

**Requires improvement**


# Lincolnshire Partnership NHS Foundation Trust

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

### Quality Report

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### Locations inspected

| Location ID | Name of CQC registered location | Name of service (e.g. ward/unit/team)        | Postcode of service (ward/unit/team) |
|-------------|---------------------------------|--|--------------------------------------|
| RP7QS       | 2 Long Leys Court               | West Hub Team                                | LN1 1FS                              |
| RP7QS       | Beech House                     | East Hub Team                                | PE21 0AX                             |
| RP7QS       | Johnson Community Hospital      | South Hub                                    | PE11 3DT                             |
| RP7QS       | Beaconfield Resource Centre     | South-West Hub                               | NG31 9DR                             |
| RP7QS       | 1 Long Leys Court               | Community Home Assessment & Treatment (CHAT) | LN1 1FS                              |

This report describes our judgement of the quality of care provided within this core service by Lincolnshire 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.

# Summary of findings

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



### Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated community mental health services for people with learning disabilities or autism as requires improvement because:

- Staff had not completed risk assessments consistently. Risk assessments were not all in date and varied in detail and format. Some staff were not aware of patient risk before seeing patients for the first time.
- Staff did not complete or record mental capacity assessments consistently.
- Trust data for compliance with supervision was unclear prior to January 2017, when the trust had introduced a new system to record this. Data showed variance in compliance between teams.
- Staff did not consistently record physical healthcare needs and assessments in patient notes.
- Staffing numbers in the south hub at Spalding were significantly under establishment due to long-term sickness and vacancies.
- Alarms in clinic rooms in Lincoln were not operational and staff could not summon help quickly in an emergency.
- Compliance with mandatory training did not meet the trust's target. Training compliance for level three safeguarding children was 59%.
- Staff did not engage in clinical audits.

However:

- Multi-disciplinary team working was an integral part of all the teams and supported patients and staff effectively, through regular referral meetings and multi-disciplinary case discussions. Teams communicated effectively and understood their role.
- There was rapid access to a psychiatrist when needed.
- The teams had effective lone-working policies and followed them.
- Staff monitored waiting lists and patients and their carers could contact staff if their condition deteriorated.
- Staff reported incidents on the trust's electronic recording system. Staff investigated incidents when necessary and lessons learned were shared within teams. Staff knew how to recognise abuse and make safeguarding referrals to the local authority.
- Staff were passionate about getting the best possible outcome for the patients they worked with and about providing them with high quality care.
- Staff knew their patients well and could demonstrate an understanding of their needs. Teams spoke about patients in a person centred way.
- Staff encouraged patients and their families to feed back about the service and that feedback was very positive.

# Summary of findings

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

### Are services safe?

We rated safe as requires improvement because:

- Staff had not completed risk assessments consistently. Risk assessments were not all in date and varied in detail and format. Some staff were not aware of patient risk before seeing patients for the first time.
- Staff did not complete crisis plans for patients that described the action to be taken in the event that the patient became unwell.
- Staffing numbers in the south hub at Spalding were significantly under establishment due to long-term sickness and vacancies.
- Alarms in clinic rooms in Lincoln were not operational and staff could not summon help quickly in an emergency.
- Compliance with mandatory training for level three safeguarding children was only 59%. This did not meet the trust's target.

However:

- The staffing complement in most of the teams met patient need, and caseloads for workers were moderate.
- There was rapid access to a psychiatrist when needed.
- The teams had effective lone-working policies and followed them.
- Staff monitored waiting lists and patients and their carers could contact staff if their condition deteriorated.
- Staff reported incidents on the trust's electronic recording system. Staff investigated incidents when necessary and lessons learned were shared within teams Staff knew how to recognise abuse and make safeguarding referrals to the local authority.

**Requires improvement**



### Are services effective?

We rated effective as requires improvement because:

- There were no overarching care plans for patients seen by the team. Staff did not routinely record a rationale for treatment interventions in patient notes.
- Staff did not consistently record physical healthcare needs and assessments in patient notes.
- Staff did not record mental capacity assessments consistently and did not always complete mental capacity assessments thoroughly.

**Requires improvement**



# Summary of findings

- Not all staff received or recorded regular supervision and annual appraisal.
- Clinical staff did not take part in a clear system of clinical audits.
- There were no overall aims and objective set for team treatment goals.

However:

- Staff were very knowledgeable about the Mental Capacity Act and knew how to apply it to their work.
- Staff supported patients in hospital and with their GPs, making adjustments where needed and helping patients access services.
- Multi-disciplinary team working was an integral part of all the teams and supported patients and staff effectively, through regular referral meetings and multi-disciplinary case discussions. Teams communicated effectively and understood their role. The staff model allowed a single referral for a patient to access a wide range of disciplines within the team.
- Staff referenced guidance from the national institute for health and care excellence in their work with patients, and used outcome measures appropriately.

## Are services caring?

We rated caring as good because:

- We saw staff interacting with patients in a kind, caring and understanding manner, and including patients in discussions about their care. Staff offered different methods of communicating information about their care to patients and their carers.
- Patients spoke positively about the staff who came to visit them and were aware why staff were involved in their care.
- Staff were passionate about getting the best possible outcome for the patients they worked with and about providing them with high quality care.
- Staff knew their patients well and could demonstrate an understanding of their needs. Teams spoke about patients in a person centred way.
- Staff encouraged patients and their families to feed back about the service and that feedback was very positive.

However:

- Some carers felt the staff supporting their relative did not engage with them effectively.
- Staff did not always record how patients and carers had been involved in planning care.

**Good**



# Summary of findings

- Staff communicated with patients and their carers but did not record that they had given patients a copy of a formalised care plan.

## Are services responsive to people's needs?

We rated responsive as good because:

- Staff saw patients within 12 weeks from referral to treatment. Teams monitored these targets regularly.
- Staff responded to urgent referrals within set target times.
- Staff engaged with patients who did not attend appointments or found it hard to take part in clinics.
- Patients and carers knew how to make complaints, and staff knew how to handle complaints when received.
- The single referral to the team meant a patient had access to multiple professions without the need for multiple referrals.

However:

- There were no clear criteria or discharging patients back to GPs and as a result, psychiatrists had high caseloads.
- The service did not have up to date patient lists and were unable to see their overall active caseloads accurately.

**Good**



## Are services well-led?

We rated well-led as good because:

- Staff showed the trust vision and values in their behaviour and within their work, showing passion for supporting their patients.
- The service had key performance indicators, which were monitored by team co-ordinators.
- Staff reported incidents and learned lessons from incident investigations.
- The team co-ordinators had sufficient authority to make decisions and lead their teams and had good support from their line manager.
- The postural care clinic was innovative and well received by patients and carers.

However:

- Some third party care providers were unclear on the purpose of the service.
- There was no clinical audit taking place by clinical staff.

**Good**





# Summary of findings

## Information about the service

Lincolnshire Partnership NHS Foundation Trust restructured their provision to support people with learning disabilities in the community in April 2016. The service works with adults over 18 who have a diagnosis of learning disability and associated physical and/or mental health needs who are registered with a Lincolnshire GP.

The service states that it works with service users, families, social care and health partners to enable adults with a learning disability and/or autism living in Lincolnshire to receive the right care, in the right place, at the right time. The service provides specialist health support to people with learning disabilities who require assessment and/or treatment for their physical or mental health, including support with behaviours of concern. There are four community hubs in Lincoln, Boston, Grantham and Spalding. Each hub has specialist nurses, psychology, physical and mental health liaison nurses, psychiatry, occupational therapy, physiotherapy and speech and language therapy. In each hub there are liaison nurses for physical health, mental health and autism. They work with local health services and service users and carers to ensure equal access to mainstream services, helping to develop reasonable adjustments and provide appropriate training for professionals.

The Community Home Assessment and Treatment (CHAT) team works closely with the community hub. It provides home assessment, intervention and treatment anywhere in Lincolnshire to service users in their home environment, whether that is a family home, supported living or a care home. The CHAT team work to a positive behavioural support model to provide intensive support to people who are experiencing a deterioration in their mental health, or an increase in behaviours of concern and associated risk to self and others. The service aims to respond quickly and positively to assess the level of risk and put in place a plan of care to address the immediate

concerns. This is initially for 72 hours, with additional support for a further two weeks. Once the immediate risks have been addressed and a clear plan is in place the CHAT team will liaise with the community hubs who will then continue with the ongoing care plan as needed.

The teams work together with the local authority learning disability service and other organisations. Referrals are made through a single point of access and teams operate weekly referral meetings which include the CHAT team and adult care colleagues. The team discusses all referrals and allocates the appropriate professional to support service users and carers with their individual needs.

The service also provides a diagnostic pathway for autism spectrum disorders which follows National Institute for Health and Care Excellence guidance. This includes feedback to the referrer and service user, with post diagnostic recommendations and signposting.

The Care Quality Commission last inspected Lincolnshire Partnership NHS Foundation Trust in December 2015. The overall rating for this core service was good. We rated the safe, caring, responsive and well-led key questions as good and the effective key question as requires improvement. The following areas were identified as actions the provider must take to improve:

- The trust must ensure that all information related to patients is accessible to staff on one electronic recording system.
- The trust must ensure that there are sufficiently qualified and experienced speech and language therapists available each day to carry out the assessments required.

The trust completed an action plan to address the recommendations made. At the time of this most recent inspection, we found these issues were being addressed.

## Our inspection team

Our inspection team was led by:

Chair: Mick Tutt: Deputy Chair, Solent NHS Trust

Head of Inspection: Julie Meikle, Head of Hospital Inspection, Mental Health, Central East, CQC

# Summary of findings

Lead Inspection Manager: Karen Holland, Inspection Manager, Mental Health, Central East, CQC.

The team that inspected this core service consisted of one CQC inspector, one inspection manager, Mental Health Act reviewers and pharmacy inspectors. The team was supported by specialist advisors, including two

nurses, an occupational therapist and a social worker. It also included an expert by experience. An expert by experience is someone who has either used a service or has cared for someone using a service.

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

## 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 at three focus groups.

During the inspection visit, the inspection team:

- visited five community team bases and observed how staff cared for patients;

- spoke with seven patients;
- spoke with 15 carers of patients who were using the service;
- spoke with the service manager and three team co-ordinators who managed the community teams
- spoke with 39 staff members including doctors, nurses, support workers, psychologists, occupational therapists, speech and language therapists, physiotherapists, administrative staff;
- attended and observed one hand-over meeting, four multi-disciplinary meetings, a referral meeting and a peer support meeting;
- looked at 28 treatment records of patients;
- observed nine episodes of care;
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

We spoke to seven patients and 15 family carers. They were very positive about the service and individual workers. Patients told us staff provided some very high quality and timely support and made a real difference to them as individuals or as a family.

Three carers said that they had been unhappy with the way doctors had prescribed medication but had not raised this formally.

# Summary of findings

## Areas for improvement

### Action the provider **MUST** take to improve

- The trust must ensure that all patients receive a detailed risk assessment and that this is updated regularly.
- The trust must ensure that the plan of interventions for individual patients is clearly recorded and updated when necessary and that patients and their relatives, where appropriate, are involved in care plans.
- The trust must ensure that mental capacity assessments and any subsequent best interests meetings are fully documented in line with the Mental Capacity Act.

### Action the provider **SHOULD** take to improve

- The trust should ensure that the alarms in the clinic rooms adjacent to the Lincoln hub are operational or that other measures are in place to ensure staff safety.
- The trust should take urgent steps to address the staffing issues in the south hub at Spalding.
- The trust should ensure that staff compliance with training in the MHA and MCA meets the trust target.
- The trust should ensure and monitor that all staff receive regular supervision

# Lincolnshire Partnership NHS Foundation Trust

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

### Detailed findings

#### Locations inspected

| Name of service (e.g. ward/unit/team)        | Name of CQC registered location |
|--|---------------------------------|
| West Hub Team                                | 2 Long Leys Court               |
| East Hub Team                                | Beech House                     |
| South Hub Team                               | Johnson Community Hospital      |
| South-West Hub Team                          | Beaconfield Resource Centre     |
| Community Home Assessment & Treatment (CHAT) | 1 Long Leys Court               |

#### Mental Health Act responsibilities

- The trust provided training in the Mental Health Act. This training was mandatory for all staff. Across the teams, 85% of staff had received training in the MHA. This was slightly below the trust target of 95%.
- Staff were aware of who to go to for more information about the Mental Health Act when necessary.
- Patients had access to independent mental health advocacy when needed.
- Consultant psychiatrists did oversee people on community treatment orders and the trust monitored that these were reviewed appropriately. A CTO provides a framework for the management of patient care in the community and gives the responsible clinician the power to recall the patient to hospital for treatment if necessary.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Across the teams, 87% of staff had received training in the MCA, which was slightly less than the trust target of 95%. Staff knew where to get further information when required.
- The staff that we interviewed were very knowledgeable about the Mental Capacity Act and talked about how they used it in relation to supporting patients, whether this was in hospital or in the community. They helped support patients to make their own decisions wherever possible and where a patient lacked capacity in a specific area, staff were keen to ensure that they made decisions in the patient's best interest and that the decision should be the least restrictive option available.
- However, staff did not record mental capacity assessments consistently. Some lacked detail and others were missing. We also found examples of old assessments used to support decisions and one example where staff stated that a patient lacked capacity in general rather than in relation to a specific decision.
- We did not find evidence of audits on mental capacity act documentation.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- The community teams and community home assessment and treatment team (CHAT) worked out of the hub offices and did not see patients in the team bases. In Grantham the consultant psychiatrist did see some patients for outpatients' appointments and had plans to extend this to some other appointments. The room used for these interviews was fitted with an alarm.
- In the east hub in Lincoln, staff saw patients in clinic rooms in a separate bungalow, across from their office location. The provider had fitted alarms in these rooms but these were not operational.
- Two of the four clinic rooms did not have working telephone lines so staff could not use them to summon help in an emergency. Staff used mobile phones to maintain their safety. This bungalow had a reception area that was staffed during clinic times. There was a signing in and out process for all staff, patients and visitors.
- All team bases were clean and well maintained and bases were cleaned regularly. Staff were aware of infection control measures and there were antiseptic gels in offices.
- Most equipment was well maintained and tested. However, we found two pieces of equipment in the south-west hub at Grantham that did not have stickers to show they had been serviced. We raised this with the manager during the inspection.

### Safe staffing

- The provider had restructured the service in April 2016 and had a whole time equivalent complement of 73 staff. They had estimated numbers of staff needed to undertake the work coming into the team. There were 25 qualified nurses across the five teams and 20 unqualified support workers plus a range of specialist staff. Each team had administrative support.
- The vacancy rate for the past 12 months was 12% across the teams, higher than the trust average of 5%. There

were high vacancy rates in the south hub in Spalding and in the east hub at Boston. Senior staff told us that vacancies in Spalding were due to service reconfiguration. One example given was a staff member living in the north of the county who moved to work in the south-west hub in Grantham, and commuting to work was difficult. Some staff left following the reconfiguration due to distance.

- There was a staff turnover rate of 16% across all the teams compared to a trust average of 7%. Sickness rates were 6% across the service compared to a trust average of 5%. This was highest in the west hub in Lincoln where sickness levels were 15% and in the south hub in Spalding where it was 12%. Staff again told us this was following the service reconfiguration. The provider had tried to recruit to vacancies and had not used agency staff to provide cover, meaning that some teams felt under additional pressure.
- Managers and staff frequently reviewed caseloads through weekly referral meetings and supervision. In the community teams, most workers held caseloads of between six to 18 cases. However, one worker stated that they had 30 cases but that this was unusually high. Staff said that their caseloads were manageable. The CHAT team held a total combined caseload of five patients.
- Access to medical staff was good across all teams. The trust operated a duty system across its services, which included all the consultants in the service. Psychiatrists held high caseloads of around 300 patients, which they were attempting to review. Doctors told us they sometimes had to type some of their own reviews and letters and as a consequence, their caseloads were high. They were reluctant to discharge patients back to GPs as their experience was that the GP would refer the patient back. Medical staff told us it was preferable to keep patients on their caseloads rather than GPs needing to refer patients back following discharge.
- Staff compliance with mandatory training was 91% overall, which was slightly below the trust target of 95%. Eleven training topics were below the trust target.

# Are services safe?

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

Compliance in four topics fell below 75%. These were adult basic life support (44%), safeguarding children level 3 (59%), conflict resolution (60%), and medicines management (68%).

## Assessing and managing risk to patients and staff

- Staff stated that they completed risk assessments when they accepted patients into the service and recorded these on the trust's electronic recording system. We looked at 28 care records across the five teams. In six of the 28 records we looked at, staff had not completed a risk assessment and in a further five records risk assessments were not updated. This meant staff did not have information on risk when meeting with these patients.
- Where patients lived in residential homes, third party providers completed their own risk assessments and community staff from this core service did not always complete risk assessments in their own records.
- We did not see any examples of crisis plans for patients to support them when they became unwell. Staff discussed risk in referral and formulation meetings but did not always put plans in place to manage these risks.
- Patients and carers could contact the team if their situation changed. Staff responded promptly when they received reports that patient's health had deteriorated. There was quick access to see professionals in the team.
- Staff recognised safeguarding concerns and knew how to make a referral to the local safeguarding team. We saw examples of incidents staff had reported appropriately. Staff also knew who to go to in the trust to discuss safeguarding issues, both centrally and within their teams. Staff across the service made 13 safeguarding referrals in 2016.

- The provider had policies on lone working. All teams had protocols to keep staff safe, including joint visits when required, and arrangements to highlight when staff were in difficult situations that might be unsafe. Staff spoke about these and observed them. Staff used boards to show their whereabouts, and used a code word system should emergency assistance be required during patient visits.
- The team did not store or administer medicines to patients in this service.

## Track record on safety

- The trust reported there had been no serious incidents requiring investigation in the past 12 months involving community learning disability services.

## Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report including safeguarding concerns, aggression, slips and falls, deaths of patients and near misses. The trust had an electronic system on which to record incidents and staff knew how to use this.
- Staff said they were open and transparent with patients and carers when things went wrong. We saw an example where the team had apologised to a patient's carers.
- Staff learnt from incidents and when things had gone wrong through debriefs, supervision and team meetings. The teams used formulation meetings to discuss complex cases and to share learning. Staff across the service also met at peer support meetings where learning took place in relation to issues raised by staff. The trust produced a lessons learnt poster, which they displayed in the team offices.



# Are services effective?

Requires improvement 

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

## Our findings

### Assessment of needs and planning of care

- Detailed assessments were not consistently completed and updated across the teams and staff did not record comprehensive information in one document. Physical healthcare assessments were not present in 11 of the 28 records we looked at and lacked detail in a further ten records. The teams identified this as an issue and said that work was taking place to produce a new single assessment document to ensure that staff captured patients' information thoroughly and improved their outcomes.
- There were no overarching care plans for patients. Individual workers from different disciplines added their notes to the electronic system. Care plans were not present in eight of the 28 care records we looked at. Care plans on patients' records were copies of plans sent by third party care providers, acute hospitals and local authority learning disability teams.
- Staff did not record that patients had been involved in planning their care or that they received a copy from the team. Where staff had completed formalised care plans, they had not recorded that patients had signed them.
- Staff accessed secure and confidential information from the trust's electronic recording system. Several staff said they found this difficult to navigate but said the trust were replacing this in the near future. In addition, there were paper notes kept by individual workers and disciplines whilst working with patients. Staff kept these securely and scanned them onto the electronic system periodically.

### Best practice in treatment and care

- Consultant psychiatrists held clinics and made decisions about patients' medication in accordance with guidelines from the national institute for health and care excellence (NICE). Staff were aware of NICE guidelines in relation to providing learning disability services.
- The teams considered physical healthcare needs when working with patients. The trust employed physical health liaison workers who worked with acute hospital staff to support them to understand and make adjustments for patients with a learning disability

coming into hospital. They also worked with GPs to increase awareness and numbers of people with a learning disability receiving annual physical health checks. However, patient notes did not consistently reflect this in care plans or in initial assessments, but this was documented in the risk assessment.

- The service used the health of the nation outcome scales and the action ladder (derived from the recovery star) to assess patients' progress.
- Clinical staff did not routinely participate in clinical audits. Staff said that there were plans to introduce this but could not give a timescale.

### Skilled staff to deliver care

- All the teams employed nurses and support workers to cover five pathways, which were behaviours of concern, mental health, mental health liaison, physical health and autistic spectrum disorders. Staff assessed patients into one of these pathways on referral. However, patients could access a number of other professionals from a different pathway without having to go through a separate assessment process.
- A multi-disciplinary team of psychiatrists, psychologists, occupational therapists, speech and language therapists and physiotherapists completed the team. Psychologists worked with the team to use the principles of positive behavioural support, although the team did not produce positive behavioural support plans. Psychologists also offered behavioural therapies to patients to meet their needs and training and support to the wider team. The team also employed staff in behavioural support worker roles and these staff worked with all disciplines.
- The teams were made up of qualified practitioners and unqualified behavioural support workers and intervention workers. Many of the staff were very experienced and there was a good skill mix in most of the teams.
- The trust provided a period of induction to all staff, and specialist training relevant to the role, such as postural care management, communication, autism and epilepsy.
- Staff we spoke with said they received supervision monthly and could ask for additional advice when necessary. Staff also received clinical supervision from a



# Are services effective?

Requires improvement 

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.

colleague of their choosing. Most staff we spoke with said that they received this every month. The trust provided data for staff compliance with clinical supervision. Data showed significant variance in compliance across teams. The trust told us they had introduced a new method of recording supervision, which was not yet fully embedded.

- Appraisals rates for the service over the previous 12 months were 89%, which was slightly below the trust target of 95%, with three teams falling below this target. However, in two of the teams, appraisal rates were 100%.
- Managers monitored staff performance through supervision. Between January 2016 and January 2017, three staff had been suspended. However, at the time of inspection, no members of staff were on suspension.

## Multi-disciplinary and inter-agency team work

- Since the last inspection the trust had employed speech and language therapists across all four hubs.
- There were regular multi-disciplinary meetings within all the teams. The teams operated multi-disciplinary referral meetings weekly where staff discussed new referrals and allocated them to the most appropriate worker.
- The teams also held regular formulation meetings, where they discussed open cases, particularly more complex cases, with different professionals within the team. All team members took part in these discussions. We observed one of these meetings and found it to be a useful and clear way to clarify team objectives and plan strategies with individuals. The teams also used these meetings to help support and develop staff.
- The community home assessment and treatment team held handovers daily to pass on issues in relation to patients and the service, and these were effective in ensuring all staff were aware of relevant developments in the teams' caseload. We observed a handover meeting, which was thorough and ensured good communication between members of the team.
- The teams worked alongside other health and social care colleagues in the local authorities learning disability commissioning teams. We observed a discussion about a patient involved in an adverse event, which required an urgent re-evaluation of their

situation, to put a contingency plan in place to identify triggers and measures to reduce the likelihood of harm. The service had offered psychological input to try to understand and alleviate the patient's behaviour. However, they had not engaged in more urgent discussions concerning the safety of the patient.

- There were liaison nurses who worked with GPs to increase awareness and knowledge of people with learning disabilities and make adjustments to help them access primary care services.
- Acute liaison nurses worked within acute hospitals to aid people with learning disabilities going into acute hospitals and mental health units. The team also operated alongside adult social care teams for adults with learning disabilities. Relationships were generally positive, with good examples of joint working, both with the hub teams and with the community home assessment and treatment team. However, colleagues felt that the role of the teams had changed over the past year and team roles were not always clear. In some areas, such as travel-training (where staff would assess whether individuals could learn the skills to travel independently) and taking bloods from patients, there was a lack of clarity about who would do this.

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

- The trust provided training in the Mental Health Act. This training was mandatory for all staff. Across the teams, 85% of staff had received training in the MHA. This was slightly below the trust target of 95%.
- Staff were aware of who to go to for more information about the Mental Health Act when necessary.
- Patients had access to independent mental health advocacy when needed.
- Consultant psychiatrists did oversee people on community treatment orders and the trust monitored that these were reviewed appropriately. A CTO provides a framework for the management of patient care in the community and gives the responsible clinician the power to recall the patient to hospital for treatment if necessary.

# Are services effective?

Requires improvement 

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.

## Good practice in applying the Mental Capacity Act

- Across the teams, 87% of staff had received training in the MCA, which was slightly less than the trust target of 95%. They knew where to get further information when required.
- Staff were very knowledgeable about the Mental Capacity Act and talked about how they used it in relation to supporting patients.
- Staff supported patients to make their own decisions wherever possible. This included spending time with patients to help them communicate their wishes, using a variety of communication methods and aids.
- Staff asked patients how they wished to receive information from the team. Where a patient lacked

capacity in a specific area, staff were keen to ensure that they made decisions in the patient's best interest and that the decision should be the least restrictive option available.

- Staff did not record mental capacity assessments consistently. We looked at 28 patient records. We saw seven examples of mental capacity assessments, which were thorough and well documented. However, there were no mental capacity assessments in 11 patient notes, where we expected assessments to have been recorded, including one which referred to the patient as lacking capacity. We found examples of old assessments used to support decisions and one example where staff stated that a patient lacked capacity in general rather than in relation to a specific decision.
- We did not find evidence of audits on mental capacity act documentation.

# Are services caring?

Good 

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

## Our findings

### Kindness, dignity, respect and support

- We observed staff interacting with patients during visits to their homes or hospital. Staff were kind, respectful and patient, giving appropriate reassurance and support when needed. For example, we observed during one assessment visit, a patient being very anxious about meeting the worker. However, the staff member was able to put them at ease and talk to the patient in language they understood easily. During a meeting, staff were sensitive to service users' needs and included them appropriately in discussions. On another home visit, we observed how the staff member had built up trusting relationships with a patient and their family carers, helping the patient identify what they wanted to work towards.
- We spoke to seven patients. All spoke highly of the team and of the staff who came to visit them.
- We observed several discussions at a referral meeting and other multi-disciplinary meetings, which demonstrated that staff understood and were sensitive to the needs of their patients. These discussions were very person centred and involved the whole team. Staff also spoke individually about patients in a very caring way and demonstrated a detailed understanding of their needs.
- Staff were passionate about the work they did with patients. Staff were committed to getting the best possible outcome and make a positive contribution, providing consistently high quality care.

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

- We saw patients actively involved in care planning in the meetings and visits we attended. However, care planning was documented briefly across all the teams and did not always contain the patients' views.
- Where staff had completed formalised care plans for patients, they did not record that they had given them a copy. However, most of the patients and family carers stated that they were aware why the team was involved with them and what work they were planning to do with the patient. The teams also worked with third party providers in relation to individual care planning.
- Staff asked patients and carers how they wished to receive the information that the team sent to them. Staff offered different ways of sharing information with patients and their carers, including easy read and large type.
- Patients had access to advocacy. There were leaflets for staff to give to patients and carers, but it was not clear how many used this service.
- We spoke to 15 family carers. Most were very positive about the service they received from the teams and spoke highly of the workers who visited them. However, three carers were unhappy about the lack of involvement from a team member and about the care their relative had received.
- Patients and carers were given a patient feedback form as they were discharged from the service. Results were inputted onto an electronic system, from which staff generated a report. These showed that patients and carers who completed these form were happy with the service and 96% would recommend them to their family and friends.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- Data showed that patients commenced treatment within 18 weeks from initial referral. The trust had a target for 95% of patients to commence treatment within 12 weeks from initial assessment. Data showed that all services met this target. However, data available on site showed 11 occasions in Boston where staff highlighted delays in completing initial assessments, which they recorded as incidents via the trust incident recording system.
- Teams had manageable caseloads and staff usually saw patients promptly. However, in Boston, between October and December 2016, staff recorded 11 instances of delays to assessments, and in Grantham 74% of people received an assessment within 12 weeks of referral in February 2017.
- The community home assessment and treatment team had targets to see urgent referrals within 4 hours and all others within 24 hours. Data provided to managers online showed that in January 2017 100% of urgent cases and 75% of other referrals were seen within these target times and in February, these figures stood at 89% and 100%. Skilled and qualified staff were available in the CHAT team to ensure that they responded to referrals quickly. Staff provided multi-disciplinary support through the existing community hubs.
- The teams had clear referral criteria and worked alongside social care learning disability teams. However, there were areas where it was not clear which team would undertake work with patients, for example in relation to travel training (where staff would assess whether individuals could learn the skills to travel independently). However, communication was good between the different parts of the service, and we did not find that people were excluded from services because of this.
- Workers were aware of their caseloads and discussed these with managers. However, some of the caseload lists provided to us included discharged patients.
- Patients and carers told us that workers were accessible and responded quickly when they contacted them for

advice and help, stating that the team was just a phone call away. Appointments were flexible and made to suit families wherever possible, including arranging some appointments at weekends.

- Carers spoke highly about workers and the way they responded to patients' and carers' needs. Staff rarely cancelled appointments and when this happened, they rearranged them quickly. The team multi-disciplinary team worked well with patients and families who were difficult to engage and did not attend appointments.

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

- Staff did not see patients in the hub offices in Lincoln, Spalding or Boston apart from some outpatients' appointments in the Grantham team. However, in Lincoln, patients were seen at a clinic in an adjacent bungalow, and the Spalding team used rooms in the child and adolescent mental health community team services within the same building. Rooms were comfortable and suitable for this purpose.
- The south hub in Spalding was only a small office space rented from the local community health service trust. Staff therefore held clinics in the children's mental health department within this hospital. The office hub was used mostly as a hot desk facility and staff told us they preferred to work out of the Grantham hub office where most of their colleagues were based.
- In the Lincoln and Spalding teams, rooms were available for postural care. Staff provided a postural care clinic for those patients who required detailed and complex seating and wheelchair needs. We saw carers involved in these appointments and the staff treated the patients in an extremely caring and inclusive way.
- Hub offices in Lincoln and Spalding had rooms where postural care clinics took place. Patients who had mobility, seating and wheelchair issues could be seen by physiotherapists for assessment and treatment in these offices.
- Accessible information, for example, local services and how to complain were not on display in the hubs where staff saw patients. However, easy read leaflets were available and kept by staff in a folder in an office and staff told us they gave these to patients if needed.

# 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

- Services did not have easy access to information in languages other than English. In the south hub, there was no information specific to learning disabilities.
- Staff had access to interpreters when needed.
- Patients with physical disabilities could access outpatients appointments and staff visited patients in their homes.
- The trust employed acute liaison staff to work with hospitals to ensure that patients with learning disabilities got equal access to mainstream services in relation to their physical healthcare needs. The trust also employed other liaison staff in relation to autistic spectrum disorders and mainstream mental health services.

## Listening to and learning from concerns and complaints

- Feedback from patients and carers showed that while none of those we spoke with wished to make a complaint, several said that they were not aware of how to do so.
- From 1 January to 31 December 2017, the service received seven complaints. Three of these were upheld fully and the remaining four were upheld partially. One of these was referred to the ombudsman. Three of these complaints referred to aspects of clinical treatment and a further three concerned communication provided to them by the team. In one instance, parents were given the wrong address to an outpatient's appointment for their relative and we saw the trust had made an apology for this. During the same period, the teams received 62 compliments.
- Staff were aware of how to handle and document complaints. They recorded these appropriately on the trust's electronic recording system. Staff shared outcomes of complaints in team meetings and in supervision.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- The trust's vision was to make a difference to the lives of people with mental health needs and learning disabilities, to promote recovery and quality of life through effective, innovative and caring services. Their core values were putting people first, developing and supporting our staff, respecting people's differences, behaving with respect, compassion and integrity, having pride in our work, working in partnership and being recovery focused and making a positive difference. Staff were not able to quote these values but demonstrated the values in their everyday work. Staff were passionate about making a difference to the quality of life for the patients in their care.
- Staff told us they saw senior managers regularly, up to service manager level but rarely anyone above that level.

### Good governance

- Managers ensured that staff received regular specialist training in connection with their role. Managers encouraged the use of multi-disciplinary colleagues such as psychologists and speech and language therapists to provide specialist training and support to the teams.
- Compliance with mandatory training was 91%, which was slightly less than the trust target of 95%. Overall, staff received regular appraisal, and were supported in their role by management and clinical supervision and peer group meetings. However, the service had not recorded or monitored supervision rates effectively over the previous 12 months. The trust had ongoing plans to address this, and in January 2017 introduced a new system for recording supervision more accurately. Prior to this, staff indicated that supervisions had taken place but they had not been recorded electronically.
- Managers used key performance indicators to gauge the performance of the team. These were available via the trust's dashboards. However, managers told us they often struggled to get accurate data, which made this more difficult. The trust used several different systems to record and deliver data.

- Managers ensured that patients received treatment within 18 weeks of referral and that the teams met the trust's target to see all patients within 12 weeks from initial assessment.
- Staff did not participate in any clinical audits. Staff told us that there were plans to introduce this but they did not know when this would start.
- Staff reported incidents appropriately on the trust's electronic system and managers ensured that learning took place through team meetings, debriefs and supervisions. Staff were reporting safeguarding concerns to the local authority when appropriate.
- Managers monitored caseloads in referral meetings, team meetings and supervision.
- Managers said that they had sufficient authority to do their job and had sufficient administrative support. Staff felt able to raise concerns about the service and escalate to the service manager for inclusion on the trust's risk register.

### Leadership, morale and staff engagement

- At the time of inspection, there was no local staff survey statistics available for this service. However, morale within the teams was very high apart from the team in Spalding where the manager reported that morale had been low due to problems sourcing appropriate accommodation, high rates of vacancies and sickness and the redesign of the service. However, the trust had recently moved into new accommodation and the manager had started to recruit new staff.
- Staff said they enjoyed coming to work and felt they were able to make a difference. Overall, the service had a sickness rate of 6%, which was above the trust average.
- There were no bullying and harassment cases. Suspensions over the last year had been resolved and the teams were beginning to settle after the structural redesign, which the trust established in April 2016. Staff spoke highly of this and said they felt things were much better than before.
- Staff were enthusiastic about the service and had confidence in the leadership at service manager and team co-ordinator levels. Staff worked hard to support each other, both within and across teams.

# 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.

- All staff spoken to told us they were aware of the whistle blowing policy and felt confident to raise issues and concerns should they need to.
- Managers gave staff opportunities for professional development, including specialist training.
- We saw an example of the service apologising when communication broke down.
- There is a shared vision of person centred care amongst all staff in the service. However, the service did not have any overarching objectives. Care providers, partner agencies and carers were sometimes unclear about the role and identity of the service. Managers also felt that the service was still developing a sense of identity and clarity of purpose.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Staff did not always ensure that risk assessments and care plans were recorded and regularly updated.

**This was a breach of regulation 12**

#### Regulated activity

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

- Staff did not record mental capacity assessments consistently or thoroughly, in accordance with the Mental Capacity Act 2005

**This was a breach of regulation 11**