Good

Somerset Partnership 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)
RH5AA	Mallard Court	Taunton Community Team Adults with Learning Disabilities	TA2 7PQ

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Good 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Outstanding 

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 rated community mental health services for people with learning disabilities as **good** because:

During this most recent inspection, we found that the service had addressed the issues that had caused us to rate it as inadequate following the September 2015 inspection. The community mental health services for people with learning disabilities were now meeting Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Staffing levels were good and there was managerial and team oversight of the safe management of caseloads.
- The staff team had worked hard to develop new systems to ensure that all service users had holistic and detailed care plans that addressed known risks and areas of treatment that service users required. They were available in a format that people who used the service could understand.
- Interactions between staff and service users and their carers were warm, good humoured, and professional. The staff team ensured service users were included in the development of new accessible templates and care plans.
- There were managerial systems in place to audit clinical notes to ensure risk assessments and care plans were updated and completed correctly, ensure staff received training and yearly appraisals.
- We rated well led as outstanding because of the dramatic improvements in the service since our September 2015 inspection. This was due to the leadership of the divisional manager who had just been appointed at the time of our last inspection and the service manager who had been appointed by the trust to complete the transformation. The team leaders had also embraced the need for change and worked to support their teams in the process. Staff morale was high and staff were keen to show us the improvements to the service. Staff were fully involved in the improvements and changes to the service, with groups of staff from each team reviewing how the service worked for patients and asking is the service safe, effective, caring, responsive and well led. The trust had supported this change with a no blame approach to the staff team following the previous rating of inadequate. The trust had requested support from another NHS organisation with a good learning disability service to help with the improvement plan and there was visible senior management support for the service development, including the chief executive attending meetings in the service and shadowing visits.

However:

- Staff did not have access to alarms in Yeovil.
- The service did not have sufficient systems in place to ensure that all clinicians completed their reviews of patients. This was addressed when we brought it to the services attention.
- Staff did not always update risk assessments after they had completed a piece of work with the patient which had resulted in the risk lowering.

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 service had addressed the issues that had caused us to rate safe as inadequate following the September 2015 inspection.
- Staffing levels were good and there was managerial and team oversight of the safe management of caseloads
- Areas used by staff and service users were clean and well maintained.
- There was a system to ensure risk assessments were comprehensive and identified areas of concern for service users.
- Caseloads were well managed and regularly reviewed by managers to ensure they were manageable.
- Staff had access to systems to report incidents

However:

- Staff did not have access to alarms in Yeovil.
- Staff members did not always ensure that risk assessments were updated when they had completed a piece of work which had resulted in the risk changing.

Are services effective?

Good

We rated effective as **good** because:

- The service had addressed the issues that had caused us to rate effective as inadequate following the September 2015 inspection.
- All service users had holistic and detailed care plans that addressed known risks and areas of treatment that service users required.
- There were regular and effective multidisciplinary team meetings who considered risk in a collaborative way.
- Staff had access to advice and support on the Mental Health Act (MHA), as well as the Mental Capacity Act. Staff we spoke with were knowledgeable about their responsibilities under both Acts.

However:

Summary of findings

- The service did not have sufficient systems in place to ensure that all clinicians completed their reviews of patients. This was addressed when we brought it to the service's attention.

Are services caring?

Good

We rated caring as **good** because:

- The service had addressed the issues that had caused us to rate caring as requires improvement following the September 2015 inspection.
- We observed interactions between staff and service users and their carers that were warm, good humoured, and professional. Service users we spoke with said the staff they worked withwere respectful, supportive and caring.
- Staff showed good knowledge of individual needs of the service users who used the service.
- Service users were involved in the production of a film about the care planning process. They were also on staff recruitment panels.

Are services responsive to people's needs?

Good

We rated responsive as **good** because:

- The service had addressed the issues that had caused us to rate responsive as requires improvement following the September 2015 inspection.
- There was swift access into the service with an average waiting time of three weeks. The teams responded quickly if service users phoned into the service.
- There were clear criteria for which service users would be offered a service that did not exclude service users who needed treatment and would benefit.
- Staff members were proactive in contacting clients who did not attend their appointments.
- Staff were able to call on interpreters if required and leaflets were available in different languages. All information was available in a format service users could understand.

Are services well-led?

Outstanding

We rated well-led as **outstanding** because:

- The service had addressed the issues that had caused us to rate well led as requires inadequate following the September 2015 inspection.

Summary of findings

- There were dramatic improvements in the service. This was due to the leadership of the divisional manager who had just been appointed at the time of our last inspection and the service manager who had been appointed by the trust to complete the transformation.
- The team leaders had embraced the need for change and worked to support their teams in the process. Staff morale was high and staff were keen to show us the improvements to the service.
- Staff were fully involved in the improvements and changes to the service. Each team had working groups that reviewed how the service worked for patients. They reviewed all aspects of the service to ensure it was safe, effective, caring, responsive and well led.
- The trust had supported this change with a no blame approach to the staff team following the previous rating of inadequate.
- The trust had requested support from another NHS organisation with a good learning disability service to help with the improvement plan.
- There was visible senior management support for the service development. The chief executive attended meetings in the service and shadowing visits.
- The services met all their targets for assessment or treatment in all areas.
- Caseload management was well managed by both the managers and the teams.
- Systems were in place to ensure staff received training and yearly appraisals.
- There were managerial systems in place to audit clinical notes to ensure risk assessments and care plans were updated and completed correctly.
- Staff members ensured that incidents were investigated effectively and changes were made as a result.

Summary of findings

Information about the service

Somerset Partnership NHS Foundation Trust's learning disability service is a specialist service for adults with learning disabilities. There are four community teams for adults with learning disabilities (CTALD) across Somerset divided into east and west teams.

The teams included psychiatrists, community nurses, physiotherapy, occupational therapists, psychologists and speech and language therapists.

The CTALD are based in local authority premises and work closely with local authority social work teams in Yeovil, Shepton Mallet, Bridgewater and Taunton offices.

Since the end of 2016 the service teams split from the local authority with the social workers no longer being in the teams. However, they continue to work closely together.

In addition to the east and west teams there is the rapid intervention team that leads on assessment, treatment and intervention for people with learning disabilities who have highly complex behaviours that challenge and/or mental health needs.

The service was inspected in September 2015. We rated the service as inadequate due to our concerns about safety. We issued a warning notice requiring the trust to take action to ensure the safety, care and welfare of service users.

Our inspection team

Our inspection team was led by:

Team Leader: Gary Risdale, Inspection Manager (Mental Health), Care Quality Commission.

The team that inspected these services comprised a CQC inspector, two CQC inspection managers, a CQC assistant inspector and two specialist advisors with experience in delivering learning disability services.

Why we carried out this inspection

We undertook this inspection to find out whether Somerset Partnership NHS Foundation Trust had made improvements to their community mental health services for people with learning disabilities since our last comprehensive inspection of the trust in September 2015.

When we last inspected the trust in September 2015, we rated the service as **inadequate** because we were concerned that staff did not always respond appropriately to meet people's individual needs to ensure the welfare and safety of service users. These concerns included the lack of risk assessments, person-centred care planning, and mitigation of risks, incident reporting and working with others where responsibility for care is shared or transferred.

Following the September 2015 inspection we issued a warning notice. The warning notice was served under Section 29A of the Health and Social Care Act 2008 on the 25 September 2015. This was due to concerns about the safety of community mental health services for people with learning disabilities or autism provided by Somerset NHS Foundation Trust.

The warning notice required the trust to conduct an immediate review of the services case load focusing on risk assessments with safety plans being put in place where necessary within six weeks of receipt of the warning notice. It also stated that it should be the start of a comprehensive review of the assessment and care planning in the service which should be completed within six months.

We also told the trust it must make the following improvements to community mental health services for people with learning disabilities:

Summary of findings

- The trust must assess, monitor and improve the quality and safety of services provided and improve governance processes.
- The trust must assess monitor and mitigate risks for patients and staff
- The trust must seek feedback from patients, relatives and carers and engage them in evaluating and improving services.

These related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 17 Good governance

We completed an unannounced focussed inspection on 10 May 2016 to see if the requirements of the warning notice had been met. We found the requirements of the warning notice were met because risk assessments were comprehensive and identified all areas of concern for service users. All service users had holistic and detailed care plans that addressed known risks and areas of treatment that service users required. Multidisciplinary team meetings considered risk in a collaborative way.

At this inspection we stated that the trust should ensure that care plans had a version that was available in a format that service users who used the service could understand.

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?

Prior to our inspection visit, the trust had been keeping us informed of the actions it had taken in response to the warning notice. We had also met senior members of the trust who had explained what they were doing to improve services.

During the inspection visit, the inspection team:

- visited four sites where community mental health services for people with learning disabilities or autism were based in Yeovil, Shepton Mallet, Bridgewater and Taunton
- spoke with 30 members of staff including the service manager, the mangers of each site, psychologists and nurses
- spoke with 25 service users and 15 carers and placed comment cards for patients to give feedback; three were completed.
- attended and observed a multi-disciplinary meeting
- attended and observed a team meeting
- attended and observed a staff focus group to look at the services compliance with the key questions
- accompanied staff on two community visits
- spoke to four stakeholders
- Held three staff focus groups where fifteen staff in total attended.
- looked at 32 treatment records of patients focussing on risk assessments and care plans.
- 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

Service users we spoke with told us staff treated them with kindness and respect, and that the staff team worked hard to support them.

Summary of findings

Good practice

Senior managers from the trust were very visible. They went out on community visits with the staff team and had supported the changes with a no blame culture.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that all staff have access to alarms in Yeovil.
- The trust should ensure that all risk assessments are reviewed and updated when there is a change in service user's presentation or behaviour.
- The trust should ensure that there are sufficient systems in place to ensure that individual clinicians completed their reviews.

Somerset Partnership NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Learning Disability Service. Mendip council Offices, Shepton Mallet, BA4 9DD	Trust HQ
Learning Disability Service, Taunton, TA2 7PQ	Trust HQ
Learning Disability Service Sedgemoor and west Somerset, Bridgwater,TA6 5AT	Trust HQ
Learning Disability Service South Somerset, Fiveways Resource Centre, Yeovil, BA21 3BB	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.

At the time of our inspection we were told that there were no people who were using the service who were subject to a Community Treatment Order.

Mental Health Act (MHA) training was not mandatory within the trust. However all staff had completed MHA training provided by the trust MHA lead. Staff told us they found this very useful.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff routinely considered the mental capacity of each service user and this was recorded appropriately in all the records we reviewed.
- Staff ensured that mental capacity had been taken into consideration before a decision about delivering care and treatment was taken. Staff demonstrated, in all the records reviewed, that they were considering whether a service user had capacity to consent to any interventions. Families and/or carers were involved in the decision appropriately.
- Recording of assessments of mental capacity was decision specific in line with 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

Our findings

Safe and clean environment

- The service was located at four different locations across the county. Two locations were in the east and two in the west. The service had recently stopped delivering integrated services with the local authority. Since the change, the trust had moved the service locations in the west into their own properties. The teams in the east were still delivered from local authority owned properties, but were planning to move in 2017.
- In three of the four sites visited, either alarms were in the interview rooms or staff had access to portable alarms. In the Yeovil site, only one of several of the interview rooms at five ways centre had an alarm fitted and staff did not have access to portable alarms. However, staff ensured they completed detailed risk assessments before seeing service users in these rooms. Staff told us they usually completed home visits or locations in the community where service users felt most comfortable.
- None of the sites had a designated clinic room but clinical areas where clinicians saw clients were clean and well maintained. There was some equipment for physical examinations like weight scales and the equipment was seen to be in good working order.
- All areas that staff and service users had access to were clean and well maintained but access to cleaning schedules and environmental risk assessments was mixed across the east and west sites. Cleaning schedules were available in both Taunton and Bridgewater sites. In the Bridgwater site, the schedules were pinned to the back of toilet doors and available in the office. There were also risk assessments in relation to the building However, in the east, staff were not aware if there was an environmental risk assessment in place for Fiveways centre, which was run by the local authority. On community visits with staff, we saw that they considered infection control in other settings. For example, a speech and language therapist conducting an observation of a service user eating on a mat checked the cleaning arrangements with care staff.
- In all sites, there were appropriate facilities for staff to wash their hands. Staff were seen to adhere to infection control procedures.

Safe staffing

- The trust provided information about staffing between January 2016 and the end of December 2016. During this time, there were on average 34.5 work time equivalent (WTE) substantive staff, with a 5 WTE staff leaving the service in that time. During this time, the trust reported a vacancy rate of 5% of their total staffing.
- At the time of our inspection, the service was fully staffed staff apart from two part time band 6 occupational therapy vacancies totalling 1.6 WTE. The service had recently reviewed its staff mix and had created the two extra occupational therapy posts to address its waiting list.
- We were informed by the trust that agency or bank staff were rarely used by the teams to cover vacant posts, sickness or annual leave during the last year. However, two of the three psychiatrist posts were filled by long term locums who were settled in their posts and the teams. There was a plan in place to recruit permanent staff members.
- The average sickness absence rates in the previous12 months was 5.5%.
- As of the 2 March 2017 there were 513 people who were receiving care from the learning disability services and rapid intervention team.
- Staff told us their regular caseloads had reduced over the last year. For example, in Bridgewater the caseloads of the speech and language therapists had reduced to 10 to twenty service users from thirty to forty. Staff told us this was due to the introduction of case review meetings, better discharge planning, and the split from social care. The managers monitored staff caseload via a dashboard and at supervision. They ensured

Good

Are services safe?

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

caseloads were weighted by individual need and assigned to the most appropriate health care professional to meet those needs. Staff members told us their caseloads were manageable.

- There was rapid access to a psychiatrist when needed and staff were aware who to contact. Service users did not report a delay in seeing a psychiatrist if they needed to.
- Staff received mandatory training. We saw training records which showed that in 2016 overall the teams had completed 95% required mandatory training. This included training to meet the physical health needs of patients. Staff told us that this was a mix of e-learning and face to face classroom based training.

Assessing and managing risk to service users and staff

- We reviewed 31 care records across all four teams within the service. Risk assessments were comprehensive and identified all risks for individual service user needs. They were clearly written and easy to understand. Relevant current and historical information was used appropriately to illustrate the reasons for the concern, including information from other providers. Risk assessments were rated appropriately for the level of concern.
- Clinicians mostly reviewed the risk assessments appropriately following significant events or change in circumstances that could affect the level of concern. For example, a service user displayed an increase in behaviours that challenge led to a new risk assessment being completed and the service user moved up the occupational therapy waiting list to be assessed by staff quickly. However some risk assessments were not updated following the service completing a piece of work to address the issue. For example, one service user had a detailed risk assessment that gave a full history of the concerns and level of violence. The service had implemented an effective positive behaviour support plan and change in medication. At the last review meeting carers had described that the behaviours and violence had stopped due to the interventions but the risk assessment had not been updated to reflect this.
- Between 01 January 2016 and 31 December 2016 staff made a total of 56 safeguarding referrals. None of these were child safeguarding referrals. All staff told us they were aware of how to report safeguarding including the new changes to the safeguarding process introduced in February 2017. They individually managed their referrals and recorded safeguarding made by other providers as incidents on their electronic system. As part of the monitoring in 2016 the trust's safeguarding lead had identified a downturn in safeguarding by the team. They attended the service's governance meeting to discuss and additional training was put in place for staff members.

Track record on safety

- Between 1 January 2016 and 31 December 2016, trust staff reported 49 serious incidents across the four areas. The most common type of serious incident were self harm, trips, and falls. The trust reported that 20 of the serious incidents involved the death of a patient currently receiving care. Of this number, 18 were expected deaths of older service users.
- To encourage broader learning the service carried out 72 hour reports into any current patient and any who received care in the last 12 months. As part of the process of investigating deaths with a learning disability the managers also met other providers providing care and treatment and completed a process map.

Reporting incidents and learning from when things go wrong

- The service used an electronic information technology system to record incidents. They told us they reported safeguarding reported by other parties, incidents forms from other providers associated with their clients as well as the service incidents. The staff had received training on the system in the last six months in response to over reporting. The service manager stated this was an area for further development and staff had received additional training.
- The service provided feedback monthly and yearly to the services' governance group on trends and lessons learnt. For example, following an incident where a service user became distressed after meeting staff in an unfamiliar setting the team ensured that service users were only seen in a venue where they feel comfortable.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- We reviewed 31 clinical records and all had a comprehensive assessment in place that included a review of physical and mental needs. A holistic assessment of needs was completed during the initial assessment. In 2016 the staff team reviewed the way they record assessment and care plans. In October 2016 the team started using a dash board. The service manager told us the dash board looked at the electronic records system to monitor compliance in relation to completing care plans, reviews and how staff members recorded and monitored risk.
- Staff ensured that care plans covered all areas of identified need for service users in all 31 records reviewed. Care plans were detailed and holistic and covered all factors that could be affecting service users. For example, in one service users file a speech and language assessment sought to ascertain if hearing loss for a service user was a cause of challenging behaviour. Plans for patients with dysphagia were clear detailed and comprehensive considering all factors that might present a risk for the patient. For example, food types, the environment, distractions and seating positions. The plans were person centred and written in the service user's voice.
- In one of the 31 files reviewed we found that a doctor who had left the service had reviewed and reduced a patient's medication and despite notification of increased incidents and contact from the GP they had not reviewed the service user's medication. We brought this to the attention of the trust who reviewed the registrar's caseload. They found that five of the 26 care plans which were held by registrar had similar concerns about regular review. They immediately ensured all five service users were reviewed and apologised to the service user and their family. The service also reviewed the system for patient reviews to ensure it was not left to one clinician in future.
- Staff members had all attended training in care planning over the last year and they told us they more felt confident in the recording of care plans. They told us there was an open culture where colleagues and managers regularly checked each other's plans to ensure they were completed and did this in a supportive and encouraging manner.
- Care plans were available in a format people who used the service could understand. Service users and carers told us they liked the format and found them easy to understand.
- Carers and service users were involved in choosing what interventions the care plans delivered. Staff ensured service users choices were taken into account in their care and treatment plans.
- The service regularly reviewed service users physical health. One service user said that they had lost considerable weight and given up smoking due to staff explaining their options and enabling them to make healthier choices. This included providing information in a format they could understand.
- Care plans were in place for service users waiting for assessment and the plans identified how risks could be managed while the service user was waiting.

Best practice in treatment and care

- Medicines were prescribed in line with National Institute for Health and Care Excellence (NICE).
- Staff in both west and east teams offered psychological interventions through six pathways in line with NICE guidance. These included pathways on dementia, behaviour that challenges, epilepsy, dysphasia, mental health, anxiety and depression. Clinicians were part of a learning disability dementia improvement group. This was a working group for clinicians to ensure the service was working to NICE guidelines in relation to dementia and ensure consistent working practices across the east and west.
- The service provided detailed care plans in line with NICE guidance. For example, one care plan helped care home staff manage a service users seizures which clearly detailed a description of the seizures, what do to and when to call an ambulance and when the frequency or severity should prompt them to request a medication review from the service.
- Staff supported service users in accessing physical healthcare. Nurses assisted service users and their carers in capacity decisions for medical treatment.

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.

- Staff assessed people who used the services with health of the nation outcome scales (HoNOS). These scales covered 12 health and social care domains and enabled the clinicians to build up a picture over time of their service users' responses to interventions. They also used other clinical outcome measures like therapy outcome measures (TOMS). For example, the speech and language team used dysphagia TOMS before and after episodes of care.
- The service had a wide range of clinical audits. These included care plans, reviews, safeguarding referrals, discharge. For example, the service carried out a monthly audit of random case files and the manager prepared an audit report about person centred planning for a period of six months.

Skilled staff to deliver care

- People who used the service had access to occupational therapists, speech and language therapists, physiotherapy, health facilitators, nursing and psychology. Each team had access to a consultant psychiatrist.
- Staff confirmed that they received appropriate induction for their role.
- Staff received appropriate training, supervision and professional development. Staff told us they had undertaken training specific to their role including safeguarding children and vulnerable adults, clinical risk assessment and management and infection control. Staff were also skilled in monitoring physical health needs.
- Information provided by the trust showed that all of staff had received an appraisal within the last 12 months for both the learning disabilities services and the rapid intervention team.
- Staff attended continuing professional development groups. For example, nursing, speech and language therapists, occupational therapists and psychologists met monthly with their colleagues to discuss clinical practice and share ideas.
- Managers told us they used information form the new dash board about staff performance to successfully support them to improve their skills and performance. This was evidenced in staff supervision records that we reviewed.

Multi-disciplinary and inter-agency team work

- The multidisciplinary team met weekly to review referrals, discharges, caseloads and incidents. They had a clear focus on risk which was clearly shared with other agencies.
- Whilst the split from social care was very new, the communication between the health staff and social care staff continued to be good and there was a shared approach to risk.

Adherence to the MHA and the MHA Code of Practice

- Training in the Mental Health Act (MHA) was not mandatory within the trust. However all staff had completed MHA training provided by the trust MHA lead. Staff told us they found this very useful.

Good practice in applying the MCA

- Staff routinely considered mental capacity to make decisions that individual service users had (as it can fluctuate over time and circumstances) and it was recorded appropriately in all the records we reviewed. The service considered capacity and consent at referral and recorded this in the notes, updating the records following the first assessment. Staff sought decision specific consent from service users.
- There was clear evidence in the care records reviewed to show that, where appropriate, mental capacity had been taken into consideration by staff before a decision about delivering care and treatment was taken. Staff considered whether a service user had capacity to consent to any interventions. Families and/or carers were involved in the decision appropriately. If a new episode of care started or when care plans were changed it was reviewed and recorded.
- The Mental Capacity Act (MCA) lead for the trust had delivered bespoke training to the team for service users with a learning disability. This included how to complete capacity assessments with service users who used nonverbal communication. All staff spoken with said they found it useful and there was evidence in the capacity assessments seen that it was used in practice.

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

- All of the interactions we saw between service users and the staff members were respectful and supportive. All service users we spoke with said the staff they worked with were kind, caring and listened to their point of view. Carers said that they were phoned after, for example, hospital treatment to discuss their experience. Carers felt this was genuine interest in their wellbeing rather than being part of the work.
- The staff we met spoke respectfully of service users and were able to give us many examples to demonstrate their understanding of the individual needs of the service users who used the service. In settings such as day centres the staff clearly knew most of the service users and engaged with them positively. Staff spoke about service users with respect. One parent said that staff really understood their child and were able to explain fully how the behaviours that were causing concern were actually communication and what this meant. This had greatly improved their child's quality of life at the residential placement they were in as care staff were able to follow the guidance the service had provided.
- Staff engaged with service users fully, even if they did not have verbal communication. Staff would respond to their prompts while talking to their carers following their non-verbal cues for the interaction the service user wanted. The service user remained the focus of the appointment with staff interacting with them whilst getting any relevant information that the service user was unable to communicate from the carer.
- Staff understood and maintained patient confidentiality. For example, staff going to a home visit locked their car doors explaining that it was to ensure the safety of the care records when pulled up at traffic lights. One parent told us that they were only informed of what her relative had agreed for the team to share and that they were pleased that staff respected her relative's confidentiality and this was not overridden due to their learning disability.

The involvement of people in the care they receive

- We spoke with twenty five service users and carers across the four teams and all told us they were involved in decisions about their care. They said that they were encouraged to attend their review meetings and they had seen a copy of a care plan. Carers said copies were always given to them, and copies given to service users when appropriate dependent on their level of communication needs.
- Service users were encouraged to give feedback on the service. Staff gathered the views of service users at participation groups. They had incorporated the comments of service users in developing the care planning documents. For example, resources that the service used were discussed in a participation group at the five ways day centre. Service users asked for clearer simpler language and larger font sizes in documents so the staff team ensured these changes were incorporated in any documents sent out to service users.
- Staff said they did not have a yearly service user survey but they were currently in the process of developing one.
- Staff members ensured that service users had access to advocacy services. There was evidence in the 31 files reviewed of discussion between staff and service users about the potential advantages of having an advocate.
- Service users were involved with the recruitment of staff and had recently formed part of the recruitment panel of the service manager.

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

- Since August 2016 the service had a single point of access to ensure all referrals to the LD team were triaged and allocated at a central point. This included a daily phone call between clinicians at 9:.30 to 10:30 each day.
- The service measured their waiting times from the point of referral to time it took the clinician to make contact with the service user. At this meeting the assessment took place and treatment began. Service users had an average wait of three weeks for a service. Service users received treatment on the same day if the referral was assessed as being urgent. For example, service users with dysphasia were seen within 24 hours. One service user said that after being discharged for six months, the issues they had previously returned. They were offered an appointment two days after contacting the service which prevented things escalating.
- Service users were always seen by clinicians within the 18 weeks target for treatment which was the team's key performance indicator.
- With the exception of the OT waiting list, there was no other waits for service users to meet with clinicians. Staff members told us their strengths lay in having clear criteria about the work, signposting to other services and timely discharge. Staff said that the split from social care had made them think carefully about the service they could offer and pieces of work. The vast majority of service users spoken with told us that they found access to the service good. At the time of inspection there were 22 service users on the occupational therapy (OT) waiting list. These were all held on the service manager's caseload with a holding care plan explaining how the referrer could get backing touch if the risk changed. The service manager had reviewed the skill mix to create new occupational therapist posts which were being recruited to address the list.
- The team ensured urgent referrals were seen quickly days and non-urgent referrals within three weeks. They had an open referral system that could be accessed by a variety of sources including the service user e themselves, a GP or another agency. The referral was then checked by the staff team. If the case was assessed as being urgent then there was an immediate response otherwise the case was taken to the single point of access referral meeting. Cases would be also reviewed at the daily health meeting.
- There was no provision of clinicians out of hours or at weekends. However, there was the rapid response team who would work evenings if necessary. The team responded promptly and adequately when service users phoned into the service. The call was directed to either to their own clinician if the case was open to the service or the single point of access team.
- There were clear criteria for which service users would be offered a service that did not exclude service users who needed treatment and would benefit.
- The team took a proactive approach to monitoring and re-engaging with service users who did not attend (DNA). The service monitored the rates of DNA through the use of their dash board. The managers told us the information could be filtered down to individual clinicians to establish the numbers of DNA on their current caseload in a period.
- Where possible, service users had flexibility in the times of appointments. These included early morning and evenings appointments. The team ensured that appointments were only cancelled when absolutely necessary and when they were then service users received an explanation and were given help to access treatment as soon as possible.
- Staff told us when appointments had to be cancelled staff members contacted the service user and/or carer to explain and to re-arrange the appointment. Service users and carers spoken with said they valued this approach.

The facilities promote recovery, comfort, dignity and confidentiality

- At all sites, the waiting rooms contained information leaflets regarding local services, medication and how to make complaints. Information leaflets were provided by the trust in accessible appropriate formats. Information included how to access counselling, contact advocacy and how to make a complaint.
- The teams used a range of different therapy rooms across the four sites. For example, in the Yeovil site in a day centre there was a sensory integration therapy

Are services responsive to people's needs?

Good

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

room. In the Bridgwater site there was a large number of therapy rooms to assist clinicians in engaging service users. All of the therapy rooms were sound proofed so conversations could not be overheard.

Meeting the needs of all people who use the service

- All sites had disabled access with a ramp for wheelchair access, and adapted toilets. At sites where there as not a lift, wheelchair users could be accommodated on the ground floor.
- The service provided accessible and appropriate information booklets regarding health issues and conditions and produced accessible care planning information for service users with a learning disability. The service provided easy read materials appropriately to the service user's level of understanding. Two dedicated workers produced resources for the team, this included converting reports and letters into an easy read format. A service user said that they could clearly understand the letters due to the visual prompts and single sentences. The service had a library of resources that staff could quickly access for common issues. It also used a variety of electronic tools to create bespoke resources for individuals. For some service users social stories were completed that used photographs. For example, the team used photographs important to a service user to create a timeline to help in trauma work.
- The service had completed a clear, easy-read guide explanation of the CQC inspection and what service users should expect from our inspectors which was displayed in team settings.
- The service worked closely with trust IT department to connect the adaptive equipment to the service computers allowing the service to record the care plans appropriately.
- Interpreters and signers were available to staff from the trust.

Listening to and learning from concerns and complaints

- The service had received one formal complaint in the 12 months prior to inspection. The complaint was investigated and partially upheld. The service manager told us the complaint had been about staff not fully adapting the questions in the assessment process in relation to the individual needs of the service user. The manager provided a written response to the complainant and it was discussed in both the business and governance meetings for the service and team meetings.
- Service users could make a complaint verbally to staff and there was information about this in the welcome pack given to people when they joined the service. Staff told us they often spoke about how to make a complaint at their first meeting with a service user and carer. Service users and carers told us they knew how to make a complaint if needed.
- Information on how to make a complaint was also displayed in the offices. This included information about the role of independent advocacy services in complaints. Overall service users were positive about staff response to their complaints.
- The complaints policy and procedure were part of staff induction process,and staff understanding was reviewed through training, supervision and appraisals. Staff were aware of what to do if service users made a complaint and how to support them. For example, staff members reviewed the questions in the assessment process to ensure they were sensitive to each service user.

Are services well-led?

Outstanding ☆

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

- Managers and staff knew the organisation`s vision and values.
- Staff members saidcommunication from their senior managers was effective. There were regular emails and staffforums where senior staff shared communications and invited comments from staff teams on the running of the service.
- The staff teamhad contact with senior managers who visited the service. These included the chief executive of the trust. Staff told us he contacted them shortly after they had completed their induction and they liked this personal approach.

Good governance

- There was an effective governance system in place to ensure consistency in standards and work processes across the teams.
- In October 2016 the team started using a dash board. The service manager told us the dash board looked at the electronic record systems compliance in relation to completing care plans, reviews and monitored how staff members recorded and monitored risk. Risks assessments were consistently completed for all service users and there was an effective system in place to assess the risks service users.
- There was effective governance to ensure staff implemented recommendations and learning from the incidents.
- The service used indicators to gauge the performance of the team. The team's performance against trust targets in relation to mandatory training, targets around waiting times were on the trust's computer system and were accessible in the local services.
- All managers felt they had sufficient authority and administration support. The manager stated that stated they could submit items to the trust risk register. There was a separate risk register for the service and the contents were known to all staff spoken with.
- The managers across all teams ensured the overall score for staff completion on mandatory training across both services was high at 95%. All staff members received appraisal, clinical supervision and managerial supervision to enable them to care and treat service users safely.
- The team undertook clinical audits to ensure they were following NICE guidance when prescribing medication to service users.

Leadership, morale and staff engagement

- Managers in the service were passionate about the staff team and proud of the service user focussed and person centred care they delivered. All staff spoken with were very positive about the work done by the divisional manager for county wide specialist services and the service manager to change the culture of the service and make improvements.
- The team leaders had embraced the need for change and worked to support their teams in the process.
- The trust had supported this change with a no blame approach to the staff team following the previous rating of inadequate.
- The trust had requested support from another NHS organisation with a good learning disability service to help with the improvement plan.
- There was visible senior management support for the service development. The chief executive attended meetings in the service and shadowing visits.
- The service had a yearly staff survey where they could express their views about the service.
- Sickness and absence rates were low. Staff also had access to health and wellbeing support via occupational health at the trust.
- Staff told us there was not a bullying or harassment culture in the team. They knew how to raise concerns and felt they could do so without fear of victimisation. Staff told us that they knew how to use the whistle-blowing process and that they would use it if they had concerns.
- Staff members had opportunities for secondment and leadership development. Staff felt supported by the service manager and senior managers. The administrative team were integral to the service and they ensured good information sharing across the team.

Are services well-led?

Outstanding ☆

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.

- Staff morale was excellent, with all staff in the service praising their colleagues. They stated that they enjoyed working in the service and welcomed the open culture. Staff reported it was a pleasure to come to work. Staff were keen to show us the improvements to the service.
- Staff were fully involved in the improvements and changes to the service. Each team had working groups that reviewed how the service worked for patients. They reviewed all aspects of the service to ensure it was safe, effective, caring, responsive and well led.

Commitment to quality improvement and innovation

- The service was involved in one National Institute for Health Research (NIHR) portfolio study as well as some smaller research studies.