

Leicestershire Partnership 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)
RT5X1	Trust Headquarters	Agnes Unit, Outreach Team for Adult Learning Disabilities Service	LE7 7GL
RT5X1	Trust Headquarters	CAMHS Learning Disability Service	LE19 1SS
RT5X1	Trust Headquarters	Community Learning Disability Services, The City	LE3 1PB
RT5X1	Trust Headquarters	Community Learning Disability Services, Charnwood	LE3 9QF

# Summary of findings

RT5X1	Trust Headquarters	Community Learning Disability Services, Wigston, Market Harborough & Oadby	LE18 4PE
RT5X1	Trust Headquarters	Autism Outreach Team	LE3 9QF

This report describes our judgement of the quality of care provided within this core service by Leicestershire Partnership 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 Leicestershire Partnership NHS Trust and these are brought together to inform our overall judgement of Leicestershire Partnership 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 learning disability and autism community services as **good** because:

- There were systems for lone-working in place including a 'red folder' process that kept workers safe.
- Staff had good knowledge of safeguarding processes and risk assessments were generally detailed, timely and specific.
- There was clear evidence that staff learnt from incidents and had forums for information exchange to occur as and when needed.
- Staff were positive about the level of support they received, including regular supervision and line management.
- Flexible working arrangements allowed staff to work effectively in teams, particularly when there were not enough staff in some professional groups such as speech and language therapists, occupational therapists and psychologists.
- Staff demonstrated good knowledge of the Mental Capacity Act 2005.
- Practice development and embedding practice was good, for example, where dementia mapping was adapted to learning disabilities.
- The people who used services, carers and relatives we spoke with were all positive about the service they received. Staff were described as putting people who used services first and being person-centred.
- Crisis and relapse care plans were in place for the people that used services.
- Staff were dedicated and passionate about the work that they undertook.
- Staff would still work with people who were on waiting lists so that they received some level of service.
- People knew how to make a complaint as this information was provided in welcome packs.
- Interpreters were used when working with people who did not have English as a first language.
- One Community Learning Disability Team had developed an educational awareness raising event to prevent hospital admissions due to dehydration.

- The nurses we spoke with had specialist interests, including mindfulness and dementia.
- Teams were responsive and dealt with high levels of referrals.
- Staff mostly felt positive about their managers and said that the services provided were well-led.
- Staff felt that they had opportunities to develop and were supported to undertake further study.
- Many staff knew the Trust values and were aware of the Chief Executive Officer. They were able to talk about the effectiveness of 'Listening in Action' events which aimed to improve the quality of services.

However:

- Inconsistencies in record-keeping for the Autism Outreach services as some records were missing, but others were of an acceptable standard.
- Safeguarding notes for one person using the Autism Outreach service could not be located creating a potential risk.
- Resuscitation bag, defibrillator and fire drill checks in the CAMHS LD service were not recorded.
- Some records were over more than one database/system which could make locating information a problem.
- Waiting lists for psychological services were high and currently on the Trust's risk register.
- Reductions in social service provision had led to an increase in referrals to the Community Learning Disability Teams.
- The transition from the CAMHS LD service to adult teams was not always timely and, therefore, did not follow best practice. The Trust should ensure that the transition is in line with best practice in future.
- The perception of staff that learning disabilities services were a low priority for the Trust since they had moved into the adult mental health directorate.
- The Trust had a number of unfilled positions being covered by long-term bank staff. This meant that some staff felt insecure.

# Summary of findings

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

### Are services safe?

We rated safe as **good** because:

- There were systems for lone-working in place, including a 'red folder' process that kept workers safe.
- Staff had good knowledge of safeguarding processes and received mandatory training in safeguarding practices.
- People with learning disabilities were provided with an easy read copy of the safeguarding policy so they understood what staff would do to keep them safe.
- The CAMHS LDT provided input with some young people with learning disabilities on how to stay safe through the behavioural inclusion service and outpatient work.
- Staff knew when to refer to social services for child protection matters.
- All staff were trained in Management of Actual or Potential Aggression (MAPA) or disengagement techniques and knew how to protect themselves whilst keeping people who used services safe.
- Risk assessments were generally detailed, timely and specific.
- Where waiting lists existed, staff reviewed them on a weekly basis and prioritised them according to risk and available support.
- There was clear evidence that staff learnt from incidents and had forums for information exchange as and when needed.

However:

- Resuscitation bag checks and fire drills in the CAMHS LD service were not recorded.

Good



### Are services effective?

We rated effective as **good** because:

- Staff were positive about the level of support they received including regular supervision and line management.
- The Agnes Unit Outreach team operated a named nurse system which helped to promote effective communication and liaison between team members.
- Flexible working arrangements allowed staff to work effectively in teams, particularly when there were not enough staff in some professional groups such as speech and language therapists, occupational therapists and psychologists.
- The nurses we spoke with had received training and had specialist interests in mindfulness, and dementia.

Good



# Summary of findings

- Information about the outcomes of people's care and treatment were routinely collected and monitored using systems like PROM for joint pieces of work.
- Staff demonstrated good knowledge of the Mental Capacity Act 2005.
- Practice development and embedding practice was good, for example, where dementia mapping was adapted to learning disabilities.

## Are services caring?

We rated caring as **good** because:

- The people using services, carers and relatives we spoke with were all very positive about the services they received.
- The care we observed during the three home visits we undertook also confirmed that staff were caring and treated people with respect.
- Staff were described as putting people who used services first and being person-centred. .
- Staff were dedicated and passionate about the work that they undertook.
- Staff worked with people who were on waiting lists so that they received some level of service.

Good



## Are services responsive to people's needs?

We rated responsive as **good** because:

- The Wigston, Market Harborough and Oadby Community Learning Disability Team had developed an educational awareness raising event to prevent hospital admissions due to dehydration.
- Teams were responsive and dealt with high levels of referrals.
- The CAMHS LDT, through the behavioural inclusion service, had developed drop-in services for workers / parents regarding difficulties in accessing short break services and were doing adventure playground assessments focusing on inclusion in groups. They had also developed drop-in clinics within the local special schools for parents to refer into for an outpatient initial assessment / advice.
- The Autism Service Outreach Team had weekly or fortnightly contact with relatives and carers for people on the waiting list to monitor risk, urgency and current status.
- Most staff at the CAMHS LD service had Makaton training and one nurse had completed an Autism MSc so undertook initial assessments.

Good



# Summary of findings

- The Agnes Unit Outreach Team explained how they used interpreter services in order to gain basic information and to undertake their risk assessments. They had a clear policy not to use family members in this role.
- The team was sensitive to the cultural needs of people who used services.

## Are services well-led?

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

- Staff mostly felt positive about their managers and that the services provided were well-led.
- The St Agnes Outreach Team described a 'whole team' approach to their work and that all had been supported by the Trust in development opportunities.
- We saw evidence of individual and team development plans.
- Many team members had been in post for over 10 years providing stability and continuity of care.
- Staff felt that they had opportunities to develop and were supported to undertake further study. For example, one member of staff at the Wigston, Market Harborough and Oadby Community Learning Disabilities Team had undertaken an MSc in Postural Movement and another was studying for an Institute of Leadership and Management (ILM) qualification.
- Many staff knew the Trust values and were aware of the Chief Executive Officer.
- The Trust circulated a weekly newsletter and fed information through team meetings and managers.
- The yearly staff survey was used by the Trust to make improvements to the service.
- Staff were able to talk about the effectiveness of 'Listening in Action' events which aimed to improve the quality of services.
- Feedback was gained from people who used services and carers via an 'In your shoes' initiative.

Good





# Summary of findings

## Information about the service

Leicestershire Partnership NHS Trust provides mental health, substance misuse and learning disability services across Leicester, Leicestershire and Rutland.

We inspected the following services:

- Agnes Unit, Outreach Team for Adult Learning Disabilities Service
- CAMHS Learning Disability Service
- Community Learning Disability Services, The City
- Community Learning Disability Services, Charnwood
- Community Learning Disability Services, Wigston, Market Harborough and Oadby
- Autism Outreach Service

During the inspection visit, the inspection team:

- visited six services
- undertook three home visits with staff to observe their care and treatment of three people who used services

- observed two staff on-site caring for a person who used services
- spoke to two family members/carers over the telephone and to two in person
- spoke with 24 staff members consisting of managers, psychologists, occupational therapists, nurses, a student nurse, nursing assistant, a physiotherapist, social workers, speech and language therapists (SALTs), and support workers
- attended and observed one supervision meeting
- attended and observed one clinical review

We also:

- looked at 29 treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the services

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Peter Jarrett

**Team Leader:** Julie Meikle, Head of Hospital Inspection (mental health) CQC

The team included CQC managers, inspection managers, inspectors and support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting

We visited the learning disability and autism community services with two inspectors, a junior doctor, occupational therapist, psychologist, learning disabilities nurse, speech and language therapist, social worker and Mental Health Act reviewer.

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

## Why we carried out this inspection

We inspected this trust as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

# Summary of findings

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

Before the inspection visit, we reviewed a range of information that we held about these services and asked other organisations to share what they knew about them. We carried out an announced visit from 9 to 13 March 2015. During the visit we held focus groups with a range

of staff, such as nurses and doctors. We talked with people who used services, and staff at each location. We observed how people were being cared for and talked with carers and family members. We met with people who used services, who shared their views and experiences. We reviewed care and treatment records.

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

We spoke with people who used services, their relatives and carers. All people that we spoke with about their experiences of care were complimentary about the services they received. They told us that staff were amazing, deserved praise for what they did, were kind, respectful and friendly.

People who used services were aware of the complaints process but they told us that they had not needed to use it. One person said he was listened to and felt that he was involved in his care plan. Documentation, including personalised care plans, reflected what people told us about their experiences of care.

## Good practice

- The CAMHS LD/Autism Service Outreach Team had a national reputation and had got involved in training another service in Armagh, Ireland.

## Areas for improvement

### Action the provider SHOULD take to improve

- The transition from the CAMHS LD service to adult teams was not always timely and, therefore, did not follow best practice. The Trust should ensure that the transition is in line with best practice in future.
- Weekly checks of resuscitation bags, defibrillators and fire drills in the CAMHS LD service should be recorded.

Leicestershire Partnership 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
Agnes Unit, Outreach Team for Adult Learning Disabilities Service	Trust Headquarters
CAMHS Learning Disability Service	Trust Headquarters
Community Learning Disability Services, The City	Trust Headquarters
Community Learning Disability Services, Charnwood	Trust Headquarters
Community Learning Disability Services, Wigston, Market Harborough & Oadby	Trust Headquarters
Autism Outreach Team	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.

We did not monitor responsibilities under the MHA 1983 within this core service as none of the people using services were detained.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

We were told, and saw from training records, that the majority of staff had attended training in the Deprivation of

Liberty Safeguards and Mental Capacity Act 2005. The staff we spoke with had a clear understanding of their responsibilities in relation to the Deprivation of Liberty Safeguards and Mental Capacity Act 2005.

# Are services safe?

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

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

## Summary of findings

We rated safe as **good** because:

- There were systems for lone-working in place including a 'red folder' process that kept workers safe.
- Staff had good knowledge of safeguarding processes and received mandatory training in safeguarding practices.
- People with learning disabilities were provided with an easy read copy of the safeguarding policy.
- The CAMHS LDT provided input with some young people with learning disabilities on how to stay safe through the behavioural inclusion service and outpatient work.
- Staff knew when to refer to social services for child protection matters.
- All staff were trained in MAPA or disengagement techniques and knew how to protect themselves whilst keeping people who used services safe.
- Risk assessments were generally detailed, timely and specific.
- Where waiting lists existed, staff reviewed them on a weekly basis and prioritised them according to risk and available support.
- There was clear evidence that staff learnt from incidents and had forums for information exchange as and when needed.
- Records indicated that fire drills were regularly undertaken and alarms were tested on a weekly basis.

- The team was staffed by one Band 7 nurse, four Band 6 nurses, two Band 5 nurses, and five Band 3 nurses (who were mostly part-time).
- There was always a qualified nurse on shift and usually two-three people in the evenings as the service operated from 8am to 9pm with occasional planned weekend working.

### Assessing and managing risk to people that use services and staff

- Staff undertook risk assessments on every person that used the service and identified an appropriate care pathway based on the core information obtained.
- Half of the referrals were emergency referrals and risks to staff were also assessed as well as the risks to the individual.
- There was a lone-working policy in place that staff adhered to when undertaking home visits.
- The team had standardised emergency guidelines developed and informed by NICE guidance and person-centred planning.
- The team operated a waiting list which was reviewed at each team meeting where people were rated as low, medium or high and they were monitored.
- The team provided advice and guidance to individuals on the waiting list.
- Staff had safeguarding training and knew how to make an alert.
- A copy of the safeguarding policy was a part of the welcome pack given to all people that used the service.

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

- Staff said there had been no serious incidents in the last twelve months but they knew how and when to report any concerns.
- There was a clear process in place to learn from things that went wrong.
- They used an electronic system to record all incidents and then the information was cascaded down through the team.
- Safeguarding matters were documented in team meetings so that any missing members of staff could update themselves as soon as possible after the meeting.

## Our findings

### Agnes Unit Outreach Team

#### Safe staffing

- There had been no use of bank or agency staff and most staff members had been in the team for at least 10 years.
- There had been one person on long-term sickness absence but the team covered their work between them.

# Are services safe?

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

## CAMHS LD service

### Safe staffing

- The team was staffed by one consultant psychiatrist, one clinical psychologist, a senior community matron and 10.7 Working Time Equivalent (WTE) qualified nurses and four WTE nursing assistants with one WTE bank staff nurse available to cover for staff sickness absence, leave etc.
- The team had been carrying one vacancy since August 2014 and wished to recruit into this but were currently utilising this money to employ a full time male nurse for his preceptorship. Bank staff had been used previously on an as needed basis but found not to be suitable for the service for crisis work within the outreach service.
- The administrative team were described as being part of the clinical team and highly valued.

### Assessing and managing risk to people that use services and staff

- All staff were trained in MAPA or disengagement techniques and did not work alone.
- Staff undertook a risk assessment for every person who used services and updated them regularly.
- Annual PAT testing was undertaken by Interserve who also carried out ligature checks and kept records of ligature assessments.
- No safety issues were identified for the building, but things were addressed quickly by the team leader and nursing staff when they arose.
- Staff trained young people with learning disabilities how to stay safe. Staff knew when to refer to social services for child protection matters.

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

- An incident occurred in November 2014 where a child was aggressive with their mother in a waiting room. This highlighted a problem with the alarm system and raising help. The alarm was not working and had been listed for repair with Interserve but a delay in authorisation had led to the job being removed from the list.
- Staff were aware of incidents that should be reported and who they should be reported to.
- Team meetings and supervision were used to discuss incidents and to learn from them.

## Community Learning Disability Services, The City, Charnwood, Wigston, Market Harborough and Oadby

### Safe staffing

- There were systems for lone-working in place including a 'red folder' process that kept workers safe.
- Staffing vacancies and maternity leave impacted on the waiting lists for SALT which was currently on the Trust's Risk Register.
- The Wigston, Market Harborough and Oadby CLDT were fully staffed until August 2015 when two members of staff were retiring. Arrangements had already been put in place to fill these posts.

### Assessing and managing risk to people that use services and staff

- Staff had good knowledge of safeguarding processes and received mandatory training in safeguarding practices.
- People with learning disabilities were provided with an easy read copy of the safeguarding policy as part of the welcome packs so that they understood what staff would do to keep them safe.
- Staff were confident in safeguarding processes and used both the electronic file system and telephone to share information amongst professionals.
- We found that since the Trust had reviewed their recording system for safeguarding there had been an increase in the number of referrals made.
- Resuscitation bags and defibrillators in clinic room one were present and in date but there was no evidence of weekly checks being carried out on this equipment.

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

- Staff at the Wigston, Market Harborough and Oadby CLDT could not identify any incidents that had occurred in the last 12 months but it was an agenda item of the city and county MDT meeting and discussed in that forum.

## Autism Outreach Team

### Safe staffing

# Are services safe?

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

- The team contained one staff nurse, nine support workers and a registered learning disability nurse. We reviewed the duty rotas and these showed that there were enough staff on duty to meet the needs of the people using services.
- Where bank staff were used to cover a vacancy, the Trust tried to use the same member of staff.

## **Assessing and managing risk to people that use services and staff**

- Staff were trained in the Picture Exchange Communication System (PECS) and TEACHH which is a system designed to help people with autism live more effectively in the home, school or community.
- When SALT was not available, staff would provide communication aids such as Makaton.

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

- No incidents were reported, but staff knew who to report to if things went wrong.

# Are services effective?

Good 

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

## Summary of findings

We rated effective as **good** because:

- Staff were positive about the level of support they received including regular supervision and line management in line with the Trust's policy.
- The Agnes Unit Outreach team operated a named nurse system which helped to promote effective communication and liaison between team members.
- Flexible working arrangements allowed staff to work effectively in teams, particularly when there were not enough staff in some professional groups such as speech and language therapists, occupational therapists and psychologists.
- Information about the outcomes of people's care and treatment were routinely collected and monitored using systems like Health of Nation Outcome Scales (HONOS) and Patient Reported Outcome Measure (PROM) for joint pieces of work.
- Staff demonstrated good knowledge of the Mental Capacity Act 2005.
- Practice development and embedding practice was good, for example, where dementia mapping was adapted to learning disabilities.

- Staff training records indicated that most people were up-to-date with mandatory training.
- There was evidence of flexible working arrangements that allowed staff to work effectively in teams, particularly when there were not enough staff in some professional groups such as speech and language therapists, occupational therapists and psychologists.
- Staff were positive about the level of support they received, including regular supervision and line management in line with the Trust's policy.

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

- The staff team was nurse-led and were knowledgeable and willing to share information.
- The team operated a named nurse system which helped to promote effective communication and liaison between team members.
- Flexible working arrangements allowed staff to work effectively in teams, particularly when there were not enough staff in some professional groups such as speech and language therapists, occupational therapists and psychologists.
- The team supported transitions from the CAMHS LD service.

### Good practice in applying the MCA

- Staff demonstrated good knowledge of the Mental Capacity Act 2005 and involved Best Interests Assessors as and when appropriate.

## Our findings

### Agnes Unit Outreach Team

#### Assessment of needs and planning of care

- Holistic assessments were completed to identify the appropriate care pathway.
- Care records showed up-to-date, personalised assessments which also focussed on staff/family/carer attitudes and how they impacted on the service user's presenting behaviour.

#### Best practice in treatment and care

- There were standardised prompts to GPs for annual physical health checks.
- Outcome measures such as HONOS were used in addition to evidence from discharge care plans and records of improvements in the quality of life for the person using services.

#### Skilled staff to deliver care

### CAMHS LD service

#### Assessment of needs and planning of care

- Some of the files we looked at did not contain care plans or risk assessments and staff were unaware of how to locate these.
- There were excellent handovers between staff in other services.

#### Best practice in treatment and care

- One senior charge nurse had undergone additional training in positive behaviour and now could work as a behaviour analyst.

#### Skilled staff to deliver care

- Staff training records indicated that most people were up-to-date with mandatory training.



# 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.

- Flexible working arrangements allowed staff to work effectively in teams, particularly when there were not enough staff in some professional groups.
- Staff were positive about the level of support they received, including regular supervision and line management in line with the Trust's policy.

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

- The multi-disciplinary team described being able to talk freely with each other and raise issues as they arose.

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

- Staff had excellent knowledge of the MCA and awareness of when to use it, but also knew where to get additional guidance, if required.

## **Community Learning Disability Services, The City, Charnwood, Wigston, Market Harborough and Oadby**

### **Assessment of needs and planning of care**

- The team at Wigston, Market Harborough and Oadby used the trust's computerised records system ensuring greater accessibility of information.
- The City CLDT completed triage on a daily basis by a rotating chair of the pathway meeting; however, urgent referrals were immediately allocated to a relevant professional.

### **Best practice in treatment and care**

- Information about the outcomes of people's care and treatment were routinely collected and monitored using systems like Health of Nation Outcome Scales (HONOS) and Patient Reported Outcome Measure (PROM) for joint pieces of work.
- Cardiff health checks are routinely carried out to monitor physical health needs.
- The SALT team had developed a 'Gimme 5' DVD on good communication standards with people with profound learning disabilities as part of a national campaign. They had received feedback that it had changed staff perceptions and how they thought to work with people.

### **Skilled staff to deliver care**

- The staff at the Wigston, Market Harborough and Oadby CLDT delivered epilepsy training to care homes. This enabled staff in care homes to improve the care of residents with epilepsy.
- Staff have clinical supervision as well as line management and monthly access to a psychologist for individual or group supervision.

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

- One member of staff was described as helping the City team by carrying cases to reduce the waiting list.
- There was a weekly multi-disciplinary meeting for staff to discuss any problems and share special interests.

## **Autism Outreach Team**

### **Assessment of needs and planning of care**

- Inconsistencies in record-keeping were seen for the Autism Outreach service as some records were missing, but others were of a high quality.
- Safeguarding notes for one person using the Autism Outreach service could not be located creating a potential risk.

### **Best practice in treatment and care**

- The team used the La Vigna framework for care planning following functional assessment.

### **Skilled staff to deliver care**

- Staff had received mandatory training and, where they had not, were booked in to do so.

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

- The two files examined in this service both showed a multi-disciplinary approach to care.

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

- Staff had excellent knowledge of the MCA and knew they would use a Best Interest Assessor if capacity was an issue.
- They were clear on the whistleblowing process.

# Are services caring?

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

## Summary of findings

We rated caring as **good** because:

- The people who used services and carers and relatives we spoke with were all very positive about the services they received.
- The care we observed during the three home visits we undertook also confirmed that staff were caring and treated people with respect.
- Staff were described as putting people who use services first and being person-centred.
- Crisis and relapse care plans were in place for the people that used services.
- Staff were dedicated and passionate about the work that they undertook.
- Staff worked with people when they were on waiting lists so that they received some level of service.
- People knew how to make a complaint as this information was provided in welcome packs as well as in person.
- Interpreters were used when working with people who did not have English as a first language.

## Our findings

### Agnes Unit Outreach Team

#### Kindness, dignity, respect and compassion

- Staff were observed during three home visits and all interactions showed they were responsive, respectful and provided appropriate practical and emotional support.
- The people who used services, carers and relatives we spoke with were all very positive about the services they received.

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

- The people we spoke with had been actively involved in their care planning and had also taken part in care plan reviews.
- Welcome packs contained details of how to access advocacy services if required.
- Staff described working in partnership with people who used services, parents, family members and other staff to encourage them to find their own solutions.

### CAMHS LD service

#### Kindness, dignity, respect and compassion

- Staff were described by one parent as very helpful and kind, and they all go the 'extra mile'.

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

- A mother whose son had been admitted to the unit in an emergency said she was supported and encouraged to take part in his care.
- Parenting groups were run by the service to teach families the behavioural skills to be used for any situation.

### Community Learning Disability Services, The City, Charnwood, Wigston, Market Harborough and Oadby

#### Kindness, dignity, respect and compassion

- Care was observed during a home visit and the person's mother expressed her happiness over the care that her son received. However, there was some frustration over not being able to see the permanent psychiatrist and having a new doctor every four months which she felt was unsatisfactory.

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

- During an observed home visit the nurse involved the person using the service in his care plan and was clearly working to maintain his independence.
- The SALT team described supporting people who used services to interview staff across the Trust and providing accessible information.

### Autism Outreach Team

#### Kindness, dignity, respect and compassion

- A relative of a person using the Autism Outreach Service described staff as miracle workers and deserving of praise.
- Staff were observed caring for one young man using appropriate strategies to keep him safe.

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

- Appropriate support and advice was given to a parent even though the young person was in full-time care and, technically, no longer a part of the service.

# Are services responsive to people's needs?

Good 

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

## Summary of findings

We rated responsive as **good** because:

- The Wigston, Market Harborough and Oadby Community Learning Disability Team had developed an educational awareness raising event to prevent hospital admissions due to dehydration.
- Teams were responsive and dealt with high levels of referrals.
- The CAMHS LD service had developed drop-in services for workers or parents and were doing an adventure playground focusing on inclusion in schools.
- The CAMHS LD/Autism Service Outreach Team had weekly or fortnightly contact with relatives and carers for people on the waiting list to monitor risk, urgency and current status.
- Most staff at the CAMHS LD service had Makaton training and one nurse had completed an Autism MSc so undertook initial assessments.
- The Agnes Unit Outreach Team explained how they used interpreter services in order to gain basic information and to undertake their risk assessments. They had a clear policy not to use family members in this role.
- The team was sensitive to the cultural needs of people who used services.

## Our findings

### Agnes Unit Outreach Team

#### Access, discharge and transfer

- One organisation that had worked with the team said care plans for people who used services were in easy read format to enable informed consent to be given.

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

- Consideration of cultural needs was undertaken and interpreters were used when people who used services did not have English as a first language. Interpreters were used to gain basic information and to undertake risk assessments. There was a clear policy in place not to use family members in this capacity.

- The team said sometimes gender could be an issue and they would check in advance if a certain gender of worker was preferred.

#### Listening to and learning from concerns and complaints

- Whilst all people that used services were given details of how to make complaints, we were told the service had not received any in the last 12 months.

#### CAMHS LD service

##### Access, discharge and transfer

- There was a behaviour inclusion service jointly funded with the council which looked to support inclusion of children with learning disabilities into short breaks e.g. after school clubs, holiday and swimming clubs. Children did not have to meet the CAMHS criteria to receive this service. Referral is open to families or via disabled children's services.
- All people were seen within 12 weeks for triage.

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

- Two clinic rooms were examined and one of them had a very heavy smell of mould.
- A ligature knife was appropriately located in a locked box.
- Medicines were kept in a locked cupboard.

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

- The CAMHS LD service had developed drop-in services for workers or parents and were doing an adventure playground focusing on inclusion in schools.
- The team used to be just outpatients but now provided outreach to reach as much of the community as possible.
- The team worked closely with community paediatricians for children who cannot be seen in the outpatients clinic due to their behaviours.
- Most staff had Makaton training.

##### Listening to and learning from concerns and complaints

- People who used services knew how to make a complaint as information was given out in welcome packs at the start of contact.
- There were no reported complaints.

# Are services responsive to people's needs?

Good 

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

## **Community Learning Disability Services, The City, Charnwood, Wigston, Market Harborough and Oadby**

### **Access, discharge and transfer**

- The Charnwood team had a triage system, but psychology had an additional triage system which impacted on waiting times. Community nurses reviewed waiting lists on a weekly basis with urgent cases prioritised.

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

- Interview rooms were adequately sound-proofed to ensure dignity and confidentiality for people who used services.

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

- Access to translation services and training was available to the team.
- The City site had leaflets in other languages due to their diverse population, but they were only used by other teams as and when required.

### **Listening to and learning from concerns and complaints**

- There was evidence that the City team had learnt from a complaint.

## **Autism Outreach Team**

### **Access, discharge and transfer**

- Sometimes referrals were not as timely as they could be so that it was difficult to work with people once they were back at home.

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

- Welcome packs contained details of how to make a complaint, the Patient Advice and Liaison Service (PALS) and local advocacy.
- The interview rooms were adequately sound-proofed to ensure confidentiality.

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

- The team was working in Leicester City and were using interpreters because of people from different cultures. There was a large Eastern European community which sometimes meant language was a barrier, but the team felt that they were learning a lot.

### **Listening to and learning from concerns and complaints**

- The team did not refer to any complaints or concerns from people who used services.

# 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.

## Summary of findings

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

- Staff mostly felt positive about their managers and that the services provided were well-led.
- The St Agnes Outreach Team described a 'whole team' approach to their work and that all had been supported by the Trust in development opportunities.
- We saw evidence of individual and team development plans.
- Many team members had been in post for over 10 years providing stability and continuity of care.
- Staff felt that they had opportunities to develop and were supported to undertake further study. For example, one member of staff at the Wigston, Market Harborough and Oadby Community Learning Disabilities Team had undertaken an MSc in Postural Movement and another was studying for an ILM qualification.
- Many staff knew the Trust values and were aware of the Chief Executive Officer.
- The Trust circulated a weekly newsletter and fed information through team meetings and managers.
- The yearly staff survey was also used by the Trust to make improvements to the service.
- Staff were able to talk about the effectiveness of 'Listening in Action' events which aimed to improve the quality of services.
- Feedback was gained from people who used services and carers via an 'In your shoes' initiative.

## Our findings

### Agnes Unit Outreach Team

#### Vision and values

- The team described a 'whole team' approach to their work and all had been supported by the Trust in development opportunities.

#### Good governance

- Staff received mandatory training, regular supervision and appraisal.

#### Leadership, morale and staff engagement

- Many team members had been in post for over 10 years and staff sickness was reported as low.

### CAMHS LD service

#### Vision and values

- One nurse said that they knew who their senior manager was and had met them when they had visited the service.
- Another member of staff said they had been encouraged to undertake a leadership course which they had completed in September 2014.
- Staff mentioned they had access to U-learn, an electronic system used for appraisals and online training courses, which was more useful than the previous paper version.

#### Good governance

- The results of the annual anonymous Staff Survey were discussed and actioned (where appropriate) in team meetings.
- A preceptorship was in place for a newly appointed student nurse who felt well-supported and encouraged. They received regular supervision and had further training opportunities.

### Leadership, morale and staff engagement

- The team was described as close knit and supportive. If anyone was off sick then the team would still give the same service by covering their work. They said that they could rely on each other.
- The manager was supportive and kept everyone motivated.

### Community Learning Disability Services, The City, Charnwood, Wigston, Market Harborough and Oadby

#### Vision and values

- The City team had met the Chief Executive Officer once and were happy that he communicated well via his regular newsletters and emails.
- The team felt that the Chief Executive had paid particular interest in a parenting project the team had run.

#### Good governance

- The City team held monthly reflective practice groups to facilitate peer support and learning.

# 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.

- A member of staff at the Wigston, Market Harborough and Oadby team had been encouraged to undertake an Institute for Leadership and Management course.
- Staff had done audits of time spent on work which led to changes in the organisation and delivery of the service.

## Leadership, morale and staff engagement

- Staff sickness rates were high at 9% overall, with nearly 12% for the City and 8% for the county teams against a national average of 5% for similar types of service.
- One member of staff at the Wigston, Market Harborough and Oadby team said that there was an increase in Trust consultation and that they felt the Trust was visiting all teams to get everyone involved.

## Autism Outreach Team

### Vision and values

- Senior managers had visited the team and, whilst they had discussed clients, they had also looked at training needs.

## Good governance

- Staff received mandatory training, regular supervision and appraisal.
- The team manager was well-respected.

## Leadership, morale and staff engagement

- Whilst there was a low turnover of staff, sickness rates as at January 2015 were high at 7%; however staff said they were well-supported throughout this period when a member of staff had been on long-term sickness absence.
- Leadership was described as excellent with managers being approachable and available.