

Good



Isle of Wight NHS 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)
R1FAV	St Mary's Hospital (Mental Health Management)	Arthur Webster Clinic - Learning Disability Specialist Healthcare Service	PO37 7HZ

This report describes our judgement of the quality of care provided within this core service by Isle of Wight NHS 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 Isle of Wight NHS Trust and these are brought together to inform our overall judgement of Isle of Wight NHS 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

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

- Carers/relatives of service users were full of praise for staff in the service. Staff were described as very caring. We observed interactions between staff and people who used the service and their families that were kind, good humoured, and professional. Staff showed good knowledge of individual needs of the people who used the service. Service users were involved in decisions about the service and were able to be involved in staff recruitment. There was evidence that staff actively encouraged service users about the use of an advocate.
- There was a good understanding of risk. Staff understood their duty to safeguard children and vulnerable people and how to make an alert. They understood how to report an incident on the trust's electronic recording system and they were able to describe learning from incidents.

- Care plans were comprehensive and assisted staff deliver safe care and treatment of service users. The service followed national institute for health and care excellence guidance on interventions.
- Morale was excellent, with all staff in the service praising their colleagues for the good work they did. Staff described good team working between their immediate team members and wider professional groups.

However:

- The autism assessment service for adults was commissioned by the CCG to provide only assessments. Once diagnosed with autism, service users received no further interventions or treatment unless they were comorbid with a learning disability.
- Access to the Arthur Webster clinic was difficult for service users in wheelchairs due to a large heavy door.

Summary of findings

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

Are services safe?

We rated safe as good because:

- All areas of the clinic we saw were clean and appeared well maintained.
- Staff undertook a risk assessment of every service user at the initial triage/ assessment and updated this regularly.
- Staff understood safeguarding and how to make an alert.
- Staff understood how to report an incident on the trusts electronic recording system and they were able to describe learning from incidents.

Good



Are services effective?

- Care plans were comprehensive and assisted staff to deliver safe care and treatment of service users.
- The service followed NICE guidance on interventions.
- The service had a specialist nurse and input from the psychiatrist to provide care for adults with attention deficit hyperactivity disorder. There was a clear care pathway that followed NICE guidelines for the assessment and treatment of service users.
- The staff team had a range of professions including psychiatry, psychology, nursing, occupational therapy and physiotherapy
- There were weekly team meetings and multi-disciplinary meetings.
- The team had built very good working relationships with the other agencies working with service users.
- 100% of staff had received an appraisal in the previous year.
- Staff members received regular supervision.

However:

- The autism assessment service was commissioned by the CCG to provide only assessments for adults. Once diagnosed with autism, service users received no further interventions or treatment unless they were comorbid with a learning disability.
- Staff were only required to complete Mental Health Act training once on starting with the trust. Although all staff had completed it, some had not had a refresher in several years.

Good



Are services caring?

We rated safe as good because:

Good



Summary of findings

- Carers/relatives of service users were full of praise for staff in the service. Staff were described as very caring. We observed interactions between staff and people who used the service and their families that were kind, good humoured, and professional.
- Staff showed good knowledge of individual
- Service users were involved in decisions about the service and were able to be involved in staff recruitment.
- There was evidence that staff actively encouraged service users about the use of an advocate.

Are services responsive to people's needs?

We rated responsive as good because:

- The services met all their targets for assessment or treatment in all areas. Caseload management was well managed by both the manager and the team.
- The trust produced accessible information leaflets.
- The service could demonstrate learning from complaints.

However:

- Access to the Arthur Webster clinic was difficult for service users in wheelchairs due to a large heavy door.
- The provider should review the provision of psychiatry and the caseload of the consultant psychiatrist.

Good



Are services well-led?

We rated safe as good because:

- Morale was excellent.
- All staff spoken with service praised their colleagues for the good work they did. Staff were particularly positive about the leadership and their contribution into making the service a positive place to work.
- The service conducted regular audits, for example care plan audits, audits of interventions against NICE guidelines, and a mortality audit.
- Managers had ability to submit items to the trust risk register
- Staff described good team working between their immediate team members and wider professional groups
- There were effective systems in place to ensure learning from incidents. Incidents were monitored by the manager.

However:

Good



Summary of findings

- Staff within the service felt distanced from the trust, with little contact with other services.

Summary of findings

Information about the service

The Isle of Wight NHS trust community learning disability team provides support and specialist care to people on the Isle of Wight who have a learning disability.

The team also provides an adult attention deficit hyperactivity disorder diagnostic service and an assessment service for adults who may have autism.

We last inspected the Isle of Wight NHS trust in June 2014. We published the report in September 2014. At the time of the last inspection, we rated the service as good overall.

Our inspection team

The inspection was led by Joyce Frederick, Head of Hospital Inspection, CQC.

The team that inspected this core service comprised one CQC inspection manager, one CQC inspector and a specialist advisor who had experience working in learning disabilities services.

Why we carried out this inspection

We inspected this core service as part to a short notice inspection to follow up on some areas that we had

previously identified as requiring improvement or where we had questions and concerns that we had identified from our on going monitoring of the service or if we had not inspected the service previously.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

During the inspection visit, the inspection team:

- Visited the Arthur Webster clinic, looked at the quality of the environment, and observed how staff interacted with service users.
- Attended two home visits.
- Spoke with seven service users.

- Spoke with six carers.
- Spoke with 17 staff, including nurses, occupational therapists, administrative staff, psychologists and psychiatrist.
- Spoke with the manager of the service and the senior manager for specialist services.
- Spoke with six residential social care staff.
- Held two focus groups. One for service users and one for staff. 17 staff attended the focus group.
- Reviewed four staff supervision records and four staff appraisals.
- Reviewed ten clinical records of people using the service.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

We spoke with seven service users and six carers who all said they were extremely happy with the service. They were complimentary about staff attitudes and interactions, especially how staff responded to them when they phoned the service in crisis.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should review, with commissioners, the assessment pathway for autism for both adults and children. This should also include what interventions are offered and when.
- The provider should review the provision of psychiatry and the caseload of the consultant psychiatrist.
- The provider should provide regular refreshers for staff on the Mental Health Act, Mental Capacity Act and Deprivations of Liberty Standards.
- The provider should ensure the main door is accessible for people in a wheelchair. Currently people in wheelchair had to push open the door themselves or wait for the door to be opened.

Isle of Wight NHS 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 Specialist Healthcare Service	Arthur Webster Clinic

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.

Staff did not receive mandatory refresher training on the Mental Health Act. Staff were only required to complete

Mental Health Act training once on starting with the trust. Although all staff had completed it, some had not had a refresher in several years. Staff were concerned about this, and used the psychiatrist as a resource.

Staff members were very positive about support from the Mental Health Act office in the trust.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff displayed good knowledge of the five principles of the Act. There was evidence of assessments of service users' capacity to consent, including assessing service users who may have communication difficulties and limited capacity.

Are services safe?

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

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

Our findings

Safe and clean environment

- All of the interview rooms we saw were fitted with alarms. However, the alarm in one treatment room was the other side of the room away from the door and it would be difficult for staff to raise the alarm.
- The three therapy rooms and the room used for consultations were clean and appeared well maintained. The building was old and in need of some refurbishment. We reviewed the most recent cleaning records held in reception and saw that all were up to date, complete and filled in correctly.
- There were no environmental risk assessments on site as they were not completed by the staff team. The trust estates department held the assessments centrally which were seen. All relevant staff were aware of the risks that the estates department had identified.
- Staff adhered to infection control principles including hand-washing. There was signage explaining hand-washing techniques on the premises showing how to wash hands correctly.

Safe staffing

- The service had 21 whole time equivalent positions. All posts were currently filled with no vacancies.
- The service model and staffing had been agreed with commissioners in 2011 following a scoping exercise on the level of need.
- Caseloads were manageable with nurses, occupational therapists and support workers averaging 17. Psychologists had an average of 32 – some of these were assessments only as part of the autism pathway. However, the consultant psychiatrist had a caseload of 170 which was high.
- Sickness rates were at 4.6%. These were due to long term medical conditions and the service manager had put support plans in place for the staff to return to work successfully.

- The service did not need to use agency or bank staff. There was no cover for a nurse currently on maternity leave. However, the staff team ensured they ensured this did not impact on service users.
- The service had a full time consultant psychiatrist. Cover was provided by a psychiatrist in the older person's mental health team in a reciprocal arrangement. The psychiatrist was part of an on call service that covered the island. Staff, service users and other providers all reported that the psychiatrist was very accessible and responsive.
- Mandatory training in the service was at 90% except breakaway training at 64%. Managers were able to show this was due to it being provided two yearly.

Assessing and managing risk to patients and staff

- Staff undertook a risk assessment of every service user at the initial triage/assessment and updated this regularly.
- In all files reviewed there were clear crisis plans for service users. These were known to all staff spoken with.
- The staff responded quickly to sudden deterioration in service users' health. Service users were offered additional appointments and home visits.
- The service ensured that service users were seen promptly. At the time of the inspection the average wait from referral to treatment was five weeks with the longest being 10 weeks. The autism assessment service had a waiting list of 28 weeks. The staff team monitored service users on the waiting list to ensure they were aware of any additional risks.
- Staff understood safeguarding and how to make an alert. Safeguarding training for adults was at 90% with a clear plan for the other 10% to receive this training. All staff had been trained in safeguarding children level one and 85% of staff had been trained to level two. Following learning from an incident elsewhere in the trust it had been identified that mental health and learning disability staff should be trained to level three. Plans were in place to provide this in the next year.

Are services safe?

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

- The trust had a lone working protocol. The staff we spoke with were aware of the protocol and could explain how they followed it.

Track record on safety

- There had been no serious incident in the previous 12 months.

Reporting incidents and learning from when things go wrong

- Staff understood how to report an incident on the trusts electronic recording system. There had been 18 incidents reported by the service in the previous 12 months.
- Staff were able to describe learning from incidents. For example, administrative staff had recently changed their procedure in how they scanned documents and uploaded them to the electronic record system following a data incident.

- All staff were familiar with the term duty of candour and all were able to explain its importance and provide examples of when they have been open and transparent with service users when things have gone wrong.
- Deaths of people with a learning disability were reported as an incident even if they were expected. The service then reviewed the death with other agencies with support from other services in the Wessex region. The service provided support to other services on the mainland in the Wessex area for their death reviews. This was put in place after a review into deaths of people with a learning disability in a nearby NHS trust on the mainland.

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

- Comprehensive assessments were documented in each of the ten service users' records we reviewed. Staff completed the assessments at service user's first appointment.
- Records contained sufficient information to assist safe care and treatment of service users. There was evidence of discussion with service users to ensure were aware of treatment options. The records were personalised and holistic. Staff evidenced they followed NICE guidance.
- All information was kept securely on electronic record systems.

Best practice in treatment and care

- The service adhered to the national institute of health and care excellence (NICE) guidance on interventions. For example, the use of antipsychotic medication led to regular reviews and careful monitoring of physical health.
- At a home visit we observed the clinician discuss NICE guidance in the use of medication in the treatment of epilepsy. This included explaining the need for regular blood tests, the medication side effects and triggers that may indicate an epilepsy episode. They went through the risk assessment ensuring the residential care home had one in place for the use of the bath. They discussed consent, jointly drew up a detailed care plan for the residential social care staff caring for the service user. They also trained the staff in the safe care and treatment of a patient with epilepsy in the case of an emergency.
- The service had a clear care pathway for adults with attention deficit hyperactivity disorder provided by a specialist nurse with input from the psychiatrist. The pathway followed NICE guidelines for the assessment and treatment of service users. The consultant psychiatrist was working with the nurse to strengthen the role of nurse prescribing.
- The service had a positive behaviour support pathway in line with national recommendations to work with service users who presented behaviours that could challenge. Practitioners working in these pathways were appropriately trained in PBS approaches.

- The autism assessment service was commissioned by the commissioners to provide comprehensive assessments using recognised assessment tools. These assessments were for adults. Staff were concerned that service users were not being identified at an earlier age and the impact this could have on their life outcomes. However, once diagnosed with autism, service users received no further interventions or treatment unless they also had a learning disability.

Skilled staff to deliver care

- The staff team had a range of professions including psychiatry, psychology, nursing, occupational therapy and physiotherapy. However, staff were concerned that a previous role of a speech and language therapist had been lost two years prior to the inspection. Staff now had to refer outside the service. Staff reported delays in accessing speech and language provision since this occurred.
- There was a detailed induction pack prepared by the manager for new staff. Staff who had joined the service recently said they had been supported by managers and the team.
- All staff received regular supervision. We looked at four records sampled and saw the recording described staff concerns and looked at their future development. All staff had received an appraisal in the previous year. We reviewed four of these. All were completed to a high standard and were tailored to individuals development needs.
- Staff said that specialist training was offered to meet their development needs. For example, in the year before the inspection staff had attended conferences and training in cognitive behaviour therapy.

Multi-disciplinary and inter-agency team work

- There were regular team meetings that were well attended by staff. These were clearly minuted with actions. The meetings discussed service developments, finances, safeguarding, incidents and training as standing items.
- The team worked effectively together, with excellent communication which was effectively coordinated by the administrative team. This ensured everyone was up to date with current information about service users' needs with the mobile workforce in the community.

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.

- A relative gave an example of how the service worked hard to ensure a smooth preparation into hospital for a medical procedure explaining how staff had liaised with the hospital preparing them for the service users' needs. The team had also worked with the service user using visual aids to prepare them as well. When the service user arrived at the hospital a nurse from the service met them at the car with agreed medication to relax them and then accompanied them to the ward.
- The service provided support to service users in residential care. Care providers were positive about the support that service users received. In addition to this providers spoke about the specialist advice they received. For example, a nurse from the service worked with a social care provider on how they addressed epilepsy, helping them write detailed individual care plans for rescue medication (medication that is used in an emergency for a serious seizure). The nurse also provided training on the medication for staff in the service. In another residential service, managers of the home said that staff provided good support for service users who used percutaneous endoscopic gastrostomy feeding. This included helping train residential staff to be competent to administer the feeds safely in line with NICE guidance.
- We attended a responsive visit at the service users request with the psychiatrist and a nurse prescriber to a young man with autism who was distressed. The consultant completed the home visit as this particular young man felt more comfortable in their home environment. The service user, their relatives and staff at the service worked closely together to ensure he could live at home independently. They agreed the service user would benefit from seeing the psychologist and their medication would be reviewed. Staff members were seen to be knowledgeable, kind and were very attentive to the wishes and feelings of the service user.

- Residential key workers/support staff were involved in discussions about service users' needs and the development of care plans by the service. Residential providers were positive about the involvement and how it helped develop their staff.
- There was good liaison with other health professionals such as GP's and district nurses.

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

- Staff were only required to complete Mental Health Act training once on starting with the trust. Although all staff had completed it, some had not had a refresher in several years. Staff were concerned about this, and used the psychiatrist as a resource. However, the Mental Health Act was rarely used by the team.
- The psychiatrist did receive training to maintain his Mental Health Act status and said there was good support from the Mental Health Act office in the trust.

Good practice in applying the Mental Capacity Act

- Staff were only given training on the Mental Capacity Act and Deprivation of Liberty standards (DoLS) once on starting with the trust. One member of staff had not had any training on the Mental Capacity Act for nine years.
- However, staff displayed good understanding of capacity and consent and the particular issues of this for people with a learning disability. In two care records we saw that staff had attended a service user's best interest meeting to ensure their safe care and treatment. There was evidence of consent and capacity assessments.
- Staff reported good support from the trust Mental Health Act lead who also gave advice on DOLS.

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

- Carers and relatives of service users were full of praise for staff in the service. Staff were described as very caring. One relative said that the consultant had seen them in the town centre outside of work and had noticed they were preoccupied so took them for a cup of tea to give them an opportunity to listen to their concerns.
- Carers and other agencies were very positive about the approach of administrative staff who greeted them warmly on the phone, were supportive and calm, even if the carer was anxious. If the named professional was not available, administrators would arrange for someone else in the team to call them straight away.
- Staff displayed detailed knowledge of the service users they worked with. Staff spoke respectfully about service users when in clinical discussion with colleagues.
- Staff interactions with service users showed warmth, humour and compassion.

The involvement of people in the care that they receive

- Carers described being very involved in the development of care plans. Different options of care were offered with explanations of the potential benefits and difficulties of an approach being given.

- Last year a staff member and a service user had jointly devised a plan to raise awareness of learning disabilities in the public. So they set up a monthly group in the local hospital, went to large supermarkets and handed out leaflets to GP surgeries. As a consequence the attendance at the local college for all people with a learning disability improved and the particular service user was able to hand out leaflets independently at the end of the group work.
- Service users, carers and care providers received copies of letters and care plans. Where appropriate these were tailored into easy read versions.
- Carers said they received satisfaction questionnaires and that the service listened to their feedback.
- The service ran a participation group called 'my health' which was attended by the director of quality and nursing, staff members, advocates, parents and carers and service users. They discussed all aspects of the service including the use of different kinds of care passports to make them more accessible to people who used the service.
- Patients were involved with the recruitment of staff. A staff member told us how a service user had been on their interview panel. They told us they valued their input.

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

- The service had 476 open cases with 202 referrals in the previous 12 months. There had been 94 referrals for autism assessments, despite only being commissioned for 25, and 107 referrals for the adult ADHD service.
- The average wait from referral to treatment was five weeks with the longest being 10 weeks. However, the autism assessment service had a waiting list of 28 weeks which reflected the higher than commissioned for demand.
- There was an internal wait for psychology in the service, with the longest waiting 14 weeks. Staff were concerned at the impact the autism assessments had on the capacity of the psychologists to work with the learning disability service users, due to the demand for autism assessments exceeding the commissioned level of work.
- There was a screening checklist completed by staff members which could trigger an urgent clinician review. The psychologist screened all referrals before a two weekly referral meeting. Urgent referrals would be allocated before the meeting.
- Carers/relatives and other providers described the service as very accessible. Even if a service user was not currently open to the service they would respond to a query and give advice.
- Carers and social care providers said that they got immediate response if there was a serious issue.
- The service monitored service users who were detained under the Mental Health Act. A clinician was assigned as case worker for anyone detained. There was no inpatient provision on the island, however the service did use the mental health inpatient beds for brief admission in a crisis. There was full liaison between the service and the mental health wards when this occurred.

The facilities promote recovery, comfort, dignity and confidentiality

- There were sufficient rooms to support treatment and care. There were three therapy rooms and treatment rooms and a room used for consultations.

- The waiting room contained information leaflets on local services, medication and how to make complaints.
- All of the therapy rooms were sound proofed so conversations could not be overheard.

Meeting the needs of all people who use the service

- Service users received a welcome pack when joining the service which included easy read leaflets on the service and how to access other support. These included easy read appointment slips with clocks and calendar symbols.
- There was a full range of information available on the service, with a proactive program to produce easy read versions.
- The service considered the impact of changing professionals on service users, and how they would process this due to their learning disability. For example, one key worker who was pregnant worked jointly with the team member who would be covering her caseload. They worked together in the care of a service user who found change difficult for two months before going on maternity leave.
- Interpreters were available if required but the service had not needed to use them.
- There was a ramp leading to the heavy main door at the Arthur Webster Clinic. The actual door did not have automatic opening which meant people in wheelchair had to push open the door themselves or wait for the door to be opened. However the majority of service users were seen in their own homes or community settings.

Listening to and learning from concerns and complaints

- The service had received no complaints in the 12 months prior to the inspection.
- Service users and families were aware of how to complain as were other agencies. All felt they would be listened to if they had any concerns. A comprehensive well designed leaflet in easy read format was given to service users and their families in a welcome pack when they first made contact with the service called "what to

Are services responsive to people's needs?

Good 

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

do if you are not happy". In a home visit with staff members we saw them discuss with service users and their carers about how to make a complaint on home visits that we observed.

- The service had received 30 compliments in the previous 12 months. These were reflected on in staff meetings.

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

- The service had its own clear vision to 'support, enable and empower people with learning disabilities to become active citizens, by living socially valued and inclusive lives and to help people be accepted and respected for who they are'. Staff were focussed on the enablement of people who used the service.
- However staff within the service felt distanced from the trust, with little contact with other services.

Good governance

- There was regular performance monitoring by the CCG. The service submitted an annual report.
- The service conducted regular audits, for example care plan audits, audits of interventions against NICE guidelines and a mortality audit.
- Managers had ability to submit items to the trust risk register although there were no specific risks to the service currently identified, although managers felt that the trust overarching risk regarding the electronic record system did apply to the service

Leadership, morale and staff engagement

- The service had a yearly staff survey. Staff told us that as a result of last year's survey access to training improved.
- Absence rates were in line with the national average of 4%.

- Staff told us there was not a bullying or harassment culture in team. Staff knew how to raise concerns and felt they could do so without fear of victimisation.
- Staff we spoke with told us that they knew how to use the whistleblowing process and that they would use it if they had concerns without fear of victimisation.
- Staff members across both services had opportunities for secondment and leadership development.
- Managers in the service were passionate about the staff team and proud of the patient focussed and person centred care they believed they delivered.
- Staff felt supported by the team leader and the senior manager for specialist services. There was clear clinical leadership from the consultant psychiatrist. The administrative team were integral to the service and they ensured good information sharing across the team.
- Morale was excellent, with all staff in the service praising their colleagues and explained that they were the reason they enjoyed working in the service as well as making a difference to service users. Staff reported it was a pleasure to come to work.
- Staff could give feedback about the service at their staff meetings and in one to one meetings.

Commitment to quality improvement and innovation

- The consultant was looking into the development of a day centre/ activity centre for people with learning disabilities to further develop the service for them.