Care Quality Commission

Good 🟢

Black Country 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)
TAJ55	Orchard Hills	Walsall adult learning disability community service	WS5 3DY
TAJ53	Pond Lane	Wolverhampton adult learning disability community service	WV2 1HG
TAJ54	Ridge Hill LD	Dudley adult learning disability community service	DY8 5ST

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

Summary of findings

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

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

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Good ●
Are services safe?	**Good** ●
Are services effective?	**Good** ●
Are services caring?	**Good** ●
Are services responsive?	**Good** ●
Are services well-led?	**Good** ●

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- Staff adhere to infection control policies. Hand wash facilities were available. The patient areas were clean, well presented and tidy.
- All new referrals were dealt with on the day they were received. Urgent referrals were seen on the day. Other referrals were discussed at the weekly meeting and seen within a two week target time.
- Staff used evidence based tools and assessments to measure needs and risk. Outcome measures were used to assess the effectiveness of treatment and the services took part in audits to improve the quality of care.
- Staff worked well with other services to meet all the needs of the patients.

- All three sites had safe nursing staff levels. There was a good compliment of allied healthcare staff at each site. This included speech and language therapists, psychologists, occupational therapists and behaviour support nurses.
- All patients that had home visits had a risk assessment in place.
- Research and audits took place meaning the service was committed to quality improvement
- Physical health monitoring occurred on an on-going basis
- Staff had good knowledge of safeguarding
- However: There was a lack of administration staff at Orchard Hill and staff told us this had an impact on other professionals' time.

Summary of findings

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

Are services safe?

Good ●

we rated safe as good because:

- Where patients were seen in an outpatient's clinic at the Pond Lane site, we found that the site was clean and tidy and that the consultant/interview room had alarms fitted. At Ridge Hill the reception was open and bright creating a welcoming and safe environment for patients to visit.
- Staff adhere to infection control policies. Hand wash facilities were available. The patient areas were clean, well presented and tidy.
- Staff had received training in safeguarding vulnerable adults and children and all staff we spoke with knew how to recognise a safeguarding concern. Staff knew the trust's safeguarding policy and could name the safeguarding lead. They knew who to inform if they had safeguarding concerns.
- All three sites had safe nursing staff levels. There was a good compliment of allied healthcare staff at each site.
- All staff at the three different services knew what an incident was and knew how to report if required.

Are services effective?

Good ●

We rated effective as good because:

- Initial assessments of care and risk were undertaken on first appointment and would continue with further appointments where necessary. They were very comprehensive and informed the patient of the care they would receive in an easy read format. However there were different risk assessments used across each service and different risk assessments used within the teams. The behaviour positive support team said they did not use risk assessments.
- Physical health care needs were considered and comprehensive assessments were completed in a timely manner.
- There was a specialised team 'Promoting Access to Main Stream Health Services (PAMHS). The team had worked across the trust working with different groups for example hospital nurses and General Practitioners to help them assess people with learning disabilities effectively.

Summary of findings

- Staff have started to use the Health Equality Framework (HEF) in their work to help improve the care given. The HEF is an outcomes tool based on the determinants of health inequalities designed to help understand the impact and effectiveness of services
- Health fairs are held three times a year. These are set up to promote healthy lifestyle to service users, carers and others.
- Patients could access psychological therapies as part of their treatment

Are services caring?

Good

- All patients across the three services said they were treated with respect and dignity by the staff.
- Care plans evidenced patient involvement. All patients had received a copy of their care plan.
- Carers and families were involved where appropriate.
- We saw patients being listened to and involved in planning their care.
- All staff interviewed showed a positive attitude to working with patients with a learning disability
- Staff gave patients and their carers and families clear information about their care and what they could offer.

Are services responsive to people's needs?

Good

- All new referrals were dealt with on the day they were received. Urgent referrals were seen on the day. Other referrals were discussed at the weekly meeting and seen within a two week target time. Referrals which did not meet the service inclusion criteria were signposted back to the GP or point of referral.
- Patients knew how to complain or where to seek help to complain with the use of an advocate. All staff interviewed were aware of the correct complaints procedure.
- People were supported to attend community groups and activities; for example, Health fairs, learning or volunteer opportunities.

However:

- There was a lack of administrative staff at Orchard Hill and staff told us this had an impact on other professionals' time. The manager was aware of this and was hoping to get further administration support.

Summary of findings

Are services well-led?	**Good** ●

- All staff interviewed shared the vision of the Trust to work with local communities to improve health and well-being for everyone.
- Identified nurse has led a satellite centre for the trust in training for anyone working with learning disabilities.
- Staff morale was high and there was a culture of treating each other with respect and dignity.
- The newly appointed service manager was reviewing the levels of supervision across all three services and was making changes to make positive improvements.

Summary of findings

Information about the service

The three services we inspected covered the areas of Wolverhampton, Walsall and Dudley. The aim of these teams is to deliver specialist health services for people with a learning disability and additional complex health needs. These health needs can include autistic spectrum disorders, mental health difficulties and behaviour problems. A team of specialist health staff from different professions provide a range of in-patient, outpatient and community treatments and interventions.

The community teams were available to people aged 18-65. They operate between 9:00am – 5:00pm Monday - Friday.

Our inspection team

The comprehensive inspection of the Black Country Partnership NHS Foundation Trust was led by:

Chair: Dr Oliver Shanley, Deputy Chief Executive Officer, Hertfordshire Partnership University NHS Foundation Trust.

Head of Inspection: James Mullins, Head of Hospital inspections, CQC.

Team Leader: Kenrick Jackson, Inspection Manager, CQC.

The team that inspected the community mental health services for people with learning disabilities comprised of: two inspectors, one who was shadowing as part of an induction role, three specialist advisors which consisted of a specialist nurse in learning disabilities, a psychologist, and a mental health act reviewer who is a former director of nursing. A consultant psychiatrist joined the team for one day of the inspection.

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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited three sites that provided community mental health services for people with learning disabilities and observed how staff were caring for patients;
- spoke with 18 patients who were using the service;
- spoke with 7 carers;
- spoke with the service manager who covered all three sites;
- spoke with 37 other staff members; including doctors, nurses, speech and language therapists, psychologists, Promoting Access to Main Stream Health Service nurses (PAMHS), positive behaviour support nurses, dementia care specialists, a domestic and speech and language therapists (SALTs);
- looked at 16 treatment records of patients;

Summary of findings

- attended and observed a complex case referral meeting, a healthy living event, review of patient care, an occupational therapy led sensory session, an acute liaison service meeting, a mangers meeting and a focus group discussing aspects of the learning disability community team;

- We also looked at a range of policies, procedures and other documents relating to the running of the service This included the initial assessment for each service as well as pathways of care for specialised areas such as epilepsy, Down's syndrome, obesity and dementia.
- We collected feedback from 4 patients using comment cards as well as a compliment letter.

What people who use the provider's services say

- All carers spoke highly of the team and services provided. They commented that staff were open, honest and were involved with care.
- Patients seen at the health fair were very positive about the care they received from both the community service staff and day centre staff.
- Four comment cards received about the positive behaviour team spoke highly of their work.

- Compliment letters spoke warmly of the care given to patients and the good work of the staff involved making patients safe and looked after.
- We saw a very positive comment from another provider of care to learning disabilities that said the service was one of the best.

Good practice

- Staff were informed by a third party of a patient's involvement with the Police. Patient were contacted and offered immediate outpatient appointment for support.
- Funding had been made available for developing an accessible health website and will provide all easy read leaflets and information.
- A patient with learning disabilities is on the board of governors of the trust.

- A dental pathway has been designed in collaboration with the general hospital. This will provide better dental healthcare for patients.
- The speech and language therapists at Ridge Hill alongside Dudley Library and Dudley leisure centre have developed a communication strategy to help people with learning disabilities to communicate to the best of their ability with support. This strategy consists of ten standards of communication that are going to be adopted by a good range of other agencies.

Areas for improvement

Action the provider SHOULD take to improve

- A single more streamlined risk assessment should be developed that can be used across the learning disability services.

The trust should ensure teams have adequate administrative support.

Black Country 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
Walsall adult learning disability community service	Orchard Hills
Wolverhampton adult learning disability community service	Pond Lane
Dudley adult learning disability community service	Ridge Hill LD

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.

- All staff received mandatory training in the Mental Health Act (1983). At the time of our inspection 90% of staff were up to date with their training
- All staff knew about their responsibilities under the Mental Health Act.
- Easy read format leaflets were available to help people understand their rights and information in the nursing and medical notes were up to date and correct.

- There were currently two patients on community treatment orders and one on a section 37/41 conditional discharge from the Ministry of Justice. The paperwork for these patients was complete and up to date and all section paperwork was in order. These patients had access to independent mental health advocates. Their rights had been read and easy read leaflets used to help them understand their sections and their rights.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received once only basic training relating to the Mental Capacity Act as a part of their safeguarding training and the Deprivation of Liberty Safeguards (DOLS)

- In the case notes that we reviewed capacity had been assessed appropriately.
- The staff had undertaken comprehensive capacity assessment on patients and had involved the patient as well as their carers and the multidisciplinary team.

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

- Where patients were seen in an outpatient's clinic at the Pond Lane site, we found that the site was clean and tidy and that the consultant/interview room had alarms fitted.
- At the Ridge Hill centre, the cleaning records were up to date and showed that all areas were cleaned regularly. The trust cleaning audit was at 98% for both 2014 and 2015. The reception was open and bright creating a welcoming and safe environment for patients to visit.
- We saw evidence that staff adhere to infection control policies. Hand wash facilities were available throughout sites used by the community teams. The patient areas were clean, well presented and tidy.
- All interview rooms were fitted with alarms.

Safe staffing

- Staffing levels reported as of 30 June 2015 across the three services inspected.

Ward/Team	Establishment. levels qualified nurses (WTE)	Establishment. levels nursing assistants (WTE)	No. of WTE vacancies qualified nurses	No. of WTE vacancies nursing assistants
Hospital				
Orchard Hills: Walsall adult learning disability community service				
Behavioural Support Team Walsall	4.00	1.00	1.00	1.00
Forensic Team LD	1.80	N/A	0.00	0.00
LD Community Nursing	8.00	1.00	0.10	0.00
Specialist Health Service	2.00	N/A	0.00	0.00
Pond Lane: Wolverhampton adult learning disability community service				
Behavioural Support Team	2.00	1.00	0.00	0.00
The Health Access Service	3.66	2.19	0.10	-0.20
Wolverhampton Community Start Up	1.00	1.00	0.00	1.00

Are services safe?

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

Wolves Community LD

6.00

1.00

0.50

0.00

Ridge Hill Centre: Dudley adult learning disability community service

Dudley CTLD Adult North

2.00

N/A

0.00

0.00

Dudley CTLD Adult South

4.00

N/A

0.00

0.00

Dudley LD Psychology

9.00

0.80

0.00

0.00

- Agency staff are never used. Sickness and absence is managed by trust staff and the team manager.
- All three sites had safe nursing staffing levels. There was a good complement of allied healthcare staff at each site which included speech and language therapists, psychologists, occupational therapists and behavioural support nurses.
- Staffing levels had been decided by the senior management team within the trust.
- The average caseload for nurses in the community teams was 23. The caseload varied depending on where staff worked.
- The positive behaviour support team consisted of four staff and they have an average caseload of 15 each.

- There is rapid access to a Psychiatrist at all three services. This means that patients experiencing a crisis have access to appropriate support if required.
- Orchard Hills and Pond Lane community teams reported a lack of administrative support which delayed referrals being actioned and letters written. Nursing staff migrated this by writing their own letters.
- At Orchard Hills, there were long waiting lists for occupational therapy and physiotherapy due to short staffing. At Pond Lane, the physiotherapist was employed on a temporary basis and the contract was not likely to be renewed as a result of financial pressures. It was unclear how this service would be provided going forward.

Assessing and managing risk to patients and staff

- There were lone working policies in place and staff adhered to these. This included dual visits, signing in/out book, buddying system as well as leaving information with the administration team.
- All patients who had home visits had a risk assessment in place. However, the risk assessments were different at each service and across each area of the service. We found that this recorded the risk in different ways and was not as comprehensive as a single risk assessment shared between all. The service manager was aware of the differences with the risk assessments and was working towards a standardised risk assessment across the three services and internal teams. Staff were being encouraged to adopt the Sainsbury's tool of risk assessment. The Sainsbury's tool was a recognised risk assessment used in learning disability services and encompasses risk of suicide, of harm to others and of neglect. The behaviour support team did not use standardised risk assessments
- In the forensic service the risk assessments were very thorough and used recognised assessments such as the HCR 20 and armadillo
- Risks plans were reviewed by the MDT at weekly meetings.
- The risk plans were specific and included a rating and a risk management plan.
- Staff had received training in safeguarding vulnerable adults and children and all staff we spoke with knew how to recognise a safeguarding concern. Staff knew the trust's safeguarding policy and could name the safeguarding lead. They knew who to inform if they had safeguarding concerns.

Are services safe?

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

Good 🟢

- Orchard Hills safeguarding level one training 95% staff were up to date
- Pond Lane safeguarding level one training 92% staff were up to date
- Ridge Hill safeguarding level one training 83% staff were up to date

Track record on safety

- There has been one serious incident reported between 01 July 2014 and 30 June 2015 which was unexpected or avoidable death or severe harm of one or more patients.
- There have been no whistleblowing complaints between 01 September 2014 – 21 September 2015
- There have been no safeguarding incidents between September 2014 and August 2015.

Reporting incidents and learning from when things go wrong

- All staff at the three different services knew what an incident was and knew how to report them.
- Incidents and serious incidents are recorded on the electronic Datix system. Lessons learned are shared with staff across the trust by email alerts and in team meetings. We saw records of meetings, which included feedback from incidents both, team and trust wide.
- Staff are de-briefed after any incident occurs. There have been no incidents in the past year but staff and managers we spoke to said this would happen

Are services effective?

Good 🟢

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

Our findings

Assessment of needs and planning of care

- We looked at 16 care plans across the three services. Initial assessments of care and risk were undertaken on first appointment and would continue with further appointments where necessary. They were very comprehensive and informed the patient of the care they would receive in way they would understand. Physical health care needs were considered and comprehensive assessments were completed in a timely manner.

- Care plans at the three services were written in the first person in a picture format that helped the patient understand and use the care. Carers we spoke to said they were involved in the development of the care plan and this was seen in most of the care plans reviewed.

- There was a specialised team 'Promoting Access to Mainstream Health Services (PAMHS)'. The team had worked across the trust working with different groups for example hospital nurses and General Practitioners to help them assess people with Learning Disabilities effectively. Hospital passports had been developed. These helped patients when they were admitted to acute hospitals by describing the likes and dislikes, medication prescribed and how the patient preferred to take it, as well as things that are important to the patient.

- Confidential information was stored and moved securely. Paper notes were kept in locked cabinets and computer information was only accessible by the use of individualised passwords.

- There were different specialized teams' at all three services in different offices. The team at each service worked together in a co-ordinated way and held regular meetings to keep each other updated on patients care and risk.

- Staff had started to use the Health Equality Framework (HEF) in their work to help improve the care given. The HEF is an outcomes tool based on the determinants of health inequalities designed to help understand the impact and effectiveness of services.

- However: There were different risk assessments used across each service and different risk assessments used within the teams. The behaviour positive support team said they did not use risk assessments. This meant the service was not consistent across the trust and could lead to an incident because of the way each risk assessment captured information.

Best practice in treatment and care

- Staff used National Institute for Health and Care Excellence (NICE) guidelines "Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges" (May 2015) They were also aware of and starting to use recently published guidelines published by NICE on quality standards to improve prevention and management of behaviour that challenges in people with learning disabilities (Oct 2015)

- A nurse from within the community teams is a NICE representative for the quality assurance group.

- There is a health records group that is working towards standardising records across the service.

- All patients received a physical health check on admission.

- The teams hold health fairs three times a year. These are set up to promote healthy lifestyle to service users, carers and families.

- There were clear pathways of care for patients that had other additional needs, for example dementia, obesity and Down's syndrome.

- Staff have considered physical healthcare needs (and the need for an annual health check); including adequate monitoring for people prescribed lithium or antipsychotic medication.

- The positive social behaviour team were developing a bespoke pathway using NICE guidance on challenging behaviour as a benchmark for their service.

- There is a quality performance meeting where feedback on incidents is discussed.

- The forensic team are currently using Royal College of Psychiatry 'forensic care pathways for adults with intellectual disability involved with the criminal justice system' pathway report to develop their own pathways for patients with a learning disability living in the community. There are fortnightly meetings to take this planning forward.

- Patients could access psychological therapies as part of their treatment

- Medication was prescribed through patient's general practitioner (GP). When patients were accepted into the

Are services effective?

Good 🟢

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

service medicines reconciliation using NICE guidance was undertaken. Any changes to medication made by learning disability services would then be prescribed the GP.

- Only in emergency or urgent cases would the medical staff prescribe and this information would be given to the GP surgery as soon as possible.

Skilled staff to deliver care

- At each service, the team included a range of nurses who specialised in areas of interest such as physical health, Down's syndrome and dementia.
- At the time of the inspection, mandatory training compliance across the community learning disability teams was 90%. The trust had set a target of 95% compliance to be met by December 2015 and the service manager was confident this would be met.
- Mandatory training for each service:

service	staff eligible	staff up to date	percentage
Orchard Hills	22	21	95%
Pond Lane	25	23	92%
Ridge Hill	31	26	83%
total	78	70	90%

- The specialist nurses within the behaviour support team had post graduate degrees in positive behavioural support training.
- Some members of staff had obtained extra qualifications. These included a master's degree in analysis and intervention in Learning Disability, diplomas in positive behavioural support, master's degree in social learning theory and a nurse who is accredited by the British association of behavioural and cognitive psychotherapies
- The psychology team have developed positive behaviour support training for all inpatient staff.
- There is an identified forensic lead nurse for the learning disability service across the trust.
- 100% of the medical staff had revalidated in the previous 12 months.
- There were several members in each of the team who had gained considerable experience of working within a learning disability services.
- Safeguarding level one training had been undertaken by 90% of staff across the three services.
- The local authority provided social work support.
- Annual appraisal across the community learning disability services was 8 out of 91staff had not had an appraisal in the last year. This translates to 92% of the staff are up to date.
- We spoke to staff across all three services about supervision and received a mixed picture. In some areas such as psychology supervision was four to six weeks whereas in some other areas there was no regular supervision. All staff said they would seek supervision when needed. The service manager was aware of the lack of supervision and had a plan in place to bring in regular supervision across the whole learning disability service.

Multi-disciplinary and inter-agency team work

- Each service had a good multi-disciplinary team comprising of behavioural support nurses, physical health nurses, occupational therapy nurses.
- There was a good working relationship between the consultant psychiatrist and the psychologist.
- Specialist nurses within the team work with other agencies such as the outreach team, general practitioners and black and ethnic minority specialists.
- Staff reported that the teams across the learning disability services function well together.

Are services effective?

Good 🟢

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

- OTs and SALTs work well together to provide better communication with patients. They had designed good patient information leaflets that were varied for example we saw leaflets in easy read format that covered medication, multi-disciplinary meetings, and use of advocacy amongst others. .
- Staff told us that social workers from the local authority were allocated to patients where needed. However, this had not always been effective since social workers who were not specialists in learning disability were allocated.

Adherence to the MHA and the MHA Code of Practice

- There were currently two patients on community treatment orders and one on a section 37/41 conditional discharge from the Department of Justice. The paperwork for these patients was complete and up to date and all section paperwork was in order. These patients had access to independent mental health advocates and their rights had been read and easy read leaflets had been used to help them understand their sections and their rights.
- Staff were aware and had knowledge of the mental health act.

Good practice in applying the MCA

- Staff knew the principles of the mental capacity act and care plans evidenced mental capacity act decisions. Best interest decisions were discussed within multi-disciplinary meetings with carers where possible.
- Patients are supported to make decisions where appropriate and when they lack capacity, decisions are made in their best interests. Staff demonstrated recognition of the importance of the person's wishes, feelings, culture and history.
- At all three services, the MCA documentation was comprehensive and in a picture word format to support nurses in capacity decision making.

Good ●

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

- All patients across the three services said they were treated with respect and dignity by the staff.
- We saw patients being listened to and involved in planning their care.
- We observed a patient who was upset being treated with kindness and empathy with staff working well with the patient to help them feel better.
- All staff interviewed showed a positive attitude to working with patients with a learning disability
- At the Health Fair we saw many examples of patient involvement and positive comments about the help and care received.

- Staff gave patients and their carers and families clear information about their care and what they could offer.

The involvement of people in the care they receive

- Staff would use picture cards to help explain care, treatments or interventions to patients
- Care plans that we viewed evidenced patient involvement. All patients had received a copy of their care plan.
- We saw evidence that carers and families were involved where appropriate.
- The team provide a programme teaching carers how to administer medication and suction to patients that this applies to. There was also a pain recognition leaflet that helped carers to identify an increase in pain when the patient cannot verbalise.

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 and discharge

- Referrals at all three services could be made from anyone. The majority came from general practice, care homes and the carer.

- All new referrals were dealt with on the day they were received. We were told urgent referrals were seen on the day although the trust Community Learning Disability Nursing Services Specification document says urgent referrals should be seen within 48 hours. Other referrals were discussed at the weekly meeting and seen within a two week target time. Inappropriate referrals were signposted back to the GP with suggested pathways of care to follow.

- People were supported to attend community groups and activities; for example, Health fairs, learning or volunteer opportunities. This meant that patients were enabled to participate in the activities of the local community so that they could feel part of their local community.

- Discharge plans are discussed with the patient and/or carer at first multi-disciplinary meeting after admission. The service as a whole recognises the complexity of care involved within learning disabilities and that discharge needs vary considerably. Therefore discharge planning has been co-ordinated through a three tier system based on patient requirements from the service

- There were no figures available for length of time a patient could be with the community team and staff told us that length of stay could be between two weeks and two years dependent on need.

However:

- Referrals were dealt with by different duty staff and it was not clear what criteria were used by the different staff to admit someone to the service or exactly what constituted an urgent referral.

- Staff told us that delays to discharge were usually due to social workers allocated who were not specialists in learning disability. These social workers found it hard to find the right community placement for the patient. The learning disability teams' at all three services provided guidance to the social workers on this issue.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients did not access Orchard Hills community services and were seen in their homes.
- At Pond Lane patients only accessed the outpatient's facility. The area did not have a disabled toilet that could be accessed with a wheelchair. The service manager was already addressing this and plans had been submitted to the estates department to complete.
- The doctor's room was comfortable and confidential.
- However the outpatient's waiting room was shared with another unsuitable service and this could make patients feel unsafe. The building is due to be refurbished under a two million pound refurbishment program.
- Ridge Hill was open and bright. There was a good range of easy read information leaflets. Information displayed included how to make a complaint, CQC information and ratings, advocacy services as well as information about various aspects of care. Reception staff were seen to be welcoming to patients arriving at the building. Interview rooms provided confidentiality and were clean and safe.
- However: the sensory room had loudspeakers inadequately fixed. This was brought to the attention of the manager and rectified immediately.

Meeting the needs of all people who use the service

- There were systems in place to use interpreters and all the staff we spoke to knew how to access them. Information leaflets were available in all locations; staff could access a translation service as required. We were told that an interpreter had been used in a recent difficult situation and helped achieve a good outcome for the patient.
- Communication passports had been developed by speech and language therapists with patients. This helped the patient to communicate with staff and visitors their needs, likes and dislikes. The Speech and language therapists at Ridge Hill have developed a communication strategy to help people with learning disabilities to communicate to the best of their ability with support. This strategy consists of ten standards of communication that are going to be adopted by a good range of other agencies.
- There were regular patient forum meetings which took place to ensure patient's had involvement about decisions regarding the service. Patients had suggested the use of photographs instead of pictures on mental capacity leaflets and this had been changed.

Are services responsive to people's needs?

Good 🟢

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

Listening to and learning from concerns and complaints

- None of the services visited had received any complaints in the past twelve months.
- Patients knew how to complain or where to seek help to complain with the use of an advocate.
- All staff interviewed were aware of the correct complaints procedure.
- Staff received feedback from complaints within other services at the team meeting and this was seen in the minutes. Quality and safety meeting was held at trust level monthly and was attended by the service lead, learning from incidents elsewhere in the trust was shared in this meeting. The service manager then fed back learning to team leaders.
- We saw letters of compliments for the service that said the staff were very good and caring, thanking them for their support.

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

- All staff interviewed shared the vision of the Trust- to work with local communities to improve health and well-being for everyone. This was evident in the way we saw staff working together to give the best possible care.
- There was a lot of very good work between the teams at each service that showed staff were committed to improving the healthcare of the patient. Examples of this include the hospital passports and the teaching sessions with acute hospital staff that helped them further understand how patients with learning disabilities may present.
- At each service there were noticeboards that had the trust values displayed.
- Service and Team managers said they received good support from senior management. Staff spoke highly of their line managers and their service manager and they said they found them supportive and approachable.

Good governance

- Currently there are four clinical commissioning groups involved with the learning disabilities service. The commissioning groups commissioned different aspects of each service for example in one of the services they paid for a physiotherapist but in another service this post was being withdrawn. The service manager has arranged for the clinical commissioning groups to meet to facilitate a more co-ordinated approach to commissioning services across the trusts learning disability service.
- Staff participate in clinical audits which cover caseload and hygiene. This has led to changes in the care plans as the audit showed that the same approach was not used across the three services
- Patients are given a feedback form with a self-addressed envelope at discharge. Analyses from these are returned to the governance department. The analysis is then used to improve upon areas that the patients have highlighted as performing poorly.
- Identified nurse has led a satellite centre for the trust in training for anyone working with learning disabilities. The purpose of the centre is to ensure that all learning disabilities team members receive mandatory training. Extra training is also provided in epilepsy and autism.

Further e-learning is being developed by the LD education facilitator to reduce the time staff are away on training but also to improve upon specialist training available.
- Staff knew the whistleblowing process for the organisation and felt confident to use this.
- Supervision across the three services was good
- Managers knew the processes to address staff individual performance issues if required.

Leadership, morale and staff engagement

- Staff morale was high and there was a culture of treating each other with respect and dignity.
- Staff described the team managers as supportive.
- Monthly communication meetings and a staff forum were well attended and described by staff as transparent.
- The newly appointed service manager was in the process of arranging more face to face time with managers and staff.
- Staff were positive about their relationships with each other. They spoke of feeling supported and being able to challenge each other appropriately. Staff told us they felt team leaders and service lead were approachable and supportive.
- The newly appointed service manager was reviewing the levels of supervision across all three services and was making positive changes to make improvements.

Commitment to quality improvement and innovation

- Alternative therapies are used where capacity and consent have been established. The professionalism of these is assessed through supervision sessions.
- Psychologists have developed a social skills group and the findings of this work were being written for publication.
- The psychology lead had won a national award for dementia care.
- Across the three services there were good examples of research taking place. Current research included sex offender treatment programs for males with a learning disability and dialectic behaviour therapy for females with a learning disability.
- The psychologists had received a national award for their work with dementia care within learning disabilities.

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.

- There is a 'Listen and Action' group across the learning disability services on how to engage and support patients and carers. The group produce a newsletter