













Summary of the CQC's findings at St Andrew's Northampton site















- CQC recognised the enormous progress made
- 77 must-do requirements in 2014, now just 7
- Comments on staff commitment and passion, holistic and patient-centred care
- Adolescents and ASD/LD moved to 'Good'
- 'Well-led' has moved to 'Good'
- Issues raised are specific to a few wards and easily fixed
- We look forward to welcoming the CQC back as soon as is possible to re-inspect us

The CQC's visit involved:

- Visits to 41 wards and meetings with each nurse manager
- Conversations with 167 patients, 9 carers and 174 staff members
- Reviews of 192 care and treatment records

	September 2014	June 2016
Overall rating	Requires improvement 	Requires improvement 
Are services safe?	Requires improvement 	Requires improvement 
Are services effective?	Good 	Requires improvement 
Are services caring?	Good 	Good 
Are service responsive?	Good 	Good 
Are services well led?	Requires improvement 	Good 

Ratings against CQC-defined core services

CQC category	Service/wards at St Andrew's	Sept 2014	June 2016
Forensic inpatient/secure	Men's & Women's: Seacole, Stowe, Sunley, Elgar, Spencer South, Sinclair, Robinson, Fairbairn, Prichard		
Learning disabilities or autism	ASD and LD pathways		
Child/adolescent mental health	Adolescent Pathway		
Acute adults and PICUs	Sherwood Ward		
Long stay/rehabilitation mental health	Men's & Women's: Thornton, Ferguson, Spring Hill House		
Older people with mental health problems	Neuro & Men's: O'Connell, Compton, Foster, Cranford		
Acquired brain injury	Neuro: Rose, Tallis, Tavener, Althorp, Berkeley Close, Berkeley Lodge, 19 The Avenue, Walton, Harper		

Outstanding practice:

- ✓ Emergency boxes on forensic wards
- ✓ Extra care suite on Stowe ward
- ✓ Patient involvement in recruitment and work experience
- ✓ Accommodation for visiting families
- ✓ Aspire nurse bursary campaign

Other highlights:

- ✓ Stronger leadership at senior & ward level
- ✓ Safe, clean, homely, well-furnished wards
- ✓ Individual, up-to-date patient risk assessments
- ✓ Staff are passionate about their job
- ✓ Recruitment and retention programmes
- ✓ Patient centred, holistic care plans
- ✓ BSL trained staff on Fairbairn
- ✓ Advocacy services for patients
- ✓ Performance and HR dashboards

Must-do requirements

Category	Action required	What this relates to
SAFE	1. Ensure that environments are safe, clean and promote the privacy and dignity of patients	Seclusion CCTV monitor was visible to staff and patients in one ward ; cleanliness issues on one ward
	2. Ensure all patient risk assessment and care plans include environmental ligature risks	Potential ligature points identified in one ward ; risk assessments on this were not personalised to individual patients
	3. Ensure the air exchange system is working efficiently	Heating issues on one ward
	4. Deploy sufficient numbers of qualified, skilled and experienced people for each service	On some wards there was high use of Bureau and Agency staff and a number of shifts remained unfilled impacting patient activity.
EFFECTIVE	5. Complete appropriate physical checks and care for patients	Lack of records regarding physical health checks for patients in seclusion/post rapid tranquilisation
	6. Ensure patients' hydration and nutrition needs are met and recorded	Lack of recording of detailed diet and fluid intake for patients in seclusion and rehabilitation services
	7. Make sure mental capacity assessments are complete and decision-specific. Document discussions with patients regarding their capacity to make decisions	Some documentation did not give rationale on why patients are unable to consent. Capacity assessments were not always decision specific