

Requires improvement South West Yorkshire Partnership NHS Foundation
Trust

Community mental health services for people with learning disabilities or autism

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXG10	Fieldhead hospital	Barnsley Community Learning Disability Centre	S70 6RD
RXG10	Fieldhead hospital	Wakefield Central Community Learning Disability Nurses	WF9 4AA
RXG10	Fieldhead hospital	Horizon Centre Community learning Disability Service	WF1 3SP
RXG10	Fieldhead hospital	Calderdale Community Learning Disability Service	HX7 6AG
RXG10	Fieldhead hospital	Kirklees Assessment Team	WF13 4AD

Summary of findings

RXG10

Fieldhead hospital

Kirklees Community Learning
Disability Service

WF13 4AD

This report describes our judgement of the quality of care provided within this core service by South West Yorkshire Partnership 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 South West Yorkshire Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of South West Yorkshire Partnership NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



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

Contents

Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	9
What people who use the provider's services say	9
Good practice	9
Areas for improvement	9

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	13
Action we have told the provider to take	20

Summary of findings

Overall summary

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

- Some of the community nursing teams were co-located and managed within local authority community learning disability services. These teams utilised the local authority electronic recording systems to create and maintain patient records. Although these staff could access Rio, the trusts electronic recording system, they were not all able to update the records and could not easily share the information held on the local authority system. Staff that used Rio told us the system did not enable them to input and upload some assessments which they had to store on a network drive. This resulted in staff from other teams being unable to directly access all the relevant information on a patient's record.
- We saw evidence that patients risk was assessed as part of their initial assessment however risk assessments were not always reviewed routinely, unless there was a known change in a patient's needs.
- The teams integrated within local authority services were not governed by any key performance indicators and were not required to provide performance data to enable the trust to monitor the quality and safety of service provision.

- Psychology teams were not always meeting the services target of 18 week treatment pathway and some people had been waiting 13 months to access the treatment.

However,

- Patients had holistic care plans based on individual need, including care plans in easy read formats. Staff demonstrated a strong person centred culture through their knowledge of the patients they supported.
- Teams held weekly meetings to review new referrals and waiting lists, where patients presented to be in crisis the service would prioritise their need for support.
- Staff were supported to make suggestions for innovative ideas. The service had supported the development of the 'cook and eat' books, a range of easy read cook books designed for use by people themselves and within therapy sessions.
- The service had a robust process in place to record incidents, learn from incidents was reviewed at management level and disseminated through to teams. Staff were all aware of their responsibility under the duty of candour and this had been incorporated in to the incident reporting system.

Summary of findings

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

Are services safe?

We rated safe as good because:

- The service had a process in place to record and learn from incidents.
- Staff were aware of the duty of candour and their responsibilities under this. Systems incorporated a process for ensuring staff adhered to this.
- Staff had all received training in safeguarding adults and were able to demonstrate knowledge of safeguarding procedures.

However

- Risks highlighted in the initial patient assessment were not always reflected in formal risk assessment documentation.
- Staff did not always routinely review assessed risk, unless there was a change in the person's needs.
- The use of the services risk assessment tool was inconsistent across the service.

Good



Are services effective?

We rated effective as good because:

- Although risk assessment documentation did not reflect all the identified risks, all people who used services had received a comprehensive initial assessment.
- People who used services had holistic care plans based on individual need, including care plans in easy read formats.
- The service provided a range of interventions recommended by national guidance.
- The service employed a range of professionals from different disciplines including nurses, therapists, psychologist and psychiatrist.
- Regular multidisciplinary meetings took place.
- Staff demonstrated knowledge of the Mental Capacity Act and assessed people's capacity when seeking consent.
- Staff received regular supervision.

However

- The multidisciplinary team could not access the recording systems used by teams which were integrated with local authority services.
- The quality of the recording of care plans and capacity assessments was inconsistent.

Good



Are services caring?

We rated caring as good because:

Good



Summary of findings

- Staff demonstrated a strong person centred culture through their knowledge of the patients they supported.
- We observed staff interacting in a kind and caring manner.
- Patients and carers we spoke to were happy with the care they received and spoke highly of the staff.

Are services responsive to people's needs?

We rated responsive as requires improvement because:

- Teams were not always meeting the services target of 18 week treatment pathway.
- Teams had waiting lists and in some cases, people had been waiting 12 months to access the service.

However,

- Where patients were in crisis the service would prioritise their need for support.
- Where people did not attend appointments staff tried to re-engage patients including liaising with other disciplines who supported the patient.

Requires improvement



Are services well-led?

We rated well led as requires improvement because:

- Where teams were integrated within local authority services, the systems used were unable to share information across the service.
- Integrated teams were not governed by any key performance indicators and did not feedback data to the trust.
- Staff expressed concerns regards the future restructure of the service.

However

- Staff knew the organisations values and these were discussed in individual appraisals.
- Staff were aware of the service management structure.
- Staff were supported to make suggestions for innovative ideas and the service had supported the development of the 'cook and eat' books.

Requires improvement



Summary of findings

Information about the service

South West Yorkshire Partnership NHS Foundation Trust (SWYPT) provided community learning disability services across Barnsley, Wakefield, Calderdale and Kirklees. A clinical lead, operational manager and practice governance facilitator known as the TRIO led the service.

The trust provided a range of services including community therapy, assessment and intensive support, integrated community nursing and psychological therapies.

The structure of the teams and the services provided across the geographical locations varied and the trust was in the process of redesigning services through a community transformation programme.

We visited:

Barnsley community learning disability centre which was based at the Keresforth Centre and provided nursing, therapy, psychology, psychiatry and intensive support services across Barnsley.

Wakefield central community learning disability nurses which was one of three integrated nursing services across Wakefield consisting of nurses and health care support workers. The team was co-located and managed within the local authority community team.

Horizon centre community learning disability service which provided therapy, psychology and psychiatry services across Wakefield. The service also had one outreach nurse.

Calderdale community learning disability service which provided nursing, therapy, psychology, psychiatry and intensive support services

Kirklees assessment team which was a nurse led team which provided assessment and intensive support services across Kirklees.

Kirklees community learning disability service which was based at Folly Hall the service was co-located and managed within the local authority community team. The service provided community nursing, physiotherapy and occupational therapy across Kirklees.

The Care Quality Commission has not previously inspected these locations.

Our inspection team

The team was led by:

Chair: Peter Jarrett, Retired Medical Director

Head of Inspection: Jenny Wilkes, CQC

Team leader: Chris Watson, Inspection Manager, mental health services, CQC and Berry Rose, Inspection Manager, community health services, CQC

The team that inspected this core service comprised: a CQC inspector and two specialist advisors, one learning disability nurse and one psychologist.

Why we carried out this inspection

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

Summary of findings

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 focus groups.

During the inspection visit, the inspection team:

- visited six of the community teams
- spoke with 15 patients who were using the service
- spoke to seven carers of people who use the services
- collected feedback from 44 comment cards
- spoke with 37 staff members; including psychiatrists, psychologists, nurses and occupational therapists and physiotherapists
- attended three multi-disciplinary meetings
- accompanied staff on 10 visits.
- looked at 25 treatment records of patients.
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

During the inspection, we spoke with 16 people who used services. We spoke with seven carers and observed 13 clinical engagements including ten home visits.

People who used services and their carers spoke highly of staff and of the level of care provided. They felt staff listened to them and felt involved in decisions about the care they or their relative received.

We received 40 comments cards. The comments made relating to staff all reflected the views of the people we had spoken to that staff were caring.

Good practice

We spoke to one member of staff who told us of their journey from receiving support from the service, through to their discharge from the service and gaining employment with the trust. They told us this would not have been possible without the support the service had provided.

We were shown a range of 'cook and eat' easy read cook books. A member of staff had co-produced the books with a group of patient consultants. The cook books were designed to help people with a learning disability cook independently and were used within therapy sessions to support people develop confidence and independence.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure timely access to psychological therapies.
- The provider must ensure systems and processes are in place to monitor the quality and safety of services integrated with local authority services.

Summary of findings

Action the provider **SHOULD** take to improve

- The provider should ensure their risk assessment tool is used consistently across the service.
- The provider should ensure staff consistently record details of decisions within capacity assessments.
- The provider should ensure there is a process for all staff to access information held in clients electronic records.

South West Yorkshire Partnership NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Barnsley Community Learning Disability Centre	Fieldhead hospital
Wakefield Central Community Learning Disability Nurses	Fieldhead hospital
Horizon Centre Community learning Disability Service	Fieldhead hospital
Calderdale Community Learning Disability Service	Fieldhead hospital
Kirklees Assessment Team	Fieldhead hospital
Kirklees Community Learning Disability Service	Fieldhead hospital

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.

The trust did not record training in the Mental Health Act (MHA) as mandatory training. Staff within teams had received training as part of their core training. Staff we spoke to demonstrated a good understanding of the Act and how to apply it.

Advice and support was available through a central MHA team.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The trust did not record training in the Mental Capacity Act (MCA) as mandatory training. Staff within teams had received training as part of their core training.

Staff demonstrated an understanding of the five statutory principles of the Act. There was evidence that staff had completed capacity assessments and made best interest decisions where necessary.

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

Four of the six services we visited provided the option for patients to attend outpatient clinics at the service. The buildings were well maintained and the environment was clean. We saw evidence of cleaning schedules which demonstrated the buildings were cleaned daily and equipment routinely cleaned as required.

Interview rooms were seen to be well maintained and accessible with alarm points to enable staff to call for assistance if necessary.

Staff demonstrated an awareness of infection control procedures and prevention measures were in place including hand gel.

Buildings were secure and had entry and exit procedures, reception staff at all sites managed a system for visitors to sign in and out.

Safe staffing

The service employs 128.8 whole time equivalent substantive staff across the localities. The trust informed us that in the twelve month period up to November 2015 the vacancy rate for the service were 2.4% and the current sickness figures were 3.3%.

Across the service, the staffing structures of each team we visited were different depending on the geographical location and function of the team.

The service had not taken a structured approach to estimate staffing levels and staff told us staffing levels and disciplines within teams were based on the teams' historical development. Staff told us the current staffing levels had an impact on their ability to provide a service and had led to increased waiting lists.

In Barnsley and Calderdale the community learning disability teams comprised of a range of disciplines operating from the same building including:

- <> occupational therapists
- <> speech and language therapists

- <><>

Three teams of community nurses were co-located and managed within local authority learning disability teams in Wakefield. The wider multidisciplinary team including occupational therapists, physiotherapists, speech and language therapy, psychology and psychiatry were located at the horizon centre.

Kirklees had nurses, physiotherapists and occupational therapists integrated and managed within local authority learning disability teams.

Kirklees assessment team were a nurse lead team providing intensive support to people who presented with behaviour which challenged.

The trust were unable to provide individual caseload numbers for staff within the service. The staff we spoke to informed us that caseloads varied across disciplines and teams. Staff informed us the trust had some vacancies on hold, until the service had completed the transformation programme which sought to address the inconsistencies across the service. This was putting pressure on staff and had increased some caseloads. In the case of the Kirklees assessment team, staff were carrying caseloads of up to 40 patients whereas these had previously been around 25 – 30.

Some of the vacancies which were on hold were team leader posts, staff in these teams told us this had placed additional responsibility on them to perform management tasks.

Staff informed us they did not use agency staff to cover nursing or therapy absence and would cover these within the team through prioritising the needs of patients. When staff were absent for long periods or a team had a vacancy the service would offer secondment opportunities to cover these.

There was a mandatory training programme in place. Staff told us training was delivered both face to face and by e-learning. Managers monitored compliance through supervision and were able to access individual training

Are services safe?

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

records through the intranet for their teams. We saw evidence of staff receiving email alerts when they were due to refresh a mandatory course. The average mandatory training rate for the service was 81%.

Assessing and managing risk to patients and staff

The service had a risk assessment tool based on the Sainsbury's centre for mental health risk assessment tool.

Staff assessed patients' risks during the initial assessment and a more detailed risk assessment was completed if risks were identified. We saw evidence of staff identifying the need for a crisis plan and developing a plan within the initial assessment.

We reviewed 25 records across the service and saw evidence that staff had completed risk assessments and these were in date. Staff reviewed and updated risk assessments as the patients' needs changed.

However, we found the use of the services risk assessment tool varied across teams and disciplines. Different processes were used to record risks including the use of different templates. Some records incorporated risk management within care plans and others recorded changes to risk within daily progress notes. This meant staff could not easily access information around current risks and that information could be lost within progress notes.

Staff told us they did not always routinely review and update risk assessments if a patients needs had not changed.

Where teams had waiting lists for treatment, staff informed the patient by letter and reviewed the waiting list weekly to prioritise patients need for service. Staff would prioritise allocation based on patients' needs, level of risk and time on the waiting list. Staff informed us they sometimes took on a priority case if they had other patients on their caseload who could manage with reduced support.

Staff informed us their caseloads were reviewed in allocation meetings and supervision. We observed one psychology referral meeting where new referrals and current caseloads were discussed as part of the allocation process.

Staff attended safeguarding training as part of the mandatory training programme and all staff we spoke to could describe how they would identify concerns and knew how to raise an alert.

The service had two lone working processes across the teams. Some nursing staff had badges which staff used to record their location. If a staff member then became concerned for their safety, they could use the badge to wirelessly raise an alert. Staff who did not have access to the badge system utilised a buddy system. Staff recorded appointments in both their electronic diary and on a whiteboard when leaving the building.

Staff we spoke to were all able to describe the lone working processes they used and what action to take should they be concerned for their own safety or the safety of a colleague. Staff said they were confident in the process, although they had rarely needed to action them.

Track record on safety

There were no serious incidents reported for these services between 30 June 2014 and 19 September 2015.

Reporting incidents and learning from when things go wrong

Staff knew the process for reporting incidents and could describe the type of incidents they should report.

The service used an incident reporting system to log and track incidents and complaints. Managers were able to view reports on the system for their team and the whole service. Managers discussed the learning from incidents in the monthly governance meeting and disseminated this learning through team meetings and supervision. We reviewed minutes of three governance meetings and saw evidence of incidents being discussed in the meetings.

All the staff we spoke to were confident that the service would support them following an incident.

Staff were able to describe their responsibility under the duty of candour and we saw evidence that this was built in to the incident reporting system. The system would automatically prompt staff to consider their responsibilities and to record actions taken.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

We reviewed 25 care records and saw evidence that staff were completing comprehensive, holistic assessments. Assessments and care plans were person centred and incorporated patients' mental and physical health needs. Records reflected the person's views where appropriate. Where patients did not have capacity, we saw evidence of best interest decisions within their care plan however; capacity assessments did not always reflect the detail of the process followed in assessing capacity and making the best interest decision. Although the staff we spoke to were able to describe the process, they took to assess patients' ability to understand, retain, use and weigh up the information.

We saw evidence of staff developing care plans in different formats including easy read formats, based on the needs of the patient.

The service used the Rio electronic records system to store patients' files. Staff across all disciplines could access the patients' records on the Rio system. However, staff told us the system did not allow them to input all the assessments used by the various disciplines. Staff were unable to upload documents therefore, not all assessments were stored on Rio. Staff had scanned these documents to a shared drive within a specific team's area of the network. This resulted in other teams or disciplines being unable to access the information directly.

Staff in the integrated services worked on the local authority system and maintained their records on different electronic systems which did not link to the Rio system. This meant that members of the wider multidisciplinary team were unable to access all the information held on the local authority system. Staff based in the local authority teams could access Rio although some staff told us they had read only access so were unable to record in patients records.

Best practice in treatment and care

The service provided access to a range of treatments including nursing, occupational therapy, physiotherapy and speech and language therapy. Staff assessed patients' needs through the initial referral and allocated to the team who could provide the best treatment.

Clinicians demonstrated a good knowledge of the National Institute for Health and Care Excellence guidance. Psychological therapies were available within each geographical area including cognitive behavioural therapy, dynamic psychotherapy, and gradual exposure.

However, each psychology team had a waiting list which breached the services target of 18 weeks maximum wait.

Staff told us historical restructures had reduced the size of the psychology teams and there were plans to increase these to meet the demand as part of the transformation programme.

Patients who presented with behaviour that challenged received positive behaviour support through specialist nurses or psychologists. We saw evidence of positive behaviour support plans within the patients files. The plans demonstrated comprehensive person centred information including triggers, warning signs, preventative and de-escalation strategies.

Care records also demonstrated consideration of physical health needs including health action plans and health passports.

The service used the therapeutic outcomes measures tool to monitor and assess patient outcomes. Staff told us that different disciplines also used other outcome tools where appropriate based on the needs of the patient for example the assessment of motor and process skills and the timed up and go measure.

However, staff informed us that the teams co-located under the local authority did not complete any outcomes measures and neither the trust nor the local authority required them to do so.

Staff informed us that they did not participate in many clinical audits though had completed the trust mental health services clinical record keeping audit. Staff informed us they audited the waiting lists.

Skilled staff to deliver care

The service employs a range disciplines to provide care to the patients including:

- nurses
- occupational therapists
- physiotherapists
- speech and language therapists
- psychology

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.

- psychiatry.

Staff were appropriately qualified for their roles and told us they had received both a trust and a local induction. Staff complete mandatory training and had access to core training specific to their role and the needs of the patients. The staff we spoke to told us they could request training if they identified this as a need through supervision.

Some staff had been supported to complete a degree course in applied behaviour analysis to develop their specialist role.

Each team maintained their own supervision log and we saw evidence that staff received regular supervision. Staff we spoke to confirmed they had received supervision and could discuss their development needs within supervision and appraisals. Staff told us they had access to team meetings and were able to contribute to these.

The trust informed us that 80% of non-medical staff had an appraisal in the last 12 months and that 56% of doctors had been revalidated in the last 12 months.

Multi-disciplinary and inter-agency team work

All teams worked within a multidisciplinary team (MDT) framework. Teams who were co-located in local authority teams demonstrated good links with their colleagues in the wider MDT though told us they did feel isolated from the trust at times, although valued the links they had with the local authority.

We reviewed the minutes of six MDT meetings and observed three MDT meetings. We observed a collaborative working approach. Staff were able to share concerns and provided peer support. Discussions were well planned and structured covering changes in presentation, risk and care plans. The meetings also considered referrals and allocations. Patients and carers were also able to attend discussions around their care in MDT meetings.

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

Mental Health Act training was not part of the trusts mandatory training programme, however, it was available as core training. The trust did not routinely capture compliance information on core training so we were not able to see training records. Staff we spoke to told us they had received training and were able to show us their individual training records on the trust intranet.

Staff informed us they could obtain advice on any issues through the trusts Mental Health Act office or colleagues on the wards who worked more closely with the Act.

The staff we spoke to in the intensive support services demonstrated an understanding of the principles of the act. Staff at the Kirklees assessment team informed us their role was to try to prevent admissions through supporting patients to reduce the risk to themselves or others.

Good practice in applying the Mental Capacity Act

Mental Capacity Act training was not part of the trust's mandatory training programme; however, it was available as core training. The trust did not routinely capture compliance information on core training although the staff we spoke to told us they had received training.

Staff demonstrated an understanding of the five statutory principles of the Act and its relevance to the patients.

We saw evidence of mental capacity assessments within patient records with evidence of best interest decisions being made and communicated where patients did not have the capacity to make a decision.

Where a mental capacity assessment was completed, we saw evidence that staff had assessed patients' ability to understand, retain, use and weigh up the information necessary to make a decision although the recording of this process was inconsistent across the service and some assessments lacked the detail of the process staff had followed.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

We observed 13 clinical interactions including ten home visits. We observed genuine caring interactions between staff and patients. Staff engaged with both patients and carers in a respectful manner.

We observed staff take their time with patients and completed tasks in a way to both engage and empower the patient, adapting communication to suit the needs of the patient.

We spoke to 15 patients and seven carers, all said staff were caring, and felt staff treated them with dignity and respect.

Forty four CQC comments cards were received during the inspection. Comments received relating to care and treatment reflected the views of the people we spoke to that staff were caring and treated people with dignity and respect.

The involvement of people in the care that they receive

We observed staff interactions involving both patient and carers in discussions around care plans, treatment and progress.

All people we spoke to said they felt involved in care planning and decisions about the care they or their relative received and were able to attend MDT reviews when appropriate.

We reviewed 25 care records and saw evidence of patients' involvement in their care planning and risk assessment, including care plans which had been developed in an easy read format to meet the patients' needs. We saw evidence that staff had assessed patients' mental capacity and decisions were made in a patient's best interest where they were assessed not to have capacity. Where a patient did not have someone to act on their behalf the service could access advocacy through the cloverleaf service.

Patients were able to provide feedback on the service they received using the friends and family cards. We saw easy read leaflets informing patients how to make a compliment or a complaint.

Are services responsive to people's needs?

Requires improvement 

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

Our findings

Access and discharge

The service had a target of 14 days from referral to triage and a maximum waiting time of 18 weeks for treatment.

Teams had weekly referral meetings and were meeting their 14 day target however; some psychology teams had waiting lists which breached the 18 week target set by the service. Staff told us some patients had been waiting as long as 13 months for assessments. Information received from the trust, indicated the Wakefield psychology team had the largest waiting list of 73 patients.

Kirklees community learning disability team also had breaches of the 18 week target on their waiting lists, in the case of occupational therapy two patients had been waiting since 2014.

However, the teams reviewed waiting lists in weekly allocation meetings assessing the patients' risk, changes in situation and length of time on the waiting list. Staff gave priority to referrals which were urgent or identified as having the highest need.

Staff told us they could respond promptly when people who used the service phoned for support and would offer support over the phone or arrange an appointment to visit the person. Patients and carers we spoke to said they felt the service would offer support if they needed it though would call emergency services in a crisis.

Teams were proactive in re-engaging people who did not attend appointments. Staff told us they would try to call or write in the first instance and would liaise with staff from other services or disciplines who supported the individual in order to re-engage the individual.

The facilities promote recovery, comfort, dignity and confidentiality

Buildings that patients visited were well maintained, clean and had appropriate furniture. Rooms were available for individual consultations and were adequately sound proofed to maintain people's privacy.

The Wakefield community team had a spa bath and a sensory room at the horizon centre which patients or carers could arrange to use to promote relaxation.

There was a range of information available in reception areas and throughout the buildings. This included information in easy read formats, meeting the needs of people who used the service.

Meeting the needs of all people who use the service

The community teams generally worked with people in their own homes. However, where patients attended outpatient appointments the buildings were accessible to people with disabilities and provided interview rooms on the ground floor.

Teams had access to translation services including face to face and telephone services. Staff told us the service was of a good quality and responsive to requests. One staff described a situation where they had needed to meet with a new referral several times over a period of weeks. The translation service had arranged for the same interpreter to attend all appointments to maintain consistency for the patient.

Staff told us they could request information in different languages and formats as required. The service also had a programme staff could use to produce easy read information and care plans.

Listening to and learning from concerns and complaints

Trust data showed that only two complaints were received in the last twelve months and that both of these had been upheld. One member of staff told us of a complaint which resulted in the provision of extra training for staff.

None of the patients or carers we spoke to had made a complaint though all said they felt they would be able to if they wanted to.

The staff we spoke to were all aware of the complaints process and how to escalate complaints if necessary. Staff told us that the learning from complaints would be shared with individuals and teams as appropriate through team meetings and supervision.

Are services well-led?

Requires improvement 

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

Staff we spoke to knew the trusts vision and values and told us these formed part of their appraisal.

Staff knew the management TRIO for the service however, staff did not feel the board were present within the service and were unable to name them.

Good governance

The service was unable to monitor staff compliance with Mental Capacity Act or Mental Health Act training as mandatory training. However, we saw evidence of individual staff training records on the trusts intranet detailing the core training staff had attended.

staff were unable to demonstrate engagement within clinical audits within the service apart from the clinical records audit.

The use of key performance indicators, to gauge team performance beyond the use of CQUIN outcomes was inconsistent across the service. Teams who were co-located within local authority teams were unable to evidence they reported their performance formally to the trust

Teams used different electronic recording systems based on their location within the service and geographically. The systems did not communicate and there were no process in place to ensure information was shared across teams effectively.

However staff were aware of how to report incidents and there was a process in place to share learning across the service. Staff were aware of the trust risk register and were able to raise concerns through the management structure.

Leadership, morale and staff engagement

Across the service the staff sickness and absence rate was 3.27%. There were no reported cases of bullying and harassment and the staff we spoke to were all aware of the whistleblowing process and felt able to use this if they needed to.

Staff told us it had been a difficult year due to the transformation programme and that they did not feel the board had communicated the changes very well. Staff told us they were still unsure how the new structure would streamline the service. However, staff felt the local leadership and the TRIO were all supportive.

Commitment to quality improvement and innovation

The service participated in the Commissioning for Quality and Innovation (CQUIN) programme which encouraged providers to share and continually improve how care is delivered, to achieve transparency and improvement.

We saw evidence of the service supporting a member of staff to publish a range of easy read cook books in partnership with a group of patient consultants. We spoke to the member of staff who developed the books who told us that although there had been a lot of process to go through she had felt the service wanted to support her idea and to develop the books for use by people with a learning disability and by staff within therapy sessions.

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

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

We found that waiting times to access psychological therapies was high. This had the potential to impact upon individual's wellbeing.

This is a breach of Regulation 9 (3) (b)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the use of key performance indicators was inconsistent across the service. Teams co-located in local authority teams were not required to provide KPI information beyond the use of CQUIN outcomes to enable the trust to monitor and improve the quality and safety of the services.

This is a breach of Regulation 17 (2) (a)