

Good 

# Tees, Esk and Wear Valleys NHS Foundation Trust

# Community mental health services for people with learning disabilities or autism

## Quality Report

Trust Headquarters  
West Park Hospital, Edward Pease Way  
Darlington  
County Durham  
DL2 2TS  
Tel: 01325 552000  
Website: [www.tewv.nhs.uk](http://www.tewv.nhs.uk)

Date of inspection visit: 23 - 30 January 2017  
Date of publication: 11/05/2017

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RX301	Trust Headquarters	South Tees Community Adult Learning Disabilities Team	TS6 0SZ
RX301	Trust Headquarters	Darlington & Durham Community Health Team	DL1 1DT
RX301	Trust Headquarters	York & Selby Community Learning Disability Team	YO30 4XT

This report describes our judgement of the quality of care provided within this core service by Tees, Esk and Wear Valley NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

# Summary of findings

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

Where applicable, we have reported on each core service provided by Tees, Esk and Wear Valley NHS Foundation Trust and these are brought together to inform our overall judgement of Tees, Esk and Wear Valley 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?

Outstanding 

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

## Contents

### Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Information about the service	10
Our inspection team	10
Why we carried out this inspection	10
How we carried out this inspection	11
What people who use the provider's services say	11
Good practice	11
Areas for improvement	12

---

### Detailed findings from this inspection

Locations inspected	13
Mental Health Act responsibilities	13
Mental Capacity Act and Deprivation of Liberty Safeguards	13
Findings by our five questions	15

---

# Summary of findings

## Overall summary

We rated the community services for adults with learning disabilities or autism as good overall because:

- Four of the five service sites we visited were clean, tidy and well maintained.
- There was a sufficient number of staff in place at all sites we visited to ensure the needs of people using the service were met safely.
- Staff assessed and treated patients promptly after they had been referred to the service. Staff achieved the trust target of meeting patients in person within 28 days of referral. Staff often saw patients within two weeks of referral. Most patients had a comprehensive assessment completed within a month of being referred to the service.
- Staff had either completed their mandatory training or had training sessions booked to take place within the next few weeks.
- Adverse events were thoroughly investigated and processes were implemented to prevent them happening again. There were no serious incidents at any of the five services we inspected within the last 12 months. Staff reported incidents and any lessons learned following investigations of incidents was shared with staff to inform best practice. Staff acted upon complaints and lessons learned were used to inform best practice.
- Clinical pathways were based on National Institute for Health and Care Excellence guidance.
- Staff were highly skilled, motivated, undertook mandatory and statutory training and were able to access specialist training. Staff had a good understanding of the Mental Health Act and Mental Capacity Act and their responsibilities.
- Carers and patients spoke highly of staff and the service they received. The interaction between patients and staff we observed was friendly, reassuring and caring.
- During home visits, we saw staff develop a timetable with picture cards to address a patient's communication difficulties and undertake research to find appropriate equipment and resources for other patients' needs.

- Staff always took patients' individual preferences into consideration when planning care and took a person centred approach during all meetings and discussions about patients.
- Some of the services provided activities for patients including groups around dementia, men's health, football, autism and, for older patients, personal safety awareness.
- Services worked with external care providers, GP services and communities to raise awareness of issues around learning disabilities.

However:

- There was an area of carpet at the York & Selby service, which was very dirty due to a recent boiler leak, although the service manager told us a new carpet had been ordered.
- At the York & Selby service, staff had not carried out a fire drill since March 2015 and some rooms did not have alarms, placing staff and those using the service at risk if an emergency arose. Staff were not wearing personal alarms.
- At the York & Selby service, there were two patient risk assessments that staff had not updated between October 2015 and July 2016 and a third patient who entered the service in December 2016 had no risk assessment in place. A patient survey carried out in December 2016 showed that only 67% of respondents at the York & Selby Service felt they had been involved in their care plan.
- At the York & Selby and Hambleton & Richmondshire services, some care records contained little evidence of patients' views or opinions being taken into account.
- Nurses were not invited to team meetings known as 'huddles' at the South Durham service.
- The South Durham and Hambleton & Richmondshire services did not run any activities or groups for patients.
- Staff in all but the Hambleton & Richmondshire service were unsure as to whether the trust had a risk register.

# Summary of findings

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

### Are services safe?

We rated safe as good because:

- Health and safety, fire and legionella assessments had been carried out at the service sites and were up to date.
- There was a sufficient number of staff in place at all five sites we visited which ensured the needs of people using the service were met safely. Bank and agency staff were rarely used.
- Staff either had completed their mandatory training or were due to complete it within the next few weeks.
- Staff we spoke with had a good understanding of potential risks associated with their patients and how to manage them. Multi-disciplinary team meetings were held regularly where staff could discuss and escalate any concerns over risks associated with patients.
- The services had good lone working practices to help ensure staff safety.
- There were no serious incidents within the last 12 months and lessons learned from the investigations into adverse events and incidents were used to inform best practice.

However

- At the York & Selby service, there were two patient risk assessments that had not been updated between October 2015 and July 2016 and a third patient who entered the service in December 2016 had no risk assessment in place.
- An area of carpet at the York & Selby service was dirty due to a recent boiler leak; the service manager told us a new carpet had been ordered.
- There had been no fire drill carried out at the York & Selby service since March 2015.
- Not all the rooms at the York & Selby service contained alarms; those that did had alarms placed next to the door away from staff and staff were not wearing personal alarms, which placed staff and those using the service at risk if an emergency arose.

Good



### Are services effective?

We rated effective as good because:

- The majority of patients had a comprehensive assessment completed within a month of being admitted to the service. Most care records and recovery plans were being regularly reviewed and updated.
- Clinical pathways followed National Institute for Health and Care Excellence guidance

Good



# Summary of findings

- Staff engaged in clinical audits and the trust had its own designated team responsible for carrying out audit programmes.
- Each service had a team made up of a range of health disciplines. Multi-disciplinary meetings were held regularly at each service site and were well attended by staff from a variety of different backgrounds and areas of expertise.
- Staff undertook mandatory and statutory training and were able to access specialist training either for their current role or as part of their overall personal development and progression.
- Staff were appraised on an annual basis and supervision was held every four to six weeks.
- The services had effective relationships with external partners involved in patients' care.
- Staff had a good understanding of the Mental Health Act and Mental Capacity Act and their responsibilities.

However

- At the York & Selby and Hambleton & Richmondshire services, some care records did not reflect the views or opinions of patients.

## Are services caring?

We rated caring as outstanding because:

- Feedback from people who use the service and those close to them was continually positive about the way staff treat people. Patients and carers said staff were respectful, friendly, helpful, polite, caring and professional at all times; they had never received such a thorough and helpful service before and staff went over and above their expectations. Carers from outside organisations reported that staff were responsive and supportive.
- We observed staff were compassionate and warm towards patients and took time to communicate with them.
- Staff developed tools that were patient specific to meet individual needs, which included a timetable with picture cards to support a patient's communication difficulties. During home visits, we saw examples where staff undertook research to find appropriate equipment and resources to meet the specific needs of their patients.
- We saw a person centred approach to all meetings and discussion about patients. Staff were highly motivated to find solutions to meet patients' needs. Staff showed empathy

**Outstanding**



# Summary of findings

towards the needs of carers during home visits and offered them support and guidance. Patients were encouraged to participate in their care planning and their preferences were always taken into consideration.

- Families and carers were involved in the assessment, care planning and reviews of patients. Family members we spoke with said they felt supported and if they needed to contact the service, staff responded quickly.
- Patient and carer survey results for December 2016 showed that between 67% and 100% of respondents at each service felt they were treated with dignity and respect, given choices over appointment times and rated the quality of the service very highly. Between 82% and 100% of respondents at all but the York & Selby service said they were actively involved in the development of their care plan.

However

- The results of a survey carried out in December 2016 showed that only 67% of respondents at the York & Selby service felt involved in their care plan

## Are services responsive to people's needs?

We rated responsive as good because:

- Services had a target of 28 days after referral in which to make face-to-face contact with patients and in many cases, patients were seen within two weeks and had an assessment of their needs before the 28 days target.
- Appointments with patients were at a time and location that suited the patient. When patients and carers visited the service, accessible rooms were available which took into account of the person's needs.
- Information was available in a variety of different formats to meet patients' needs and packs were available to patients and carers that gave details of their rights and information about the service.
- Some services provided activities and groups for patients including groups around dementia, men's health, football, autism and, for older patients, personal safety awareness.
- Information was available to people who used the services about how to make a complaint or raise concerns. Staff knew how to escalate any complaints received to their service manager. Lessons learned from complaints were discussed in team meetings, or during supervision and the trust sent lessons learned information to all staff to inform best practice.

However

Good



# Summary of findings

- The South Durham and Hambleton & Richmondshire services did not provide any activities or groups for patients.

## Are services well-led?

We rated well-led as good because:

- Each service had their own key performance indicators, which were used to monitor team performance and the quality of service they delivered.
- Staff were aware of their responsibilities under the Duty of candour in terms of being honest and open with people who used the services when things went wrong.
- Care records were stored on a secure electronic patient record system maintaining confidentiality.
- Lessons learned from incidents, complaints and feedback from people using the services were used to improve practices within the teams.
- Staff morale was high and staff felt valued and positive about their jobs and supported one another. Staff were actively encouraged to provide feedback and input into service development and felt they could raise any issues or concerns with senior colleagues.
- The trust provided health and wellbeing facilities for staff including a programme involving mindfulness-based cognitive therapy which is recommended by the National Institute for Health and Care Excellence.
- The South Teesside, Darlington and, Hambleton & Richmondshire services were involved in initiatives committed to improving quality such as hosting training sessions, GP liaison groups and events attended by health professionals and providers.

However

- Staff in all but the Hambleton & Richmondshire service were unsure as to whether the trust had a risk register but were able to raise issues with their service managers.

Good



# Summary of findings

## Information about the service

Tees, Esk and Wear Valley NHS Foundation Trust's community services for people with learning disabilities or autism provide a range of specialist advice, support and interventions to people within each of the provider's localities.

Each team provides assessment, treatment, therapy and consultation from a range of skilled professionals to enable specialist health interventions to be delivered in the community to reduce the need for admission to specialist learning disability acute in-patient services.

The service aims to improve access to mainstream services and works in collaboration with the individual, their family, carers and other organisations. The service also provides specialist health input such as positive behaviour support, psychological therapies and interventions requiring learning disability specialists such as speech and language therapists. Each individual service works with other care providers to ensure reasonable adjustments are made and to reduce health inequalities. They provide support to other services to understand the needs of people with learning disabilities and share information to enable them to make reasonable adjustments.

The South Durham and Darlington teams were fully integrated with the local authority.

We last inspected the community services for people with learning disabilities core service on 20 – 29 January 2015. We did not identify any regulatory breaches but did identify the following areas for improvement:

- The trust should ensure that staff maintain records that demonstrate that they have considered capacity of someone to consent.
- The trust should ensure that a robust system is in place to enable staff in Durham and Darlington to always have access to relevant risk information stored on the local authority computer system.
- The trust should consider ways in which to develop care planning to ensure that it always looks at the holistic needs of the person. In most teams, we found variability in the recording of the person's wider needs.
- The trust should consider whether pharmacy support is required to monitor the use of medications at Kilton View.
- The trust should consider ways in which links between different teams are developed so that good practice can be shared more regularly in a robust manner.

We did not visit Kilton View as part of this inspection and therefore did not look into whether any consideration of pharmacy support had been undertaken.

## Our inspection team

Our inspection team was led by:

**Head of inspection:** Jenny Wilkes, Head of Hospital Inspections (Mental Health), Care Quality Commission.

**Team Leader:** Chris Watson, Inspection Manager, mental health services, Care Quality Commission.

The team that inspected the community services for people with learning disabilities and autism comprised five Care Quality Commission inspectors and one nurse acting as a specialist advisor.

## Why we carried out this inspection

We previously inspected this core service on 20 – 29 January 2015. Due to the adverse weather conditions at that time, we were unable to meet with a sufficient number of people using the service and, therefore, had

insufficient evidence on which to give an overall rating for Tees, Esk & Wear Valley NHS Foundation Trust's community services for people with learning disabilities or autism.

# Summary of findings

## 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 five community learning disability teams
- spoke with 22 patients and 10 carers who were using the service
- spoke with the managers or acting managers for each of the service
- spoke with 35 other staff members including doctors, nurses, occupational therapists, health care assistants, support workers and other healthcare professionals

- attended and observed six team meetings
- observed a dementia group attended by 30 patients
- collected feedback from 62 patients using comment cards
- looked at 37 care and treatment records of patients
- looked at personnel files and other documentation
- looked at a range of policies, procedures and other documents relating to the running of each service
- checked the cleanliness and health and safety arrangements for each service.

Tees, Esk and Wear Valley NHS Foundation Trust have 13 community learning disability and autism sites in total, which cover Durham and Darlington, Teesside, Hambleton & Richmondshire, Scarborough, Whitby & Ryedale and York & Selby. We visited over a third of these sites for this inspection in line with our methodology for inspecting community services.

## What people who use the provider's services say

Patients and carers all spoke highly of staff and the service they received. They said staff were friendly, helpful, polite, caring and professional at all times. Patients and carers commented that they had never received such thorough and helpful service before and staff went the extra mile and over and above their expectations.

Patients and carers completed comments cards and the feedback was all extremely positive. The services ran patient surveys and the results showed patients and carers felt supported, involved and happy with the service they received.

We observed staff's interaction with patients during visits to their home. Staff had a good rapport with the patients and their overall demeanour was friendly, reassuring and caring. Staff continually checked patients' and carers' understanding, asked open questions and had a detailed knowledge of their patients.

## Good practice

The South Teesside service worked with GPs and the local community to highlight issues around learning disabilities. It also ran an autism group, which had received positive feedback from carers. The service had also created an annual health check template for its patients, ran training sessions within GP practices and had hosted events attended by GPs, advocacy services, therapists and local authorities.

The Hambleton & Richmondshire service provided training to external care providers to give them a greater understanding of the needs and issues relating to people with learning disabilities. The consultant psychiatrist at this service initiated a GP liaison group to raise awareness of the service and reinforce the need for annual health checks to improve the formulation of health action plans.

# Summary of findings

## Areas for improvement

### Action the provider SHOULD take to improve

- The trust should ensure fire drills are carried out as required at the York & Selby service so staff and people who use the services know what to do in the event of a fire occurring.
- The trust should ensure there are effective systems in place at the York & Selby service to allow staff to call for help in the event of an emergency.
- The trust should ensure that risk assessments are undertaken for all patients when they first enter the service and are continually reviewed and updated.
- The trust should ensure that the York & Selby service meets the excellent practice of the other services in relation to patients' involvement in their care and taking patients' views and opinions into account.
- The trust should ensure team meetings at the South Durham service incorporate all relevant staff.
- The trust should consider running patient activities within all its services.
- The trust should ensure that all staff at the service are aware of the risk register so that any risks identified can be centrally recorded and managed.

# Tees, Esk and Wear Valleys 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
South Tees Community Adult Learning Disabilities Team	Trust Headquarters
Darlington & Durham Community Health Team	Trust Headquarters
York & Selby Community Learning Disability Team	Trust Headquarters
South Durham Locality Learning Disability Team	Trust Headquarters
Hambleton & Richmondshire Community Learning Disability Services	Trust Headquarters

#### 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.

Training in the Mental Health Act was not mandatory for staff within the trust. There was no target set for training and attendance was not recorded. However, the trust sent updates to staff to ensure their knowledge of the Mental Health Act was up to date. Staff told us that these updates had included information about changes to the code of practice.

Staff were aware of their responsibilities under the Act. The computer systems used by staff contained templates, which prompted staff to consider the mental health issues of each patient. Relevant information was recorded and updated where appropriate.

The trust had a mental health policy that was accessible to staff via its intranet and there was a central mental health team that provided advice and support to staff about mental health queries or concerns.

# Detailed findings

Staff were unable to recall how long ago they received training in the Mental Health Act; but, they received updates from the trust by e-mail or newsletters, which kept their knowledge up to date.

Staff were unsure if there were arrangements in place to monitor adherence to the Mental Health Act but thought the trust's audit team would be responsible for doing so.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff demonstrated a good overall knowledge and understanding of the Mental Capacity Act 2005 and could recall some of the statutory principles and examples of how they applied these in their work.

Training in the Mental Capacity Act was not mandatory for staff within the trust. There was no target set for training and attendance was not recorded. However, the trust sent updates to staff to ensure their knowledge of the Mental Capacity Act was up to date and best practice was followed.

Information about a patient's capacity to consent and any best interest decisions made on behalf of a patient lacking capacity was appropriately recorded within patients' care records.

The trust's central mental health team dealt with staff queries and concerns about mental capacity.

Each of the five services we inspected had access to advocacy services. Advocacy could be accessed quickly if required.

Staff were unsure if there were arrangements in place to monitor adherence to the Mental Capacity Act 2005 but thought the trust's audit team would be responsible for doing so.

# 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

Four of the five services we visited were clean, tidy and well maintained overall. At the York & Selby service, an area of carpet had become dirty due to a leaking boiler. The service manager at the York & Selby service told us that a new carpet had been ordered.

Some interview rooms at the York & Selby service did not contain alarms. Although staff at the York & Selby service were not wearing personal alarms, patients and carers using the community service were seen at their own home or location of their choice and rarely visited the service, which meant the risk of their being at the centre of aggressive behaviour was low. Staff carried alarms and mobile phones during visits to patients in line with the service's lone working procedures. Rooms at the other services did have alarms.

Handwashing facilities such as hand sanitiser gel were visible throughout our inspection of each site.

Health and safety, fire and legionella assessments had been carried out and were up to date. The York & Selby service had not carried out a fire drill since March 2015, however, the fire risk assessment had been reviewed on 18 January 2017 and fire wardens undertook weekly checks of the building premises.

### Safe staffing

There was sufficient staff in place at all five services we visited to help ensure the needs of people using the service were met safely. Bank and agency staff were rarely used. Each service had the following nursing establishment levels:

- South Tees Community Adult Learning Disabilities

There were 13 qualified nurses working at the service and their combined whole time equivalent totalled 12.0.

- Darlington & Durham Community Health Team

There were six qualified nurses working at the service and their combined whole time equivalent totalled 5.2.

- York & Selby Community Learning Disability Team

There were eight qualified nurses working at the service and their combined whole time equivalent totalled 6.7.

- South Durham Integrated Learning Disability Team

There were five qualified nurses working at the service and their combined whole time equivalent totalled 4.4. Two health care assistants also worked at this service and their combined whole time equivalent totalled 1.3.

- Hambleton & Richmondshire Community Learning Disability Services

There were six qualified nurses working at the service and their combined whole time equivalent totalled 4.8. Two health care assistants also worked at this service and their combined whole time equivalent totalled 1.6.

Average caseloads were between 30 and 40 patients per each staff member. Caseloads were reviewed regularly and were distributed to appropriate staff based on their complexity and the role of each staff member.

The overall sickness absence figure for the trust was 4.8% for the 2016/17 year. Sickness absence figures at each of the services were low compared to this and were managed appropriately.

Each service had its own consultant psychiatrist, which meant that staff could access psychiatric advice quickly when required.

At the time of our visit, staff had either completed their mandatory training or had training sessions booked to take place within the next few weeks. Managers within the service closely monitored mandatory training requirements by using the trust's dashboard system and by recording training dates for each staff member on whiteboards.

### Assessing and managing risk to patients and staff

Staff undertook an initial risk assessment of every patient when they first accessed the service. Risk assessments were, overall, being regularly reviewed and updated. However, two records at the York & Selby service indicated that there had been past issues with staff carrying out reviews. The first record showed that the patient had entered the service in October 2015 and the second showed the patient had entered the service in November 2015. Both patients' records stated that reviews of risk

## Are services safe?

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

assessments were not carried out until July 2016 after which date, reviews were carried out regularly. One other record related to a patient who had entered the service in December 2016 and the record contained no evidence of a risk assessment being undertaken. It is good practice for risk assessments to be carried out when patients first enter services and regular reviews of risk assessments should take place thereafter.

Staff had a good understanding of potential risks associated with their patients and how they should be managed. Multi-disciplinary and team meetings were held regularly where staff could discuss and escalate any concerns in relation to risks associated with patients.

Staff we spoke with provided examples of the triggers that would indicate a patient's health was deteriorating, what action they should take and whom they would involve. Examples of these triggers included bruising to the skin, change in mood or behaviour, reluctance to engage and poor personal hygiene.

Mandatory training included safeguarding children and vulnerable adults up to level three depending on the role of the staff. Staff gave examples of safeguarding issues and knew how to ensure a safeguarding alert was raised.

The services had good lone working practices. These included a buddying system, keeping a record of each staff

members' appearance and car registration number, use of mobile phones, a signing in and out register and a whiteboard in the reception office which gave details of the time and location of any external visits to patients.

### **Track record on safety**

There were 20 adverse events at the York & Selby service and one at the South Teesside service in the 12 months leading up to our inspection. These included patients' records going missing and a letter being sent to the wrong address. All 21 adverse events were investigated and processes were put in place to prevent them happening again wherever possible. There were no serious incidents within the last 12 months at any of the five services we inspected.

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

Staff knew what the trust defined as an incident and how to report these. The services discussed any learning following investigation through multi-disciplinary team meetings, emails and staff team meetings. Teams had made changes because of feedback. The adverse event at the South Teesside service led to a review of the process for sending letters to patients to ensure address checks were carried out before issuing the letter.

# 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 37 care records across the five sites. The records clearly showed that the majority of patients had a comprehensive assessment completed within a month of being admitted to the service. The majority of care records and recovery plans were being regularly reviewed and updated and covered the patient's physical, emotional, mental and social needs. We looked at six records at the Hambleton & Richmondshire service and seven records at the York & Selby service. Two of the records at the Hambleton & Richmondshire service contained no evidence of the patient's views or wishes having been considered. Three records at the York & Selby service contained information but it was unclear and the other four records at this service contained no evidence of the patients' views at all. However, when we raised this with the relevant staff, they knew what each of their patient's views and wishes were but just had not recorded them.

All services, except the South Durham service used the trust's computer system called PARIS. South Durham had read only access to PARIS and used the local authority's computer system to update the progress of its patients. The local authority's system was shared by the community learning disability and specialist health teams and both teams were able to refer a patient to each other when necessary. Staff told us there were no issues in relation to the use of the two different computer systems or sharing information with other teams. This showed there had been an improvement made by the trust in relation to information sharing amongst its staff since our previous inspection in 2015.

All information needed to deliver care was stored securely on computerised systems, which required a username and password to access. Paper documentation was locked in metal filing cabinets and only authorised staff held the keys.

### Best practice in treatment and care

The trust had developed a number of pathways to support people using the service. These were based on National Institute for Health and Care Excellence guidance on what interventions people with learning disabilities and autism should receive. The pathways included positive behaviour support and stress management.

The services' interventions included support for employment, housing and benefits. People were signposted to other services when required.

Staff at the five services told us that the trust was currently reviewing a range of tools used to measure patient outcomes. In the meantime, staff at each service were following the principles of the mental health cluster tool. Each patient's progress was also monitored and discussed during multi-disciplinary team meetings.

Care records contained details of physical health checks for patients and made reference to the type of conditions and treatment for each patient. For example, in cases where patients had diabetes, the care record contained support and treatment information from the service's dietician or the patient's GP. During the inspection, we noted an improvement in the way staff recorded within care records their patients' capacity to consent from the previous inspection in 2015.

Staff told us that they participated in audits such as care records and infection control though the trust had its own designated team responsible for carrying out audit programmes. The Hambleton & Richmondshire service carried out an audit of psychotropic medication prescribing in a community learning disability team.

The consultant psychiatrist at the Hambleton & Richmondshire service initiated a GP liaison group to raise awareness of the service and reinforce the need for annual health checks to improve the formulation of health action plans.

### Skilled staff to deliver care

Each service had a team made up of a range of health disciplines required to care for its respective patient group. Roles included occupational therapists, speech and language therapists, social workers, psychologists and psychiatrists. This meant patients had good access to a wide range of professionals to support them with their needs.

Staff across all five sites were highly skilled and motivated. Staff undertook mandatory and statutory training and were able to access specialist training either for their current role or as part of their overall personal development and progression.

The staff members we spoke with confirmed that they had completed an induction programme when they first began

# 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.

working for the trust. We looked at a random selection of personnel files and other documentation, which confirmed that staff were appraised on an annual basis and supervision was held every four to six weeks. The supervision was a combination of management, clinical and team supervision.

The trust had a performance management system in place, which was used to measure staff performance and any development needs. The system also included guidance for managers on how to manage poor performance promptly and effectively.

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

Multi-disciplinary meetings were held regularly at each service either on a weekly, fortnightly or monthly basis. Meetings could also be held outside of these times if any patient cases needed urgent consideration. These meetings were well attended by staff from a variety of different backgrounds and areas of expertise.

At the South Durham service, nurses were not routinely invited to team meetings known as 'huddles'. 'Huddles' were attended by allied health professionals. We asked what the reason was for this and were told that these huddle meetings had only recently started and there were plans to invite nurses to them in the near future. A nurse we spoke with told us that nurses could attend 'huddles' if they wanted to.

The services met with external care providers and other medical professionals regularly to ensure information about patients was shared and up to date. Patient information across teams was shared in team meetings and multi-disciplinary meetings.

The services had good links with external partners such as care providers. Similar GP practice links were in place at the Darlington service. The South Durham team manager gave examples of good relationships his team had with the police, probation services and domestic abuse advisors which ensured that violent and sexual offenders were effectively managed and people at risk of serious harm were protected.

## **Adherence to the MHA and the MHA Code of Practice**

Staff at the five sites were aware of the Mental Health Act. The care records systems used by staff prompted them to consider any mental health issues of each patient and information was recorded and updated where appropriate. The trust had a Mental Health Act policy that was easily accessible to staff via its intranet. The trust also had a central mental health team which provided advice and support to staff if they had any mental health related queries or concerns.

The staff we spoke with were unable to recall how long ago they had received training in the Mental Health Act. However, they received updates from the trust by e-mail or newsletters which kept their knowledge up to date. These updates included changes to the Mental Health Act Code of Practice.

Staff were unsure if there were arrangements in place to monitor adherence to the Mental Health Act but thought the trust's audit team would be responsible for doing so.

Patients subject to community treatment orders under the Mental Health Act were informed of their rights regularly. They were also informed of any implication the community treatment order may place on them.

## **Good practice in applying the MCA**

Staff demonstrated a good overall knowledge and understanding of the Mental Capacity Act 2005. They were able to recall the statutory principles and gave examples of how they applied these in their work. The trust sent updates to staff to ensure their knowledge in the Act was up to date. Information about a patient's capacity to consent and any best interest decisions made on behalf of a patient lacking capacity were recorded in the care record systems.

The central team that helped staff with queries and concerns about mental health and capacity issues also provided information around mental capacity.

Each service had access to advocacy services, which could be accessed quickly if required.

Staff were unsure if there were arrangements in place to monitor adherence to the Mental Capacity Act 2005 but thought the trust's audit team would be responsible for doing so.

# Are services caring?

Outstanding



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 32 patients and carers who were using the service and attended nine home visits to patients. We also received 62 comments cards that had been completed by people who used the service. Patients and carers continually spoke highly of staff and the service they received. They said staff were friendly, helpful, polite, caring and professional at all times. Patients and carers commented that they had never received such a thorough and helpful service before, they liked visiting the service and staff went over and above their expectations. Two carers that used the Darlington service were particularly impressed with the support they and the patient they cared for had received from the service's consultant psychiatrist. They said she was 'brilliant' and had 'gone the extra mile'.

We observed staff being compassionate and warm towards patients. Staff took time to communicate with patients. They revisited questions to check both the patient's and their own understanding. Questions were asked in different ways to help patients understand. During home visits we observed staff use their hands to explain things to patients. Staff allowed patients time to express their views and concerns. We saw an example of staff developing tools that were patient specific to meet individual needs. This involved a timetable with picture cards to support the patient's communication difficulties.

All staff knew their patients well and people's individual preferences always took these into consideration when planning care. We saw a person centred approach to all meetings and discussions about patients. Staff were highly motivated to find solutions to meet patients' needs. We saw examples during home visits with an occupational therapist and physiotherapist where research had been undertaken to find appropriate equipment and resources to meet the specific needs of individuals.

Feedback from people who use the service and those close to them was continually positive about the way staff treat people. Patients described staff as respectful and caring.

We saw staff showing empathy towards the needs of carers during home visits and offering support and guidance. Carers we spoke with described staff as "brilliant" and very knowledgeable. They told us staff were respectful towards them and their families and went the extra mile to meet the needs of the patient.

Carers from outside organisations reported that staff were responsive and supportive.

Care records were stored on a secure electronic patient record system maintaining confidentiality.

Patient and carer survey results for December 2016 showed that between 67% and 100% of respondents at each service felt they were treated with dignity and respect, given choices over appointment times and rated the quality of the service very highly.

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

Patients were encouraged to participate in care planning. Copies of care plans were routinely offered to patients, their families and their care teams.

Families and carers were involved in assessment, care planning and reviews of patients. Family members we spoke with said they felt supported and if they needed to contact the service, staff responded quickly.

All teams actively sought feedback from patients and carers using feedback forms. Survey results for December 2016 showed that in all except the York & Selby service, between 82% and 100% of respondents said they were actively involved in the development of their care plan. Sixty-seven percent of respondents using the York & Selby service said they felt involved in their care plan.

# 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

All five services we inspected had a target of 28 days following referral in which to make face-to-face contact with patients and for a comprehensive assessment to be undertaken. In many cases, patients were seen within two weeks and had an assessment of their needs before the 28 days target.

The only waiting lists at the services were in relation to patients waiting to see allied health professionals. At the South Durham service, the number of patients on the waiting list was 40 and at the Hambleton & Richmondshire service, seven patients were on the waiting list. Allied health professionals included dietitians, occupational therapists and speech and language therapists.

Patients and carers told us that staff within the services responded quickly and appropriately when they rang to ask for advice and support.

Staff took active steps to engage with patients who had not attended their appointments or were reluctant to engage with the service. Staff members did this by visiting patients, their carers and families at home, at GP surgeries or arranged to meet them at a venue of their choice such as a café or restaurant. If the patient was unhappy with the staff member allocated to them, the service could change the member of staff where possible and appropriate. Patients were not routinely discharged if they did not attend appointments and staff made every effort to re-engage patients back into the service.

At each of the five services, staff told us that patients and carers preferences for appointment times and locations were met wherever possible. No appointments had been cancelled by the services. Appointments generally kept to time and only one patient we spoke with referred to their appointments being up to 10 minutes late.

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

In all five services, appointments with patients were usually offsite at a time and location that suited the patient. In the rare occurrences that patients and their carers visited the service sites, accessible rooms were available which took into account the person's needs such as wheelchair access.

Information was available in a variety of different formats to meet patients' needs and was obtained through the service itself, the trust or local authority. Packs were available to patients and carers that gave details of their rights, what the service offered, the importance of annual health checks and how to complain or submit a compliment. These included versions in easy read, braille and different languages.

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

The South Teesside service ran a dementia group, which we observed during our visit. Five members of staff facilitated the group, which was attended by 30 patients. The atmosphere was very friendly and patients were engaged in cooking activities. The service also ran a football group and support groups for men's health and people living with autism. Nurses also ran a women's group in which people could engage in fun activities. These groups were promoted to patients during their appointments.

The Darlington service ran activities including a group for people living with dementia, a men's group, internet group and a reminiscence group for older people with moderate learning disabilities, which raised awareness of health and safety and monitored attendees' mental health and personal safety. The activities were promoted during appointments with patients and carers and partner agencies were made aware of them too.

The South Durham and Hambleton & Richmondshire teams did not run any activities for patients or carers.

Patients rarely visited the services' sites but when they did, reasonable adjustments could be made such as the provision of an accessible room and access to a signer or interpreter being available.

### Listening to and learning from concerns and complaints

Information was available to people who used the services about how to make a complaint or raise concerns. Packs were issued to patients and carers on admission to the services, which included the steps to take to make a complaint. These packs also included details of advocacy services, which meant that patients who were unable to make a complaint by themselves could be helped to do so by an advocate.

# Are services responsive to people's needs?

Good 

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

The staff we spoke with knew how to escalate any complaints received. The service manager dealt with these

in line with the trust's complaints procedures. Any lessons learned from complaints were discussed in team meetings and during supervisions and the trust sent lessons learned information to all staff to inform best practice.

# 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 knew and agreed with the trust's values. The values were commitment to quality, respect, involvement, wellbeing and teamwork. The values were displayed on noticeboards throughout each service site. Team objectives were based around these values.

Staff knew who the senior managers were within the trust. Senior staff had visited some of the teams. For example, the medical director had visited the Hambleton & Richmondshire service and service leads had visited the South Durham service.

### Good governance

The trust had clear governance structures covering the services. Each service reported to the trust's quality assurance groups and had their own key performance indicators, which were used to monitor team performance, and the quality of service delivered to patients, carers and external partners.

Staff received mandatory training, were regularly supervised and annually appraised. Incidents were reported and lessons learned from incidents, complaints and feedback from people using the services were used to improve practices within the teams.

Staff were trained in safeguarding children and vulnerable adults and had a good overall knowledge of their responsibilities under the Mental Health Act and Mental Capacity Act.

Overall, staff were unsure as to whether the trust had a risk register to which both identified and potential risks could be included but could raise issues with their service managers. However, staff at the Hambleton & Richmondshire service were aware of the trust's risk register.

### Leadership, morale and staff engagement

In all five services we inspected staff morale was high and staff felt valued and positive about their jobs.

Staff were aware of how to raise concerns and most told us that they would do this through their line manager or service manager. Staff were aware that the trust's whistleblowing procedures were available through the trust intranet.

Staff told us they were actively encouraged to provide feedback and input into service development. They also told us that they felt they could raise any issues or concerns with senior colleagues without fear of victimisation.

At each of the five services, the staff we spoke with told us that there was excellent peer support and they helped one another. They also spoke highly of senior managers and felt supported overall by the trust, particularly regarding access to specialist training and development. Staff told us that the trust had a duty of candour policy and they were aware of their responsibilities under it in terms of being honest and open with people who used the services when things went wrong.

The trust provided a residential retreat facility for all staff. These were 48-hour events, led by the trust's staff engagement lead. Participants thought about the purpose of their lives and how to make the most of every minute. They also learned basic meditation techniques and had the opportunity for a one to one session with a colleague who had previously attended a retreat. The majority of attendees described the event as worthwhile. The trust's website indicated that 89% of staff who had attended retreats reported positive changes to their lives.

All staff could access the trust's mindfulness programme. Mindfulness-based cognitive therapy has been shown to significantly reduce relapse rates in individuals with recurrent depression, has benefits in relation to wellbeing, stress and resilience and is recommended by the National Institute for Health and Care Excellence for this purpose.

### Commitment to quality improvement and innovation

The South Teesside service worked with GPs and the local community to highlight issues around learning disabilities. It also ran an autism group, which had received positive feedback from carers. The service had also created an annual health check template for its patients, ran training sessions within GP practices and had hosted events attended by GPs, advocacy services, therapists and local authorities.

# 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.

The Hambleton & Richmondshire service provided training to external care providers to give them a greater understanding of the needs and issues relating to people with learning disabilities.

The Darlington service had offered a considerable amount of training around dysphagia to external care providers within the locality.