CareQuality Commission

Outstanding ☆

South London and Maudsley NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

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Date of inspection visit: 23-25 September 2015
Date of publication: 08/01/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RV504	Maudsley Hospital	Croydon Mental Health Learning Disabilities Psychiatry Service	BR3 3BX
RV504	Maudsley Hospital	Mental Health Learning Disabilities (Lambeth) Team Mental Health Learning Disabilities (Southwark) Team	SE5 8AZ
RV504	Maudsley Hospital	Mental Health Learning Disabilities (Lewisham) Team	SE5 8AZ
RV504	Maudsley Hospital	Mental Health Learning Disabilities (Southwark) Team	SE5 8AZ

Summary of findings

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

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

Where applicable, we have reported on each core service provided by South London and Maudsley NHS Foundation Trust and these are brought together to inform our overall judgement of South London and Maudsley 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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive?	Good ●
Are services well-led?	Outstanding ☆

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards
We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated South London and Maudsley NHS Foundation Trust community mental health services for people with learning disabilities as **outstanding** because:

The service was well-resourced with experienced and skilled staff. The service supported staff to develop their knowledge and expertise. The service was linked with the Estia Centre which is a training learning and development resource for adults with learning disabilities and additional mental health needs. This enabled staff to work collaboratively with their peers to develop best practice and work in innovative and pioneering ways.

Staff undertook holistic assessments of people's needs. They fully took people's individual learning disabilities and communication needs into account and developed ways of involving them in planning their care and treatment. People's dignity, independence and confidence in their skills were promoted by the way staff interacted with them and involved them in the process of planning their support.

The service worked in creative ways with people and their carers and made a positive difference to their quality of life. Staff offered people a personalised treatment plan from a wide range of possible pharmacological, psychosocial and psychological interventions. The service monitored how people responded to care and treatment.

Staff worked constructively in partnership with people's informal carers, relatives and others in their local support network to deliver and develop joined-up care and support to people.

People and their relatives consistently told us staff were kind, polite and sensitive to their needs. Informal carers reported they had received prompt and effective support from the service which had alleviated their stress.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- The service used appropriately designed clinics for out-patient appointments.
- All the teams were well resourced with experienced and skilled staff.
- Staff always carried out screening for risks to people and staff when people were new to the service.
- Individual risk assessments were comprehensive and regularly reviewed to ensure they were accurate.
- Staff received mandatory training on recognising and reporting concerns about abuse and neglect and made safeguarding referrals to the local authority when appropriate.
- Staff reported incidents and discussed the learning from incidents within the team.

Good ●

Are services effective?

We rated effective as **outstanding** because:

- Staff took people's individual learning disabilities and communication needs into account and developed ways of involving them in planning their care and treatment.
- Holistic assessments were developed with input from the person, their relatives and staff from other agencies who knew them.
- Staff ensured any physical health issues that people had were assessed and treated.
- The service was linked with the Estia Centre which is a training learning and development resource for adults with learning disabilities and additional mental health needs.
- This provided staff with opportunities to enhance their skills through case discussion and peer review and ensured compliance with current best practice guidance.
- In conjunction with the Estia Centre, the service had developed innovative ways of working with people including those who challenged services.
- The service was able to offer people a personalised treatment plan from a wide range of possible pharmacological, psychosocial and psychological interventions.
- Multi-disciplinary work in the team was highly constructive and focused on best practice and achieving positive outcomes for people using the service.

Outstanding ☆

Summary of findings

- Staff worked constructively with other agencies across health and social services to build partnerships which ensured the needs of people and their carers were met.

Are services caring?

We rated caring as **outstanding** because:

- People and their relatives consistently told us staff were kind, polite and sensitive to their needs.
- We observed numerous interactions between staff and people during the inspection that showed that staff were friendly and took into account people's communication needs.
- People's dignity, independence and confidence in their skills were promoted by the way staff interacted with them and involved them in the process of planning their support.
- Informal carers reported they had consistently received prompt and effective support from the service which had alleviated their stress.

Outstanding ☆

Are services responsive to people's needs?

We rated responsive as **good** because:

- Criteria for the service were clear.
- Arrangements for people to access the service were well-developed and people were seen within the agreed timescales.
- People's learning disabilities and communication needs were taken into account.
- The service met the needs of people from diverse backgrounds.
- People were given information about how to complain about the service.

Good ●

Are services well-led?

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

- Staff understood the trust's values and explained how the service put them into practice.
- Managers of the service were described by staff as supportive and committed to improving the service.
- Senior managers visited team offices to speak with staff.
- Plans were in place to enhance the operation of the service through providing a more localised service to people from each of the four London Boroughs.
- The trust gathered data on the performance of the service and this showed that the service had met trust targets in key areas such as mandatory training for staff.

Outstanding ☆

Summary of findings

- Morale was good with staff describing a positive working environment with relationships with multi-disciplinary team colleagues.
- The team was at the forefront of developing good practice in meeting the mental health needs of people with learning disabilities
- The team worked in creative ways with people and their carers and made a positive difference to their quality of life.

Summary of findings

Information about the service

The South London and Maudsley NHS Foundation Trust provides a community mental health service for people over the age of 18 with learning disabilities living in the London Boroughs of Croydon, Lambeth, Lewisham, and Southwark. The service comprises four multi-disciplinary community teams which each cover a specific London borough.

The teams provide specialist mental health assessments and interventions for people with learning disabilities. Each team works closely with statutory health and social care providers and voluntary and private organisations in their designated borough. The service aims to engage with people's individual support networks, in order to enhance people's mental wellbeing, independence and quality of life.

We visited the community mental health teams for people with learning disabilities for people living in the London boroughs of Lambeth, Lewisham and Southwark at the Maudsley hospital. We visited the community mental health team for people with learning disabilities living in the London Borough of Croydon at the Bethlem Royal hospital. These teams had not been previously inspected.

Our inspection team

The team that inspected community mental health services for people with learning disabilities comprised one inspector, an expert by experience, two psychologists, an occupational therapist and a community psychiatric nurse.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients and carers at focus groups.

During the inspection visit, the inspection team:

- Visited all four community teams that provide a mental health service for people with learning disabilities
- Spoke with seven people using the service
- Spoke with 12 relatives of people using the service, four of these people had used the service for over five years
- Spoke with one supported living housing manager who had knowledge of the service
- Interviewed the managers responsible for each of the teams
- Spoke with 18 staff members, including nurses, psychologists, psychiatrists and administrative staff

Summary of findings

- Attended and observed two multi-disciplinary team meetings
- Read the notes of two recent multi-disciplinary team meetings
- Observed four home visits and clinic appointments with staff

- Reviewed 14 care records
- Looked at a range of policies, procedures and other documents relating to the operation of the service
- Reviewed three staff supervision and training records
- Read management information on the performance of the service

What people who use the provider's services say

We spoke with seven people who use the service across the four teams. We also spoke with 12 relatives or carers of people who use the service.

People said staff were polite and friendly and involved them in planning their support. Staff took into account people's learning disabilities and communication needs and developed effective tools to fully involve them in developing plans for their care and treatment. People

described how contact with the service had made them feel better and more confident. They said they had been supported to find new leisure interests and to develop skills to help them find paid work.

Four relatives who had been in contact with the service for several years, told us the service had given people effective support during times of crisis. Carers told us staff were sensitive to their needs and worked in partnership with other agencies to support them in their caring role.

Good practice

- The service offered a range of pharmacological, psychosocial and psychological interventions to people with learning disabilities who have mental health needs and in some cases behaved in a way that challenged those supporting them.

- The service had strong links with academic and research work in this area. New ways of working were trialled by the team, such as the use of new assessment tools. Staff described a working environment where expert colleagues assisted them with people's care and treatment by 'casting a fresh eye' on complex situations.

- The service included a member of staff who was responsible for developing appropriate local support

for people currently placed in out of borough in-patient hospitals. They had successfully developed with other agencies bespoke services for people with very complex needs which had enabled them to live in their local community.

- The service provided an in-reach service if people were admitted to hospital and supported ward staff to provide appropriate care and support to people with learning disabilities, including those who were not previously known to the service.

The service had developed a range of 'easy read' leaflets and tools for people to use.

Care Quality Commission

South London and Maudsley 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
Croydon Mental Health Learning Disabilities Psychiatry Service	Maudsley Hospital
Mental Health Learning Disabilities (Lambeth) Team	Maudsley Hospital
Mental Health Learning Disabilities (Lewisham) Team	Maudsley Hospital
Mental Health Learning Disabilities (Southwark) Team	Maudsley Hospital

Mental Health Act responsibilities

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

Staff told us they had received mandatory Mental Health Act training as part of their induction to working at the trust. As a community based service, staff sometimes worked with people who were subject to community treatment orders. A nurse told us they could easily contact the trust's Mental Health Act office for guidance.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff from all disciplines were able to explain to us the principles of the Mental Capacity Act (MCA) and the

Detailed findings

Deprivation of Liberty Safeguards (DoLS). They had completed recent training in relation to the MCA and DoLS. They were aware of trust policies and procedures on the MCA.

The care records we reviewed included reports and notes which showed staff understood how to assess and document people's mental capacity to make specific decisions, for example in relation to their medicines.

Staff explained that it was the service's philosophy to work with people to maximise their understanding of their mental health needs and their positive engagement with the team.

During the inspection, we observed that staff took time to explain treatment options to people. They took care during home visits and clinic appointments to make sure people understood specific decisions by checking their understanding and repeating information as necessary.

Are services safe?

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

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

Our findings

Safe and clean environment

- All four community teams had access to appropriate clinic space and facilities. The interview rooms were fitted with alarms.

Safe staffing

- Except for one psychology vacancy, at the time of the inspection, staffing levels for all the teams met the staffing establishment set by the trust. The psychologist post was being advertised. Appropriately qualified locum staff were covering all vacant nursing posts whilst permanent staff were recruited. Three new permanent nurses had been recruited and were due to join the team in the month following the inspection.

- Four of the relatives we spoke with had been in contact with the team for over five years. They reported that there had been staff changes over that period, but gave an account of continuity of care and contact with staff who were well-informed about people's needs when they started to work with them.

- We spoke to a locum nurse. We confirmed they had the appropriate experience and skills. They told us they had received a thorough induction to the service and regular monthly supervision. They said colleagues from all disciplines were easily available for advice.

- Clinical staff told us their caseloads enabled them to spend enough time with each person. For example, the caseloads for community psychiatric nurses were similar across the service and averaged 17 to 18 people.

- Community psychiatric nurses and psychologists told us they could easily contact a psychiatrist for urgent support and advice if there was a crisis.

Assessing and managing risk to patients and staff

- Staff told us they always used a risk screening tool as part of the initial assessment of people who were new to the service. The tool clarified any risks to the person, staff or the public. These, and more detailed assessments of the potential risks to people's health

and safety, were stored in easily accessible computer based care records. The 14 risk assessments we read were up to date and reflected people's current circumstances.

- Staff told us they were freely able to discuss any concerns about risks with their colleagues and received effective advice and support. Risk assessments included information on the precipitating factors which may increase a person's stress or anxiety and protective factors which helped to maintain their mental health. For example, a person's risk assessment explained that 'family arguments' could precipitate a mental health crisis. Protective factors included the person having contact with a support worker with whom they had a good relationship and could talk about these difficulties.

- Recovery and support plans demonstrated that staff had discussed with people how they wanted a potential mental health crisis to be dealt with by the team. For example, people had been asked about what steps staff should take in relation to contacting their family and friends if their mental health deteriorated.

- Most people using the service had complex needs and were referred to the service by health and social services professionals. Minutes of team meetings included information on how the team engaged these external organisations in assessing and monitoring risk. In some cases, the team had re-prioritised their interventions with people if an external agency or a relative had informed them risks to the person's health were increasing.

- People and their relatives told us staff were responsive and changed people's care and support when necessary. For example, a carer told us that a series of counselling sessions were arranged at short notice for a person when they suddenly became very distressed about past events.

- Staff we spoke with were able to explain how they would recognise and report and concerns about abuse or neglect. They had completed the trust mandatory training on this topic. Safeguarding issues were discussed at the weekly multi-disciplinary team

Are services safe?

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

meetings we attended. This meant all staff could contribute to improving strategies to safeguard people. Care records demonstrated that staff had ensured appropriate referrals were made to the local authority and that they worked in partnership with other organisations to ensure people were safeguarded.

- Staff told us they followed procedures which reduced risks to their safety. People who were new to the service were usually invited to attend a clinic appointment. This enabled staff to easily summon help in the event of an emergency. Staff told us they followed the trust 'lone working' policy when planning home visits, which ensured that any risks were identified and managed.

- Staff worked with people's support networks to ensure people received their medicines safely. For example, a person's care plan showed a community psychiatric nurse had arranged, with a person's consent, for their support worker to prompt them to take their medicines regularly. Minutes of care programme approach meetings showed that family members were invited to participate and give information about how people were responding to their medicines.

- Care records showed psychiatrists had written letters to each person's GPs to ensure they made individual arrangements in relation to the safety of their medicines. For example, the GP was asked to arrange for the person to have regular blood tests when this was appropriate.

Reporting incidents and learning from when things go wrong

- Staff told us they had received training on the trust's incident reporting system and understood how to use it. We read a 'fact finding' investigation report completed by a nurse in order to analyse how an incident where a person self-harmed had occurred and learn lessons from it. Managers of the service and the trust's risk management team had reviewed the investigation of the incident. The team had revised the person's risk management plan following the incident.

- Staff were open with people when they made a mistake. A person's care records included a copy of a letter of apology from the team to a person when there had been an error in relation to communication about their out-patient appointment.

- Staff said the team received information from the risk management team about the learning from incidents which occurred elsewhere in the trust. They said relevant information was discussed at team meetings in order to decide how to make any necessary improvements to the service.

- A community psychiatric nurse said they received helpful management support when incidents occurred. During the inspection we observed that managers provided immediate and sympathetic support to staff following an incident.

Are services effective?

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.

Outstanding ☆

Our findings

Assessment of needs and planning of care

- Staff provided people with holistic assessments which aimed to the identify factors which impacted on their mental health needs and precipitated any challenging behaviour. The team offered a range of interventions to clarify people's needs and worked with them, their family and support networks to improve people's mental well-being and quality of life.

- We looked at 14 care records. These showed staff had worked with people and their support networks to make a holistic assessment of people's mental health needs. Overall, from care records it was clear that assessments were completed in a timely manner.

- Staff told us that some assessments took several appointments to fully complete because of the complexity of people's needs. For example, some people could not easily communicate verbally. Care records included referrals the team had made to speech and language therapists in order to begin the process of establishing ways of communicating with the person. People and relatives told us that the team strove to involve people in their assessment using non-verbal methods of communication, such as using pictures, if necessary.

- Relatives said staff asked them to monitor people's mood and patterns of behaviour during the assessment period. They said they were confident that the team had taken time to fully establish all the factors effecting people's mental health and behaviour.

- A psychiatrist explained to us the emphasis in the service on fully involving each person's support network in assessment work. She said this was crucial in diagnosing and treating people with learning disabilities who may have mental health conditions because they had difficulty in explaining what had been happening in their lives. She gave us an example of a case where information from a person's support worker had been key to the team learning the reasons behind a relapse in their mental health and formulating an effective care plan.

- A nurse told us that when people were distressed or aggressive, it was important to establish whether they were in physical pain or not. Care records included letters the service had sent to people's GPs to ask them to refer people for investigations of their physical health needs.

- The service was closely linked with the Estia Centre which is a training, research and development resource for people who support adults withlearning disabilities and additional mental health and challenging needs. Staff told us this enabled them to improve the quality of their assessments through innovation. For example, the service had recently started to use a newly developed tool for assessing depression in people with learning disabilities.

- Care plans were comprehensive and included details of the person's background, social circumstances and health needs. Each person had a recovery and support plan which had information about the person's mental health needs, their physical health needs, the support they could expect from the team and how they wished to be supported towards recovery.

- Staff constructively used peer review to develop care planning. A psychiatrist explained how a monthly case discussion meeting at the Estia centre involving all disciplines enabled staff to explore new and different ways of working with people. A nurse told us how she was due to present a case to this meeting and was confident she would receive expert input which would enable her to move forward in meeting the person's needs.

- Staff worked in collaboration with other agencies to develop people's support. For example, a community psychiatric nurse met with a person's housing officer in order to develop an effective communication plan in relation to responding to a person's mental health needs. The housing officer told us this meeting had been helpful and would enable him to improve the way his organisation responded to the person.

- Relatives and formal and informal carers told us they were fully involved in the assessment process if people consented to it. People told us that staff communicated well with them and took their time and were patient when gathering information.

- We observed a psychologist talking to people and their support staff about a potentially stressful change to their living situation. He was skilful in eliciting

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information about people's anxieties. He asked support staff for their suggestions in relation to assisting people to understand what was happening. We were confident that the work initiated by the psychologist would enable the support staff develop effective plans to lessen people's distress about this change.

- Staff promoted people's access to health services. People's recovery plans had information about how the service supported people to keep as healthy as possible. Notes showed staff discussed any issues in relation to substance misuse with people, and explained to them the support which was available to them in relation to this issue. Staff encouraged people to develop a healthy lifestyle. People were supported to attend activities and support groups which promoted physical exercise and good health. Where people had specific health conditions, such as diabetes, there was reference to this in their support plan in terms of how they were supported to keep healthy. The service wrote letters to GPs which explained what follow up actions should be made in relation to monitoring people's health.

Best practice in treatment and care

- The service offered a range of pharmacological, psychosocial and psychological interventions to people with learning disabilities who have mental health needs. Clinicians from all disciplines told us the service had strong links with academic and research work through the Estia centre. They described a working environment where colleagues assisted them with people's care and treatment by 'casting a fresh eye' on complex situations. Staff told us they had received funding to access external training courses to enhance their skills and were able to take periods of study leave.

- Staff told us they could easily access a pharmacist for advice in relation to people's medicines if this was required. A psychiatrist told us that the service was totally committed to avoiding any unnecessary use of medicines, and through the Estia centre had promoted behavioural interventions for learning disabled people who behaved in ways that challenged.

- Relatives confirmed that the service offered a range of interventions to people. They said psychiatrists were cautious in their use of medicines and the service involved them in developing solutions to managing people's challenging behaviour. All the relatives we spoke with told us the service had helped them to

understand people's challenging behaviour and how to respond to it. For example, some relatives told us how the service had enabled people to learn how to communicate their feelings and develop more positive behaviour through the use of pictures which meant they were less frustrated. Relatives told us that the service involved them in monitoring whether these interventions were effective or not. They said staff modified the interventions from the feedback they gave until a successful approach was found.

- With the exception of the Croydon team, the teams included psychologists who provided advice and support on positive behaviour management and provided a range of psychological interventions. Staff in the Croydon team told us they worked closely with psychologists who were based in the local community team for people with learning disabilities. The Croydon team included a behaviour therapist who worked with people to promote positive behaviour.

- The service worked collaboratively with other agencies and was efficient in ensuring people received joined-up care. It was clear from care records that staff had developed effective links with professional staff external to the service such as speech and language therapists and occupational therapists. People and their relatives consistently told us that their care and support came from a range of agencies and was well co-ordinated by the service. This included arranging support for people to find employment, suitable accommodation and to access welfare benefits. For example, a nurse had developed a plan with a person and their support worker to develop their literacy skills to improve their chances of finding work. The nurse regularly met with the person and their support worker to check how this plan was progressing.

- Care records included information on how people's physical health was monitored. Where people were prescribed medicines which required them to have physical check-ups to ensure there were no adverse side effects, staff had set up arrangements for ensuring these took place. The team sent letters to people's GP to explain how their physical health should be monitored.

- The service used Health of the Nation outcome scales for learning disabilities (HONOS-LD) to measure the

Are services effective?

Outstanding ☆

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.

team's outcomes in relation to people's mental health needs. Management information showed the service was effective in promoting peoples mental health and symptoms of stress and anxiety had reduced.

- Clinical staff had conducted a number of audits of the team's performance. For example, in February 2015 a manager had monitored the quality of care plans and letters to GPs. The audit confirmed that the service met the trust's standards in terms of the content and timeliness of these documents.

Skilled staff to deliver care

- The Lambeth, Lewisham and Southwark Teams comprised staff from the mental health disciplines of community psychiatric nursing, psychiatry and psychology. The Croydon team comprised of community psychiatric nurses, psychiatrists and a behaviour therapist.

- Staff in all three teams told us they had easy access to other disciplines when required. For example, care records included examples of staff working with speech and language therapists and occupational therapists who were based in external services. People and their carers told us they received input from a number of professionals which the service had co-ordinated on their behalf.

- Staff told us that when they first joined the team there was an effective induction process. They said this lasted two weeks and included information on the operation of the team, relevant procedures and how to access community resources for the people they were working with. A locum community psychiatric nurse told us they were being retained by the team for an additional week, so they could give an incoming permanent member of staff a full handover of information and an introduction to people using the service.

- Staff had met the trusts targets in terms of completing mandatory training. This included training in safeguarding, the mental health act and incident reporting. Staff told they received regular monthly one to one supervision with their manager and an annual appraisal of their needs. Records confirmed this. There were weekly team meetings. These were well organised with the full participation of all the disciplines in the team.

- Professional staff received appropriate specialist training. A community psychiatric nurse told us that she had attended a number of internal and external courses to develop her skills. She said she also attended a meeting with nursing colleagues from the other teams in the service to develop her professional skills.

- Staff from all disciplines described a rich learning environment due to the service's links to the Estia centre and access to acknowledged experts in the field of clinical work with people with learning disabilities. They gave us examples of complex cases which had been discussed at monthly clinical meetings and how this had contributed to their knowledge and skills.

- Staff told us their work performance was regularly reviewed by their manager. They were aware of trust procedures for managing poor staff performance.

Multi-disciplinary and inter-agency team work

- The weekly multi-disciplinary team meetings were fully attended by staff, well chaired and had a standard agenda which included: new referrals, allocations and assessments, discharges, urgent updates and complex case discussion, incidents and safeguarding, complaints and clinical governance issues.

- Staff of all disciplines told us these meetings were supportive and informative. There was effective handover within the team. During a meeting an absent staff member's report on the initial assessment of a patient was presented by a colleague. This meant treatment plans could be developed in a timely way. Relationships between clinicians from different disciplines were constructive and staff told us they felt they were encouraged to make an active contribution to case discussion.

- Each team had administrative staff who told us they felt part of the team and were confident of their role. They had received training on working with people with a learning disability.

- Staff attended a range of liaison meetings with other statutory and voluntary services. The consultant psychiatrist from the Croydon Team sat on the Croydon Learning disability Partnership Board which was responsible for developing the local strategy for people with learning disabilities.

Are services effective?

Outstanding ☆

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

- Staff recorded their contact with external agencies in care records. They reported that working arrangements with other services were positive. The service worked with home treatment teams and other agencies to reduce the risk of people requiring in-patient treatment. When people were admitted to an acute psychiatric ward, staff from the team provided an in-reach service to provide advice and support to ward staff. The service also advised ward staff on the care and treatment of people with learning disabilities who were not previously known to the service.

- The team retained a focus on people who were admitted to hospital by including a discussion on their progress and planning arrangements for their discharge at team meetings.

- The service included a member of staff who was responsible for developing appropriate local support for people currently placed in out of borough in-patient hospitals. They had successfully developed with other agencies bespoke services for people with very complex needs which had enabled them to live in their local community.

- Care records showed staff planned the safe discharge of people from the service through the involvement of the person's support network and other agencies. Relatives told us they were involved in discussions about people's discharge from the service. Four relatives of people who had received support from the service described flexible arrangements in relation to people's discharge. They said the service was responsive and 'stepped up' when people's mental health deteriorated but at other times they had less frequent contact through out-patient appointments.

Adherence to the MHA and the MHA Code of Practice

- Staff told us they had mandatory Mental Health Act training as part of their induction to working at the trust.

As a community based service the staff sometimes worked with people who were subject to community treatment orders. A nurse told us they could easily contact the trust's Mental Health Act office for guidance.

Good practice in applying the MCA

- Staff from all disciplines were able to explain to us the principles of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). They had completed recent training in relation to the MCA and DoLS. They were aware of trust policies and procedures on the MCA.

- The 14 care records we reviewed included reports and notes which showed staff understood how to assess and document people's mental capacity to make specific decisions, for example in relation to their medicines.

- Staff explained that it was the service's philosophy to work with people to maximise their understanding of their mental health needs and encourage their positive engagement with the team. During the inspection we observed that staff took time to explain treatment options to people. They took care during home visits and clinic appointments to make sure people understood specific decisions by checking their understanding and repeating information as necessary. People received a copy of their recovery and support plan in an accessible format and staff went through this with them to ensure they understood and agreed to the plan.

- The 12 relatives we spoke said they were asked by staff to assist them in relation to supporting people to understand their mental health needs and make decisions about their treatment. They said they had not been asked to make decisions on behalf of people.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- People consistently told us staff were friendly and kind. They said they were treated with dignity and respect. We observed staff from all disciplines, including administrative and support staff showing outstanding levels of care and respect for people. For example, we saw how a psychologist worked respectfully with a person to clarify their mental health needs. They took time to ensure their communication with the person was clear. They had a friendly manner which reassured the person and put them at their ease. The psychologist treated the person with dignity by making sure the person was fully involved in the assessment process, through checking they understood what was being said. They pointed out the person's strengths to them, in terms of their achievements and abilities, which served to increase the person's self-confidence and engagement in the process.

- Staff worked with people in flexible and innovative ways and demonstrated their commitment and determination to address people's mental health needs. For example, they actively tried to work with people who were hard to engage, and made repeated home visits and tried to locate people in the community.

- People told us they liked working with staff from the service and felt staff 'always had time for them'. A person's relative told us about how the service had taken into account the person's background and culture and developed a package of tailored support which addressed the person's complex needs and promoted the whole family's wellbeing.

- Records of staff contacts with people showed staff took time to ensure people's views were taken into account when planning their care and support. For example, staff completed people's recovery and support plans over a series of meetings when this was necessary.

The involvement of people in the care they receive

- People and relatives consistently told us staff fully involved them in planning people's care and support.

Care records showed that staff used professional interpreters when necessary to ensure that people and their relatives could give their views and make decisions.

- Staff told us how they worked with people to enable them to understand as much about their mental health needs as possible and worked with other agencies to support people to become more independent. For example, the team worked with people's support workers in relation to issues such as managing people's anxiety when they were using public transport. Relatives told how the interventions of the team were consistently geared to promoting people's independence and self-confidence. For example, we heard about how the team from the outset of their work with people aimed to see people separately from their relatives. We heard that when people were anxious about this, staff gradually spent more time with the person on their own.

- People and their relatives were involved in reviews of their care. Some people who use the service were subject to the care programme approach (CPA). In all instances, people and their families and carers were invited to meetings, a record made of their views and their discussion with professionals noted in care records. A copy of CPA review minutes was sent out to all the participants of the meeting.

- Recovery and support plans were in an accessible format. It was clear that people had given their input in terms of their personal recovery goals and how they wished to achieve them. People told us they received a copy of their recovery plan.

- Relatives told us that staff were considerate towards them and explained to them why they wanted to see people on their own. They said they were also given the opportunity to speak privately to staff about any concerns about their caring role. We were told by four relatives of people who had used the service for a number of years, that the support of staff had made all the difference to their lives and enabled them to continue in their caring role. They described a flexible service which responded very quickly when a decline in a person's mental health placed additional stresses on family carers.

- Carers told us the service supported them to access carers' assessments through the local authority and

Are services caring?

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

advocacy services when required. Staff told us about the various sources of advocacy support which were available to people and explained how they supported people and their carers to access an appropriate advocate.

- The trust as whole had developed arrangements for people with learning disabilities to become involved in other development of the service and the recruitment of staff.

- Patient and carer feedback on the service was routinely collected by the trust on the service. This showed a high level of satisfaction with the service in relation to the way people and their families were treated by staff.

Are services responsive to people's needs?

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

Our findings

Access, discharge and transfer

- There was a single point of contact for all four teams. Overall, the service received approximately two new referrals a week. The Band 7 nurse who managed the service screened new referrals to ensure they met the service's criteria. Representatives from all of the teams and from across all disciplines met together each week to confirm the acceptance of referrals. Accepted referrals were then passed to the relevant team to arrange an initial assessment. If referrals were identified as high risk the receiving team was asked to prioritise them for action.

- Generally people were seen within six weeks of referral for an assessment in accordance with the trust target. Referrals to the Lambeth, Lewisham or Southwark teams which were solely for psychology input could wait for longer than this, sometimes for up to ten weeks, depending on the availability of therapists. The Croydon Team was not commissioned to provide a psychology service. A community psychiatric nurse told us that in the past, whilst people were on a waiting list for psychology, the psychology team gave appropriate professional guidance to the rest of the team. Staff said this meant that people received appropriate support whilst they were awaiting psychological intervention. Relatives described a service that was able to respond promptly when they contacted them and did not raise any concerns about the staffing of the service.

- The manager of the service used a tracking system to monitor the progress of referrals, including those which were not accepted, to provide clear data on the performance of the service and to identify trends and areas for development. Managers had taken note of the different pattern of referrals across the boroughs. For example, the Croydon team received a higher proportion of people living in care settings rather than their family. This was due to the large number of private care homes and supported living projects in the area. The psychiatrist from the Croydon team was working with providers of care and other agencies through the Croydon learning disabilities partnership board to develop effective ways of meeting the mental health needs of this group of people.

- None of the teams were commissioned to provide a 24 hour service. Staff gave people information on their recovery and support plans about how to contact their GP or accident and emergency services in the event of an out of hours crisis.

- We observed that administrative staff responded promptly and politely to people when they telephoned the service. These staff could easily access the information they required to competently deal with people's queries about their appointments with clinicians.

- Criteria for the service were clear and focused on the complexity of people's mental health needs. In Lambeth, Lewisham and Southwark referrals were also accepted for the psychology service only.

- During the inspection we heard about the steps the team were taking to engage with several people who avoided contact with the service. It was evident that staff were flexible in their ways of working with these people and took time to locate them in the community and try to establish a relationship with them.

- Most people attended clinic appointments with their family or a support worker, so attendance rates were good. Care records showed that when people were not at home for a planned home visit staff made follow-up telephone calls and used their knowledge of the person's social network to make contact with them.

- People told us they were able to choose when they had their appointments and staff were reliable and kept their appointments with them. We observed that staff were on time with their appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- The teams used interview rooms in the trust out-patient clinics. The clinics were clean and appropriately furnished.

- Interview rooms were appropriately sound-proofed to protect people's privacy.

- Clinics had leaflet racks and posters about local services and trust policies. There was information available about how to make a complaint.

Are services responsive to people's needs?

Good ●

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

Meeting the needs of all people who use the service

- People told us the service met people's needs in relation to their disabilities. Staff told us how they took into account people's learning disabilities and any other disabilities they had when assessing and planning their care. For example, assessments included details of people's communication needs and any sensory impairments they had. Care plans included information on the support people needed to understand information, participate in decision making and attend appointments.

- Relatives told us their circumstances as carers were fully taken into account by the service. They said the service acknowledged their difficulties and worked with other agencies to ensure they were given practical support, such as regular respite from their caring role. Relatives told us that the way the service involved them in monitoring people's progress was helpful in making them feel less stressed.

- Clinics were level access with disabled parking nearby. This made them easily accessible for people and their relatives if they had physical disabilities.

- People using the service had diverse cultural backgrounds and spoke different languages. Staff said they had easy access to a professional interpreter service if this was needed. Relatives confirmed staff were able to communicate well with people from different backgrounds.

- Information about the service was available in 'easy read' English. Staff said it could be translated into any language if required.

Listening to and learning from concerns and complaints

- There had been very few complaints about the service. Patients and their relatives told us they knew how to make a complaint about the service. The service had recently dealt with a complaint. Records of the response to the complainant showed managers had fully investigated their concerns and sent the complainant a full account of the actions they had taken.

- Staff told us they had received training on the implementation of the trust's complaints procedures.

Are services well-led?

Outstanding ☆

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- Staff told us they were familiar with the trust's values which they agreed with. They said they felt their team's objectives ensured they put these values into practice when working with people.

- Staff told us they knew senior managers in the organisation because they attended meetings with them and they visited the team offices.

Good governance

- The managers of the service had ensured the safety and effectiveness of the service. Staff were competent and well-trained and improvement were made to the service as required. Multi-disciplinary team meetings were observed to be inclusive for all disciplines and were open and constructive. Staff from all disciplines told us the service provided a good learning environment and they were proud to work in it.

- Senior managers told us the operation and strategic development of the service across four London Boroughs provided some challenges for staff in terms of effective communication and collaboration with the different pattern of provision of health and social care agencies in each borough. Senior managers and clinicians from the trust were represented on local learning disabilities partnership boards in order to work with other key agencies to improve outcomes for learning disabled people with mental health needs.

- The trust has decided to further enhance the local focus of the service by providing dedicated team leadership for each Borough from 1 November 2015. An additional community psychiatric nurse post has been created to facilitate this. Strategically this change aimed to improve people's care and treatment outcomes by more effective local partnership working.

- Staff told us they had been fully consulted about this development and said they considered the changes would enable them to provide a more efficient service to people, by making better use of their local support-networks.

- Staff said that they attended regular case presentations which were a valuable learning tool. They said they heard about innovative ways of working and had the opportunity to reflect on their practice.

- Managers in the service had a set of trust wide key performance indicators (KPIs) relating to issues such as staffing levels, sickness management, supervision, compliance with mandatory training and record keeping. Managers we spoke with told us KPIs were used to identify areas of strength and weakness in the service and were useful tool in ensuring the quality of the service. They said they received appropriate assistance from their managers when areas for improvement were identified. The recent data we saw showed the service had met their targets in relation to the KPIs.

- The current manager of the service told us she felt able to manage the service as she wished and was very positive about the contribution of the administrative support staff. We noted that administrators were experienced and able to work independently to produce minutes and notes of a high standard.

Leadership, morale and staff engagement

- There were no significant issues in relation to sickness or absence rates. Staff did not raise any concerns about bullying and harassment with us during the inspection.

- Staff told us they had received training on whistle-blowing and understood how they would be protected from victimisation if they raised a concern.

- The morale of staff was good. They told us they enjoyed their work and teamwork was constructive. During the inspection we observed that staff from different disciplines interacted with each other in an open and friendly way. Staff said the managers of the service were open to their ideas and there were opportunities for leadership development. Several team members were attending training on developing their leadership skills.

- Staff were very positive about the quality of team work and mutual support. We saw that team meetings provided a constructive learning environment for staff. Staff told us the trust regularly asked for their views and they were involved in service development.

- Staff told us that team provided student placements to trainee psychiatrists, psychologists and community

Are services well-led?

Outstanding ☆

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

psychiatric nurses. They commented that this helped to create a positive and open learning environment that permanent staff also benefitted from. Some of the staff we spoke to had trained in the team and had subsequently applied for a job there. Managers told us vacancies in the teams were generally filled quickly because of the number of ex-students who wanted to work in the team.

Commitment to quality improvement and innovation

- During the inspection we saw numerous examples of creative work by staff to improve people's mental health. People and their relatives told us that the service had really made a difference to their lives for the better. They described people who had previously been

distressed as now having more confidence. The said people were involved in leisure and work activities. Relatives said the service had supported them in their caring role and given them hope for the future.

- Staff in the service told us they were involved in research and discussions about best practice through participation in research, development, events and monthly case discussion at the Estia Centre. This centre acts as a learning resource in the field of learning disabilities and mental health. The service has been at the forefront of improving the range of interventions available to people with learning disabilities to improve their mental health.

- Staff from the service were involved in a number of practice developments through the Estia Centre. For example, producing guidance for hospital staff on meeting the mental health needs of people with a learning disability.