

**Good****North East London NHS Foundation Trust**

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

## Quality Report

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Date of inspection visit: 6 - 7 April 2016  
Date of publication: 27/09/2016

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RAT	Trust Head Office	Waltham Forest CLPT	E17 6QU
RAT	Trust Head Office	Cranford and Loxford CLDT	IG1 1HP
RAT	Trust Head Office	Fairlop CLDT	IG6 1HZ

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

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

- People referred to the services were safe because there were systems to assess their needs and ensure people who had the most urgent need were seen first and that people's health was monitored while they waited.
- Robust safeguarding procedures and practice ensured that people who used the services were kept safe.
- People who used the services and their families were involved in the support they received.

- Teams comprised of a wide range of professionals to meet the diverse needs of a wide range of people who used the services.
- Staff morale was good and teams were dedicated to provide support led by a strong leadership team.

However:

- The teams did not use outcome measures in the work they did with people who used the service.
- Mental Health Act training was not mandatory for the teams we visited.
- Training completion rates were low in some areas such as Mental Capacity Act (MCA), health and safety, and safeguarding.

# Summary of findings

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

### Are services safe?

We rated safe as requires improvement because:

- Training completion levels in subjects such as the Mental Capacity Act, health and safety and safeguarding children fell below the trust target of 85%. For example, training completion rates for the Mental Capacity Act as at February 2016 were 65% for the former Redbridge team and 55% for the Waltham Forest team. The Waltham Forest training completion rate for health and safety was 70%. Safeguarding training levels for the Redbridge team were 82% for safeguarding adults enhanced, 43% for safeguarding adults recognition and referral.
- One person's record out of 15 inspected did not have an updated risk assessment.

However:

- Staff told us they attended mandatory training with the trust and councils.
- Teams responded promptly to changes in people's health.
- Teams had robust procedures and practice in place around safeguarding issues.
- There was a multi disciplinary approach to risk assessment and management.
- Teams discussed, managed and reviewed risks in weekly meetings.

**Requires improvement**



### Are services effective?

We rated effective as good because:

- All three teams we inspected were well resourced with a wide range of experienced, skilled and competent staff. All three teams had good access to psychiatrists.
- People's health was monitored while on waiting lists.
- Comprehensive assessments were completed for all people in the 15 files we inspected.
- All care plans we scrutinised were holistic and recovery focussed.
- All 15 treatment records we looked at had health assessments which were appropriate to their needs.
- Teams had strong links with the local dementia services to share best practice.
- The Waltham Forest team had good access to a range of psychological therapies.
- Carers were very involved in people's care.
- Staff received monthly supervision.

**Good**



# Summary of findings

- Staff discussed good practice in promoting choice and enhancing people's understanding and capacity to make decision for themselves.

However:

- None of the teams used outcome measures when supporting people who used the services.
- Mental Health Act training was not mandatory for the teams we visited.

## Are services caring?

We rated caring as good because:

- People were treated with respect and dignity and supported to express their views.
- Family carers were well supported and included in their relatives' care.
- Teams ensured that people's needs were met to enable them to engage in their support as fully as possible.
- People who used the services were invited regularly to give feedback on the support they got.
- People who used the services had access to the local advocacy.

Good



## Are services responsive to people's needs?

We rated responsive as good because:

- Multi disciplinary teams were accessible to people with a diverse range of support needs.
- The teams were multi disciplinary and were skilled to offer immediate assessments if necessary.
- Staff told us that they had flexibility in the times when they saw people.
- People and their carers told us that physical and personal health issues were addressed sensitively.
- Where people could access buildings, there were a range of well equipped rooms where they could be seen.
- Teams had clear complaints procedures and people who used the services knew how to complain.

However:

- There was no information on mental or physical health problems, local services, patients rights or help lines in easy read in the reception area at Waltham Forest. The service manager told us that they were developing a new range of easy read materials for use.

Good



# Summary of findings

## Are services well-led?

We rated well led as good because:

- There were clear lines of communication from the teams up to the leadership level and from leadership level to the teams within the trust.
- Risk registers were monitored by the leadership team and fed back to front line staff.
- Staff told us that they were well supported by their service managers.
- The teams reported they were happy in their jobs despite finding the work stressful at times and said there was good morale across the services.
- Weekly team meetings gave staff the opportunity to suggest actions for service improvement.

However:

- Assurance and quality of the services was not assured through use of clinical audits and therefore this was a gap.
- Not all staff had received all necessary training. This included mandatory training and training which would improve their expertise on the law and mental health conditions.

Good



# Summary of findings

## Information about the service

The adult learning disability community service is part of the North East London NHS Foundation Trust. The service is a joint health and social services team. This means it reports to the trust and relevant local councils using two sets of policies and two electronic reporting systems. The service offers adults with a learning disability and their carers advice, information and support. The teams are also responsible for providing assessment, care planning, specialist health care and purchasing appropriate care packages for people who use the service.

The trust have four multi disciplinary teams: Redbridge, Havering, Barking and Dagenham and Waltham Forest.

On 1 April 2016 the former Redbridge team divided into four locality teams: Fairlop, Cranbrook and Loxford, Wanstead and Woodford, and Seven Kings. The localities are grouped together with clusters of local GPs. This division was in response to recommendations set out in the Care Act 2014 to improve joint working between community and health services.

During our inspection we visited the Waltham Forest multi disciplinary team and two of the four locality teams: Cranbrook and Loxford, and Fairlop. People who use the Waltham Forest and Cranbrook and Loxford services can access the buildings.

## Our inspection team

The overall team that inspected the trust was led by:

Chair: Helen Mackenzie, Director of Nursing and Governance, Berkshire Health Foundation Trust

Head of Inspection: Natasha Sloman, Care Quality Commission

Team Leader: Louise Phillips, Inspection Manager, Care Quality Commission

The team that inspected this core service comprised of one CQC inspector and three specialist advisors experienced in learning disabilities provision. The specialist advisors included a psychiatrist, an occupational therapist and a nurse.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited three community teams.
- Spoke with four people who were using the services.
- Spoke with five carers of people who were using the services.
- Spoke with the managers for each of the teams.



# Summary of findings

- Spoke with 23 other staff members; including psychiatrists, nurses, social workers and occupational therapists.
- Looked at 15 treatment records of people who were using the services.
- Observed one multi disciplinary meeting.
- Observed one annual review.
- Collected feedback from two people using the services via comment cards.
- Looked at patient pathways across different elements of the service for three people who were using the services.
- Looked at a range of policies, procedures and other documents relating to the running of the services.

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

People we spoke to were very positive about the support they received from the teams. They told us staff treated

them with respect and worked hard to meet their needs. Teams offered specific support to meet people's needs as they occurred so as to avoid crises, manage risk and minimise the need for safeguarding where possible.

## Areas for improvement

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

- The trust must ensure that teams monitor data for waiting times from referral to assessment for people who use the services.

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

- The trust should ensure that teams undertake mandatory training to ensure they meet the trust's training completion target.
- The trust should ensure that the teams use outcome measures when supporting people. Teams did not use outcome measures to monitor and evidence people's progress while receiving support.
- The provider should ensure safety alarms work and are present in interview rooms.
- The trust should ensure that all risks to the health and safety of people who use the service receiving care and treatment is assessed to manage any such risks. There must be an effective system in place to assess the risks to people who use services while they were waiting for assessment or treatment.

- The provider should address the standards of assessing and recording of the risks of people who used the learning disabilities community recovery teams. Risks should be re-assessed following incidents relating to people who use the services.
- The trust should ensure that the Waltham Forest team provide a range of easy read resources in the waiting area for people who use their service.
- The trust should ensure that the teams receive Mental Health Act training. Lack of this training may lead to staff not having essential knowledge to work effectively with people with learning disabilities regarding their rights under the Act.
- The trust should ensure that all members of the Cranbrook and Loxford team are provided with mobile phones and personal alarms in line with the trust's lone working policy to promote their safety when working in the community.
- The trust should ensure the environment at Waltham Forest is dementia friendly for people who used the services who have a learning disability and dementia.

# North East London NHS Foundation Trust

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

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Waltham Forest CLPT	Trust Head Office
Cranbrook and Loxford CLDT	Trust Head Office
Fairlop CLDT	Trust Head Office

### Mental Health Act responsibilities

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

Mental Health Act training was not mandatory for the teams we visited.

### Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training was mandatory for staff in the teams we visited. All staff we spoke to had good working knowledge of the Act and were able to discuss how they implemented it in the work they did. However training completion rates

for this subject as at February 2016 were 64.7% for the former Redbridge team and 54.55% for the Waltham Forest team. These completion rates fell below the trust's target of 85%.

Community teams were not responsible for implementing DoLS but were knowledgeable about the safeguards and explained the challenges they experienced when implementing them.

# Detailed findings

All staff we spoke to told us how they understood consent and capacity and explained how they integrated this into daily practice. The teams supported people to make decisions and best interest decisions were made where appropriate and according to guidelines. The Waltham

Forest team had two best interest assessors. However, in Waltham Forest team, three files we scrutinised stated that three people were non-capacitous, however, there were no capacity assessments to support this.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- Two of the three community team's office bases had meeting rooms where staff could consult with people who used the services. The Cranbrook and Loxford community team building was not accessible to the public so staff arranged to meet people at other health locations in the area and in people's homes.
- There was a reception area at the Waltham Forest service. Photographs of staff were on display in the waiting areas of the Waltham Forest and Fairlop teams.
- Where meeting rooms were available they were clean, well lit and comfortable.

### Safe staffing

- Most staff told us their caseloads were manageable. Caseloads and waiting lists were managed by health leads in each team. The trust set the waiting list maximum at 18 weeks and all staff said their caseloads were manageable. We asked the trust to provide us with waiting time data from point of referral to assessment for people who use the services. The trust told us they did not collect this data. Therefore there was no data available to show if any waiting times had been breached.
- Staff had access to the trust and local authority mandatory training schedules and this was linked to their annual appraisal. Mandatory training included Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards, safeguarding children and adults, life support, prevention and management of violence and aggression (PMVA). The trust provided training completion rates as at February 2016. The former Redbridge team (which was split into four localities on 1 April 2016) had the following completion levels for some mandatory training: health and safety at 68%, no completion rates were listed for PMVA. The Waltham Forest training completion rates for some mandatory training were: health and safety at 70%, no completion rates for listed for PMVA. All of these completion rates were below the trust's target of 85%. Staff had access to

and told us they attended mandatory training with the trust and councils. However training completion levels were not available from the trust for the teams we visited.

- There was good use of locum and agency staff where teams had vacancies. At the time of our visit, the Waltham Forest team had vacancies for four social workers and one occupational therapist, and the Cranbrook and Loxford service had vacancies for one administrative staff and four nurses. The Fairlop service had no vacancies.
- There was good access to psychiatrists in all three teams. We read in people's notes that they were referred quickly and a carer told us their cared for had been referred to the psychiatrist very quickly when they were unwell.

### Assessing and managing risk to patients and staff

- People's health was monitored while on waiting lists. The clinical lead nurse at the Waltham Forest team told us that nurses met fortnightly to discuss people on waiting lists and their caseloads. They called people they had not seen and updated the team on people's status and discussed complex cases. The Fairlop and Cranbrook and Loxford teams asked referrers to update them if there was a change in people's health while waiting for an assessment.
- The teams had access to mandatory safeguarding training. All training completion rates provided by the trust were accurate as at February 2016. Training completion rates were not available for the two new locality teams as they had formed a week before we visited. However the trust provided us with training levels for the former Redbridge team (the team which was split into four localities on 1 April 2016). Safeguarding training levels for the Redbridge team were 82% for safeguarding adults enhanced, 43% for safeguarding adults recognition and referral, 40% for safeguarding children level 1 and 84% for safeguarding children level 2. Some of these training completion rates were below the trust's training completion target of 85%.

# Are services safe?

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

The Fairlop team's training completion rates for adult safeguarding training were below the trust level with safeguarding adults recognition and referral training rate at 43% and safeguarding adults enhanced at 83%. The team's safeguarding children training fell below the trust training rate with completion rate of 40% for safeguarding children level 1 and 84% for safeguarding children level 2.

The Waltham Forest team had a 100% training completion rate for safeguarding adults recognition and 91% for safeguarding adults enhanced. Their training completion rates for safeguarding children were at 100% and safeguarding children level 2 at 76%.

- Teams demonstrated good knowledge on how to assess risk and how to report safeguarding issues. We saw safeguarding concerns were discussed during weekly team zoning meetings. The Waltham Forest team had safeguarding leads for each internal health team who monitored all safeguarding alerts made and attended the monthly safeguarding forum at their council.
- Staff at Waltham Forest told us they had a lone working policy in place, however, it was out of date and was being reviewed. First visits were always undertaken by two members of staff to assess risk and the trust supplied them with mobile phones and personal alarms. The Fairlop team had a lone working policy and staff had mobile phones. This practice was in accordance with the trust's lone working policy. The Cranbrook and Loxford team said their lone working policy was being developed and that not all staff had work phones or alarm system when on visits. This did not meet the requirements of the trust's policy
- During the inspection we reviewed 15 client records. Risk assessments were in place on all records. However, one person did not have an updated risk assessment for this year despite them requiring support to manage risk to themselves in the community. We brought this to the attention of the staff member we spoke with.
- Staff in all three teams responded promptly to changes in people's health. Internal referrals were made to the team's nursing staff who worked to engage people with their GPs.

- The Waltham Forest, Cranbrook and Loxford and Fairlop teams raised safeguarding alerts with the local authorities. This was agreed with the trust. The teams worked collaboratively with safeguarding teams and with the wider multi disciplinary team to manage risk. The Waltham Forest team attended learning from significant events forums with their local authority. The trust monitored safeguarding and other incident alerts at monthly management meetings.

## Track record on safety

- There were no serious incidents recorded in the previous 12 months for all three teams we inspected.

## Reporting incidents and learning from when things go wrong

- The teams reported into the trust and their councils using two electronic recording systems which did not communicate with each other. They told us this was problematic as information was fragmented and stored in two systems and that systems were often slow.
- Staff told us and we observed how they used the trust's management information system to report incidents. They used the trust's Datix electronic reporting system and Framework I and Care First when reporting incidents to the councils and used Rio for alerts to the trust. All incidents were reviewed by the trust at monthly leadership meetings. Feedback from the meetings were shared with frontline staff at monthly team meetings and were reviewed again in weekly zoning meetings. All teams we visited had weekly zoning meetings where they discussed complex work, ongoing cases, pre discharge reviews and referred new people into the team. Staff told us they were well supported by managers to report incidents.
- We found that the trust and the councils had good reporting structures for managing reporting from the teams. Staff told us they had strong working relationships with the reporting teams in the trust and councils.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- Comprehensive assessments were completed for all people in the 15 files we inspected. Staff also assessed people's communication needs and we observed where they documented how people wanted to be involved in decisions made about their care. Communication strategies were developed by the speech and language teams. The Waltham Forest team told us they developed their own assessment tool which included aspects of assessment relevant to each health professional group in the team.
- Cranbrook and Loxford and Fairlop teams received their referrals via the First Contact team who carried out triage assessments. These assessments were then passed to the duty team who allocated them to the relevant division across the locality pathway. The Waltham Forest team received referrals via their internal duty team.
- All care plans we scrutinised were holistic and recovery focussed. They documented people's work, social, travel and health activities and the support levels required to keep people who used the services safe.
- All 15 treatment records we looked at had health assessments. People's physical health was assessed when they first accessed the teams. Health assessments also contributed to health action plans and health passports which people used when visiting their doctor or hospital.
- The Waltham Forest team told us that they assessed complex needs using a scoring system which identified people's future support needs. This helped the team plan for future needs for people who used the service.
- The Waltham Forest team had a screening tool to assess people's needs before they were referred to the behavioural specialist. This made sure that appropriate support plans were developed for people with specific behavioural support needs.
- Staff stored assessments and care plans on local authority recording systems (Framework I and Care First) and they stored progress notes and additional documents on the trust's recording system (Rio). This caused problems for staff accessing information as they had to remember to look in two system to ensure they had all the data they required for their work.

- The Waltham Forest team told us their easy read service translated people's care information so it was more accessible to them.
- The teams contributed to people's health action plans and health passports with the information they gathered in health assessments.
- The Waltham Forest team told us that they were working to improve practice around family group conferencing. This was where families met the team to look at how they could better protect themselves from bullying and harassment from others. The team wanted to improve how they engaged families in this process and were meeting internally to explore how this could be done.

### Best practice in treatment and care

- The teams did not use outcome measures in their work supporting people. This meant that we did not observe any evidence of people's health or wellbeing changing while in the service.
- The teams participated in some clinical audits. These included antipsychotic prescribing for people with learning disabilities and prescribing for attention deficit and hyperactivity disorder in children, adolescents and adults.
- The Waltham Forest team had good access to a range of psychological therapies for people such as behavioural therapy and art therapy. Staff in the Fairlop and Cranbrook and Loxford localities told us there was deficit in the psychology team and therefore there was less therapeutic support available for people.
- One team told us that their psychologist presented a workshop on positive behavioural support. As a result the team included a behavioural scale for referrers when referring a person to the team. This encouraged the referrer to think and assess as widely as possible about the underlying reasons for a person's presentation. This was in accordance with the National Institute for Health Care and Excellence guidelines for working with behaviour that challenges.
- One occupational therapist told us they assessed people using The Model of Human Occupation Screening Tool. This was an evidence based assessment for occupational therapists to gain an overview into a person's occupational functioning.
- The Waltham Forest physiotherapist was a member of the association of chartered physiotherapists for people with learning disabilities. This meant they received best



# Are services effective?

Good 

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

practice updates from a national special interest group for supporting people with learning disabilities. The physiotherapist told us they trained some carers to do simple exercises with people who used the services. This supported carers to be more fully involved in this aspect of people's care.

- The Waltham Forest team met monthly to develop dementia pathways in the team. They had strong links with the local dementia services to share best practice when they worked with people with learning disabilities and dementia. This is an example of service innovation based on clinical audit.
- Physical healthcare was supported in each team by specialist nurses and work was noted in people's health action plans. The Fairlop team's nurses recently started a health check pilot group and seven to eight people attended the first three sessions.
- Staff visited and communicated with people's new support teams when they were placed out of area. This meant there was a good handover process to support other teams to support the person.

## Skilled staff to deliver care

- The teams we inspected comprised of a full range of experienced and qualified specialist professionals to care for the people who used the services, for example nurses, social workers, occupational therapists, speech and language therapists, psychologists, behavioural therapists, physiotherapists and psychiatrists.

The Fairlop team had a vacancy for one psychologist due to maternity and sick leave cover. This meant that people had less access to psychological treatment. Teams had behavioural therapists who supported the team to meet the specific needs of people with behaviour that challenges.

- Staff told us they received monthly supervision which was in accordance with the trust's supervision policy. This was corroborated by the supervision notes we reviewed in the supervision files and manager feedback. However, data which the trust provided us with indicated that the learning disabilities teams had an overall supervision completion level of 76% which was below the trust's target of 85%.
- Some staff told us they had access to specialist training for their role, for example personal budgets, positive behavioural support, leadership and sensory training.

One occupational therapist received funding to attend assessment of motor and process skills training. Teams told us that they did not have specialist autism training to meet the needs of people with an autism spectrum disorder. This meant that staff might not know how to make adaptations to help people feel less distressed, for example offering low stimulus meeting rooms.

- We heard poor staff performance was managed well. One manager described how they officially managed performance issues.

## Multi-disciplinary and inter-agency team work

- The teams we visited had weekly and monthly multi disciplinary meetings. These helped staff share best practice, manage people's risk and improve case management.
- We observed good partnership work between a range of health professionals after a home visit. There were good links between teams and the home treatment teams.
- All teams were well resourced with a wide range of experienced, skilled and competent staff.
- Occupational therapy staff told us they worked closely with care homes, domiciliary support, primary care, mobile wheelchair service and other community teams as required to support people.
- The Waltham Forest team told us they had good links with the learning disabilities liaison nurses at Stanmore and Whipps Cross hospitals. The links helped them order equipment for people so they could be discharged to their homes without unnecessary delay. They also had an established working relationship with the local trust's learning disability inpatient ward.

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

- Mental Health Act training was not mandatory for the teams we visited. Lack of this training may have led to staff did not having essential knowledge to work effectively with people with learning disabilities with regards to their rights under the Act.

## Good practice in applying the Mental Capacity Act.

- The teams supported people to make decisions and make best interest decisions where appropriate. However, in Waltham Forest, three files we scrutinised documented that three people were non-capacitous however there no capacity assessments to support this.

# Are services effective?

Good 

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

- Mental Capacity Act (MCA) training was mandatory on the trust training schedules. However training completion rates for this subject as at February 2016 were 65% for the former Redbridge team and 55% for the Waltham Forest team. These completion rates fell below the trust's target of 85%.
- We found all 23 staff we spoke to were very knowledgeable about the MCA. The psychiatrist, speech and language therapist and social worker in the Waltham Forest team carried out mental capacity assessments together. This helped develop their skills in this area.
- All 23 staff we spoke to had a good knowledge of the Deprivation of Liberty Safeguards process.
- All staff we spoke to knew how to get support from the trust when they had questions regarding the MCA.
- We heard that the trust monitored adherence to the MCA and teams had good links with the trust MCA lead.



# Are services caring?

Good 

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

## Our findings

### Kindness, dignity, respect and support

- All staff we spoke with spoke compassionately and warm about the people who use their services and the work they do to support them.
- We spoke with four people who used the service. They said they were well supported by staff and happy with the care they received. People told us they were treated with dignity, kindness and respect and supported to be independent.
- Family carers told us the team responded very quickly when their relative's care needs changed. Carers told us that staff were respectful towards them and their family members and worked flexibly to deliver support.
- We observed one multi disciplinary meeting which took place after a home visit. When reviewing the person's support needs, staff spoke about the person with sensitivity and a caring attitude. Staff took the time to explore all aspects of the person's support needs and this conveyed a caring and professional attitude.

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

- People and their carers told us staff provided advice support regarding direct payments and respite.

- We inspected one care record where staff carried out a baseline assessment on a person at risk of developing dementia. The team continued to monitor the person's health with their carers' support. One year later the carers told the team that the person's mental health had deteriorated and an urgent referral was made to the psychiatrist to assess their needs to prevent further deterioration and agree treatment.
- Carers told us that staff gave them clear explanations about support and care packages when they needed clarification.
- Carers were very involved in people's care and staff sign posted them to local carers' groups for their own support.
- Assessments we read documented how people wanted to be involved in their care so this could be honoured and communicated with the whole team as support was offered.
- Carers told us that people who used the services got copies of GP letters and care plans so they could monitor the support they were receiving.
- People who used the services were invited regularly to give feedback on the support they got. The Waltham Forest service ran a themed monthly survey for people and the results were displayed in the main reception area.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- The teams told us they responded promptly to incoming calls from people and their carers. However, some carers told us that they had difficulty getting through to the Cranbrook and Loxford and Fairlop services when they phoned. We read in incident reports that the Waltham Forest team had raised alerts about faults in the telephone system early in 2016. As a result the telephony system was fixed to ensure there were no faults on the line.
- The teams had an 18 week target time from triage to treatment. The trust were unable to provide information on any breaches to the waiting time targets so we were unable to establish if these had occurred.
- The teams saw some people quickly if their need was assessed as urgent by the triage team. For example, people requiring support for dysphagia were always seen as a matter of urgency within a couple of days.
- The teams were multi disciplinary and able to offer immediate assessments if necessary.

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

- People and their carers told us that physical and personal health issues were addressed sensitively.
- Where people could access buildings, there were a range of equipped rooms where they could be seen. There was a clinic room in the Waltham Forest service, however the Fairlop service did not have an examination couch in the clinic room so people had to have health assessments while they were seated. All rooms were adequately sound proofed which protected people's confidentiality.
- Information was available in easy read from staff at Fairlop. There was a range of easy read information available at the Cranbrook and Loxford service. There was no information on mental or physical health problems, local services, patients' rights or help-lines in easy read in the reception area at Waltham Forest. However the service manager told us that they were developing a new range of easy read materials for use.

### Meeting the needs of all people who use the service

- The multi disciplinary teams worked with a wide range of community services to meet people's needs, for example housing, carers' support services, benefit teams, employment, home care and voluntary agencies.
- Staff had access to interpreters and a signing service. We observed one annual review of a person where an interpreter was used to meet their communication needs. The staff member respectfully explored social and physical health issues and addressed the carer's support too. The staff member also maintained family member's confidentiality when discussing wider support issues in the family. Staff spoke respectfully about the person's cultural needs and agreed how these were to be met. Members of the team showed sensitivity to the person's mood and treated them with respect and dignity. Staff used a larger font, where appropriate, when writing letters to people with a visual impairment.
- The two services where people could visit were fully accessible and had internal lifts to access the upper floors. However, the lift in the Fairlop service was out of order when we visited.
- Staff told us they prepared recommendations for people's housing needs and took these to housing panels for approval.
- People had access to advocacy services. Leaflets were displayed in the Fairlop and Waltham Forest reception areas and staff at Cranbrook and Loxford gave them in person to people who used their service. .
- Staff could access leaflets in different languages when required for people.

### Listening to and learning from concerns and complaints

- Staff told us there was a complaints procedure and they were aware when people made complaints. One carer told us they had recently made a complaint and was waiting for a response. Posters and complaint leaflets were available in the two services which were open to visitors. The Cranbrook and Loxford office had complaint leaflets available for staff to use with people who used the service, however these were not in easy read format. There was one complaint during the period May 2014 to Dec 2015 at the time of our visit. This complaint was for Fairlop cluster at Cranbrook Road. The complaint regarded concerns raised about the care leading up to the death of the patient. This complaint was still under investigation

# Are services responsive to people's needs?

Good 

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

- Staff told us they received complaints from people and their carers about other community services and packages of care. The teams worked with families and community services to resolve issues and ensured people's needs were met.
- We heard that services responded to complaints from carers. One complaint made by a family led to the Waltham Forest team ensuring that staff cannot make important decisions about people's care without clearing it with the service manager.
- The Waltham Forest service started a carers' group to enable carers to give feedback directly to the service so improvements could be made.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- Team objectives were aligned with the trust's values of promoting independence and social involvement.
- The service managers we spoke to knew senior people in the trust.

### Good governance

- Staff received mandatory training however completion levels in many subjects were below the trust target rate of 85%.
- Staff were appraised annually and received monthly supervision. There was evidence of this on the staff files we inspected.
- Incidents were reported using the trust and councils' reporting systems. Incident reports we read showed evidence of regular reporting for a wide range of issues such as telecommunication issues, falls involving people who used the services and an assault on a member of staff
- Key messages from the leadership teams were passed down to the front line staff via team leaders in monthly team meetings and weekly zoning meetings.
- Staff learnt from incidents and complaints. For example, following a complaint from a family service managers agreed that staff could not make decisions about changes to care package without agreeing this with service managers. Feedback from people who use services was sought in all services. The Waltham Forest team held monthly themed feedback sessions and displayed the findings in the reception area for visits to read.
- Teams used robust safeguarding procedures to keep people safe. There was evidence of safeguarding activity in the files we read. However, staff were not trained in the Mental Health Act as it was not part of the trust's mandatory training agenda.

### Leadership, morale and staff engagement

- There were no bullying or harassment cases for these services in the past 12 months.
- Staff we spoke to knew how to use their whistle blowing process and felt able to raise concerns without fear of victimisation.
- Staff told us that they were well supported by their service managers. We heard that morale and leadership had improved in the Waltham Forest service since their new service manager joined in October 2015. The Cranbrook and Loxford and Fairlop teams had only officially been in place for one week when we visited. Staff said they were supported through the transition and while there were 'teething problems' they felt the service managers dealt with issues immediately.
- The teams reported they were happy in their jobs and said there was good morale across the services. Staff said their jobs were stressful because of the complexity of some people's needs requiring urgent attention. However they felt supported by service managers and colleagues. Service managers told us that staff could work flexibly to ensure good work life balance. Two members of staff told us they worked flexibly.
- Staff told us there were opportunities for leadership development. Two staff we spoke to had attended leadership management courses.
- Weekly team meetings gave staff the opportunity to suggest actions for service improvement. For example, teams were working to improve links with external dementia professionals and this was reviewed in team meetings.

### Commitment to quality improvement and innovation

- The Waltham Forest team met monthly to develop dementia pathways in the team. They had strong links with the local dementia services to share best practice when they worked with people with learning disabilities and dementia. This service is an example of service innovation based on clinical audit.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Teams did not keep data on waiting times from assessment to referral. This meant there was no evidence if waiting time limits were being breached.**

This is a breach of regulation 17 (2)(b)