

Central and North West London NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RV3EE	Stephenson House	Brent and Harrow Community Learning Disability teams	NW9 9QY

This report describes our judgement of the quality of care provided within this core service by Central and North West London 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 Central and North West London NHS Foundation Trust and these are brought together to inform our overall judgement of Central and North West London 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

Not sufficient evidence to rate



Are services safe?

Not sufficient evidence to rate



Are services effective?

Not sufficient evidence to rate



Are services caring?

Not sufficient evidence to rate



Are services responsive?

Not sufficient evidence to rate



Are services well-led?

Not sufficient evidence to rate



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

There was insufficient evidence to rate the Bent and Harrow Community Learning Disability teams:

Assessments were completed for each person referred to the team, based on their individual needs and the reason for their referral. Care plans had all been discussed and shared with the people using the service and their carers. Care plans covered all the areas of individual need for each person and were regularly updated. Staff monitored people's medicines as part of a shared care with the person's GP.

People who use the service had risk assessments that were updated on a regular basis to reflect the current individual needs of the person. People using the service all had individual crisis plans in place. People's records showed that individual healthcare needs were clearly identified and closely monitored.

Both teams were multi-disciplinary and offered support based on the person's individual needs.

Staff members of the team worked closely where needed with primary care, colleagues in social services and a range of other care providers.

Staff talked about people in a way that demonstrated kindness, dignity and respect

People using the service were supported to be involved in their care planning and to attend meetings with their families and carers. Meetings often took place in the person's home or day service rather than at the team base. Team members worked closely with families and carers who knew the people using the service well. The service had recently piloted a survey of people using the service to get feedback on the quality of their support.

The number of people who did not attend appointments was generally low and people who missed appointments were contacted. We saw examples of two complaints. On both occasions lessons were learnt, staff received feedback and an apology was offered by the trust.

Staff were aware of the service's vision and values. Staff told us they felt valued and that managers were approachable and listen.

Summary of findings

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

Are services safe?

People who use the service had risk assessments that were updated on a regular basis to reflect the current individual needs of the person. People using the service all had individual crisis plans in place.

There was a staff member on site with a lead role for safeguarding adults, and another for safeguarding children. Staff knew who the lead workers were and were able to demonstrate a good understanding of safeguarding.

When staff were on leave or sick the support given to people who use the service was prioritised to ensure that those with the most urgent needs had the support they needed.

Not sufficient evidence to rate



Are services effective?

Assessments were completed for each person referred to the team, based on their individual needs and the reason for their referral. Care plans had all been discussed and shared with the people using the service and their carers. Care plans covered all the areas of individual need for each person and were regularly updated.

Staff monitored people's medicines as part of a shared care pathway with the person's GP.

Staff members of the team worked closely where needed with primary care, colleagues in social services and a range of other care providers.

Not sufficient evidence to rate



Are services caring?

Staff talked about people in a way that demonstrated kindness, dignity and respect

People using the service were supported to be involved in their care planning and to attend meetings with their families and carers. Meetings often took place in the persons home or day service rather than at the team base.

Team members worked closely with families and carers who knew the people using the service well.

The service had recently piloted a survey of people using the service to get feedback on the quality of their support

Not sufficient evidence to rate



Are services responsive to people's needs?

Team members mainly saw people in their family homes, in their residential care homes, supported living schemes or day service.

Not sufficient evidence to rate



Summary of findings

The number of people who did not attend appointments was generally low and people were followed up as needed.

We saw examples of two complaints. On both occasions lessons were learnt, staff received feedback and an apology was offered by the trust.

Are services well-led?

Staff were aware of the service's vision and values

Staff told us they felt valued and that managers were approachable and listened.

Governance processes provided the teams with timely information to monitor performance and also enabled issues to be escalated as needed.

Not sufficient evidence to rate



Summary of findings

Information about the service

The community mental health services for people with learning disabilities provided by Central and North West London NHS Foundation Trust consisted of the Brent and Harrow community teams based at the Kingswood Centre.

In addition the trust also provided consultant psychiatry input into six other community learning disability teams.

The learning disability services also provided a number of other specialist services such as an autism diagnostic service, court diversion and vulnerable offender service and psychosexual assessment service.

At the time of the inspection there were no outstanding compliance actions for these services.

Our inspection team

The team included two CQC inspectors and a variety of specialists: a psychiatrist, a psychologist and a nurse. A second visit was carried out by a CQC head of hospital inspection.

Why we carried out this inspection

We inspected this core service as part of our ongoing 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?

During the inspection visit, the inspection team:

- visited both community teams and looked at the quality of the rooms used by service-users
- spoke with one patient who used the service
- spoke with the community service team manager

- spoke with 10 other staff members; including , psychologists, an occupational therapist, a nurse and behavioural therapists.
- interviewed the service director and clinical director with responsibility for these services
- attended and observed a multi-disciplinary meeting and a joint team business meeting

We also:

- collected feedback from patients using comment cards
- looked at electronic records of 4 people who use the service
 - We looked at a range of policies, procedures and other documents relating to the running of the service

Summary of findings

What people who use the provider's services say

We spoke to a person who uses the service and they were very positive about the staff.

This person told us about opportunities available for people who use services to be involved in providing training to staff.

Areas for improvement

Action the provider **SHOULD** take to improve

- Accurate records should be available of the training staff have completed to ensure staff complete the necessary training.

- Vacant occupational therapy and speech and language therapy posts should be filled as soon as possible to ensure people who use the service have access to that professional input where needed.

Central and North West London 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
Bent and Harrow Community learning Disability teams	Stephenson House

Mental Health Act responsibilities

We do not rate teams responsibilities under the Mental Health Act 1983.

None of the people using the Brent and Harrow community learning disability teams were subject to a community treatment order.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had attended Mental Capacity Act (MCA) training which was mandatory. Staff had a good working knowledge of the MCA.

We looked at the case notes of a person who had mental capacity issues. A thorough capacity assessment and best

interest meetings had taken place. This had led to measures being put into place by the team caring for the person including an approved deprivation of liberty safeguard. This showed the the community team staff knew when the use of the MCA was needed.

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

People who use the service had risk assessments that were updated on a regular basis to reflect the current individual needs of the person. People using the service all had individual crisis plans in place.

There was a staff member on site with a lead role for safeguarding adults, and another for safeguarding children. Staff knew who the lead workers were and were able to demonstrate a good understanding of safeguarding.

When staff were on leave or sick the support given to people who use the service was prioritised to ensure that those with the most urgent needs had the support they needed.

- At the time of the inspection neither team had a speech & language therapist (SALT), and we were told that they had been unable to recruit to these vacant posts. The recruitment process was ongoing. The team had made arrangements to access speech and language therapy input from another provider for people with swallowing difficulties as this could place them at immediate risk. Shortly after the inspection we were told that locum staff were covering until permanent staff were appointed.
- At the time of the inspection the recruitment of one band 5 occupational therapist was taking place.
- New referrals were allocated to team members depending on their individual needs. The manager confirmed case loads were between 20 and 27 patients with staff members supporting people with a mixed complexity of need.
- When staff are on leave or unwell the team prioritize the work based on each persons individual risks. If necessary less urgent appointments are re-scheduled.

Our findings

Brent and Harrow community learning disability teams

Safe environment

- At the team base located at the Kingswood Centre there were four interview rooms used by both community teams, accessed from the main waiting area. There was a policy covering the use of these rooms to ensure safety of staff and people using the service.
- Staff had access to portable alarms. The alarm system identified the location of the staff member if they needed help. Staff were aware of how to use the alarms, and alarms were being worn by all staff.

Safe staffing

- There was one manager covering both the Brent and Harrow teams.
- Both teams had a range of disciplines, including psychiatrists, psychologists, community nurses and speech and language therapists. The Brent team also had physiotherapy and occupational therapy input, whereas the Harrow team was commissioned differently in terms of access to those services.

Assessing and managing risk to patients and staff

- Risk assessments were completed using the trust's on line risk assessment tool. We looked at 4 records of people using the service. They had individual risk assessments in place. These were completed using a standard format to identify specific areas of risk and the action needed to mitigate the risk. The risk assessments were updated on a regular basis to reflect the current individual needs of the person.
- People using the service all had individual crisis plans in place. This provided the contact details of who to contact in an emergency. These crisis plans were incorporated into peoples' risk assessments. Crisis cards were available in an easy read format. There were no examples of advance decisions in place for people using the service.
- People's records showed that individual healthcare needs were clearly identified and closely monitored. Where needed team members were requesting support from other members of the team if they felt their professional skills would be of benefit. They were also

Are services safe?

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

contacting GPs and other healthcare professionals to ensure the people they were supporting received input from physical health care services. Where needed team members could accompany people to healthcare appointments to facilitate this clinical input although this was mainly done by relatives and carers.

- Safeguarding training was part of the trust's mandatory training. There was a staff member on site with a lead role for safeguarding adults, and another for safeguarding children. Staff knew who the lead workers were and were able to demonstrate a good understanding of safeguarding and who to contact in the local authority safeguarding teams if needed.
- The service uses the trust wide lone working policy. They were developing their own service specific policy. Guidance about lone working was incorporated into the policy for management of violence and aggression. Staff used in/out boards, located by the receptionist's office and in individual teams offices and were provided with mobile phones by the trust. Staff were able to tell us about the arrangements that they made to ensure safe lone-working practice

- No medicines were held on the premises. Medicines were held at another trust location which had storage facilities the community team could access.

Track record on safety

- There had been no serious untoward incidents associated with this service in the last six months.

Reporting incidents

- Staff knew how to report incidents and would provide information for investigations if needed.
- Incidents were discussed at the monthly team meeting where needed. Staff told us that information regarding learning from incidents was published on the trust intranet.
- The records of recent team meetings showed no evidence of the team discussing incidents from other services as a learning opportunity. A new agenda for joint team meetings had been developed with a standing agenda item for discussing incident management and complaints.

Are services effective?

Not sufficient evidence to rate 

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

Assessments were completed for each person referred to the team, based on their individual needs and the reason for their referral. Care plans had all been discussed and shared with the people using the service and their carers. Care plans covered all the areas of individual need for each person and were regularly updated.

Staff monitored people's medicines as part of a shared care pathway with the person's GP.

Staff members of the team worked closely where needed with primary care, colleagues in social services and a range of other care providers.

Our findings

Brent and Harrow community learning disability teams

Assessment of needs and planning of care

- Assessments were completed for each person referred to the team, based on their individual needs and the reason for their referral. For example a person experiencing mobility issues in Brent would have an assessment completed by a physiotherapist. Where a person has a range of needs a broader assessment would be completed by a nurse.
- Each person had an individual care plan. These were completed using a different format depending on the lead care professional. Some made use of photos, pictures, social stories to make them more accessible. The care plans had all been discussed and shared with the people using the service and their carers. The care plans covered all the areas of individual need for each person and were regularly updated.
- Each person's records were held on a secure patient record system. Some staff teams also kept paper records, and these were kept securely in a locked office. Staff were able to access records completed by different care professionals. There was also access to social service records electronically at the office.

Best practice in treatment and care

- A consultant psychiatrist covering the community teams said that medication was prescribed within British national formulary (BNF) guidelines and medication was reviewed regularly.
- Community team members monitored people's medicines as part of a shared care pathway with the person's GP. GPs also contacted the team for advice about supporting a patient or to request short term prescriptions for anxiety reducing medication. This facilitated good joint working.
- Both teams had access to psychology input. The clinical director was a consultant psychologist. The Harrow team also had one post offering behavioural support and the Brent team also had a number of behavioural support specialists.
- There was no clinical rooms only consulting rooms available at the team base and where physical health care checks were needed team members would make arrangements to access suitable facilities. There was however a gym and a training kitchen at the Kingswood Centre that could be accessed by the physiotherapists or occupational therapists as part of people's assessments or ongoing treatment. Where people had physical health care needs an individual health action plan was in place to ensure their individual needs were met.
- People using the service had regular Health of the Nation Outcome Scales for People with Learning Disabilities (HoNOS LD) assessments taking place to measure the outcomes of the care. These were being updated on a regular basis.

Skilled staff to deliver care

- All new staff attended the trust's corporate induction which includes a session on learning disability awareness.
- In addition the staff accessed local learning disability specific training. This training was provided by the team manager and other members of the team. A training planner was in place and offered training on learning disability awareness, autism awareness, mental health and learning disabilities, epilepsy and sensory integration and other topics. Some of this training was delivered by people with a learning disability. It was recognised that the training on communication needed

Are services effective?

Not sufficient evidence to rate 

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.

to start again once the speech and language therapists were in post. Much of the training was delivered to external staff in other parts of the trust and also in the community including care homes.

- Ninety five per cent of staff had completed their annual appraisal.
- Staff told us they had regular managerial supervision, but some staff were not receiving appropriate clinical supervision.
- Staff were monitored to ensure they updated their mandatory training. The majority of staff had completed mandatory training, although records show that only 55% of staff had completed emergency life support training and 43% had completed training on physical interventions we were told that more people had completed this training and records needed to be updated.
- Team meetings took place every month. We observed a joint team meeting. We saw the minutes of the team meetings had a set agenda, which covered the key lines of enquiry domains. We observed in the meeting that there was good participation from staff who were able to raise questions about the operation of the service. Where needed issues were taken away to be discussed at the service line meeting. The team was also planning to set up a meeting to offer opportunities for shared learning and reflective practice.

Multi-disciplinary and inter-agency team work

- We observed a weekly referral and allocation team meeting. The meeting was multi-disciplinary and all new referrals were discussed. There was also a discussion about the needs of people with complex needs and how team members can work together.

- Staff described supportive working relationships with each other. We heard examples of multi-disciplinary working. We were told there are strong links with local authority social workers.
- Where people using the service were admitted to an inpatient service, members of the community team remained in contact to support people with their discharge plans and to provide specialist advice.
- Staff members of the team worked closely where needed with primary care, colleagues in social services and a range of other care providers. Where needed review meetings included people from other organisations.

Adherence to the Mental Health Act and Mental Capacity Act

- None of the people using the Brent and Harrow community learning disability teams were subject to a community treatment order under the Mental Health Act.
- All staff had attended Mental Capacity Act (MCA) training which was mandatory. Staff had a good working knowledge of the MCA.
- We looked at the case notes of a person who had mental capacity issues. A thorough capacity assessment and best interest meetings had taken place. This had led to measures being put into place by the team caring for the person including an approved deprivation of liberty safeguard. This showed that the community team staff knew when the use of the MCA was needed.

Are services caring?

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

Summary of findings

Staff talked about people in a way that demonstrated kindness, dignity and respect

People using the service were supported to be involved in their care planning and to attend meetings with their families and carers. Meetings often took place in the persons home or day service rather than at the team base.

Team members worked closely with families and carers who knew the people using the service well.

The service had recently piloted a survey of people using the service to get feedback on the quality of their support

- Staff were able to describe the specific individual needs of people, the reasons they had been referred to the service and the rational for the type of work they were doing with these service-users.

The involvement of people in the care they receive

- People using the service were supported to be involved in their care planning and to attend meetings with their families and carers. Meetings often took place in the persons home or day service rather than at the team base. People were provided with copies of their care plan and risk assessment and some were provided in more accessible formats.
- Team members worked closely with families and carers who knew the people using the service well.
- People using the service had access to advocacy services. In Brent this was the Advocacy Project and in Harrow the Association for Disabled People or Harrow Mencap. Staff said they did not use advocacy services a great deal as most people were supported by families and carers.
- The service had recently piloted a survey of people using the service to get feedback on the quality of their support. The feedback was still being received but had been quite limited although largely positive.

Our findings

Brent and Harrow community learning disability teams

Kindness, dignity, respect and compassion

- Staff talked about people in a way that demonstrated kindness, dignity and respect. We spoke to a person who used the service who spoke positively about the staff.

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.

Summary of findings

Team members mainly saw people in their family homes, in their residential care homes, supported living schemes or day service.

The number of people who did not attend appointments was generally low and people were followed up as needed.

We saw examples of two complaints. On both occasions lessons were learnt, staff received feedback and an apology was offered by the trust.

Our findings

Brent and Harrow community learning disability teams

Access, discharge and transfer

- Before people could access the team for the first time they had to complete an eligibility assessment and we heard that in Brent there were long waits for people to be assessed – around 9 months and six months in Harrow. In Brent additional funding had been agreed to support psychology input to undertake the assessments and reduce this waiting list. Neither team operated a duty system. Staff told us that the local authority social workers provided a duty system and could be contacted by services-users on the waiting list whose needs became more urgent.
- The two teams consisted of different numbers of professionals and this was due to their commissioning arrangements.
- At the time of the inspection once people had been assessed there was a waiting list for speech and language therapy while the posts were being filled. In Harrow there was also a list of 56 people waiting for behavioural support. There was however work taking place to look at this list in more detail to see if people still needed the service.
- The community teams aimed to respond to people experiencing a crisis within two hours during working hours, urgent referrals in 24 hours and routine referrals in 7 working days.

- The learning disability team was not commissioned to provide an out of hours crisis service. Where people needed this service they could access the local duty team or seek advice from the trusts crisis line or go to A&E where they would be assisted by the psychiatric liaison service. Contact details were provided on the person's crisis card and on risk assessments. People with an acute mental illness would be admitted to an acute adult ward and the community team would provide advice where needed to the staff working on the ward.
- Team members mainly saw people in their family homes, in their residential care homes, supported living schemes or day service. This made it easier for people to engage with members of the team. Where the staff member knew the person using the service may miss the appointment they would phone in advance to remind them of the appointment.
- The number of people who did not attend appointments was generally low but there had recently been a spike with numbers increasing to around 10%. These were mostly for people attending appointments with the psychiatrists at the Kingswood Centre. Initially a letter is sent offering another appointment. If the person does not attend a second time the team member will call to see if the appointment was still needed. Texts were also used to remind people about appointments. If there were concerns about the welfare of the individual then a home visit would be arranged. A survey was also being prepared to send to people who do not attend appointments to find out why this was happening.
- Team members could work flexibly and could arrange to see people who used services in the evening. This was usually to accommodate family members and did not happen frequently.

The facilities promote recovery, dignity and confidentiality

- The waiting area was clean, light and spacious with comfortable seating. Interview rooms were clean and comfortable. Interview rooms had adequate sound proofing.

Meeting the needs of all people who use the service

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.

- The site had level access, there were a number of available parking spaces and disabled parking spaces outside the main door. There was generic easy-read information available. We did not see information displayed in languages other than English.
- People using the community service had access to the trust's recovery college. Figures provided by the service manager showed nine people using the recovery college graduated in 2014. The aim of the course at recovery college was to help people to recognise their potential, learn ways to manage their feelings and plan goals for achieving what they wanted to do with their lives. The course consisted of two one hour sessions over a five week period. It included carers. There had been 100%

positive feedback from people who said they had enjoyed the course, didn't feel they were the only person who had different needs and had learnt new coping mechanisms.

Listening to and learning from concerns and complaints

- Information about how to make a complaint was displayed in the waiting area.
- We saw an example of a complaint regarding the withdrawal of the physiotherapy input from a person and another complaint about how a Mental Health Act assessment was managed. On both occasions lessons were learnt, staff received feedback and an apology was offered by the trust.

Are services well-led?

Not sufficient evidence to rate 

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 were aware of the service's vision and values

Staff told us they felt valued and that managers were approachable and listened.

Governance processes provided the teams with timely information to monitor performance and also enabled issues to be escalated as needed.

Our findings

Brent and Harrow community learning disability teams

Vision and values

- Staff told us they were aware of the trust visions and values for the service. The service manager told us that the chief executive had issued a challenge to the service 12 months ago about meeting targets for assessing new patients and completing risk assessments and the team had responded very well to the challenge. Staff said they had regular visits from senior staff and said the executive director of nursing had visited both community and inpatient services and had been out with frontline staff.

Good governance

- The governance system included exception reporting. This is where the trust targets for initial assessments, risk assessments and completion of care plan targets had been monitored and missed. We saw the December 2014 and January 2015 exception reports. We saw the system allowed information to be drilled down so individual performance of team members could be monitored. The service manager would provide feedback to individual staff. These also fed into the quarterly performance dashboard for the trust.

- Care quality management meetings which included the two directors, business and service managers of community and in-patient services took place. We looked at the February 2015 report and could see that issues raised by the team had been escalated for discussion.
- We saw the risk register for the community service. The three main items were the recruitment and retention of staff, team capacity and the medicines budget. The medicines budget was a risk due to the trust providing some new antipsychotic medicine, for which there was no budget. As a solution the working age adult team were supplying the medicine.

Leadership, morale and staff engagement

- We looked at sickness and absence rates for the Brent and Harrow teams for the last quarter September to December 2014. For Harrow the sickness rate had fallen from 5.9% to 0.6%.
- The staff we spoke with were aware of the whistle blowing policy and said this was covered as part of human resource policy and procedure during induction.
- Staff told us that managers were very approachable, and that they could ask senior staff, such as the clinical director, for advice regarding clinical matters.

Commitment to quality improvement and innovation

- The service had participated in POMH-UK (Prescribing Observatory for Mental Health).
- They had also participated in a clinical audit on infection control.