

Cumbria Partnership NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

Trust Headquarters,
Voreda,
Portland Place,
Penrith,
Cumbria,
CA11 7QQ
Tel: 01228 602000

Website: [https://www.cumbriapartnership.nhs.uk/
contact](https://www.cumbriapartnership.nhs.uk/contact)

Date of inspection visit: To Be Confirmed
Date of publication: 23/03/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RNNDJ	Voreda	Learning Disability Service (East)	CA1 3SX
RNNDJ	Voreda	Learning Disability Service (West)	CA14 4HA

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Not sufficient evidence to rate 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	9
What people who use the provider's services say	10
Good practice	10
Areas for improvement	10

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	12
Action we have told the provider to take	19

Summary of findings

Overall summary

We rated Cumbria Community Learning Disability Team as good because:

- staff were caring and treated patients with dignity and respect
- people had mostly been involved in the development of their care plans
- staff responded quickly to changes in people's health or level of risk and there were no waiting lists for initial assessment
- complaints were listened and responded to appropriately
- all staff had received safeguarding training and had a good understanding of how to raise and report safeguarding concerns or alerts
- there were effective processes for managing staff caseloads
- staff worked effectively to lone working practices and adhered to the trust policies and procedures

However:

- Care records had inconsistencies and gaps that meant some people had incomplete risk assessment plans, reviews and recording of risks.
- Care plans did not always demonstrate holistic, person-centred or treatment focused care in line with best practice guidance, such as positive behavioural support plans. Care records did not contain any evidence of advance decisions.

- People did not receive care in accordance with their assessed needs. The service did not follow best practice and guidance in relation to supporting patients with communication difficulties and complex behaviours.
- care records were difficult to navigate, this meant that important patient documents and information was not always easily found within the care records
- the service had experienced continuing difficulties with staffing, including recruitment, retention and sickness, which meant that staffing, was not adequate to meet the needs of the people who use the service
- some of the community teams did not have a full complement of professionals within their multi-disciplinary team which meant that people could not always access these professionals in a timely and effective way
- staff appraisal figures were low with an average percentage of staff in the service that had received an appraisal in the last 12 months at 39% and non-medical staff appraisals averaging 30%
- there was a lack of consistency across the service for people accessing treatment following assessment

Summary of findings

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

Are services safe?

We rated safe as good because:

- all areas were clean, cleaning records were up to date and staff adhered to infection control principles
- interview rooms were fitted with alarms and clinic rooms contained the necessary equipment
- staff responded quickly to any changes in people's health or level of risk and there were no waiting lists for initial assessment
- there were effective processes for managing staff caseloads
- all staff had received safeguarding training and had a good understanding of how to raise and report safeguarding concerns or alerts
- staff adhered to lone working practices and the trust had policies and procedures in place
- all staff knew what and how to report incidents and there was evidence of shared learning from incidents

However

- The service had experienced continuing difficulties with staffing, including recruitment, retention and sickness. This meant professionals such as speech and language therapy, physiotherapy, occupational therapy, junior doctor and substantive consultant psychiatrist were missing from some of the teams.
- The service had multiple assessments and audits completed for fire risk assessments, infection prevention, cleanliness and ligature risks. However, the latest fire assessment for the East Community Learning Disability service base did not have a completion date.
- there were differences across the services provided for people when accessing treatment after they had received assessment

Good



Are services effective?

We rated effective as good because

- The service had a range of staff working within the four healthcare pathways with specialist skills for example epilepsy nursing and cognitive behavioural therapy

Good



Summary of findings

- Staff and managers received regular formal supervision and there was a clear supervision structure and policy in the service. Staff told us they engaged in less formal supervision almost daily to discuss individual patient issues as they arose and that this was possible due to the team office layouts.
- Staff had regular opportunities for further discussions at team meetings. The services adhered to the MHA and the MHA Code of Practice and 85% of staff had received training in the Mental Health Act. Although training figures varied across the service, community learning disabilities team 100%, autism diagnostic service 100%, East LD community nursing 44%.

However

- Care records were extremely difficult to navigate, with inconsistencies and gaps incomplete risk assessment plans, reviews and recording of risks
- Care plans were not always holistic, person-centred or treatment focused and the service did not always follow best practice and guidance such as Department of Health in relation to positive behavioural support plans
- People did not receive care in accordance with their assessed needs. The service did not follow best practice and guidance such as National Institute for Health and Care (NICE) or the Department of Health in relation to supporting patients with communication difficulties and complex behaviours.
- people could not always consistently access the full range of multi-disciplinary team members across the locations to meet their care and treatment needs
- The percentage of staff in the service that had received an appraisal in the last 12 months was 39%, with non-medical staff appraisals at 30%. From the information available this meant 27 members of staff had an appraisal in the last 12 months but 52 members of staff did not have an appraisal in the last 12 months. Although figures appear low they were higher than the overall trust appraisal figures of 25%.
- staff and managers received regular formal supervision and there was a clear supervision structure and policy in the service
- There was a lack of comprehensive multi-disciplinary team reviews of patients' care and meetings did not always have full representation of the different professions that constitute an effective multi-disciplinary team. Such as, a lack of occupational therapist, speech and language therapist or physiotherapist.
-

Summary of findings

Are services caring?

We rated caring as good because:

- People told us staff had treated them with dignity, respect, and were caring. We observed good interactions between staff and patients during multi-disciplinary meetings and on home visits.
- People told us they had been involved in their care and treatment.
- Staff carried out assessments and care planning with people and families. Relatives we spoke with complimentary about the services provided and the staff involved. People told us they had copies of care plans and had mostly been involved in the development of their care plans

Good



Are services responsive to people's needs?

We rated responsive as not rated because:

- The team responded promptly when patients phoned in during normal working hours
- Staff knew how to handle complaints appropriately, complaints that could not be resolved informally staff knew how to support people with formal complaints
- The service provided a range of clinic, meeting and visitor rooms for people using the services
- The service provided information for people in different formats and staff were able to access interpreters if this was required.
- The service did not set targets for referral to treatment and there were variances across the services for people accessing treatment. This ranged from one week to eight weeks and was dependent on which professional people needed to see. Although, no one was waiting for assessment we found that one service user waited for 18 month for anger management treatment. This does not comply with new guidance on mental health standards for access and waiting times, which came into effect in April 2015 that set a target of 18 weeks. The inspection team were unable to confirm whether this was an isolated case or something that affected more than one person using services.

Not sufficient evidence to rate



Are services well-led?

We rated well-led as good because

- Staff understood the vision and values of the trust
- All staff in the service knew the senior network manager, spoke highly of this manager and felt the manager was available to all of the teams

Good



Summary of findings

- The senior manager monitored key performance indicators via an electronic dashboard
- There were no whistleblowing allegations raised for the service and staff knew about the whistleblowing policy and told us they felt able to raise concerns
-

However

- The service was aware of the ongoing recruitment problems for the posts of occupational therapist and physiotherapist but had only recently made further attempts to advertise these. The post of occupational therapist had been vacant for two years.

Summary of findings

Information about the service

Cumbria Partnership NHS Foundation Trust provides community mental health services for adults with learning disabilities and autism in Cumbria at three community team locations.

The service objectives were to maintain and develop a learning disabilities service for adults in Cumbria, through the provision of a range of staff with skills for effective clinical management of conditions and behaviours associated with learning disability. The service would also work to increase the capabilities of other services in the community that supported people with learning

disabilities. The service operated under four healthcare pathways: physical health, challenging behaviour, forensic and mental health. The services had people referred with needs relevant to one of those pathways. The aim of the pathway interventions was to enhance and develop the capabilities of people with learning disabilities, carers and support workers by working with specialist learning disability staff. The service ran from Monday to Friday between 09.00am and 17.00 pm, through clinic based and home based appointments but did not operate at weekends.

Our inspection team

The team was led by:

Chair: Paddy Cooney

Head of Inspection: Jenny Wilkes, Care Quality Commission

Team leaders: Brian Cranna, inspection manager (mental health), Care Quality Commission and Sarah Dronsfield, inspection manager (community health), Care Quality Commission

The team that inspected the core service comprised : two CQC inspectors, a nurse and consultant psychiatrist who specialised in learning disabilities and an expert by experience. An expert by experience is someone who has gained expertise through using services or through contact with someone who has used them – for example, as a carer. All these specialists had recent mental health services experience.

Why we carried out this inspection

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

How we carried out this inspection

To 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?
- Is it well-led?

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

During the inspection visit, the inspection team:

- visited two of the three community learning disability teams and looked at the quality of the environment at both locations
- spoke with six people who used the services and 10 carers of people who were using the services

Summary of findings

- spoke with the managers or acting managers for each location
- spoke with 21 other staff members; including doctors, nurses, social worker and psychologists
- interviewed the senior manager with responsibility for these services
- attended and observed a referrals meeting, attended four home visits and two multi-disciplinary meetings
- looked at 17 treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

People who use services who were able to speak with us told us staff were caring. Relatives gave mixed feedback about the community mental health services. They said

services were excellent and staff supported them in caring for their relative but told us they were dissatisfied with the on-going difficulties arising from the continuing staffing vacancies within the service.

Good practice

Areas for improvement

Action the provider **MUST** take to improve

The provider must ensure that:

- all staff have an annual appraisal
- care plans are person-centred, holistic and presented in a way that meets the communication needs of people using services that follows best practice and guidance
- staff complete and record people's risk assessments consistently evidencing contemporaneous care records for people who use services

Action the provider **SHOULD** take to improve

The provider should ensure that:

- people can access treatment in an effective and timely manner following assessment in accordance with national guidance
- people have access to a full range of multi-disciplinary professionals to meet their care and treatment consistently across all of the service in line with best practice
- environmental risk assessments are dated on completion

Cumbria Partnership NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Community Learning Disability Service (West)	Trust Headquarters
Learning Disability Service (East)	Trust Headquarters

Mental Health Act responsibilities

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

The services were adhering to the Mental Health Act and Code of Practice, there were no patients subject to mental health act legislation within the community mental health teams during our inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider was adhering to the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). Staff we spoke with demonstrated awareness of the Mental Capacity Act

(2005). Information provided by the trust showed 92% of staff had completed and were up to date with their mental Capacity Act and DOLS training. However, care records showed inconsistencies in recording Mental Capacity.

Are services safe?

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

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

Our findings

Safe and clean environment

- The East Community learning Disability team saw people who used the service at their team base location and the interview room was fitted with an alarm. The West Community team did not see patients at its team base location.
- The East Community team had a clinic room and it contained the necessary equipment to carry out physical examinations. All areas were clean and well maintained.
- Cleaning records were up to date and staff adhered to infection control principles, hand sanitizer equipment was available for people entering onto the premises
- Equipment was clean and maintenance was up to date
- The service had multiple assessments and audits completed for fire risk assessments, infection prevention, cleanliness and ligature risks. For example, the East community learning disability service had its last fire assessment completed on 24/09/2013. Their latest fire assessment was completed on 6 October 2015.

Safe staffing

- In the 12 month period leading to the inspection the service had experienced difficulties with staffing, including recruitment, retention and sickness. At the time of inspection, the trust reported 50 WTE substantive staff for the whole service. The percentage of staffing problems differed across each of the community teams. For example, the West community team had a total vacancy rate of 24%, 8% sickness and 3.7 staff who left in the last 12 months. The East team in comparison had a vacancy rate of 4%, 2.9% sickness and 2.65 staff who left.
- The average caseload for each member of staff was 22 increasing to 35-40 for fulltime staff within the teams. There is no specific guidance for learning disability services caseload sizes. However, these caseloads

aligned to standards expected within adult mental health services. Caseload management occurred in individual staff supervision and the team managers and senior network manager monitored caseloads.

- Team managers monitored the cover arrangements for sickness, leave and vacant posts. Cover for shortages were identified from the existing team resources. There were continuing problems with recruitment. For example, the West team had a vacant post for an occupational therapist for more than two years. They were unable to recruit to the part-time physiotherapy position and the band 5 and band 6 learning disability nurses. The manager from the West community team reported recruitment difficulties for registered nurses as a recent difficulty that had not been a problem previously.
- Where existing team resources could not meet staff shortages, the service had made appropriate use of locum, bank and agency staff. However, there were ongoing difficulties with the recruitment of a permanent psychiatrist that resulted in the use of three agency locum psychiatrists. There were two psychiatrists to cover all three community teams and inpatient services, one of whom was a locum agency psychiatrist, who worked four days per week, with the fifth day covered by the permanent psychiatrist.
- Recruitment to junior doctor/staff grade posts within the service had also experienced problems, resulting in a gap for staff grade/junior doctor cover. This gap was from August 2015 until the very recent appointment of an agency staff grade locum junior doctor in October 2015.
- Staff had received mandatory training and the mandatory training rate was 83%. However, this varied trust wide with only 'Corporate Induction' & 'Local Induction' training achieving the 80% target set by the trust for the full 12 months reported. Other trust training figures that were below the target included safeguarding children with 75%.

Assessing and managing risk to patients and staff

- We reviewed 17 care records and found two different methods of recording information on electronic and

Are services safe?

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

paper records. The main care records were paper records and electronic records held basic information such as letters and correspondence. The inspection team found it difficult to navigate care records meaning important documents were difficult to find.

- The service operated within four healthcare pathways: physical health, challenging behaviour, forensic and mental health. The services had people referred with needs relevant to one of those pathways.
- Staff undertook 'FACE' (functional analysis of care) risk assessments of all people at initial triage assessment and then reviewed these at three and six-monthly intervals, the service had stipulated three months as the review frequency. We found some inconsistencies and gaps across the records reviewed. These included for example: two records with a completed risk assessment but no relapse plan, or risk review; a record with no risk assessment but risks were clearly referenced throughout the care record notes and a record with no risk assessment for the most recent episode of care.
- Care records did not contain any evidence of advance decisions
- Staff responded quickly to any changes in people's health or level of risk and there were no waiting lists for initial assessment.
- Staff had received safeguarding training and had a good understanding of how to raise and report safeguarding concerns or alerts. Staff gave examples that demonstrated their knowledge and understanding. 92% of staff had completed safeguarding adult training and 75% safeguarding children.
- Staff worked effectively to lone working practices and adhered to the trust policies and procedures

- We did not review medicines management practice during this inspection.

Track record on safety

- The trust provided information that showed there were four serious incidents in the last 12 months. These incidents included unexpected death of two patients in the community, unavailability of a hospital bed for a patient assessed under the mental health act and an incident where a member of staff required hospital treatment following assault. The inspection team saw one investigation report into an unexpected death, which demonstrated a good quality and timely example of an investigation by the trust.
- All staff we spoke with demonstrated a clear understanding of how to manage and record incidents.

Reporting incidents and learning from when things go wrong

- All staff knew what and how to report incidents. The service had 22 incidents recorded with only minor variations across the three teams. The community team in the south of the county reported the highest number with eight and the east team lowest with four. The majority of incidents were categorised in safeguarding and violence.
- Managers and staff were open, transparent, and able to describe duty of candour. They told us about shared learning from investigations discussed at staff meetings. For example, we saw an information flyer for specialist training scheduled for the trusts healthcare partners, regarding the outcome of a review of a serious incident.
- There have been no safeguarding concerns or alerts raised with the CQC about services.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We reviewed 17 care records and found that care records were extremely difficult to navigate as they contained inconsistencies and gaps. We spoke with six people who used services and 10 carers of people who used services. Care plans were not always holistic, person-centred or treatment focused and not delivered in line with best practice guidance, such as positive behavioural support. However, the service had identified this as an area for improvement within its service development and strategy.

Best practice in treatment and care

- The service did not always follow best practice and guidance such as Department of health in relation to positive behavioural support plans
- People did not receive care in accordance with their assessed needs. The service did not follow best practice and guidance such as NICE or the Department of Health in relation to supporting patients with communication difficulties, autism and complex behaviours.
- The West team had a psychologist as part of the team and the East team were able to access a psychologist. Although there did not appear to be a consistent approach across the service in respect of the professionals permanently employed within the teams.
- An audit plan to ensure NICE guidance for physical health was in place and the outcomes of this audit was to be measured in the spring of 2016 as dictated by the trust annual pathway audit plan 2015-2016

Skilled staff to deliver care

- The service had access to multi-disciplinary team members but this was not consistent across the service. For example, the West community did not have a full multidisciplinary team; there was no occupational therapist, specialist speech and language therapist or physiotherapist. There were arrangements in place for dysphagia assessments with the speech and language services when requested, as well as access to additional hours from a member of staff from the East team. However, the speech and language service did not

complete communication assessments routinely. The system did not offer assurance that people could access speech and language or positive behavioural support in an efficient and timely way.

- The service had a range of staff with specialised skills within the four healthcare pathways. This meant people were allocated to the different care pathways for example the physical health or challenging behaviour pathway. This meant people could access staff with specific skills such as a cognitive behavioural therapist nurse and epilepsy specialist nurses to meet their individual needs.
- Staff and managers received regular formal supervision in line with the trust supervision policy. Staff told us they engaged in less formal supervision almost daily to discuss individual patient issues as they arose and that this was possible due to the open plan office layout, they did not record this informal supervision. Opportunities for further discussions occurred regularly at team meetings where staff used the team meeting to discuss individual patient case studies in more detail.
- The percentage of staff in the service that had received an appraisal in the last 12 months was 39%, with non-medical staff appraisals at 30%. From the information available this meant 27 members of staff had an appraisal in the last 12 months but 52 members of staff did not have an appraisal in the last 12 months. Although figures appear low they were higher than the overall trust appraisal figures of 25%.

Multi-disciplinary and inter-agency team work

- There were various multi-disciplinary meetings taking place across the service that occurred in a variety of places where people lived. These meetings involved different staff team members such as a community nurse and psychiatrist as well as people who use services and their carers. We saw evidence of some good working links with other agencies and services, such as day services and residential services during home visits. However, there was a lack of comprehensive multi-disciplinary team (MDT) review of people's care and some of the meetings we attended as part of the inspection appeared to reflect one to one support rather than an MDT review.

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

Are services effective?

Good 

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

- The trust provided data that showed mental health act (MHA) training for the core service overall was 84%. For the community LD and autism diagnostic service, 100% of staff had completed MHA training. In the east team, the MHA training rate was 44%.

None of the community team caseload were subject to community treatment orders or Mental Health Act

Good practice in applying the Mental Capacity Act

- Staff had a good understanding of Mental Capacity Act (MCA) and its principles.

- 91% of staff had completed and were up to date with MCA and DOLS training. However, care records showed that staff did not always consistently record mental capacity in the same way. Staff were able to describe clear examples of people they were working with where mental capacity had been considered.

Staff supported people to make decisions taking into account peoples wishes and demonstrated through examples a good understanding of best interest decision making.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- People told us staff had treated them with dignity, respect, and were caring
- we observed good interactions between staff and people during multi-disciplinary meetings and on home visits
- People who used the service and carers gave positive feedback about staff providing the care and support to their relatives
- People told us they had copies of care plans and had been involved in the development of their care plans. We observed staff maintained the confidentiality of people who use services during the inspection visits

The involvement of people in the care that they receive

- People told us they had been involved in their care and treatment, although care plans were not always holistic or person-centred
- During the inspection we saw staff involve people in their care and decision making
- Relatives gave positive feedback about the community mental health services. They said services were excellent; staff supported and involved them in caring for their relative.
- People had access to advocacy services and the staff team demonstrated supporting people and working in collaboration with advocacy services to meet their needs

Are services responsive to people's needs?

Not sufficient evidence to rate 

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

Our findings

Access and discharge

- The service did not set targets for referral to treatment, referral to assessment times and referral to treatment times were provided by the trust. Although, the service had no one waiting for assessments there were variances across the service for people waiting to receive treatment after assessment. For example, due to staffing pressures and recruitment issues 15 people were still waiting allocation following assessment.
- Waiting times for people using services were within nationally accepted standards. In the North of the county, the location of the two community teams inspected the wait for speech and language therapists were between one to five weeks and one to six weeks for physiotherapists. People using services in the South of the county, were not visited during the inspection, people had a wait of one to eight weeks following assessment to treatment. Physiotherapist wait was between one to eight weeks and for speech and language therapist wait was between one to four weeks.
- Access to treatment varied in relation to where people lived. We found one example of a person who could not access treatment in an effective and timely way. They had not commenced anger management treatment 18 months after the initial assessment was completed. The inspection team were unable to corroborate if this was anything other than an example of an isolated case.
- The service was able to respond to urgent referrals quickly and non-urgent referrals during the working day. The service responded promptly when people phoned in during normal working hours. Outside of these hours, patients could contact mental health crisis services.

- Appointments take place as planned and staff are proactive in ensuring they engage people who use their services
- The service lead works closely with team managers to monitor staff contacts and people who did not attend appointments, an example of this occurred during the inspection

The facilities promote recovery, comfort, dignity and confidentiality

- The service provided a range of clinic, meeting and visitor rooms for people using the services. Rooms were adequately soundproofed and we saw information that told people about the services. Facilities were wheelchair friendly.

Meeting the needs of all people who use the service

Information was available for people in different formats that included easy read and picture formats and staff were able to access interpreters if this was required. Staff told us they had not needed to use interpreters.

Listening to and learning from concerns and complaints

- Staff and managers knew how to handle complaints. The trust had a complaints policy and people and carers we spoke with told us they felt confident to make a complaint. Complaints made about the community learning disability service were low with two complaints received. There were no complaints referred to the Ombudsmen.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff understood the vision and values of the trust
- All staff in the service knew the senior network manager, spoke highly of this manager and felt the manager was available to all of the teams. Staff told us who other senior managers were but not all staff had seen managers at a more senior level. Staff reported the improved visibility of the chief executive and gave examples of attending meetings conducted by the chief executive at different locations.

Good governance

- Staff had received mandatory training and supervision. However, staff appraisals demonstrated only 39% of staff in the service had an appraisal in the last 12 months. This meant the trust was not meeting its statutory duties under regulation 18 of the Health and Social Care Act 2008. Which requires all staff to have annual appraisals.
- The service risk register had multiple assessments and audits completed for fire risk assessments, infection prevention, cleanliness and ligature risks. For example, the East community learning disability service had a fire risk assessment completed on 24/09/2013. However, the latest fire assessment for the East community learning disability service did not have a completion date.
- Key performance indicators were monitored via an electronic dashboard; its use varied across staff and managers. The senior network manager used it daily for monitoring key performance indicators and shared this with other managers at regular management meetings. However, the information contained did not always reflect the information held by managers at service

level, such as training figures for staff that were consistently out of date. This meant managers had to resubmit data on more than one occasion. The trust was attempting to address this issue.

Leadership, morale and staff engagement

- The service had experienced a number of difficulties that had not only affected patient access to services but also staff morale. For example, difficulties with recruitment of band 5 and band 6 learning disability nurses and the inability to recruit to the positions of occupational therapist, speech and language therapist and physiotherapy. The service had recently attempted to resolve these. For example, re-grading of the physiotherapist position from a part-time band 6 to a band 7.
- Managers reported they had sufficient authority to manage their service
- There were no whistleblowing allegations raised for the service and staff knew about the whistleblowing policy and told us they felt able to raise concerns

Commitment to quality improvement and innovation

- There was a commitment to the quality improvement of the current services provided to people with learning disabilities, autism and challenging behaviour by the trust and senior management team. The service with the current structure of four health care pathways was subject to a review by the trust. The pathways had been in operation for over 10 years and there was acknowledgement by the senior management team that a review was needed to establish whether these specialist health pathways continued to meet the needs of the people effectively.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9 HSCA 2008 (Regulated activities)
Regulations 2014 Person-centred care

Patients in the community learning disability teams did not always have care plans that demonstrate holistic, person-centred or treatment focused care in line with best practice guidance delivered in a way that met their communication needs

This is a breach of regulation 9 (1)(a), (b), (c) (2) (a),(b) (c) (d) (e) (4) (5) (6)

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulation 12 HSCA 2008 (Regulated activities)
Regulations 2014 Safe Care and Treatment

We found that there were inconsistencies and gaps across care records, in the community services for people with a learning disability or autism. For example, records with a completed risk assessment but no relapse plan, or risk review; records with no risk assessment but clearly referenced throughout the care record notes and record with no risk assessment for the most recent episode of care.

This is a breach of regulation 12 (2) (a)(b)

This section is primarily information for the provider

Requirement notices

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulation 18 HSCA 2008 (Regulated Activities)
Regulations 2014 Staffing

We found the trust only demonstrated 39% of staff in the community services for people with learning disability or autism, had an appraisal in the last 12 months, Appraisals for non-medical staff were lower again with 30%.

This is a breach of regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.