Good

Southern Health NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

Headquarters
Tatchbury Mount
Calmore
Southampton
Hampshire
SO40 2RZ
Tel: 023 8087 4036
Website: www.southernhealth.nhs.uk

Date of inspection visit: 7 – 10 October 2014
Date of publication: 25/02/2015

Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Ridgeway Centre	RW12N	Community learning disability teams in Buckinghamshire	HP12 4QF
Slade House	RW11V	Community learning disability teams in Oxfordshire	OX3 7JH
Trust Headquarters	RW146	Community learning disability teams in Hampshire	SO40 2RZ

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

Summary of findings

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 Southern Health NHS Foundation Trust and these are brought together to inform our overall judgement of Southern Health 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 services for people with a learning disability	**Good** 
Are services for people with a learning disability safe?	**Good** 
Are services for people with a learning disability effective?	**Good** 
Are services for people with a learning disability caring?	**Good** 
Are services for people with a learning disability responsive?	**Good** 
Are services for people with a learning disability well-led?	**Requires Improvement** 

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

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We inspected three community learning disability teams, two in Oxfordshire and one in Hampshire. We also inspected two assertive outreach teams in Oxfordshire and Buckinghamshire and two intensive support teams in Buckinghamshire and Hampshire. The community learning disability teams were large the assertive outreach and intensive support teams were very small. At the time of the inspection the assertive outreach teams were in the process of joining the community learning disability teams. The intensive support team in Buckinghamshire was expanding.

We gave an overall rating for community mental health services for people with learning disabilities or autism of **good** because:

- Staff across the service were very committed to providing person centred care to the people using the services and displayed care and compassion. We found some very positive multi-disciplinary and multi-agency work. We heard from people using the services and their relatives about their positive experiences.
- Staff were working hard to complete comprehensive core assessments and develop care plans and risk assessments. People using the service and their relatives were involved in this process as much as possible. Staff had a good understanding of the Mental Capacity Act although best interest meetings could be better structured.
- Staff were positive about their work and appreciated the training opportunities they had received. They also felt well supported within the services where they worked.
- The community teams were responding quickly to urgent referrals. For people referred for non-urgent interventions there were sometimes longer waits for services with 26 referrals waiting for over a year; this needs to be addressed.
- Staff working in the Hampshire services felt a stronger connection to the trust while the staff working in Oxfordshire and Buckinghamshire felt more removed. The trust had made an effort to address this especially through the use of training, executive and senior staff visits, roadshows, staff briefings and the people development programme. Senior staff acknowledged that there was the continued need to improve contact and communication across all the teams. The divisional director had been promoted from head of service from within the LD service three weeks before the inspection and although he was new to the post he had an extensive knowledge of the service.

Summary of findings

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

Are services safe?

Good

Staff knew how to recognise and report incidents. The knowledge and learning from incidents was being shared and used by staff in the teams.

There was a good understanding of each person's individual risks and these were being regularly updated. Staff demonstrated a good understanding of how to support people with their complex needs in a holistic manner.

Staff understood how to recognise abuse and how to make safeguarding alerts if needed.

Staff vacancies were being filled. Whilst staffing levels were not unsafe some staff were working long hours and were struggling to see people as regularly as they would have liked.

Are services effective?

Good

People using the services had a comprehensive assessment completed of their individual needs. This included an assessment of their physical health needs and the development of a health action plan.

There were excellent examples of multi-disciplinary and multi-agency working across the different teams which ensured that teams and services provided by other sectors were able to work together to provide effective care to people using the services.

Staff had good access to mandatory and statutory training. Staff commented that training had improved and that opportunities for professional development were available.

People's rights were protected through the effective use of the Mental Capacity Act although further training in structuring best interest meetings would have ensured consistently high standards.

Are services caring?

Good

People using the services were cared for by staff who were very motivated and supported people with care, dignity and respect.

We found that people using services in all the teams were supported to be involved in the development and review of their care plans.

People were encouraged to attend their review meetings and had access to advocacy services.

Relatives and friends were involved at all stages with peoples care and we were told that they felt well informed.

Summary of findings

Are services responsive to people's needs?

Good

Whilst all the teams addressed urgent referrals in a timely manner, some people had been waiting for non-urgent interventions from the community teams for long periods of time. This needs to be addressed.

People received support that respected their diversity of needs.

People using the services knew how to complain and staff were responsive and changes were made where needed.

Are services well-led?

Requires Improvement

Staff working in Oxfordshire and Buckinghamshire felt removed from the trust and were unclear about the details of senior staff. Staff in this area told us that they felt the culture of the trust was a top down approach and that they did not feel valued. However, the trust had made an effort to address this especially through the use of training, executive and senior staff visits, roadshows, staff briefings and the people development programme. Staff working in Hampshire reported feeling very much part of the trust. Senior staff acknowledged however that there was the continued need to improve contact and communication across all the teams.

The trust had recently introduced new governance processes including a system of peer review and a monthly clinical audit but these were at the early stage of implementation.

People using the service had opportunities to be engaged with their care.

Summary of findings

Background to the service

The learning disability health services provided by Southern Health NHS Foundation Trust consisted of a number of inpatient and community services. These were managed through the division providing specialist learning disability services.

In Oxfordshire there were three community learning disability teams and the inspection team visited two of these teams. There was also an assertive outreach team which was also inspected.

In Buckinghamshire there was one community learning disability team, an assertive outreach team and an intensive support team. The assertive outreach and intensive support teams were inspected.

In Hampshire there were four community learning disability teams working across 7 bases. One of these teams and the intensive support team were inspected.

The Community Learning Disability Teams had not been inspected since registration by the Care Quality Commission.

Our inspection team

Our inspection team was led by:

Chair: Shaun Clee, Chief Executive, 2gether NHS Foundation Trust, Gloucestershire

Team Leader: Karen Wilson, Head of Inspection for Mental Health, Learning Disabilities and Substance Misuse, Care Quality Commission

The team included CQC inspection managers, inspectors, Mental Health Act reviewers, pharmacy inspectors, CQCs national professional advisor for learning disabilities, analysts and inspection planners.

There were also over 100 specialist advisors, which included consultant psychiatrists, psychologists, senior nurses, student nurses, social workers GPs, district nurses, health visitors, school nurses and an occupational therapist. In addition, the team included Experts by Experience who had personal experience of using or caring for someone using the types of services that we inspected. Five Experts by Experience were involved in the inspection of mental health and learning disability services and two were involved in inspecting community health services.

The team that inspected the learning disability services consisted of thirteen people, three inspectors, two experts by experience, three nurses, two mental health act reviewers and three psychologists. The team worked across two geographical areas, with nine people focusing on services in Oxfordshire and Buckinghamshire and four people visiting services in Hampshire. A pharmacy inspector also visited the two inpatient services in Oxfordshire and Buckinghamshire.

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 get to the heart of people who use services' experience of care, 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?

Summary of findings

What people who use the provider's services say

Prior to the week of the comprehensive inspection there were four engagement events attended by members of the inspection team for people with learning disabilities. These took place in three venues across Hampshire. There was also a separate event in Oxfordshire.

Members of the team also attended a meeting arranged by Verita who were undertaking an independent review into the commissioning, assurance and governance of learning disability services in the Oxfordshire area. They met with relatives of a person who had a suffered a preventable death whilst an inpatient on the Short Term Assessment and Treatment Unit (STATT) unit on the Slade House site in July 2013. They also met with carers who were involved in carers groups and were able to provide feedback on services.

People told us positive things about the service. They said the staff were very caring. People who used the services talked about how they were able to get involved, helping with staff interviews, helping to visit and peer review other services and reviewing literature produced by the trust. They also talked about how they were working to develop easy read appointment letters and information for people being admitted to hospital at the local acute trust and for Southern Health.

People said they were concerned that there was not always enough staff. We also heard about challenges when young people were undergoing the transition to adult services and examples of poor communication with relatives. Concerns were raised about the use of the Mental Capacity Act and the exclusion of relatives from decision making.

Good practice

- Staff working across the teams had developed a range of accessible materials to provide information to support people using the services. They had also developed training materials to support people using the services and others providing carer to improve the standards of care.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

- The trust must ensure it supports staff working in the Oxfordshire and Buckinghamshire community services appropriately in order to facilitate them to perform their roles effectively.

Action the provider SHOULD take to improve

- The trust should ensure that capacity assessments can be located and accessed with ease in the electronic patient records. They should also ensure that best interest meetings are structured in line with the Mental Capacity Act and staff are trained to be able to implement this.
- The trust should review the referrals to the community learning disability teams that have breached target timescales to ensure people's needs are met.

Southern Health 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
Oxfordshire City learning disability team	Slade House
South Oxfordshire learning disability team	Slade House
Oxfordshire assertive outreach team	Slade House
Buckinghamshire assertive outreach team	The Ridgeway Centre
Buckinghamshire intensive support team	The Ridgeway Centre
Intensive support team	Willow ward
North locality community learning disability team (Winchester)	Trust HQ

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.

We did not look at the use of the Mental Health Act in the community learning disability services.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

We found examples of very good capacity assessments that included advocates and relatives where appropriate. We did find that best interest meetings could be better structured in line with S4 of the Mental Capacity Act.

Good

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

Summary of findings

Staff knew how to recognise and report incidents. The knowledge and learning from incidents was being shared and used by staff in the teams.

There was a good understanding of each person's individual risks and these were being regularly updated. Staff demonstrated a good understanding of how to support people with their complex needs in a holistic manner.

Staff understood how to recognise abuse and how to make safeguarding alerts if needed.

Staff vacancies were being filled. Whilst staffing levels were not unsafe some staff were working long hours and were struggling to see people as regularly as they would have liked.

Our findings

Oxfordshire community learning disability teams

Track record on safety

In the last year there were no serious incidents requiring investigation relating directly to the care provided by the Oxfordshire community learning disability teams.

Learning from incidents and Improving safety standards

We were told by staff within the service that they had received training on incident reporting and knew how to report incidents through the electronic recording system.

We were told that where an incident required an investigation this would be done by a separate team. Staff did tell us that investigations can be quite lengthy and so it may take a while to receive the outcome.

Staff said that if an incident did occur there was a process for a proper debrief and if needed access to staff counselling.

Staff were well informed about incidents and the learning from these. This came through professional line managers and meetings. There were also team meetings where learning from incidents was discussed. They were aware about the learning from a tragic incident a year ago and how this had led to more training on epilepsy and also resulted in the team reflecting on how it worked with families. Staff also mentioned about an incident where a person choked and this led to the speech and language therapy staff delivering additional training to relatives and care staff.

Safeguarding

Staff had all completed training on safeguarding vulnerable adults and children and were able to describe how they would recognise abuse and how this would be reported. We saw there were guides available for staff and people who use services on safeguarding prepared by Oxfordshire County Council.

The teams also have safeguarding leads and senior staff are trained to act as investigators in safeguarding processes.

Assessing and monitoring safety and risk

At the time of the inspection we found that there were sufficient staff and recruitment processes were underway for vacant posts. Levels of staff turnover and sickness were low. Staff were however worried about the length of time they were spending on completing documentation as opposed to direct contact with people using the service.

We spoke to staff and looked at individual risk assessments for people using the service. The people using the service had range of needs and they had individual and comprehensive risk assessments in place. Individual risks were discussed at multi-disciplinary meetings and staff told us they could access advice from colleagues as needed.

Potential risks

We looked at discharge planning for when people were coming out of inpatient services. We found examples of very detailed discharge planning and that this started as soon as someone was admitted to hospital. Staff told us there was a challenge in undertaking joint work with social services and ensuring they were fully engaged in the process. We saw examples of joint agency meetings taking place.

Good

Are services safe?

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

Hampshire community learning disability teams

Track record on safety

There was an effective system of incident reporting and data was held by the trust. Staff were confident in raising concerns and knew how to escalate these if necessary.

Learning from incidents

Staff within the community services learnt from incidents and this included incidents from other agencies and care providers. We attended a multi-disciplinary referrals meeting and it was evident from discussions within the team that staff were aware of previous relevant incidents that had taken place and the measures which were in place to mitigate these.

Safeguarding

Safeguarding policies and procedures were in place and there was very good knowledge of these within the team. Staff had received training in safeguarding. People were screened for safeguarding on assessment and any issues identified communicated to the local authority safeguarding team. There was discussion in the referral meeting about any safeguarding concerns.

Staff were confident to raise safeguarding alerts for vulnerable adults who were in both community and residential settings.

Assessing and monitoring safety and risk

Risk was assessed and managed from the beginning of the referral process. For example Where people had been referred for occupational therapy their current risk and safety was discussed. The referral meeting prioritised people according to risk and had a sophisticated understanding of the balance between independence and risk. Where risk had increased the team were able to respond by providing intensive support or liaising with inpatient services.

The community team was co-located with the local authority learning disabilities team. Staff told us that there was effective communication and joint working between the teams.

Potential risks

There was capacity within the team to respond quickly to urgent requests and to refer people with challenging behaviour for more intensive support.

The community services had sufficient experienced staff from a range of disciplines and many had been in post for several years.

There was a lone working policy in place to ensure safety of staff both within and outside of office hours.

Oxfordshire and Buckinghamshire assertive outreach teams and intensive support team

Track record on safety

In the last year there were no serious incidents requiring investigation relating directly to the care provided by the assertive outreach or intensive support team.

Learning from incidents and Improving safety standards

Staff were able to tell us that information and learning from incidents had been shared with them. This was through line management arrangements, the trust bulletin and also in training where anonymised incidents had been discussed.

Safeguarding

Staff demonstrated a thorough knowledge of the safeguarding policy and procedures. Staff had completed the safeguarding training and said they felt confident to raise alerts as needed.

Assessing and monitoring safety and risk

The assertive outreach and intensive support teams were all very small (between 2 and 4 staff). At the time of the inspection the teams all had very small caseloads (between 8 – 17 people) due to the very focused nature of their work. They explained that there are plans for the assertive outreach teams to join the community learning disability teams. At the moment they would only accept new people to support if there was staff capacity to undertake this work.

Potential risks

The teams provided a very person centred service and each persons risk was considered with input from the multi-disciplinary team in detail and a risk management plan was completed. We looked at examples of these plans and saw they were regularly updated.

Staff were aware of and followed the lone working policy. Staff often worked in pairs. Staff wore ID badges, which also acted as an alarm if they needed to call for help.

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.

Summary of findings

People using the services had a comprehensive assessment completed of their individual needs. They were also having their physical health needs assessed and services were in place to meet these needs.

There were excellent examples of multi-disciplinary working across the different locations which ensured that teams were able to work together to provide effective care to people using the services.

Staff had good access to mandatory and statutory training. More in-depth training on epilepsy was being rolled out. Staff in Oxfordshire and Buckinghamshire felt that training had improved, but many staff especially those without a professional qualification needed more training to meet the specific needs of the people they were supporting.

People's rights were protected through the effective use of the Mental Health Act and Mental Capacity Act.

Our findings

Oxfordshire community learning disability teams

Assessment and delivery of care and treatment

The trust had introduced and was embedding a core assessment. We also heard about additional assessments that were undertaken where needed, for example for people who may have a diagnosis of autism.

We looked at people's assessments and found they were very thorough and addressed people's physical health and social care needs. We heard and could see from the documentation that people and their carers had been involved where possible in these assessments.

We saw that people had health action plans and hospital passports. We also were told about other examples of how people have their health care needs met by the community teams, such as clinic for people who use wheelchairs and need support to monitor their weight.

We were told by staff about the development work that is underway to define six clinical pathways. This will help to clarify clinical competencies and the development needs of staff. People who use the services may use more than one clinical pathway.

The assessments were used to develop care plans and people who were supported using a care programme approach had these reviewed six monthly and other people had a review of their assessment and care plan at least once a year.

Staff skill

Staff were very positive about the training opportunities that were available and that more training was now available in the Oxfordshire area. The trust had a full time practice educator in Oxfordshire.

We talked to staff about induction training. We found that there was a corporate induction that was delivered locally.

Staff were accessing the statutory and mandatory training. In addition other training had taken place including training on accountability and record keeping. Additional training was provided on epilepsy. Some training and development was also taking place within the teams using the skills of team members such as training on risk assessments, continence and mental health.

Staff also spoke positively about the opportunities for peer support and reflective practice. Staff said they were all having regular managerial and clinical supervision. They all had an annual appraisal.

Senior staff said that they had the opportunity to complete the "going viral" leadership training and they enjoyed having the opportunity to meet and learn with other people from the trust.

Multi-disciplinary working

We saw and heard about many examples of multi-disciplinary working in the community teams. Staff told us how much they valued the support and guidance from colleagues when supporting people with complex needs. Meetings considering referrals are multi-disciplinary as well as reviews for individual people using the service.

We also heard about the multi-agency work that took place. The teams consist of health and social services staff working together in a shared office space. There were many examples of team members liaising with and supporting other agencies. For example, team members were training staff from other organisations in line with shared care protocols. They were also signposting people to other services such as the employment service provided by Mencap.

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.

Information and Records Systems

The records in relation to the operation of the service and the care of people using the service were generally well organised and ensured peoples confidentiality was maintained. We did find that locating mental capacity assessments was hard. Staff talked at length about the changes that are taking place in the system for patient records and hoped this would result in improvements.

Access to electronic patient records were protected. Staff have received training in information governance. We were made aware of one consultant psychiatrist who was taking paper copies of patient records out of the office which was not in line with trust procedures.

Consent to care and treatment

Staff are trained in the use of the Mental Capacity Act (MCA) as part of the safeguarding training. A few staff have completed training with Oxfordshire County Council. The teams also have a team member who is a specialist MCA and best interest advisor who can support other members of the team.

We found that staff had a good awareness of the MCA and were able to give examples of where this was used. We looked at the use of best interest meetings. We were told that these were chaired by the team leader if they were very complex. We found that whilst these meetings were taking place they were not structured in line with Section 4 of the MCA and this was an area for further staff training.

Hampshire community learning disability teams

Assessment and delivery of care and treatment

At the multi-disciplinary referral meeting a specific format was used to determine the persons needs. The meeting discussed the person's situation, background, assessment of problem, recommendations and decision. We attended a meeting and observed that this format was followed with comprehensive information available. The meeting decided which profession was to lead on the assessment. Where the need was for social care the team liaised with the appropriate person from the local authority.

Whichever profession carried out the assessment this covered all areas of need so that the person only had one full assessment by the team rather than several assessments for different parts of the service. If possible previous assessments were updated. This meant people did not have to undergo more than one assessment where duplicate information was collected.

The referral meeting had access to previous treatment information which was used to inform the process. It was evident that many people were well known to the team. For example one person had been referred to the team following an increase in challenging behaviour. Staff discussed that the history of previous referrals was that new support staff had not been following the person's challenging behaviour support plan and that they would need to do a short piece of work to reinforce the plan with care staff.

We noted that one person was discussed who fell between services. Staff advocated for this person within the meeting as they felt that they would not receive a service if the community team did not pick them up. They felt that the person was potentially at risk if they did not get support but that they would not meet the criteria for support from adult mental health services.

Staff had low caseloads which they told us meant they had time to get to know people and were not under too much time pressure. Where needed staff could refer people with challenging behaviour for intensive community support. This team had access to the person's core assessment and did not duplicate assessments. The intensive team had a template for an additional functional assessment.

Outcomes for people using services

People had their needs reviewed. We saw the service was using wellness recovery action plans which triggered extra funding if peoples needs increased.

The intensive support team who worked with people leaving inpatient units had only four readmissions within the last two years.

Staff skill

Staff were competent and confident. The multi-disciplinary team consisted of psychologists, nurses, occupational therapists, psychiatrists and support workers. Many staff had been in post for several years and were very knowledgeable with good access to professional support.

Multi-disciplinary working

Multi-disciplinary working by community teams was excellent. Within the team staff worked with colleagues and also worked effectively with other agencies including the local authority, GPs and staff within residential and community 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.

In addition to the referral meeting there was a team multi-disciplinary meeting. Records of the meeting were displayed in real time on an electronic whiteboard and updated as the meeting progressed. This ensured that information was accurate, actions were not missed and could be carried over and followed up in subsequent meetings.

In the referral team we saw that staff were comfortable in expressing their views and opinions and that team members treated each other with respect.

Staff we spoke with told us they enjoyed their work and felt supported.

Information and Records Systems

There was good use of records. Assessments were shared and duplication was avoided. Information in the referral meeting was current and appropriate background information was available.

Consent to care and treatment

The psychologist we spoke with had a very good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

We saw that consent was discussed carefully within meetings and that capacity and the need to support the person to access an independent mental capacity advocate was considered.

Oxfordshire and Buckinghamshire assertive outreach teams and intensive support team

Assessment and delivery of care and treatment

The teams use the core assessment but also undertake other assessments in line with their specific roles. These are multi-disciplinary.

The assertive outreach team developed care plans which were based on supporting people to achieve greater autonomy through addressing complex needs including relationships, medication, mental and physical health, safety and crisis prevention. We saw examples of how this was put into practice such as supporting people to access primary healthcare services.

Outcomes for people using services

We saw how the assertive outreach teams completed baseline assessments which enabled people's progress to be monitored. These measures were evaluated and the positive outcomes for people were evident.

Staff skill

Similarly to the community teams, staff had access to the statutory and mandatory training. We also heard how staff had accessed a wide range of other training to support their professional development. Staff were supported with regular supervision and appraisals.

Multi-disciplinary working

We heard how multi-disciplinary working took place with regular review meetings. In Buckinghamshire the social service staff were no longer located with the health staff and this was making communication and joint working more challenging.

Consent to care and treatment

Staff had been trained and were using the Mental Capacity Act. They were often supported with capacity assessments by the psychologists from the community learning disability teams.

Good

Are services caring?

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

Summary of findings

People using the services were cared for by staff who were very motivated and supported people with care, dignity and respect.

We found that people using services in all the teams were supported to be involved in the development and review of their care plans.

People were encouraged to attend their review meetings and had access to advocacy services.

Relatives and friends were involved at all stages with peoples care and we were told that they felt well informed.

Our findings

Oxfordshire community learning disability teams

Dignity, respect and compassion

Throughout the inspection we heard positive feedback from people using the service and their relatives about the support being given by the staff. We observed that staff were very knowledgeable about the people they were supporting and committed to ensuring they received the help they needed. Staff spoke about people in a very respectful manner and this was also reflected in the written records that we read.

Involvement of people using services

We heard about how people using the service had opportunities to be involved in decisions about their care. People told us and we also saw from looking at records that their care plans were discussed with them, they were encouraged to attend their review meetings and that they had an opportunity for a discussion before their meeting.

We saw some positive examples of information being provided for people about the services provided by the team. These had been made in an accessible format.

We were told that some people have a copy of their care plan and others choose not to. We saw some creative examples of making care plans more meaningful, for example one staff member described how the care plan had been produced to look like a "mind map". Staff acknowledged there was more work to do on this.

We were told about some creative work that had been done by the speech and language therapists who had developed a website promoting communication to act as a resource for other staff in the community to support people who use the service.

We heard that where several professionals are involved in supporting a person, that there is always a lead to ensure clear communication with the person using the service.

We heard how the team employed a person with learning disabilities as an administrator and also how people were involved in the training of staff.

Emotional support for people

All the staff we spoke with told us they recognised the importance of involving families and carers. This was described by staff as being a strength in the team working. We saw that families were invited to meetings and were involved in assessments unless the person did not want this to happen.

Senior staff in the trust recognised that for some families there was a disconnect and felt this had to be addressed with each individual concerned.

Hampshire community learning disability teams

Dignity, respect and compassion

People and their families told us they were very satisfied with the service they received and the way they were treated by the team. People told us that the staff who visited them were very kind and caring and that staff in the office were very helpful. We were told that people were informed if staff had to cancel an appointment. One person told us, "they don't just go the extra mile they will go an extra ten miles". Another person said, "they made my son feel important". All of the people we spoke with were complimentary about the staff and the service they received.

We observed staff on home visits and saw that effective therapeutic relationships had been established. We saw that staff were respectful and caring in their manner and it was evident people felt relaxed and confident with staff.

Staff spoke about people respectfully and demonstrated a commitment to accepting each person's individuality. It was evident from our coversations with staff that they were committed and passionate about the service they delivered.

Good

Are services caring?

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

We observed a meeting with a family member whose first language was not English as saw that the member of staff was very thoughtful, ensuring the person had understood and re-phrasing questions where necessary. We noted that they explained the need to keep an eye on the time in a courteous manner.

Involvement of people using services

People were supported to manage their own care as far as they were able. For example we heard of one person who was supported to chair their own care plan approach meeting and write up their own accessible care plan. One person told us how they had participated in a staff interview.

The service facilitated service user involvement groups and also had accessible 'have your say' feedback forms. We saw that the service had responded to service user feedback. A patient experience sub-group met and we saw that items discussed included feedback from peer reviews of services that people had participated in.

We were shown new appointment cards with staff photographs on which had been developed with people who used the service. There was current work in progress to design a poster for the service user group to attract more people.

Staff showed us new information they had recently produced which listed all the services in the local area that were available for people.

Emotional support for people

Staff paid attention to people's emotional needs and preferences in addition to their health needs. We noted in the referral meeting that staff discussed the context of people's lives such as college and work and the impact of these for people. Attention was paid also to people's families and carers; one family member said, "they talk to us as people". Family members we spoke with were complimentary about the service and the support they had received.

Oxfordshire and Buckinghamshire assertive outreach teams and intensive support team

Dignity, respect and compassion

It was evident from our conversations with people using the service, staff and our observations from joining staff on home visits that care provided by staff was outstanding. In all of our conversations with staff they demonstrated a person-centred approach and were very positive about the people they supported.

Involvement of people using services

People using the service were supported to be involved in their assessments, care plans, review meetings and risk assessments. We saw this happening in practice when we looked at peoples records.

We saw that people were support to access advocates where this might be of assistance.

People being supported by the assertive outreach teams were supported using the care programme approach and had a care co-ordinator which helped people to know who their main contact was.

Emotional support for people

Staff told us that they worked closely with people and their families.

Are services responsive to people's needs?

Good

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

Summary of findings

Whilst all the teams addressed urgent referrals in a timely manner, some people had been waiting for non-urgent interventions from the community teams for long periods of time. This needs to be addressed.

People received support that respected their diversity of needs.

People using the services knew how to complain and staff were responsive and changes were made where needed.

Our findings

Oxfordshire learning disability teams

Planning and delivering services

The Oxfordshire learning disability teams had a good understanding of their role. Staff did tell us that where people they supported had a dual diagnosis of mental health and a learning disability the mental health services tended to push the care of the person back onto the learning disability services.

Diversity of needs

We were told and could see in people's records that their individual needs in terms of their religion, culture, language, relationships and other choices were assessed. Staff told us about how they supported people for example to access interpreters. We were told that cultural sensitivity was used when visiting people in their homes, for example removing shoes before entering the house.

Right care at the right time

At the time of the inspection we were told that referrals are screened twice a day and if anyone needed to be seen urgently that would usually happen within a day.

The target is for the team to complete the assessment within 28 days and provide a service within 13 weeks. All referrals are prioritized and recorded so they can be monitored. We saw that 120 non-urgent referrals had been waiting over 13 weeks for their intervention. We were told that some of these were waiting for a group to be established and for 20 people waiting for dietetic input this was coming from another provider.

There were however 29 people waiting for psychology input, 33 for nursing, 10 for occupational therapy and 9 for physiotherapy. Twenty six of these referrals had been waiting for over a year. The Trust advised that it does not believe these figures are accurate but that there is an issue with the way that referrals are logged electronically. A data cleansing exercise is underway to address this.

We were also told that the level of psychiatric input varies between teams. Senior staff within the trust acknowledged this needed to be addressed and said they wanted to work with teams and involve them in resolving this issue.

Learning from concerns and complaints

We heard that as the teams consisted of staff from health and social services they had to decide who was the lead agency for responding to each complaint. We were told that most of the complaints related to social care.

We saw the complaints process was available in an accessible format. Staff said they would support people to complain if asked. If the teams received a complaint they would try to address this locally. They would also direct people to PALS if needed.

Hampshire learning disability teams

Planning and delivering services

People we spoke with told us that the service they received met their needs. Staff told us they matched people returning to the service with staff they already knew where possible.

People with more urgent needs were prioritised. Where possible the service tried to support people for a short period however if needed staff would work with people for longer periods.

Intensive support could be accessed from the community team as needed.

Diversity of needs

Staff treated people using their services as individuals and meet their individual needs. There was access to interpreters for people who did not speak English or had poor understanding of English. Where language was an issue staff took care to communicate clearly in a respectful manner.

All information was available in accessible format.

Are services responsive to people's needs?

Good

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

We observed that when staff spoke with us about people, and within meetings, that there was a respect for each person's individual ethnicity, age and gender and that these factors were accommodated in decisions taken.

Right care at the right time

Timescales for response were in place. Teams responded to urgent referrals within five days and standard referrals within 20 days. We saw that referrals were prioritised as appropriate within the referral meeting.

There was a system in place to keep track of referrals and their progress.

Where the persons need was outside the remit of the community team the team liaised with the appropriate service.

People we spoke with told us they had received a good service and that it had met their needs.

Oxfordshire and Buckinghamshire assertive outreach teams and intensive support team

Planning and delivering services

All the teams were very small and delivered services with a clear remit.

The support delivered by the teams consisted of individual interventions and attending meetings with other professionals and agencies to consider risks and how to meet people's individual needs.

Diversity of needs

We were told and could see in people's records that their individual needs in terms of their religion, culture, language, relationships and other choices were assessed.

Right care at the right time

For the assertive outreach teams we heard that the length of the interventions varies. For example in the Buckinghamshire team the shortest intervention was four months and the longest 17 months. The aim is to transfer the person receiving the service back to the community learning disability teams. A formal discharge meeting takes place at the time of transfer.

The intensive support team in Buckinghamshire is meant to provide a 24 hour service but at the time of the inspection people using the service were supported at night and during the weekends by staff from the inpatient service.

Learning from concerns and complaints

People using the service could access the complaints process in an accessible format. They were also signposted to PALS as needed.

We were told by staff about how one complaint had been used as a learning opportunity and enabled staff to reflect on how they communicated with people using the service.

Are services well-led?

Requires Improvement

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

Summary of findings

Staff working in Oxfordshire and Buckinghamshire felt removed from the trust and were unclear about the details of senior staff. Staff told us that the culture of the trust was a top down approach and that they did not feel valued. The trust had made an effort to address this especially through the use of training, executive and senior staff visits, roadshows, staff briefings and the people development programme Senior staff acknowledged however that there was the continued need to improve contact and communication across all the teams.

The trust had introduced a number of governance processes. This included a system of peer reviews of which three had taken place.

People using the service had opportunities to be engaged with their care.

Our findings

Oxfordshire learning disability teams

Governance

The trust had introduced a number of governance processes. This included a system of peer reviews of which three had taken place. There was also a monthly clinical audit. There was also access to a trust wide performance dashboard that highlighted areas for improvement.

The managers in the service attended a monthly quality and governance meeting for Oxfordshire that started 3 months ago. In addition the senior staff said they attended professional steering groups.

Leadership and culture

We heard that staff felt very well supported locally by team and line managers.

We also heard from the staff we spoke with that they felt very disconnected from more senior staff in the trust. Most staff said they could not remember meeting anyone more senior than the head of service and said that most contact from senior staff was through emails.

Staff said they had felt under tremendous pressure during the lead up to the inspection, with lots of instructions to complete tasks. They said that some of the changes being made did not reflect local circumstances, for example the work on clinical pathways and the trusts approach was very inflexible which did not make staff feel valued. They often were told that “Hampshire was doing this”.

When we spoke to senior staff in the trust they said they recognised that the inspection had caused stress for the staff and that they had been trying to improve consistency. They recognised that although they had worked hard to engage and made some progress especially with training, they needed to have more of a physical presence in Oxfordshire.

Engagement with people and staff

We heard about the opportunities people who use services have to get involved in the organisation. This included assisting with the peer review of services. There is also a service user and families questionnaire which is sent at the end of interventions but the return rate is low.

Staff working in the service felt they could raise issues within the service and knew how to access the whistle-blowing line if needed. They said they received the trust bulletin by email. Staff also complete a staff survey. They appreciated the service day meetings as a way of sharing good practice.

Continuous Improvement

We heard from members of the multi-disciplinary team how they are working well together to continue to improve the service for the people using the service. Different members of the team were making a number of contributions.

Hampshire learning disability teams

Vision and strategy

Staff understood the trust’s vision in respect of values and were committed to and passionate about providing an good service.

There were appropriate policies and procedures in place which supported a person-centred approach. For example the guidelines for working with people whose behaviour challenges began with a statement of vision and values which included working in a , “co-ordinated, caring and compassionate way”.

Governance

There was a quality assurance system in place and a peer review had taken place to monitor how the service was

Are services well-led?

Requires Improvement

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

meeting standards. There was a system in place to follow up patients discharged from the in-patient unit and the service was able to identify why people had needed to be re-admitted.

Leadership and culture

The culture of the team was focused on meeting the needs of people in a person-centred way which met their individual needs. Staff we spoke with were happy working at the service and felt well supported within the team. Many had worked there for several years.

There was a focus on working with other services. The team had organised a 'meet the team' day to engage with GPs and other services but this had been poorly attended. This had been followed up with stakeholders who explained a shorter time slot would be better and as a result the team organised a number of short sessions around the area to meet this request.

Engagement with people and staff

There was good engagement with people who use the service and staff.

People who used the service took part in staff interviews and were paid for this. There was an active service users' group who were involved in the design of leaflets, posters and appointment cards for the service. People who used the service had also been involved in peer reviews of local learning disability services and had visited Willow ward.

There was an AIMs board available at the base office we visited. This stood for acknowledge, inspire, motivate and displayed compliments, both internal and external, that the service had received.

Continuous Improvement

Staff we spoke with told us about projects they had planned, which included further developing the engagement with people using the service.

Oxfordshire and Buckinghamshire assertive outreach teams and intensive support team

Governance

The teams were aware of the governance processes and peer reviews had taken place.

Leadership and culture

Some staff said they did not know the names of senior staff but felt well supported locally. We heard that staff felt their professional support had improved.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **How the regulation was not being met:** The registered provider did not have suitable arrangements in place to ensure that persons employed were appropriately supported to undertake their responsibilities effectively. The staff working in Oxfordshire and Buckinghamshire did not know the names of senior staff and many had not met those staff. Staff felt that the culture and approach of the trust was inflexible and top down and did not feel valued.