Learning Assessment and Neurocare Centre

Quality Report

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Horsham
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	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 and Deprivation of Liberty Safeguards

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

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

Summary of findings

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

Overall summary

We rated the Learning Assessment and Neurocare Centre as good because:

- The premises and clinic rooms were clean and bright.
- The service hired a variety of trained and skilled professionals to work with people with attention deficit hyperactivity disorder and autistic spectrum difficulties.
- The service followed best practice in prescribing medicine to people who used the service. People who used the service had access to a variety of psychological therapies.
- Staff at the service spoke about the people who used the service with care and respect. A satisfaction survey from July 2015 indicated that 88% of people who used the service surveyed said they received personal care and individualised treatment.
- Staff ensured that people who used the service could be assessed at a location which was convenient for them.
- The service sent all people who used the service an information pack explaining what would happen during the assessment process. The July 2015 survey indicated that 88% of people who used the service surveyed felt informed and supported to make choices about their treatment and 92% said they were supported in making decisions about their care.
- The service had access to interpreters and had used them and sign language practitioners in the past to assist in an assessment.

Summary of findings

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Good

Learning Assessment and Neurocare Centre

Services we looked at

Community mental health services for people with learning disabilities or autism

Summary of this inspection

Background to Learning Assessment and Neurocare Centre

The Learning Assessment and Neurocare Centre (LANC) specialises in the multi professional assessment and management of children, adolescents and adults with complex neurodevelopmental difficulties particularly attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders (ASD). They also assess people with specific learning difficulties, Tourette's syndrome, and other complex difficulties.

The service assesses people referred by their GPs and either offers treatment, for example ADHD coaching, nutrition advice or referral back to the appropriate community support setting with a suggested treatment plan.

The Horsham based service also hires clinical rooms in London and Cheshire to see people who use the service. During our visit the service manager told us that the Horsham service will close at the end of June 2016 which means that all assessments will be carried out in London and Cheshire.

The service is owned by the provider who recruits a range of self-employed professionals, to carry out assessments as required.

LANC is registered to provide:

Diagnostic and screening procedures

Treatment of disease, disorder or injury

The service receives referrals from GPs across England and from services in North East Manchester as part of a contract held with their local Clinical Commissioning Group.

We previously inspected LANC in February 2013 and January 2014. At those times, LANC met all essential standards, now known as fundamental standards.

Our inspection team

Team leader: Linda Burke, Care Quality Commission

The team that inspected the service comprised of two CQC inspectors and a specialist advisor. The specialist advisor was a nurse with experience in learning disabilities and mental health.

Why we carried out this inspection

We inspected this service as part of our on-going 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 the location.

During the inspection visit, the inspection team:

Summary of this inspection

- visited the service and looked at the quality of the environment
- spoke with the service manager
- spoke with one parent of a person who used the service who was using the service
- spoke with three other staff members; including two administrators and an occupational therapist
- looked at 12 assessments of people who used the service

looked at a range of policies and procedures and other documents relating to the running of the service.

What people who use the service say

We were not able to speak with any of the people who used the service or parents using the service because there were no appointments scheduled on the day of our visit. However, we spoke with one parent of a person who used the service on the telephone following our visit who told us that the service was excellent, their family member received a timely appointment and they received a clear explanation of treatment options. The parent said they would like LANC to signpost parent carers to community organisations who provide counselling or group support.

In July 2015 LANC carried out a satisfaction survey where 95% of people who used the service said they were definitely happy with the information sent to them prior to their assessments. The results of the survey showed that 96% of people who used the service said the clinicians had sufficient knowledge to answer their questions satisfactorily. The survey showed that 92% of people who used the service said they were supported adequately to make decisions about their care and felt their needs were met.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe good because:

- The service and clinic rooms were clean and bright.
  The service recruited professionals trained to work with people with ASD and ADHD.
- The service followed best practice in prescribing medicine to people who used the service. This was in line with national institute for health and care excellence (NICE) guidance. The team discussed their practice to ensure it was in line with NICE guidance and particularly focussed on this every two months at their multi-disciplinary team meeting.
- Children were accompanied by parents when they attended for assessment to ensure there was added safety and support available for the young people who used the service. The service protected children's privacy by ensuring parents were only present when it was relevant and when the child consented.

Are services effective?

Good

We rated effective as good because:

- There was a comprehensive referral and assessment process.
- The service followed NICE guidance in the treatment of people who used the service.
- People who used the service had access to a variety of psychological therapies.
- The service had a multi-disciplinary team comprised of a range of professionals skilled to work with people with ADHD and ASD.
- All staff attended the monthly multi-disciplinary meetings.
- Staff ensured that people who used the service could be assessed at a location which was convenient for them and ensured the team was equipped with a variety of skilled and qualified professionals to meet their assessment and treatment needs.

However:

- The service did not use an outcome measurement tool. This meant the service was not able to evidence if the health and wellbeing of people who used the service improved during and after receiving treatment at the service.

Summary of this inspection

- Staff did not receive individual supervision, however the service manager supervised staff member's sessional work in monthly team meetings. Team members sometimes sat in on assessments carried out by their colleagues for peer observation.

Are services caring?

Good

We rated caring as good because:

- Staff at the service spoke about people who used the service with care and respect.
- A carer told us that staff built rapport quickly with their child and respected confidentiality.
- A satisfaction survey from July 2015 indicated that 88% of people who used the service and completed the survey said they received personal care and individualised treatment
- The service sent all people who used the service an information pack explaining what would happen during the assessment process.
- The July 2015 survey indicated that 88% of people who used the service and completed the survey felt informed and supported to make choices about their treatment and 92% said they were supported in making decisions about their care.

Are services responsive?

Good

We rated responsive as good because:

- The July 2015 survey indicated that 92% of people who used the service said they were happy with the time between referral and their assessment but that they would have liked something sooner.
- All consultations took place in private rooms which were located away from the reception area which afforded people who used the service privacy.
- The building was not adapted to meet needs of people who used wheelchairs. However, assessments with people who used the service who had mobility support needs were carried out in the waiting room on the ground floor or at a more convenient and accessible location. This meant that people who used the service who had mobility support needs were offered assessments. When the waiting room was used for assessments, other visitors were invited to wait in a room on the first floor to ensure the confidentiality of people who used the service when using the ground floor room.
- The service had a quiet waiting room where parents could speak with professionals in private if appropriate.

Summary of this inspection

- The service had access to interpreters and had used them and sign language practitioners in the past to assist in an assessment.However:
- Staff did not routinely signpost carers to local carer support agencies. This was guidance set out in the Care Act 2014 to ensure that carers support needs are assessed and met.

Are services well-led?

Good

We rated well-led as requires improvement because:

- The service manager was aware of the values of the organisation which was putting people who used the service first.
- The service manager had enough authority to do their job.
- The service manager was supported by senior long term members of the sessional team.
- Staff felt they could raise concerns without fear of victimisation.
- Staff we spoke to told us they were encouraged to offer suggestions to help develop the service.

However:

- The provider had not informed the Care Quality Commission that there had been a change in director when they took over from the previous director. However, the provider applied to change their registration details prior to our inspection.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were trained in the Mental Capacity Act (MCA). The service provided a community based assessment and treatment function for people with attention deficit and hyperactivity disorder and autism spectrum disorders who were not subject to the Deprivation of Liberty Safeguards.

Community mental health services for people with learning disabilities or autism

Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are community mental health services for people with learning disabilities or autism safe?

Good

Safe and clean environment

- The service and clinic rooms were clean and bright. The waiting room was comfortable and was filled with toys and books for young people of all ages. Information about the various conditions treated at the clinic and treatment options was displayed in the reception area.
- There were no alarms in the consulting rooms and there was no CCTV inside the building, however the administrative staff worked in offices next to rooms where assessments were carried out to offer support in an emergency.
- The building was not adapted to meet needs of people who used wheelchairs. However, assessments with people who used the service who had mobility support needs were carried out in the waiting room on the ground floor or at a more convenient and accessible location. This meant that the service facilitated people who used the service who had mobility support needs to be offered assessments.

Safe staffing

- The service recruited professionals from a team of self-employed specialists to carry out assessments as required. The team included psychologists, a nutritionalist, a paediatrician, a consultant psychiatrist, a speech and language therapist, an occupational therapist and an attention deficit hyperactivity disorder (ADHD) coach. The service operated this way because the sporadic number of referrals did not warrant recruiting a full time multi-disciplinary team. By using a team of self-employed specialists, the service met the needs of any referral they received by using the skills of a range of professionals known to them.
- All professionals recruited to undertake assessments on behalf of the service had appropriate reference checks and disclosure and baring checks (DBS) in place.
- The service recruited specialists with training and expertise to work with people who used the service with ADHD and autism spectrum disorders (ASD).

Assessing and managing risk to patients and staff

- The service had a safeguarding policy. This meant staff had clear processes and systems in place to recognise and respond to allegations of abuse of people who used the service. Staff liaised with referral sources if there were safeguarding concerns. The nature of the service's work meant that people who used the service were well known to other services who took responsibility for making safeguarding alerts as appropriate. There were no safeguarding alerts in the 12 months prior to our visit. Staff identified potential abuse by observing the emotional and physical presentation of people who used the service while they were assessed and spoke with other agencies such as schools to monitor the progress of people who used the service.

Physical restraint was not used by staff. There were no reported incidents of aggression in the 12 months prior to our visit.

- The service followed best practice in prescribing medicine to people who used the service. This was in line with national institute of care and health excellence

Community mental health services for people with learning disabilities or autism

Good

(NICE) guidance. The team discussed their practice to ensure it was in line with NICE guidance and particularly focussed on this every two months at their multi-disciplinary team meeting.
- Children were accompanied by parents when they attended for assessment to ensure there was added safety and support available for the young people who used the service. Staff ensured that children had privacy during their assessment and asked parents to join in only when appropriate and after discussing and agreeing this with the child.

Track record on safety

- The service had one example of an adverse event in the past 12 months which resulted in a change in working practices following discussions held in debriefing sessions. This meant that when a member of staff assessed a person who used the service upstairs, another member of staff sat in the neighbouring room to ensure extra staff were close by in case of an emergency. The administrative staff used laptops to ensure they were able to work upstairs as required.

Reporting incidents and learning from when things go wrong

- The service had an incident reporting and investigation policy. This outlined incident definitions, incident reporting procedure, actions to be taken, staff support, investigation procedures, timescales and training. The policy was reviewed bi-annually or earlier in the light of new national guidance or other significant changes.
- Staff reported incidents to the service manager. Staff logged incidents in an incident file. Procedures were in place to log incidents relating to people who used the service on their files. There were no incidents logged in the 12 months prior to our visit which related to people who used the service.
- The team debriefed after incidents. For example, the team debriefed after the event which happened involving a visitor to the centre in the past 12 months. This took place immediately, a week later and again in the monthly team meeting after the event.

Are community mental health services for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- The referral process included a comprehensive assessment screening questionnaire. This was used by the multidisciplinary team to determine the most appropriate treatment option for people who used the service. A letter with full details of the suggested treatment programme was sent out to people who used the service or their parents before their first appointment. This meant that people who used the service could decide if they wanted to proceed with treatment or not. A telephone consultation was frequently carried out by staff to gather more information so the team could decide on treatment options and discuss any concerns regarding treatment with people who used the service and or their parents.
- The comprehensive assessment form gathered information from the person who used the service regarding main concerns, birth history, developmental milestones, medical history, educational history, language and communication skills, co-ordination skills and behaviour.
- The service developed a childhood history form. This form gathered information from children's parents and schools which supported the comprehensive assessment.
- The needs of people who used the service were assessed and care and treatment plans were developed in line with their individual needs.
- We reviewed 12 assessments and reports for people who used the service. Ten of the reports were thorough, personalised and there was evidence that the professional had worked with the person who used the service to identify issues and agree a treatment plan. However, two reports did not provide context to explain why the person had been referred, they were not personalised and did not provide evidence that the professional had discussed issues with the people who used the service. If people who used the service were attending school, the reports showed evidence of good liaison with their schools.

- Staff monitored the mental health and wellbeing of people who used the service over the time they assessed and treated them. For example, staff monitored the physical and mental wellbeing of people who used the service when they attended medicine reviews every six months. People who used the service were referred back to their GPs who monitored their health and wellbeing in the periods in between the six monthly reviews.
- All files for people who used the service were stored electronically and securely using passwords and were accessible by all staff. The database was password protected to reduce risk of unauthorised access. Hard copies of letters were scanned and stored electronically.

Best practice in treatment and care

- The service followed NICE guidance in the treatment of people who used the service. For example, the nutritionalist offered dietary and nutrition advice. Also the service offered psychological education to young people before prescribing medicine as a front line treatment, and used the right medicine at the right time when treating people who used the service. The multi-disciplinary team discussed their practice at monthly team meetings to formally peer review each other's work. Outside of these meetings, professionals consulted with each other on a case by case basis to review ongoing treatment decisions they made for people who used the service.
- People who used the service had access to psychological therapies such as cognitive behavioural therapy, coaching, memory training and working memory training and speech and language therapy.
- The service assessed the communication needs of people who used the service in the comprehensive assessment. Staff asked parents if they had concerns about their children's' speech and language development, for example if they had hesitant speech, misunderstood other's gestures or facial expressions or found it difficult to express thoughts verbally.
- The service did not use an outcome measurement tool. This meant they were not able to evidence any improvement in the wellbeing for people who used the service after the treatment they provided.
- Staff engaged in clinical audit. In October 2015 the service manager undertook a prescription audit. The service manager looked at 20 prescriptions to check types of medicine administered, duration of prescriptions and if they were reviewed. All prescriptions had been reviewed in the previous 12 months and all were issued in the correct time frame. In September 2015, the service manager carried out an audit to review GP letters and growth charts. The service manager looked at 50 files of people who used the service and identified that none of the GP letters contained the people's NHS identification numbers. The service manager recommended this practice to GPs they accepted referrals from to help reduce clinical errors.

Skilled staff to deliver care

- The multi-disciplinary team consisted of child and adult psychiatrists, child and psychologists, a nutritionist, a paediatrician, child and adult attention deficit hyperactivity disorder (ADHD) coaches, an occupational therapist, and child and adult speech and language therapists.
- All members of the team were specifically trained and qualified to work with people with ADHD and autism spectrum disorders.
- The team had training in communication relevant to people with autism spectrum disorders (ASD).
- Staff did not receive individual supervision, however the service manager supervised staff member's sessional work in monthly team meetings. Team members sometimes sat in on assessments carried out by their colleagues for peer observation. The service manager was working with the team to explore the possibility of using a single report format when producing reports to ensure consistency.

Multi-disciplinary and inter-agency team work

- All staff attended the monthly multi-disciplinary meetings. If someone was unable to attend, they were updated when the minutes were circulated.
- Staff discussed the treatment of people who used the service throughout their care. Monthly meetings carefully considered one case to encourage peer practice review.

Adherence to the MHA and the MHA Code of Practice

- Staff were not trained in the Mental Health Act. The service provided an assessment and treatment function for people with ADHD and ASD who were not being treated under the Act.

Good practice in applying the MCA

Community mental health services for people with learning disabilities or autism

Good

- Staff were trained in the Mental Capacity Act. The service provided a community-based assessment and treatment function for people with ADHD and ASD who were not subject to the deprivation of liberty safeguards.

Are community mental health services for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- Staff at the service spoke about people who used the service with care and respect.
- A carer told us that staff built rapport quickly with their child and respected confidentiality.
- A satisfaction survey from July 2015 indicated that 88% of people who used the service and completed the survey said they received personal care and individualised treatment
- Staff ensured that people who used the service could be assessed at a location which was convenient for them and ensured the team was equipped with a variety of skilled and qualified professionals to meet their assessment and treatment needs.
- The service developed its approach to increasingly meet the needs of people with ADHD and ASD. For example, the service hired an ADHD coach and nutritionist to offer specialist support to people who used the service. This showed caring and respect for the additional needs of people who used the service.

The involvement of people in the care they receive

- Prior to the first appointment the service sent all people who used the service a pack explaining what would happen during the assessment process. This meant that all people who used the service received information regarding the service location, assessment duration, any preparation they needed to do, additional information required, and who they could bring with them for support. The July 2015 survey indicated that 96% of people who used the service and completed the survey said they were happy with the information they received prior to their first appointment.
- A guide explaining the rights of people who used the service was displayed in the reception area.
- People who used the service were involved in their care. The July 2015 survey indicated that 88% of people who used the service and completed the survey felt informed and supported to make choices about their treatment and 92% said they were supported in making decisions about their care.
- People who used the service were involved in developing their treatment plans and we saw this in ten out of the 12 treatment reports we reviewed.

Are community mental health services for people with learning disabilities or autism responsive to people's needs? (for example, to feedback?)

Good

Access and discharge

- The service assessed all appropriate referrals made to them. The July 2015 survey indicated that 92% of people who used the service who completed the survey said they were happy with the time between referral and their assessment but that they would have liked something sooner.
- As staff were not full time members of the team, they were recruited on a sessional basis when there was availability in their diary. This meant people who used the service waited two weeks rather than being seen in the same week as the referral was made.

The facilities promote recovery, comfort, dignity and confidentiality

- All consultations took place in private rooms which were located away from the reception area and which afforded people who used the service privacy.
- The service had a quiet waiting room where parents could speak with professionals in private if appropriate.

Meeting the needs of all people who use the service

- Staff asked people who used the service before they were assessed if they needed any adaptation to help them access the building. This meant that the service could arrange to assess people who used the service in a more appropriate building if they required wheel chair access.

Community mental health services for people with learning disabilities or autism

Good

- The building had not been adapted to meet the needs of people requiring disabled access. However, recently staff converted the ground floor waiting room into an assessment room for a person who used the service who required disabled access. This meant they met the needs of this person and allowed other people who used the service to use a room on the first floor as a waiting room. Staff offered to see people who used the service in the community which meant they had access to other buildings which offered disabled access.
- The service had access to interpreters and had used them and sign language practitioners in the past to assist in an assessment. Staff asked people who used the service before they were assessed if they required the assistance of an interpreter. This meant that an interpreter could be arranged if the person who used the service needed one to meet their communication needs.
- Staff did not routinely signpost carers to local carer support agencies. This was not in line with guidance in the Care Act 2014. One carer told us that this would be helpful and more should be done to support carers so they could access counselling.
- Leaflets on a range of conditions and treatments were on display in the reception area. These included speech and language assessments, working memory training, educational psychology assessment, coaching, nutrition and exercise, autistic spectrum disorder and attention deficit disorder.

Listening to and learning from concerns and complaints

- People who used the service knew how to complain and were supported to do so by staff. The service carried out an annual satisfaction survey to understand the experience of people who used the service.

Are community mental health services for people with learning disabilities or autism well-led?

Good

Vision and values

- The service manager and staff we spoke to were aware of the values of the service which was putting the person who used the service first. The service manager explained that the vision for the service was to be a 'whole life' service which meant it assessed and treated people who used the service at any stage of their lives.

Good governance

- The current service manager had not informed the Care Quality Commission that there was a change in management when they took over from the previous owner. However, the provider applied to change their registration details prior to our inspection.
- The service does not use productivity measures to monitor performance.
- The service manager had enough authority to do their job.
- The service manager was supported by senior long term members of the sessional team.
- The service had a risk register and staff had the ability submit items to the register. At the time of our visit there were no items on the risk register.
- The provider had not informed the Care Quality Commission that there had been a change in director when they took over from the previous director. However, the provider had applied to change their registration details at the time of our inspection.

Leadership, morale and staff engagement

- Staff felt they could raise concerns without fear of victimisation.
- The team report they were happy however the closure of the Horsham office was stressful. The service manager told us they were having ongoing discussions with staff to discuss the change and manage stress in the team as much as possible.

Commitment to quality improvement and innovation

- One team member was studying for a PhD and was researching outcomes from treatment using both neuro feedback and medicine. This was an example of innovative research which involved some people who used the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that it completes the process of informing the Care Quality Commission of a change of director.
- The provider should ensure that carers are signposted to appropriate support in their local areas.
- The provider should ensure that professionals are supervised for the work they do.
- The provider should ensure that outcome measures are used to evidence the outcomes achieved for people who use the service.
- The provider should ensure that all assessments are person centred and include views of the person who uses the service.