London Borough of Sutton

The Specialist Health Team for People with Learning Disabilities

Inspection report

Civic Offices
St Nicholas Way
Sutton
SM1 1EA
Tel: 02087704358
www.sutton.gov.uk

Date of inspection visit: 15 and 16 November 2022
Date of publication: 06/01/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this service improved. We rated it as good because:

- Clients, family carers and employed carers we spoke with gave very positive feedback about the service. They described caring and professional staff often going above and beyond their expectations. They were particularly positive about the aquatherapy sessions provided. Supported living services were very positive about the service provided to clients, and support and training provided to staff teams.
- Significant improvements had been made since the previous inspection in May 2021 particularly to the governance of the service. There was an improved system for monitoring staff compliance with mandatory training. Improvements had been made in the service's risk management systems, and monitoring, and evaluation of the team's performance. The team had developed a clear protocol for following up on clients who missed appointments, an improved system to collect feedback from clients and stakeholders, and staff were clear about which incidents should be notified to the CQC.
- There were systems in place to share any lessons learned from incidents, complaints, concerns and safeguarding, although there had been very few incidents and no complaints in the last year. All staff and managers were clear about how to navigate and review clients' care and treatment records and staff knew where to store them.
- There had been some improvements in the referral process to the service, making it easier for clinicians to make referrals through a single point of access. The criteria for referral to the service did not exclude clients who would have benefitted from care.
- The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff followed good practice with respect to safeguarding.
- Staff provided a range of treatment and care for clients that was informed by best-practice guidance and suitable to the needs of the clients. They ensured that clients had good access to physical healthcare and supported them to live healthier lives. Staff developed treatment plans in collaboration with clients, families and carers.
- The teams included or had access to the full range of specialists required to meet the needs of the clients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

However:

- There were insufficiently rigorous systems in place to record individual risks for clients using the service, and review these regularly.
- Improvements were needed in infection control procedures for the service to ensure that there were clear protocols for storing and laundering hoist slings, and reviewing staff compliance with infection control protocols.
- Staff did not have training in basic life support, to support clients in the event of an emergency.
- The service notice board at the Sutton Inclusion Centre, was not easily accessible to clients and carers, and there were no leaflets available in reception about health issues for clients/carers to access. The service did not routinely share how feedback from clients and carers was used to improve the service
- Although decisions made in clients' best interests were recorded, these were not always dated.
- The auditing of service delivery could be further developed.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community mental health services for people with a learning disability or autism	Good 	See above section

Summary of findings

Contents

Summary of this inspection

Background to The Specialist Health Team for People with Learning Disabilities

The Specialist Health Team for People with Learning Disabilities is made up of staff from a range of health care professions. The team comprises community nurses, speech and language therapists, physiotherapists, clinical psychologists, music therapists and drama therapists. The service provides health and wellbeing support to people with learning disabilities. The service provides this support to clients at two locations, and within their own homes, care homes or supported living services. The service also works directly with professionals within GP practices, hospitals, care homes and supported living services to support people with learning disabilities. The service has a registered manager and is registered to provide the regulated activity – Treatment of disease, disorder, or injury.

The service was last inspected in May 2021 when we rated it as Requires improvement overall, requires improvement for Safe, good for Effective, Caring and Responsive, and inadequate for Well-led.

This service was inspected as the core service 'Community mental health services for people with a learning disability or autism' as this was the best fit in terms of CQC methodology. We have used the term ‘clients’ throughout this report as this is the preferred term chosen by people using the service.

What people who use the service say

Clients and carers told us that staff treated clients with compassion and kindness and provided help and advice when they needed it. Clients told us that staff were polite, friendly, kind and helpful. Carers told us that staff provided social stories, counselling and reading material to help them and clients understand their diagnoses, care and treatment.

The only issue raised by carers was that waiting times for support could be improved. They were very satisfied once they saw the team’s health professionals, but described long waits earlier in the year for psychology, before they were seen. Waiting times had improved more recently with recruitment of locum staff to vacant posts.

Carers described the physiotherapy support and aquatherapy provided as a very valuable service, which was person centred and individualised to each client. They particular praised the flexibility of the service, and how accommodating it was to clients’ individual needs. They noted that staff took time to get to know clients individually, and what worked better for each client. They said the physiotherapy service had exceeded their expectations, making sessions a fun experience for clients to get the best out of it.

Carers said that staff provided flexible appointments for clients at times that suited them, and block booking sessions when needed to fit around their other commitments. They noted that staff would come out to see clients in their own homes if they were unable to attend the centre.

Carers of a client receiving rehabilitation support, spoke highly of the support provided, gradually reducing as improvements were made, and with no pressure to discharge the client until they were ready.

Carers were grateful for the support they had received during the peak of the Covid-19 pandemic, with staff checking in to ensure that clients were ok, and offering advice remotely, or in person as needed.

Summary of this inspection

How we carried out this inspection

We carried out a comprehensive inspection of this service to check it was safe, effective, caring, responsive to people's needs and well-led. We visited the service on 15 and 16 November 2022. Our inspection team comprised of two CQC inspectors, a specialist professional advisor and an expert by experience. Experts by experience have experience of receiving care, or caring for someone who receives care at a similar service.

During this inspection we:

- conducted a toured of the Civic Centre office base, and Sutton Inclusion Centre where clients were seen
- had telephone conversations with 2 people using the service, 3 family members, and 3 employed carers of people using the service
- observed a physiotherapy consultation, and four aquatherapy sessions
- reviewed electronic records detailing the care and treatment of 11 clients
- spoke with the service lead, and acting team manager
- spoke with 12 staff members including registered nurses, physiotherapists, psychologists, a speech and language therapist, a physiotherapist assistant, drama therapists, and a music therapist
- looked at training records of the staff team, and supervision records of three staff members
- spoke with 2 GP practices covered by the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- Work from the music therapists was being presented by their supervisor at various conferences including a conference on 'Digital Humanities in Precarious Times' in South Africa, an Open University conference, a Palliative Care Symposium in Edinburgh, and an online international conference on death and dying.
- The physiotherapy team had produced a presentation entitled 'Evaluating learning disability care providers' knowledge on the importance of adopting an inclusive and healthy lifestyle for people with profound and multiple learning disabilities living in Sutton.' This had been presented to the wider team, and sports inclusion group.
- The physiotherapy team were also involved in a study aimed at comparing whether dynamic elbow splints are more effective in maintaining elbow range of motion long term compared with static splints, to inform clinical practice.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Summary of this inspection

- The service must ensure that staff carry out risk assessments of clients who they are providing treatment or advice to, and that these are recorded, with risk management plans reviewed on a regular basis. (Regulation 12(1)(2)(a)(b))
- The service must ensure that there are rigorous infection control protocols in place, which include the storage and laundering of hoist slings that have been used, and that an annual infection control audit is undertaken. (Regulation 12(1)(2)(h))
- The service must ensure that physiotherapy and nursing staff undertake mandatory training in basic life support, and other staff are risk assessed to determine whether they should undertake this training. (Regulation 12(1)(2)(c))

Action the service SHOULD take to improve:

- The service should ensure that improvements made as a result of feedback provided by clients, family members, and carers, are communicated clearly to clients and other stakeholders.
- The service should consider making better use of the clinical team's notice board in the Sutton Inclusion Centre, to make it more accessible and useful to clients and carers, and provide information leaflets on various health conditions in the reception area.
- The service should further develop audits of the team's performance and outcomes, including implementation of the Mental Capacity Act, and best use of the multiple systems being used to record team information.
- The service should consider providing more resources to therapy staff, for them to use with clients.
- The provider should ensure that the system used to record best interests decisions includes the date of completion.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community mental health services for people with a learning disability or autism	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Community mental health services for people with a learning disability or autism

Good

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

Are Community mental health services for people with a learning disability or autism safe?

Requires Improvement

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean environment

All clinical premises where clients received care were well furnished, well maintained and fit for purpose. However, the service did not have sufficiently rigorous infection control procedures in place to protect clients.

The infection control policy for the service did not include protocols for carrying out laundering of the hoist slings used in aquatherapy, or planned infection control and hand hygiene audits. The manager noted that the physiotherapy team had only recently taken over responsibility for laundering the hoist slings from centre staff at the Sutton Inclusion Centre. Following the inspection, the manager obtained the protocols from the previous team who carried out this duty. These protocols indicated that staff should use red bags for soiled linen. However, staff we spoke with during the inspection were not aware of this process, and did not have access to red bags (which can be placed directly in the washing machine), instead they said that they used yellow clinical waste bags for soiled hoist slings. However, the clinical waste bags were not stored close to the aquatherapy pool. We were also concerned at the system for storing slings once used and wet, being hung up on hooks close to the clean unused slings, which might present an infection control risk. No infection control audit had been undertaken for the service within the last year.

The premises where clients were seen were visibly clean. Staff cleaned all equipment, and washed their hands inbetween seeing clients and used personal protective equipment during appointments. The venues used for seeing clients were cleaned regularly by facilities staff with records kept of regular cleaning. Staff had access to sufficient personal protective equipment to minimise the risk of cross-infection and to enable them to take appropriate precautions in respect of Covid-19 with clients who were vulnerable to infection.

Staff had completed a risk assessment of all areas used, and removed or reduced any risks they identified. All interview rooms had alarms and staff available to respond. All areas were well maintained, well furnished and fit for purpose, with regular checks on equipment to ensure that they were in good working order. Appropriate fire safety checks were in place, and first aid boxes were checked regularly. There were detailed protocols in place for safe management of the aquatherapy pool.

Community mental health services for people with a learning disability or autism

Good

Safe staffing

The service had enough staff who knew clients well to provide a safe service, although there were vacancies at the time of the inspection. Recording of and compliance with staff mandatory training had improved significantly since the previous inspection. However, staff did not receive mandatory training in basic life support. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

Staff

The service had been successful in recruiting to some of the vacancies from the time of the last inspection, but had not been able to recruit an occupational therapist despite repeated efforts. There were vacancies for one nurse, (and one nurse was seconded to the NHS), one physiotherapist, and a behavioural therapist. Senior managers were fully aware of the staffing issues and had put some basic controls in place to mitigate these. Some positions were filled with long-term locum staff including the speech and language therapist, and three clinical psychologists. The service signposted occupational therapy referrals to other services. Due to the difficulty in recruiting an occupational therapist (OT) with experience in working with people with learning disabilities, managers were considering recruiting an OT without this experience, and providing training in the role. Since the previous inspection, the nursing liaison team no longer covered the liaison nursing role at the local hospital, providing more time for other work. Staff noted that they would benefit with more administrative support within the team.

Since the previous inspection, two managers had left the team, but no other permanent staff had left the team, leading to a low staff turnover rate. There had been low levels of staff sickness or absence. Managers made appropriate arrangements to cover staff sickness and absence. They used long term locum staff who became familiar with the service and clients. All bank and agency staff had a full induction and understood the service before starting work with clients.

Mandatory training

At the previous inspection in May 2021, we found that the mandatory training courses provided did not reflect the range of courses recommended by Skills for Care for this type of service, and those staff who had completed some mandatory training were not always up to date with their refresher training. At the current inspection we found a significant improvement in staff compliance with mandatory training. Service managers had developed a robust system to record and monitor mandatory training and alert staff when they needed to update their training. There was full compliance with all courses identified as mandatory for all staff with the exception of a few new members of staff currently completing their induction training. Courses included health and safety, equality and diversity, infection prevention and control, the Mental Capacity Act, data protection and prevention of radicalisation and extremism. Any staff supporting clients in the aquatherapy pool were required to complete specific competencies before starting to do so.

However, basic life support was not on the list of mandatory training for staff. Managers explained that this was because they did not see clients in the absence of their carers. First aid training was available for staff who wished to take on the role of designated first aider at the centres. However, staff acknowledged that in the event of an emergency they would want to do everything possible to save the life of a client, which might include providing resuscitation.

Assessing and managing risk to clients and staff

Staff were not always recording assessments and management of risks to clients and themselves. Staff worked with clients and their families and carers to develop risk management plans, but these were kept by clients' care providers, social workers, families and carers. Staff followed good personal safety protocols.

Community mental health services for people with a learning disability or autism

Good

Assessment of client risk

Staff did not routinely carry out a range of risk assessments for each individual client and document these in the client care record. Managers told us that risk assessments and risk management plans were the responsibility of social care providers, social workers, and/or clients' families and carers, depending on their situation. A brief summary of risks was included within a client's initial health care plan.

Physiotherapists were conducting a brief risk assessment for clients using the aquatherapy pool, but these did not include detailed risk management plans. Managers said that carers were required to be present during aquatherapy, or any other interventions. In the event of an emergency, the carers had responsibility for taking appropriate action for the clients, as they knew them best. For example, physiotherapists would not be able to administer their emergency medicines for epilepsy.

The psychologists had recognised the need for a risk assessment to be undertaken for clients referred to and using the service. The acting lead psychologist was in the process of developing their own format for recording this, and there was a basic version in use at the time of the inspection. For example, for one client there was a risk recorded of expressing anger and frustration through physical means. However, these risks and management plans were not reviewed regularly.

Nurses were not undertaking specific risk assessments, but risks were covered in the assessments they carried out for clients' eligibility for continuing care funding. They obtained this information from social care providers, family members, and social workers. The assessments they completed included assessments of continence, skin integrity, falls, malnutrition, mental health needs and altered states of consciousness, such as epilepsy.

Staff said that they would check on the service's corporate warning system, whether there were any risks in visiting clients in their own homes or other settings.

Management of client risk

Staff were not regularly recording reviews of clients' risks and risk management plans, in case of significant changes. They told us that any risk areas identified were shared with the social work team.

Physiotherapists produced brief risk management plans for clients using the aquatherapy pool, but these did not include detailed risk management plans, and were only reviewed on an annual basis, which was not sufficiently frequent to pick up on changes in clients' risks. Similarly risk management plans for psychology and speech, language, drama, and music therapies were not detailed, and were not updated regularly.

Managers attended borough wide dynamic risk register meetings for people with learning disabilities, and shared information from this meeting with the wider team as needed.

At the time of the inspection, there were no waiting lists for services apart from occupational therapy due to the vacancy for this position. Therefore staff were not needing to prioritise clients according to risk, or manage the risk of those on a waiting list.

Staff followed clear personal safety protocols, including for lone working, with systems in place to check in with a member of the team before home visits, and immediately afterwards.

Community mental health services for people with a learning disability or autism

Good

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff had completed appropriate safeguarding training as required at the last inspection. All staff, including managers, except those newly recruited and on induction, were up to date with safeguarding training to level 2 for adults and children. Staff knew how to identify clients at risk of, or suffering, significant harm. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The staff team had access to a supportive safeguarding team who were always available to respond to frontline colleagues needing advice. Records showed that safeguarding issues had been discussed in team meetings and staff had made safeguarding referrals when required. For example, in one case staff had concerns that a client's family members were repeatedly cancelling their appointments. This led to concerns being raised with social services, which indicated concerns of potential abuse/neglect, and led to the client being moved to live in alternative accommodation with support from a service provider. Staff also reported any concerns that service providers were not meeting client's needs, despite the service providing them with support to do so.

Managers attended safeguarding meetings and took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

Staff kept detailed records of clients' care and treatment. At the previous inspection we noted that some managers could not access, navigate and review clients' care and treatment records. This had improved at the current inspection, all staff and managers knew where to store, and find client care and treatment records. Staff noted that there had been some improvements in the IT equipment provided to them since the last inspection.

Records were clear and up to date, and stored securely. Staff knew how to access up to date information, despite the limitations of using a social work recording system to store health information. The systems were shared by staff of all disciplines within the service. When clients transferred to a new team, there were no delays in staff accessing their records.

Medicines management

The service did not prescribe, administer or store medicines. However, nurses maintained oversight of people's medicines in terms of their effectiveness in controlling symptoms and recorded this in their clinical health reviews.

Track record on safety

The service had a good track record on safety.

The service had a good track record on safety. There had been no serious incidents in the last 12 months.

Reporting incidents and learning from when things go wrong

Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. The team had systems in place for staff to apologise when things went wrong, and to give clients honest information and suitable support.

Community mental health services for people with a learning disability or autism

Good

Staff were confident in recognising incidents and reporting them appropriately and understood the duty of candour. Incidents were formally recorded, investigated and monitored within the service. Staff met to discuss the feedback and look at improvements to client care.

At the previous inspection we noted that the service should consider better sharing of any lessons learned from incidents, complaints, concerns and safeguarding. We noted that team meetings and staff supervision sessions included a standard agenda for learning from incidents and complaints to be discussed. However, as there were very few incidents recorded within the last year, and no complaints recorded, this was limited. Most incidents recorded related to the aquatherapy pool being closed for health and safety reasons.

Are Community mental health services for people with a learning disability or autism effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff undertook functional assessments when assessing the needs of clients who would benefit. They worked with clients and with families and carers to develop individual care and support plans, and updated them as needed.

Nurses completed a comprehensive assessment of people's needs using a decision support tool as part of their role in determining eligibility for continuing care funding. They contributed to care provider's health and social care plans for individual clients. Physiotherapists, psychologists, and other therapists identified goals to be met in consultation with clients and their carers.

Assessments were individualised and covered people's physical, behavioural and emotional needs. They focused on maximising each person's quality of life. Depending on the specialism, care and support plans covered a range of areas, including nutrition, personal hygiene and dressing, being able to use their home safely, personal relationships and engaging with the community. Care records documented how people were able to communicate, the best way of communicating with them, at different times and in what circumstances. Staff told us that positive behaviour support plans were in place for clients that needed them. Staff and carers told us that care plans and positive behaviour support plans were regularly reviewed and updated when clients' needs changed. Staff made sure that all clients had an annual health check, and those admitted to hospital had an up-to-date hospital passport.

Best practice in treatment and care

Staff provided a range of treatment and care for clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported them to live healthier lives.

Staff understood and applied NICE guidelines in relation to behaviour that challenges. This included support for families, early identification and assessment, psychological and environmental interventions and interventions for co-existing health problems.

Community mental health services for people with a learning disability or autism

Good

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, and benchmarking.

Staff provided a range of care and treatment interventions suitable for the client group. These included behavioural support and creative therapies. For example, clients had received regular drama and music therapy either virtually or in person, depending on their preference/needs following the Covid-19 pandemic.

Staff delivered care in line with best practice and national guidance. The physiotherapy team provided postural care management programmes and long-term support for clients in line with national guidance. They also provided regular sessions of aquatherapy to clients who would benefit, for approximately 6 consecutive weekly sessions at a time.

Staff understood how best to apply individual clients' positive behavioural support plans. The service did not have a behaviour specialist at the time of the inspection, but did have clinical psychologists with experience in this area. They ensured that positive behaviour support plans were in place and that staff, relatives and carers understood how to respond to distressed behaviour. Psychologists carried out dementia assessments for people using the service.

Staff made sure clients had support for their physical health needs, either from their GP or other community health services. They checked that clients had an annual health check and took action to arrange these if they were not taking place.

Staff used technology to support clients. Clients with diabetes were supported to use free style libre sensors to monitor their blood sugar (discreet sensors providing a continuous measurement of glucose concentration). Staff also supported clients with wheelchair needs, working with local wheelchair services. Clients were supported to participate in virtual music therapy. Instruments were provided in their home or care homes and the music therapist facilitated the session through a video call. Sessions were also provided for carers, including the use of colouring in mandalas, as part of a mindfulness exercise.

Drama therapists were working on a number of different projects for clients and carers. These included a series of group sessions for clients on Great Independence, and outreach workshops for staff in care homes to improve communication (together with the speech and language therapist). A new series of group sessions was being planned to address sexuality and relationships for clients with learning disabilities.

Since the previous inspection, the service was using recognised outcome measures to monitor clients' outcomes, such as the Frenchay augmentative and alternative screening test, and Edinburgh Articulation test in speech and language therapy, and the Tinetti balance and gait scores in physiotherapy. There were some clinical audits taking place, although there was room for further development in this area.

Nurses carried out outreach work with supported living services within the borough, including introductions to the service, and offers of staff training. They reached out to GP practices within the borough, to make them aware of the service, and discuss individual cases with them when needed.

The physiotherapy team had conducted a survey of managers of care homes and supported living services, about clients' activities and wellbeing, with responses received from 18 out of 53 managers approached, and were also surveying staff experience of postural management training.

Community mental health services for people with a learning disability or autism

Good

Skilled staff to deliver care

The teams included or had access to a range of specialists required to meet the needs of clients under their care, although they were working to fill vacancies for an occupational therapist, and behavioural therapist. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service did not have a full range of specialists to meet the needs of clients. There were vacancies for an occupational therapist, a nurse, a physiotherapist, and a behavioural therapist. However, at the time of the inspection, staff were managing to meet the demand for the service, without waiting lists, other than for occupational therapy. The service referred on to external specialists as needed including for occupational therapy.

The service model did not include dietetics or psychiatry posts, if clients needed access to these services they were referred on. Staff were experienced and qualified for their roles, and kept up-to-date with training appropriate to their role. Training records showed that staff completed relevant training or other learning in learning disabilities, autism and positive behaviour support. Staff had professional qualifications and undertook refresher training to keep up-to-date and maintain the requirements of their professional registration. Staff were undertaking Oliver McGowan training on learning disability and autism, which was produced as a result of Right to be Heard, the government's response to a consultation on mandatory training on learning disability and autism for health and social care staff.

Each new member of staff received full induction training into the service before they started work. Staff spoke highly of the induction programme. Staff received constructive annual appraisals of their work and regular clinical and operational supervision. Staff attended regular team meetings and arrangements were in place to pass on information to those who could not attend. Staff said there were opportunities to undertake further training relevant to their specialism. For example, the music therapist had undertaken training as a harp therapist, including training in palliative care.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff told us, and client records showed, that staff from the different disciplines worked together to support clients. For example, the speech and language therapist had provided visual supports to help a client express likes and sadness when working with psychologists, and had worked with a drama therapist on techniques to use with clients who did not communicate verbally. Physiotherapists were very aware of the connections between swallowing difficulties, and poor posture and positioning, and often worked with the speech and language therapist to support clients with these linked conditions.

The service held monthly multidisciplinary meetings, and a monthly 'huddle' meeting, so there were two-weekly meetings for the full team. These meetings included regular discussion of some aspects of quality and safety within the service, and individual clients. Staff from different disciplines also had their own regular meetings to discuss clients and improve their care. The drama and music therapists had recently been asked to join the clinical psychology meetings, and welcomed this inclusion, as part of the wider psychology team.

Community mental health services for people with a learning disability or autism

Good

Staff had effective working relationships with other teams in the organisation, such as the borough's safeguarding team. Staff also had effective working relationships with external teams and organisations. The team referred clients to other external health professionals as needed, for example we saw records of staff working with dietitians, and gynaecologists, when support was needed. Staff worked closely with care homes and supported living staff to enable clients to receive the best care to meet their needs.

A manager attended the monthly borough high intensity user group, together with hospital and ambulance staff. These meetings looked at clients who frequently attended accident and emergency services, and ways that they could be supported to receive support from a different pathway. For example, in some cases a checklist was devised for ambulance staff to use before taking identified clients to hospital.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity. Staff worked with the client's support network to ensure best interest decisions were made when relevant.

Staff had a good understanding of the Mental Capacity Act 2005, and the five statutory principles, and were up-to-date with training in this area. The provider had a policy on the Mental Capacity Act on their internal website. Staff were aware of the policy and had access to it. Staff assessed and recorded capacity to consent appropriately and in detail, on a decision-specific basis.

Staff took steps to enable clients to make their own decisions. Staff recorded the views of one client who was able to communicate their thoughts about proposed treatment. When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the client's wishes, feelings, culture and history. Care records showed that best interests' meetings had taken place with people who knew clients well to make decisions about their future care and placements. However, the system used to record best interest decisions, did not record the date on which the decision was made and agreed.

The service did not monitor how well it followed the Mental Capacity Act. There were no audits in place to check the application of the Mental Capacity Act. This meant that the service could not identify and act if they needed to make changes to improve.

Are Community mental health services for people with a learning disability or autism caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.

Community mental health services for people with a learning disability or autism

Good

Staff were discreet, respectful, and responsive when caring for clients. Clients and carers told us that staff treated clients with compassion and kindness and provided help and advice when they needed it. Clients told us that staff were polite, friendly, kind and helpful, and observations of staff interactions with clients confirmed this. Staff followed policy to keep client information confidential.

Staff gave clients help, emotional support and advice when they needed it. Staff used appropriate communication methods to support clients to understand and manage their own care treatment or condition including easy read formats, Makaton, and objects of reference.

Staff understood the individual needs of clients and supported and encouraged clients to understand and manage their care, treatment or condition. Carers told us that staff provided social stories, counselling and reading material to help them and clients understand their diagnosis, care and treatment.

The only issue raised by carers was that waiting times for support could be improved. They were very satisfied once they saw the team's health professionals, but described long waits earlier in the year for psychology, before they were seen. Waiting times had improved more recently with recruitment of locums to vacant posts.

Carers described the physiotherapy support and aquatherapy provided as a very valuable service, which was person centred and individualised to each client. They particular praised the flexibility of the service, and how accommodating it was to clients' individual needs. They noted that staff took time to get to know clients individually, and what worked better for each client. For example, some clients preferred a loud cheerful approach, whilst others needed a quiet environment. Carers were impressed at how much staff were able to achieve in each physiotherapy or aquatherapy session. They said the service had exceeded their expectations, making it a fun experience for clients to get the best out of it.

Carers of a client receiving rehabilitation support, spoke highly of the support provided with recovery, gradually stepped down to less frequently as improvements were made, and with no pressure to discharge the client until they were ready.

Staff directed clients to other services when appropriate and supported them to access those services if they needed help. Carers noted that they were confident in the skills and experience of members of the team, and their focus on collaborative work with other health professionals as people needed it. They noted that staff did not just focus on their own role, but ensured that the work of all professionals tied in together to provide appropriate support.

Carers were grateful for the support they had received during the peak of the Covid-19 pandemic, with staff checking in to ensure that clients were ok, and offering advice remotely, or in person as needed.

Staff said that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff, without fear of the consequences.

Involvement in care

Staff informed and involved clients, families and carers fully in assessments and in the design of care and treatment interventions.

Involvement of clients

Staff involved clients and gave them access to their treatment plans.

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. Carers told us that staff provided treatment plans in pictorial form, and used Makaton when needed to communicated with clients. One residential service noted that the team took care to use the same pictures that were used for communication with clients at their home, to ensure clear communication. Carers described being given charts and plans in easy read formats, and social stories produced with clients.

Staff involved clients in decisions about the service, when appropriate. Records showed that staff involved clients in decision making where possible and advocated for them. Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. Carers described flexibility in providing appointments at times that suited each client, block booking sessions when needed to fit around their other commitments. They noted that staff would come out to see clients in their own homes if they were unable to attend the centre.

Clients could give feedback on the service and their treatment and staff supported them to do this. At the previous inspection in May 2021, we found that there was not a sufficiently robust mechanism to collect and respond to regular feedback from service users, carers and other professionals. Systems had improved by the time of the current inspection, with feedback collected every 6 months, using an easy read questionnaire. The most recent survey results indicated that 34 out of 137 completed surveys were returned, 20% of which were returned directly from clients. Of all the questionnaires 92% were happy with their involvement in support provided, 83% were happy with the help provided, 82% were happy with information provided about the service, and 74% would use the service again. However, it was not clear how this feedback was translated into improvements for the service and how this was fed back to those using the service.

There was a notice board for the service at the Sutton Inclusion Centre. However, this was not easily accessible to clients and carers, and did not include easy read information, or clear information about the services provided. Despite the service having easy read versions of leaflets on a wide range of health conditions such as asthma, depression, dialysis, and cancer, these were not available in reception for clients/carers to access.

Involvement of families and carers

Staff supported, informed and involved families or carers. Family members and employed carers told us that they were involved in planning clients' treatments and support, and this was reviewed annually. Records showed that staff involved family members and carers in making decisions about care and treatment. A family member spoke highly of the intervention provided by a psychologist in giving them and the client confidence that they would receive the support they needed going forward. Family members and carers said that staff gave different options for treatment, and consulted them on what might be most effective and workable.

In some cases carers were involved in planning treatment sessions together with staff, and all were confident that the plan for each session. In one case, carers described being given pictorial charts and stars and other tools to support a client to attend the service, until this was no longer needed. They said they could call the service whenever they needed advice, and that the service always responded.

Staff sent out feedback questionnaires to relatives and carers to give feedback on the service. Of the most recent questionnaires, 24% were completed by family carers, and 56% by support workers. However, those carers we spoke with as part of the inspection, could not remember being asked for feedback. All said, however, that they would feel confident to feedback any concerns directly, and that their experience, so far, had been very positive.

Community mental health services for people with a learning disability or autism

Good

Carers described invaluable support from enthusiastic staff in the service going above and beyond their role. For example, the speech and language therapist provided a drama workshop in collaboration with a specialist drama therapist to help staff at a supported living service improve communication with clients who did not communicate verbally. They noted that this had been very useful for staff, and made a big difference to their interactions with service users, improving their practice. This was one of many examples of staff looking beyond their own specialism, to provide joint work to meet people's wider needs. Carers noted that as well as addressing clients' needs, the team looked at what carers' needed to provide good care.

Relatives and carers spoke highly of the support provided to them during the peak of the Covid-19 pandemic.

Are Community mental health services for people with a learning disability or autism responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

The service was easier to access following improvements made to the referral procedure. Its referral criteria did not exclude clients who would have benefitted from care. Staff assessed and treated clients who required urgent care promptly and clients who did not require urgent care did not wait too long to start treatment. Staff followed up clients who missed appointments.

Improvements had been made to the referral procedure as recommended at the previous inspection. A single point of access had been introduced, making it easier for clinicians to make referrals. Inclusion criteria for the service, stated that clients had to have a learning disability, be over 18 years of age and have a GP in the borough. There had been further work to refine inclusion criteria, but one GP fed back that these criteria could still be made clearer. Managers at the service, said that they were working to further refine and improve communication about referral criteria.

The service aimed to assess new referrals within 2 weeks of being assigned, and have a first contact with clients within four weeks. At the time of the inspection, there were no waiting lists for clients to receive services, except in occupational therapy, where clients needed to be referred elsewhere. However, carers noted that there had been longer than expected waits for psychology earlier in the year. The team lead of each discipline screened the referrals to the service, at weekly referral meetings, and teams were meeting targets for assessment and contact.

Staff supported clients when they were transferred between services. When clients moved out of the area, the service continued to see them until they were able to access local services. Staff started to work with young people when they turned 17 and a half, to prepare them for transition to the adult team.

Staff tried to contact people who did not attend appointments and offer support. As recommended at the previous inspection in May 2021, the service had implemented a 'missed appointments' procedure, and discussed relevant cases in team meetings and supervision.

Carers told us that clients had some flexibility and choice in the appointment times available, and that staff worked hard to work around their other commitments. Appointments ran on time and staff informed clients when they did not. Staff worked hard to avoid cancelling appointments and when they had to they gave clients clear explanations and offered new appointments as soon as possible.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

Clients were supported by the service at two locations within the borough, as well as within their own homes, supported living and care homes.

The service had access to a full range of rooms and equipment to support treatment and care. Clients and carers spoke particularly highly of the facilities within the Sutton Inclusion Centre, the warm and bright environment, plenty of space, lockers available to use and aquatherapy pool facilities. Interview rooms in the service had sufficient sound proofing to protect privacy and confidentiality.

The two locations used to meet with clients were wheelchair accessible, and had appropriate accessible toilet and shower facilities as needed.

Drama therapists noted that clients would benefit from more resources available for them to use with clients.

Meeting the needs of all people who use the service

The service met the needs of all clients – including those with a protected characteristic. Staff helped clients with communication, and advocacy informed by patients' culture.

Staff had the skills, or access to people with the skills, to communicate in the way that suited the client.

The service made adjustments for people with disabilities, communication needs or other specific needs. For example, the service provided information on treatment and local services in a variety of accessible formats so the clients could understand it more easily. Clients' accessible information needs were recorded in their care records.

Staff provided support to clients and carers within supported living services, to ensure that they were able to meet clients' specific needs appropriately. They visited each service, and checked that all clients had a health action plan, health passport, and annual health check, and checked on any emergency admissions or new health risks.

Staff could provide clients with information on treatment, local service, their rights and how to complain, although this information could have been made more readily available. The service provided information in a variety of accessible formats so the clients could understand more easily, with support from the speech and language therapist as needed.

Some staff had experience in communicating using Makaton (a sign language used by some people with learning disabilities) and the team was receiving informal support from the speech and language therapist, to further develop their Makaton skills. Managers made sure staff and clients could get hold of interpreters or signers when needed.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, and had systems in place to investigate them and learn lessons from the results, and share these with the whole team and wider service.

Community mental health services for people with a learning disability or autism

Good

Managers told us that no complaints had been received in the last 12 months. Clients, carers and relatives were aware of the complaints policy, and said they felt comfortable raising any issues or concerns with the service, but had not needed to do so. Staff understood the policy on complaints and knew how to acknowledge complaints and pass these on to managers. Staff were aware that clients who raised concerns or complaints needed to be protected from discrimination and harassment.

Carers told us that the service had always responded when they had raised any queries. Managers told us that lessons learnt from complaints were discussed in the managers' meetings with other services. If they felt it was something the team would benefit from, learning would be shared more widely to improve the service. Meeting minutes showed that there was an allocated space for discussion of concerns and complaints and the associated learning at service level.

The service also used compliments to learn, celebrate success and improve the quality of care.

Are Community mental health services for people with a learning disability or autism well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

Since the previous inspection in May 2021, two managers had left the service, and an acting manager was in post, supported by the head of service, who was the registered manager for the service. Senior clinicians led the frontline delivery of the service well, and the acting team manager, who was also the lead physiotherapist, understood the statutory responsibilities that arose from running a registered service.

Teams from different disciplines worked in a coordinated way to provide high quality care, and there was improved multi-disciplinary working described by members of the team. Staff spoke highly of the support and working environment provided by managers, describing them as visible and approachable, and communicating well with staff. They described significant improvements in leadership since the previous inspection, and a stronger focus on staff wellbeing. A team away day had been arranged in Brighton, leading to action points to take forward for the team. We observed a greater focus on the quality of practice and delivery of the service.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

Since the previous inspection, the service had undergone a transformation, and staff had settled into new ways of working. Staff were working towards the The Learning Disability Strategy 2021-2026 for the London Borough of Sutton and NHS South West London Clinical Commissioning Group. Staff were happy with the current management of the service, and said they had opportunities to contribute to discussions about the future of the service and work creatively.

Community mental health services for people with a learning disability or autism

Good

Staff in the service worked in a person-centred way to implement the Better Care Fund outcomes, to provide better join up between health and social care for people who need it most. This included support for carers, preventing isolation, enabling people to remain in the community, and reduce non elective admissions to hospital.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff felt respected, supported and valued. They felt positive about working in their clinical teams. Staff felt they could raise any concerns without fear of retribution, and that there was more transparency in the way managers ran the service, than at the previous inspection.

Staff appraisals included conversations about career development and how it could be supported. Staff reported that the provider promoted equality and diversity in its daily work. Staff told us that the provider had Black, Asian and minority ethnic (BAME), LGBT+, Youth, Disability and Carers' networks which were promoted in the service. The service supported staff to complete 'Uncomfortable conversations' training about racism following the Black Lives Matter movement.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at bringing about significant improvements at team level and that performance was being managed well.

We found that significant improvements had been made since the previous inspection in May 2021. As required at that inspection, the service had introduced effective systems and processes to identify, assess and mitigate risks to the delivery of safe and high-quality care. Improved governance procedures had been put in place to ensure that the service operated effectively and that performance and risk were kept under review by team leads. There continued to be effective oversight at clinical level. The service was now making the required notifications to external bodies as required. The system in place to record and monitor staff training had been streamlined and improved, with clear records on staff compliance with mandatory training courses.

There was a clear system for cascading learning from complaints, concerns and incidents across the service, although due to the small number of incidents, and having no complaints in the last year, the use of this was still limited. Staff told us there were discussions about incidents and concerns at profession-specific meetings, as well as in the multi-disciplinary team meetings.

The service had introduced an operational dashboard to measure the team performance. The dashboard for the team was used to provide real time results charts with clear information on relevant areas such as referrals, staffing, staff training, supervision and appraisal, missed appointments, health and safety, and incidents. There were some clinical audits in place, although there was room for further development in this area. Each team used appropriate clinical outcome tools to monitor clients' progress. Managers had recently rolled out a care records audit to all staff, to audit five each of their clients' records, with training provided on how to do this effectively. There was room for improvement in managing infection control and individual client risk assessments for the team.

During the height of the Covid-19 pandemic the multi-disciplinary team had been meeting every two weeks in 'huddle' meetings. Staff had decided to keep the huddle meetings as well as the usual monthly team meeting as they found them valuable in promoting good team working. The huddle meetings were mostly being used for team training and

development, including speakers on different topics, from within and outside of the team. Staff from each discipline also had regular meetings to discuss practice and specific cases. Managers had developed a 2-weekly meeting with the head of service, with information cascaded down to the general team meeting as needed. A staff survey was also conducted for the team within the last year, with 70% of staff completing it, indicating an improvement in staff satisfaction with working conditions.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

With the development and implementation of the operational dashboard for the service, there was clear information available on risk, issues and performance within the service. The service had developed a concerns register, of issues relating to the safe performance of the team. Staff were aware of the key risks to the service, and felt confident in escalating concerns about risk when required. The provider had a business continuity plan in place, which contained plans for emergencies, for example adverse weather.

Information management

Staff had access to the information technology they needed. The service had made improvements in the consistency of storage of clinical information.

Staff had access to the information technology equipment needed to do their work, but noted that the primary system used was designed for social work, and therefore not ideal for recording clinical information. There was an improvement in the consistency in which staff stored information since the previous inspection. All managers and staff we spoke with were aware of where information should be stored, and how to access essential client information. However, they noted the different systems staff used could be time consuming, and sometimes led to format changes between systems. Staff noted that there had been some improvements in IT equipment provided to them since the previous inspection.

Engagement

Managers had improved systems to obtain feedback about the service from clients and others, although the outcome of this was not shared widely.

The service had improved systems in place to obtain feedback from clients, carers, family members, and other stakeholders. An easy read format was used to obtain feedback on a 6-monthly basis, although carers we spoke with said could not remember being asked to give feedback. There was room for improvement in how the service fed back to stakeholders, on any actions taken as a result of the feedback received.

Clients and carers were involved in recruitment of new staff for the service. Clients and carers were also involved in producing the learning disabilities strategy for the borough, alongside voluntary sector agencies and the borough's carers forum.

Learning, continuous improvement and innovation

Staff collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service collected data about client outcomes and the performance of the service, although there was room for further development in the service's analysis of this data. Managers had access to the quality and safety data needed for oversight of the service.

Community mental health services for people with a learning disability or autism

Good

The physiotherapy team had sent out a survey to care home and supported living services, looking at the impact of the Covid-19 pandemic, on the amount of physical exercise clients were undertaking, and their access to the local community. They noted that a significant number of clients had become house bound as a result of the pandemic, due to a fear of going out, as a result of the risks to their health. They working with other disciplines to address this issue, and improve these clients' quality of life. The physiotherapists had produced a presentation titled 'Evaluating learning disability care providers' knowledge on the importance of adopting an inclusive and healthy lifestyle for people with profound and multiple learning disabilities living in Sutton' which was presented to the wider team, and sports inclusion group.

The physiotherapy team were also involved in a study aimed at comparing whether dynamic elbow splints were more effective in maintaining elbow range of motion long term compared with static splints, to inform clinical practice.

The music therapists had been working creatively with clients, carers and family members. They had adapted the way they worked with clients during the pandemic and had also introduced mindfulness sessions including colouring mandala artwork. Work from the music therapists was being presented by their supervisor at various conferences including a conference on 'Digital Humanities in Precarious Times' in South Africa, an Open University conference, a Palliative Care Symposium in Edinburgh, and an online international conference on death and dying.

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	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff were not carrying out and recording risk assessments of clients who they were providing treatment or advice to, there were insufficiently detailed risk management plans in place, and these were not reviewed on a regular basis. (Regulation 12(1)(2)(a)(b)) There were insufficiently rigorous infection control protocols in place, including for the storage and laundering of hoist slings that had been used, and an annual infection control audit was not being undertaken. (Regulation 12(1)(2)(h)) Physiotherapy and nursing staff had not undertaken mandatory training in basic life support, and other staff had not been risk assessed to determine whether they should undertake this training. (Regulation 12(1)(2)(c))