Staff compliance with Mental Capacity Act training was 76%, which was lower than the 87% reported at the last inspection.

- Whilst on site staff told us that they received supervision, the recording of staff supervision remained an issue. Supervision rates were at 76%, this was below the trust target of 85%.

Is the service caring?

Good 🟢 ➡️⬅️

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

- Patients and carers told us that staff were discreet, respectful, and responsive. Patients and carers told us that staff gave patients help, emotional support and advice when they needed it. Patients and carers told us that staff supported patients to understand and manage their own care, treatment or condition.

- Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). One carer told us that staff had provided their relative with a communication passport. Another carer told us that staff used visual aids to communicate with their relative.

Community mental health services for people with a learning disability or autism

- Staff supported, informed and involved families or carers. We spoke with six carers who told us that staff were fantastic, approachable, friendly, caring and thoughtful. They told us that staff go above and beyond and they could not expect a better service. Staff provided training sessions for carers to help them better support their relative.

Is the service responsive?

Good ● ➔ ⬅

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

- Staff responded to referrals in a timely manner. The hub teams held weekly referral meetings to review new referrals. We observed one of these meetings, referrals were received from GP's, other providers, the local authority and other trust teams. Staff decided as a multi-disciplinary team whether the referral met the service criteria and it was then allocated to the discipline of staff best placed to meet the patients' needs.

- The service provided information in a variety of accessible formats so the patients could understand more easily. The service provided information in line with accessible information standards. Managers made sure staff and patients could get hold of interpreters or signers when needed.

- The service received 173 compliments between 1 May 2017 and 30 April 2018 reflecting patients were satisfied with their care. We reviewed compliments received via the expressions of satisfaction, examples included; thanks for accessible information, thanks for support provided and thanks for specific interventions that have improved the lives of patients.

However:

- The trust were commissioned to provide a service that diagnosed autism spectrum disorders but did not offer any support. The trust had inherited a waiting list for this service, which was at 211 at the time of our visit.

Is the service well-led?

Outstanding ☆ ⬆

Our rating of well-led improved. We rated it as outstanding because:

- Leaders inspired staff to continuously improve and innovate. The service had developed training packages to help carers, other providers and agencies to support patients more effectively. Managers recruited, trained and supported experts by experience to support patients and staff in the service. The service employed six experts by experience, all had used learning disability services previously. The experts by experience were used to help with staff recruitment, promote the service to external agencies and increase awareness of learning disabilities.

- Leaders had the right skills, knowledge and experience to lead their teams. Leaders had a clear understanding of the service they managed and knew how their teams worked to provide high quality care.

- Staff knew and understood the trust's vision and values and could describe how they applied to their work. Staff told us they had discussed the trust vision and values and how they applied to the service at their recent away days.

- Staff demonstrated high levels of satisfaction and were proud of the trust as a place to work and spoke highly of the culture. Staff could raise concerns without fear. Staff understood the whistle-blowing policy and who their speak up guardian was. Staff were empowered by the leadership team to innovate and make changes.

Community mental health services for people with a learning disability or autism

- Leaders ensured staff felt respected, supported and valued. The trust provided initiatives to support staff wellbeing, these included access to physiotherapy, yoga classes, zumba classes, boxercise, counselling and wellbeing clinics. Staff told us that managers supported them to achieve a healthy work life balance through flexible working arrangements.

- Staff knew about quality improvement methods and could apply them. Staff told us about their involvement in the trust continuous quality improvement process. The East Team manager had arranged quality improvement workshop with colleagues from the mental health and child and adolescent teams to encourage more integrated working. Staff had recently attended a national learning disabilities conference. Staff from the East Team had attended a quality improvement science workshop and were working on projects to develop with support from the trust quality improvement team. The community and home treatment team had presented their model of service to another trust.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

Our inspection team

Julie Meikle, Head of Hospital Inspection, and Sarah Duncanson, Inspection Manager, lead this inspection.

An Executive Reviewer, Lisa Crichton-Jones, Director of Workforce, Northumberland Tyne and Wear NHS Foundation Trust, supported our inspection of well-led for the trust overall.

The team included two Inspection Managers, six Inspectors, one Assistant Inspectors, ten specialist advisers and one expert by experience.

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. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.