Good

North 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) |
|---|---|---|---|
| TAF01 | St Pancras Hospital | Camden Learning Disabilities Service | WC1H 9JE |
| TAF72 | Highgate Mental Health Centre | Islington Learning Disabilities Service | N5 1NS |

This report describes our judgement of the quality of care provided within this core service by Camden and Islington 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.

# Summary of findings

Where applicable, we have reported on each core service provided by Camden and Islington NHS Foundation Trust and these are brought together to inform our overall judgement of Camden and Islington 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? | Good |
| 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

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# Summary of findings

## Overall summary

Overall we rated community mental health services for people with learning disabilities and autism as 'good' because:

- Staff undertook comprehensive assessments and developed high quality care plans. The assessment and resulting care plans were personalised and holistic and included the physical health of the patient. Staff made individualised risk assessments at the point of referral to the service, updated these regularly and developed good crisis and contingency plans for each patient. The care plans included the views of the patient.
- Staff followed best clinical practice. They took account of guidelines from the National Institute for Health and Care Excellence (NICE) and used a range of nationally recognised outcome tools.
- Staff worked well as a team and were well supported by their managers. Multi-disciplinary team meetings took place on a regular basis. Staff received regular supervision and 94% of staff had attended their mandatory training; with 96% having attended safeguarding training.
- The service managed referrals and allocations well. There was a single point of referral, all teams met the target for maximum waiting times and a senior nurse monitored the caseloads for each member of staff. Caseloads ranged from eight to 24 patients.
- Patients and carers had a positive experience of care. Staff treated patients with care, compassion and communicated well. The service ensured that patients and their carers know how to make a complaint. Information leaflets were available in both easy to read and standard formats.
- Staff described the electronic system to report incidents and their role in the reporting process.

However:

- Staff reported that they did not have access to lone worker devices.
- There were two electronic recording systems in operation in each team that did not link to each other at all, meaning that information may be entered twice on some occasions or being recorded on one system but not the other. Protocols were in place to address this issue.

# Summary of findings

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

**Are services safe?**

Good

We rated safe as 'good' because:

- The trust had an up to date infection control policy. All areas were to be clean, tidy and well maintained.
- Caseloads for each member of staff, ranging from eight to 24 patients, were carefully monitored by the senior nurse.
- 94% of staff had attended their mandatory training,
- 96% attended safeguarding training. Staff described what could amount to abuse and knew what action to take.
- Staff completed individualised risk assessments at the point of referral for all patients and regularly updated thereafter.There were good examples of crisis and contingency plans for each patient.
- Staff described the electronic system to report incidents and their role in the reporting process.

However:

- Staff reported that they did not have access to lone worker devices.

**Are services effective?**

Good

We rated effective as 'good' because:

- Patients' needs, including physical health, were assessed. Care plans were personalised and included patients' views.
- Staff followed guidelines from the National Institute for Health and Care Excellence (NICE).
- A range of nationally recognised outcome tools were used.
- Staff had access to supervision on a regular basis.
- A range of multi-disciplinary team meetings took place on a regular basis.
- All staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

However:

- There were two electronic recording systems in operation in each team that did not link to each other at all, meaning that information may be entered twice on some occasions or being recorded on one system but not the other. Protocols were in place to address this issue.

**Are services caring?**

Good

We rated caring as 'good' because:

# Summary of findings

- Staff treated patients with care, compassion and communicating effectively. They spoke with patients in a kind and respectful manner.
- Staff had a good understanding of the personal, cultural and religious needs of patients.
- Care records showed that patients had been involved in the planning of their care and treatment.
- Patients and carers had good relationships with staff and felt well supported by them.
- Care plans were written in a way which met the patients' needs.

**Are services responsive to people's needs?**

Good

We rated responsive as 'good' because:

- There was a single point of referral to each community learning disability service.
- Each service had a maximum waiting time target which was met and neither team had a waiting list.
- There was disabled access to the offices of both community services.
- The information leaflets we saw were written in the English language, however translation services where used as necessary. Information was available in both easy to read and standard formats.
- Information about the complaints process, and feedback process, was available as an easy to read leaflet.
- Patients and carers knew how to make a complaint.

**Are services well-led?**

Good

We rated well-led as 'good' because:

- Staff were aware of the visions and values of the trust.
- Staff had access to supervision on a regular basis and we saw evidence of this.
- Staff sickness was low. The staff sickness average was 1.5% for past 12 months.
- Waiting times, referrals, care plans, infection control, supervision, appraisals and training were audited routinely.
- Senior nurses and managers were highly visible, approachable and supportive.
- Staff felt part of a team and received support from each other.
- The Islington learning disabilities service had set-up and were running a "health hub" from their premises, twice a month.

# Summary of findings

## Information about the service

Camden and Islington NHS Foundation Trust provide community mental health services for people with learning disabilities and autism through two community services. The Camden Learning Disabilities Service is based in Kings Cross, London. The Islington Learning Disabilities Service is based in Islington, London.

Both services were fully integrated between health and social services, and were 'hosted' or provided by the local authorities in the London Borough of Camden and in London Borough of Islington. The healthcare staff inspected were, however, employed by Camden and Islington NHS Foundation Trust.

Patients who used the services came from diverse ethnic and social backgrounds. Both services covered geographical areas which included wealth and deprivation. There was a large immigrant population speaking over 290 languages and a transient population of younger adults.

Camden and Islington NHS Foundation Trust has been inspected nine times since registration in April 2010. Of these, one inspection between 27 and 30 May 2014 looked at the community mental health services for people with learning disabilities and autism. There were no compliance actions identified at the inspection.

## Our inspection team

Our inspection team was led by:

**Chair**: Professor Heather Tierney-Moore, Chief Executive, Lancashire Care NHS Foundation Trust

**Team Leader**: Julie Meikle, head of hospital Inspection, mental health hospitals, CQC

**Inspection Manager:** Margaret Henderson, inspection manager, mental health hospitals, CQC

The inspection team for this core service consisted of a CQC inspector, consultant psychiatrist and learning disabilities nurse.

The team would like to thank all those who met and spoke with inspectors during the inspection for sharing their experiences and perceptions of the quality of care and treatment at the services.

## 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?

Before visiting, we reviewed a range of information we hold about Camden and Islington NHS Foundation Trust and asked other organisations to share what they knew. We carried out an announced visit from 23 to 26 February 2016.

During the inspection visit, the inspection team:

- spoke with four patients and three carers of patients who were using the service
- received written feedback from one carer of a patient using the service

# Summary of findings

- interviewed senior clinical management staff with responsibility for these services
- spoke with 16 other staff members, including doctors, psychological therapists, nurses and occupational therapists
- undertook a focus group discussion with six nurses
- looked at the medication charts of one patient
- reviewed 14 clinical letters written by psychiatrists to GPs, which included risk assessments and medication management
- accompanied staff on four home visits
- looked at the care records of 16 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

We spoke with four patients receiving care and treatment from the services, and three carers of patients receiving care and treatment. We received positive feedback about the services.

Patients told us that they had good relationships with staff and felt well supported by them. Each patient told us that the staff were kind and caring. One person said how the nurse had helped refer them to the advocacy service.

The carers we spoke with confirmed that staff were very caring and approachable. One carer was particularly pleased about the support they had receive from the service, in addition to the support their relative (the patient) had received.

## Good practice

The Islington learning disabilities service had set-up and were running, twice a month, a “health hub” from their premises. The health hub related to the physical health of patients using the service. Staff would speak with patients about their physical health and support patients to have a health check. Information was also provided for patients to make choices about their physical health care. We saw a range of information was available in easy to read format, which covered topics such as medicines, eating healthy, staying healthy in the community, sexual health and health appointments. The team was proud of the health hub and we found this to be good practice

## Areas for improvement

**Action the provider SHOULD take to improve**

- The provider should review and evaluate the systems in place for lone working.
- The provider should review and evaluate the electronic record keeping systems.

North 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 |
|---|---|
| Camden Learning Disabilities Service | St Pancras Hospital |
| Islington Learning Disabilities Service | Highgate Mental Health Centre |

## Mental Health Act responsibilities

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

A mental health law training course was available for staff to attend. However, this was not a mandatory training course. As such, attendance rates at this training were not provided during this inspection.

The staff we spoke with had a good working knowledge of the Mental Health Act 1983 (MHA) and the MHA Code of Practice. Staff were able to describe the basic principles of the MHA and told us that they would seek support from senior members of the team if they felt this necessary. Staff had access to the trust's MHA policy, along with the MHA administrative team, if they required further guidance.

We were told that patients could access the Independent Mental Health Advocacy (IMHA) service. Staff knew how to access and refer patients to this service.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

Care records showed that patients' mental capacity to consent to their care and treatment was always assessed and regularly updated. We saw examples of decision specific capacity assessments within the patients' care records.

When we spoke with staff there was a good degree of knowledge about the MCA and DoLS. Staff told us that they knew how, and where, to access the relevant policies and procedures, and when to request best interest meetings.

All staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

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

## Our findings

### Safe and clean environment

- All areas were clean, tidy and well maintained.
- Interview rooms to meet with patients were available. The rooms had a panic alarm for staff to summon assistance if required. In the Camden learning disabilities service offices, we found one panic alarm had been positioned under a desk incorrectly and could not be reached. A senior manager arranged for this to be rectified during our inspection.
- Both services had a well-equipped clinical room, which could be used to carry out a physical examination. Staff checked and recorded clinical fridge temperatures on a regular basis. All were within the acceptable range. Resuscitation equipment was available and checked on a regular basis. The responsibility for the servicing of this equipment lay with the local authority.
- The trust had an up to date infection control policy, dated January 2016. Practices were in place to ensure infection control and staff had access to protective personal equipment such as sterile gloves. A range of infection control posters were displayed. Topics included, for example, handwashing and sharps injuries. Hand hygiene audits were completed regularly and we saw evidence of this.
- An infection control audit of the Islington learning disabilities service, dated November 2015, scored 89%. There was a senior nurse who acted as the infection control lead for the service. We saw how they shared information about infection control practices and procedures with both health and local authority staff. The Camden learning disabilities service had recently moved into their office and were awaiting an infection control audit. There was a nurse who acted as the infection control lead for the service.
- Stickers were attached to medical equipment indicating when the equipment had been last cleaned.
- The Islington learning disabilities service had a well-maintained garden area which was used by staff and patients during the summer months.

### Safe staffing

- The total number of permanent staff in the Camden learning disabilities service was 16 whole time equivalents. The total number of substantive staff in the Islington learning disabilities service was 14 whole time equivalents. The trust did not follow any formal benchmarking to establish these levels.
- Both services were fully integrated between health and social services, and were 'hosted' or provided by the local authorities in the London Borough of Camden and in London Borough of Islington. Staff employed by the trust included nurses, psychological therapists, occupational therapists and medical staff. Other members of staff working within the multi-disciplinary teams, for example, care managers, speech and language therapists, physiotherapists and dieticians were employed by either the local authority or a different NHS trust.
- Both the services had one vacancy for a nurse. The recruitment processes had started for these jobs.
- The average caseload for each member of staff ranged from eight to 24 patients. Each staff member's caseload was carefully monitored by the senior nurse. Consideration was given to the needs of the patient, along with the experience of the member of staff, before allocating a patient onto a caseload. Staff told us that their caseloads were currently manageable and frequently reviewed in supervision and team meetings. However, staff were concerned about the increasing number of referrals being made to the services and the effects on their caseloads.
- Information provided by the trust, showed the average staff vacancy rate, per service, for the past 12 months, was 31%. The average staff turn-over rate for the same time period was 25%.
- Staff sickness and annual leave were managed within the services. The staff sickness average was 1.5% for past 12 months. Processes were in place to manage staff sickness, which included the involvement of the human resources and occupational health departments, when necessary.
- Consultant psychiatrists and junior doctors were accessible within the services. When they were not immediately available in the office, they were contactable by telephone.

Good

# Are services safe?

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

- A variety of mandatory training was available for staff. For example, fire safety, manual handling, infection control, safeguarding, equality and diversity, Mental Capacity Act 2005, Deprivation of Liberty Safeguards and information governance. In total, 94% of staff had attended their mandatory training. The training was provided both by the trust and the relevant local authority.

**Assessing and managing risk to patients and staff**

- We looked at the care records of 16 patients. Patients had individualised risk assessments which had been commenced at the point of referral to the service and regularly updated thereafter.Staff told us that where particular risks were identified, such as a risk to self or to others,measures were put in place to ensure that the risk was managed. For example, consideration was given to when and where the visit would take place and the number of staff involved in the visit. Staff ensured that the patient's previous history and current risks were included in the patients risk assessments. The risk assessments covered a variety of risks including, for example, suicidal ideation, violence, falls, relapsing mental health and environmental. These were usually updated at care programme approach (CPA) meetings or after an incident.
- We saw good examples of crisis and contingency plans for each patient. These were written in easy to read style and provided clear details for the patients about who they could contact if they began to feel unwell.
- During our inspection of the Islington learning disabilities service a patient arrived at the office due a sudden deterioration of their health. We saw two nurses swiftly dealt with this patient's needs.
- Staff had access to up to date information about medications through the British National Formulary (the BNF, a book providing comprehensive information about all medications).
- We looked at the medicine administration record for one patient in the Islington Learning Disabilities Service. Appropriate arrangements were in place for recording the administration of medicines. We saw the medication had been administered to the patient by a nurse, as prescribed by the doctor. The medicine administration record included details of the patient's allergies to other medicines. We saw medication was prescribed in line with BNF prescribing limits.
- We also reviewed 14 clinical letters written by psychiatrists to GPs, which included risk assessments and medication management.
- A pharmacist was allocated to the services and provided clinical advice to ensure people were safe from harm from medicines. Staff told us that they had good links with the pharmacy team.
- 96% had completed training in safeguarding. Staff were able to describe what actions could amount to abuse. They were able to apply this knowledge to the patients who used the service and described in detail what actions they were required to take in response to any concerns.
- Trust staff had made 12 safeguarding alerts, relating to people with learning disabilities, in the past 12 months.
- A lone working policy was in place and staff were able to describe the process used to ensure the safety of staff whilst working alone. Staff reported that they did not have access to lone worker devices. However, a senior nurse confirmed that clear systems were in place for lone working, such as "in and out" recording of staff whereabouts, use of online calendars and mobile telephones.

**Track record on safety**

- From the information the trust provided, we saw that there had been three incidents in the past 12 months. These related to assaults on members of staff and an accident involving a member of staff.
- The trust had a system in place for reviewing incidents. Learning from incidents was shared with the staff at team meetings.

**Reporting incidents and learning from when things go wrong**

- Staff we spoke with described the electronic system to report incidents and their role in the reporting process. Each service had access to an online electronic system to report and record incidents and near misses.
- Staff could describe the various examples of serious incidents which had occurred within the services. The trust told us that there was a local governance process in place to review incidents. Senior nurses provided debriefing sessions to staff following incidents.

Good

# Are services safe?

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

- Discussions occurred locally at monthly team meetings about trust-wide incidents. There were weekly multi-disciplinary meetings which included a discussion of potential risks relating to patients, and how these risks should be managed.
- Each of the senior nurses we spoke with told us how they provided feedback in relation to learning from incidents to their teams. Staff described receiving support and debriefing from within their service following any serious incidents.
- Staff were able to describe their duty of candour responsibilities as the need to be open and honest with patients when things go wrong.

# 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 looked at 16 care records for patients receiving care and treatment. Staff assessed patients' needs. The care plans we saw were personalised and included patients' views. The care plans were holistic, for example, they included the full range of patients' problems and needs. The care plans were recovery orientated; for example, they included the patients' strengths and goals. We saw examples of easy to read care plans and care programme approach (CPA) documentation.
- Staff completed a comprehensive assessment covering all aspects of the patient's physical health. Staff used this information to create a hospital passport, if the patient did not already have one. Hospital passports are designed to give hospital staff helpful information, including illness and health, about the patient. When physical health problems had been identified the appropriate interventions were put in place to manage these problems.
- There were two electronic recording systems in operation in each team. The trust used the CareNotes system. Camden learning disabilities service used the London Borough of Camden's Frameworki system. Islington learning disabilities service used the London Borough of Islington's Liquidlogic LAS system. We were told that the trust had introduced CareNotes in September 2015, having previously used a system called Rio. The two electronic recording systems did not link to each other at all, meaning that information may be entered twice on some occasions or being recorded on one system but not the other. In order to address this, the teams had a protocol that identified their adult social care system as their primary record where all information should routinely be stored, with defined information being uploaded to the trust's system when the patient was in hospital or at risk of going into hospital.
- We saw clear evidence of carers' assessment being offered. Where such an assessment had been offered, but declined, this was documented in the patients' records.

### Best practice in treatment and care

- The care records we reviewed showed good practice in the recording of patient contact, and discussions and outcomes from the multi-disciplinary team meetings.
- Staff told us, and the care records showed us, that guidelines from the National Institute for Health and Care Excellence (NICE) were being followed. These included the guidelines about epilepsy and about challenging behaviour. Prescribing guidelines from the British National Formulary was also followed.
- Psychological interventions offered by the services were based upon NICE recommended therapies. These included cognitive behavioural therapy, positive behavioural support, systemic therapy and counselling therapies.
- The occupational therapists used evidence based assessments for planning treatment and supporting people with a variety of holistic goals. These included, for example, independent living skills.
- A range of nationally recognised outcome tools were used. We saw the use of the Health of the Nation Outcome Scales for people with learning disabilities (HoNOS LD) for measuring the problems a patient has and the effect of the care provided. We also saw the use of the Health Equality Framework (HEF) used to measure the contribution of nurses and others, in reducing exposure to the known causes of health inequalities that impact people who have learning disabilities.

### Skilled staff to deliver care

- Staff employed by the trust included nurses, psychological therapists, occupational therapists and medical staff. Other members of staff working within the multi-disciplinary teams, for example, care managers, speech and language therapists, physiotherapists and dieticians were employed by either the local authority or a different NHS trust.
- New permanent staff underwent a formal induction period. This involved attending a corporate induction, learning about the service, learning about trust policies and a period of shadowing existing staff before working alone. Staff also attended specialist training in, for example, Makaton (the use of signs and symbols to help patients communicate), epilepsy awareness and dysphagia (difficulty in swallowing).
- Data provided by the trust showed 100% of staff had an up to date annual appraisal and personal development plan in place. However, one member of staff working

# 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.

within the Camden learning disabilities service told us they had not had an appraisal in the past two years. Staff told us they had access to supervision on a regular basis and we saw evidence of this.

- Staff attended regular team meetings and felt well supported by their immediate managers and colleagues in the service. Staff told us they enjoyed good team working as a positive aspect of their work.
- Senior nurses addressed staff performance issues promptly and effectively. We were provided with an example of this.

### Multi-disciplinary and inter-agency team work

- Both services were fully integrated between health and social services, and were 'hosted' or provided by the local authorities in the London Borough of Camden and in London Borough of Islington. Staff spoke highly about the integrated teams and how they worked closely with their local authority colleagues. They told us how easy and convenient it was to approach these colleagues, based in the same office, for advice and support.
- A range of multi-disciplinary team meetings took place on a regular basis. These included a weekly referrals meeting and a whole service meetings on a four weekly basis. The multi-disciplinary meetings were effective in enabling staff to share information about patients and review their progress. Different professionals worked together effectively to assess, plan and continually evaluate patients' care and treatment.
- The teams comprised of nurses, psychological therapists, an occupational therapist, psychiatrists and medical staff, directly employed by the trust. Other team members, such as care managers, speech and language therapists, physiotherapists and dieticians, were employed by either the local authority or a different NHS trust. Throughout our inspection, we saw evidence of good working relationships between team members.

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

- A mental health law training course was available for staff to attend. However, this was not a mandatory training course. As such, attendance rates at this training were not provided during this inspection.
- The staff we spoke with had a good working knowledge of the Mental Health Act 1983 (MHA) and the MHA Code of Practice. Staff were able to describe the basic principles of the MHA and told us that they would seek support from senior members of the service if they felt this necessary.
- Staff had access to the trust's MHA policy, along with the MHA administrative team, if they required further guidance.
- Some patients were receiving care and treatment under a Community Treatment Order (CTO). We were told that arrangements were in place to regularly monitor the patient in relation to their CTO conditions.
- Patients could access the Independent Mental Health Advocacy (IMHA, an independent advocate who is specially trained to support people to understand their rights under the MHA and participate in decisions about their care and treatment) service. Staff knew how to access and refer patients to this service.

### Good practice in applying the Mental Capacity Act

- Care records showed that patients' mental capacity to consent to their care and treatment was always assessed and regularly updated. We saw examples of decision specific capacity assessments within the care records. For example, one related to the assessment of the patient's capacity to consent to physical health care treatment.
- When we spoke with staff there was good degree of knowledge about the MCA and DoLS. Staff told us that they knew how, and where, to access the relevant policies and procedures, and when to request best interest meetings.
- All staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS).

Good

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- We spoke with four patients receiving care and treatment from the services, and three carers of patients receiving care and treatment.
- We observed some examples how staff interacted with patients when we joined four home visits with nurses. We saw the nurses treating patients with care, compassion and communicating effectively. They spoke with patients in a kind and respectful manner.
- Staff had a good understanding of the personal, cultural and religious needs of patients who used the service and we saw examples of actions taken to meet these needs.
- Patients told us that they had good relationships with staff and felt well supported by them. Each patient we spoke with told us that the staff were kind and caring. One person said how the nurse had helped refer them to the advocacy service.
- The carers we spoke with confirmed that staff were very caring and approachable. One carer was particularly pleased about the support they had receive from the service, in addition to the support their relative (the patient) had received.

### The involvement of people in the care that they receive

- Care records showed that patients had been involved in the planning of their care and treatment. Patients had signed their care plans to indicate this.
- Care plans were written in a way which met the patients' needs. For example, we saw a number of examples of easy to read care plans. We also saw that the care programme approach (CPA) assessment document was written, both formally (for the multi-disciplinary team) and in easy to read format, where necessary, for patients.
- Staff invited patients to attend meetings, such as their CPA meeting, to discuss their care. Staff recorded their attendance within their care plan. Family members and/or carers were also invited to meetings when it was appropriate to do so.
- Information about how to provide feedback to the services, including how to make a complaint was available. We noted that such feedback was provided to the local authority. The information was available in easy read format and also could be translated into different languages.
- Staff gathered patients' views through feedback, usually upon discharge from the services. We saw how these results were analysed to provide an overview of the service.

# Are services responsive to people's needs?

Good

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

## Our findings

### Access and discharge

- There was a single point of referral to each community learning disability service.
- In the Camden learning disabilities service we were told that waiting times for referral to triage was a maximum of one week. The waiting time from referral to assessment was a maximum of 11 weeks, and the waiting time from referral to treatment a maximum of 18 weeks. In the Islington learning disabilities service staff told us that waiting times for referral to triage was a maximum of four weeks. The waiting time from referral to assessment was a maximum of eight weeks, and the waiting time from referral to treatment a maximum of eight weeks. However, if a patient was referred with urgent needs, they would be seen straight away. The service did not have a waiting list at the time of our inspection.
- Referrals were reviewed by the multidisciplinary team and allocated to the most appropriate clinician based on the patient's care needs.
- Staff managed discharges from the service in a timely manner, with appropriate signposting and help to access other services and agencies provided as required.
- The community learning disability services worked from two offices. The Camden learning disabilities service was based in Kings Cross, London. This was a large, modern, corporate office which also provided accommodation for various local authority departments and a private gymnasium. Two members of staff were concerned that patients may feel intimidated when visiting this office. The Islington learning disabilities service was based in Islington, London. This office provided accommodation only for the service.

### The facilities promote recovery, comfort, dignity and confidentiality

- There was a selection of rooms available for patients to be seen in. These included interview rooms and clinical rooms.
- Treatment rooms were well-equipped to enable medical staff to undertake medical examinations of patients, when necessary.
- The interview rooms had sufficient sound proofing available to ensure that conversations could not be overheard from outside the room.
- Information was available for patients. This included information about, for example, psychology and counselling, GP registration, hate crime, pharmacy services, community nurses and choosing the right treatment. We also saw information about how to provide feedback to the services, including how to make a complaint. We noted that such feedback was provided to the local authority. The information was available in easy to read format and also could be translated into different languages.

### Meeting the needs of all people who use the service

- There was disabled access to the offices of both community services. This included ramps and automatic doors. Disabled toilets were available and had emergency assistance alarms in them for patients to summons the attention of staff.
- Information leaflets we saw were written in the English language. However, we were informed that the leaflets could be translated, as necessary, to meet the needs of individual patients. We were given an example of where a care plan was translated into another language when the patient was going abroad for a holiday.
- Staff told us that interpreters were available using a local interpreting service or language line. These services had been used previously to assist in assessing patients' needs and explaining their care and treatment.

### Listening to and learning from concerns and complaints

- Information about the complaints process, and feedback process, was available as an easy to read leaflet. We also saw posters displayed in the Islington learning disabilities service about how to make a complaint. A senior manager from the Camden Learning Disabilities Service told us that they were unable to display any form of posters, as part of the contract of the building.
- We were told that the local authorities received and coordinated the investigation of complaints about their integrated service. If a complaint focused solely on NHS clinical practice then the local authorities would send the complaint to the trust to investigate under their complaint policy.
- The trust provided us with information stating that there had been no complaints between November 2014 and

# Are services responsive to people's needs?

Good

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

November 2015 for either of the teams. However, a recent complaint had been received by the Camden learning disabilities service. This complaint was under investigation.

- Patients and carers we spoke with knew how to make a complaint.
- Senior nurses told us they shared learning from complaints amongst their staff via staff meetings and communications.

# 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 were aware of the visions and values of the trust. We were told that these were available on the trust's intranet system. The values were embedded into practice through supervision records. The recruitment process also included questions which linked directly to the trust's values.
- Staff were able to tell us who the most senior managers in the trust were, but felt that the executive management team were not visible in their area.

### Good governance

- The governance systems in place promoted the delivery of high quality person-centred care. Structures, processes and systems of accountability, including the governance and management of the partnerships and joint working arrangements, are clearly set out, understood and effective.
- Staff had access to supervision on a regular basis and we saw evidence of this. The trust target for supervision was four weekly and we saw each team had achieved 100% against this target. Action points discussed and agreed in supervision were worked on, and the outcome was discussed at the next supervision session.
- The average attendance rate at mandatory training was 94%. There was a variety of courses available, including fire safety, manual handling, infection control, safeguarding, equality and diversity, Mental Capacity Act 2005, Deprivation of Liberty Safeguards and information governance. The training was provided both by the trust and the relevant local authority.
- Staff sickness was low. The staff sickness average was 1.5% for past 12 months. The trust had processes in place to manage staff sickness, which included the involvement of the human resources and occupational health departments, when necessary.
- Staff recorded incidents using the trust's electronic reporting system. We saw examples of records to show that this recording was effective, through reviewing individual specific events and incidents.
- Senior nurses confirmed that they have sufficient authority to manage their service and they received support from their senior managers.
- Evidence showed the trust audited waiting times, referrals, care plans, infection control, supervision, appraisals and training. Team members actively participated in audits. For example, we saw nurses had completed a recent hand hygiene audit.

### Leadership, morale and staff engagement

- Senior managers in each team were employed by the local authority. Both services were fully integrated between health and social services, and were 'hosted' or provided by the local authorities in the London Borough of Camden and in London Borough of Islington. Each member of staff we spoke with was aware of the team management structure and knew who to report to.
- On a day to day basis,the services appeared to be well managed. We were told by staff that the senior nurses and managers were highly visible, approachable and supportive. We were impressed with the morale of the staff we spoke with during our inspection and found that the teams were cohesive and enthusiastic.
- Staff told us that they felt part of a team and received support from each other. They felt well supported by their immediate manager and felt their work was valued by them. We saw a very positive working culture within the services we inspected.
- Senior nurses in each team confirmed that there were no current cases of bullying and harassment involving the staff.
- Staff were aware of the trust's whistleblowing policy. They knew what actions to take if they had any concerns.
- We were informed how staff performance issues were dealt with, when necessary, through the trust's capability procedure. We were shown an example of this.

### Commitment to quality improvement and innovation

- Senior nurses were able to provide us with an up to date picture of how their services were performing and had a good understanding of where improvements were required. They were making improvements in the quality of the service.
- The Islington learning disabilities service had set-up and were running, twice a month, a "health hub" from their premises. The health hub related to the physical health of patients using the service. Staff would speak with patients about their physical health and support patients

# Are services well-led?

Good

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to have a health check. Information was also provided for patients to make choices about their physical health care. We saw a range of information was available in easy to read format, which covered topics such as medicines, eating healthy, staying healthy in the community, sexual health and health appointments. The team was proud of the health hub and we found this to be good practice.