

Good

Cornwall Partnership NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

Tel: 01726291000

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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)
RJ8H5	Head Office	West Cornwall Adults with Learning Disabilities Team	TR15 2SP
RJ8H5	Head Office	Mid Cornwall Adults with Learning Disabilities Team	TR4 9LD
RJ8H5	Head Office	East Cornwall Adults with Learning Disabilities Team	PL31 2QN

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

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 or autism as good because:

- There were safety procedures and protocols in place that staff followed in relation to personal safety, infection control and medication storage. Each team had access to a full range of experienced health professionals. Caseloads were of a manageable size. There were some staff vacancies and speech and language provision had been placed on the team risk register.
- Staff completed comprehensive assessments of service users which included physical health needs. Staff reviewed the assessments regularly. Staff and service users could easily access a psychiatrist during office hours. Out of office hours psychiatric help was only available as part of the general psychiatry on call rota. In April 2015, we said that the trust should discuss with commissioners out of hours provision. Team managers we spoke to told us that following the April 2015 inspection they had reviewed learning disability contacts to the out of hours service and found that the impact of not having a learning disability specific psychiatrist on call had a limited impact. There had been two contacts over three months.
- There was evidence based care pathways in place that led to the development of personalised care plans.
- In April 2015, we said the trust should continue to improve working relationships with the adult social care service to further develop the model of care in line with current and projected population changes. During this inspection, we found that the teams had effective working relationships with other services. However, staff felt that moving away from the co-location model had not helped maintain these relationships.
- The team had addressed the risk of over-use of psychotropic medication in learning disabilities, by introducing innovative practice such as the purple book. The purple book was a record that the service user could carry that showed what medication they had been prescribed and why.
- Service users and carers reported that staff always treated them with respect and that they were involved in their care. The teams showed learning from complaints. Staff had recorded service user involvement in the electronic record. Service users had helped develop the service by being on interview panels and the learning disability advisory group. Staff recorded communication needs on the electronic record as an alert and the teams had trained communication champions across Cornwall.
- There were no waiting lists and the teams met their targets for referral to treatment times. Staff had made reasonable adjustments to appointments to meet the needs of the service users.
- During the April 2015 inspection, we told the trust that it should ensure that all staff and team managers have access to well-structured and effective support and supervision through the re-design process, with a clear plan to monitor and undertake impact assessments on staff health and wellbeing. During this inspection, we found that managers gave staff regular structured supervision.
- Staff reported team morale as good and staff felt they could approach their managers if they needed to raise an issue. Staff felt they had the opportunities to input into service development.
- Team managers had put plans in place to monitor and review risks to service provision, particularly around staffing.

Summary of findings

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

Are services safe?

We rated safe as good because:

- There were systems in place to ensure safety, including alarms in meeting rooms and a lone working protocol. Staff had stored medication keys securely and a pharmacist checked medication regularly. There were posters recommending infection control practices.
- Each team had staff experienced in working with people who have a learning disability. There was an escalation process for staff shortages.
- There were no waiting lists and the teams met the referral to treatment times. Managers monitored caseloads to make sure they were manageable. Psychiatrists were available during team hours and staff could access them when needed.
- Staff completed risk assessments during the first assessment and reviewed them regularly. Staff completed crisis plans with service users. Teams knew what to report as safeguarding issues.
- Managers could use the electronic incidents reporting system to monitor trends and give feedback to staff. Managers fed back learning from incidents in team meetings and supervision. Staff had told patients if something had gone wrong with their care and apologise.

However:

- The teams had a higher than trust average sickness rate and could not cover this with bank staff.

Good



Are services effective?

We rated effective as good because:

- Staff identified services users' needs through assessments and there were care plans in place to meet them. Care plans were personalised and were reviewed regularly. There was an evidence based care pathway for staff to follow. Staff reviewed the pathways regularly to keep them up to date. The teams kept records securely in the trust's electronic record system and staff could access this via their laptops.

Good



Summary of findings

- There were effective multidisciplinary meetings; the decisions from these were recorded in patients' records. Staff reported working well together. Staff in the mid team could access professional support from the other teams. The teams worked well with other agencies and care providers.
- The teams were actively addressing the risk of over-use of medication for people with learning disabilities. They were reviewing all patients on two or more anti-psychotics medications and had developed the purple book to check the prescribing of anti-psychotic medications.
- The teams had completed a full assessment of needs including physical health needs. Staff made sure the person received the physical health care they needed. The team could give service users information about physical health needs in an easy read format.
- Staff were receiving management, clinical and peer supervision on a regular basis. Staff had an annual appraisal.
- There were appropriate capacity assessments recorded in service users' records. All capacity assessments were decision specific.

However:

- The teams had an increasing number of vacancies. Because there were a high number of speech and language therapy vacancies the manager had included them in the team risk register. Staff were concerned that changes to staffing could affect the care provided.
- Staff expressed concerns that the locality model could affect the ability to use staffing across the county. This was because budgets were not used just for the learning disability teams.

Are services caring?

We rated caring as Outstanding because:

- Staff treated services users with respect and showed a good understanding of their needs. All service users and carers we spoke with felt involved in their care. The teams had agreed with the service users who they wanted involved in their care. Staff recorded service users and carers involvement in their care, in the electronic record.
- The teams involved service users in service development. Service users interviewed new staff and there was an advisory

Outstanding



Summary of findings

group that reviewed new working practices and service information leaflets to ensure they were suitable for the patient group. Staff encouraged patients to give feedback to the service via questionnaires.

- The team recorded communication issues as an alert on the electronic record system to tell staff what the service user's communication needs were. The service trained communication champions, whose role was to promote communication within their work place.

Are services responsive to people's needs?

We rated responsive as good because:

- The teams had no waiting lists and met their target for referral to treatment times. The teams would respond to services users' calls on the day they rang them. Staff would be flexible with appointments to ensure they met service users' needs. They would change appointment times and contact service users by telephone as required.
- Team bases had suitable access, for people with restricted mobility, and appointment rooms that offered privacy. Information was available in an easy read format and was displayed where service users could see it.
- Staff could show learning from complaints. Staff gave service users Patient Advice and Liaison Service information at the beginning of their treatment and throughout the period of care.

Good



Are services well-led?

We rated well-led as good because:

- The teams knew the trust values and based team goals and appraisals on them. Senior managers attended team meetings regularly.
- Managers felt they had the correct level of authority and support to do their jobs. Managers monitored team training and addressed it with staff if they were not meeting trust standards. All staff could add items to the team risk register.
- Team morale was good and there were no reports of bullying. All staff we spoke with told us that the team members worked well together and supported each other giving the best care and treatment to service users.

Good



Summary of findings

- Managers could attend leadership training. There were development plans in place for staff to develop leadership skills, within the teams. The team managers encouraged staff to input into service development.

However:

- Staff reported that the sickness policy did not support staff when they had planned or longer-term sickness.
- Internal complaints could take a long time to resolve.

Summary of findings

Information about the service

Community mental health services for people with learning disabilities or autism consisted of three teams the east, west and mid community teams. The east and west teams offered specialist health care assessments and interventions for people with a learning disability. They offered assessment, diagnoses and evidence based intervention in areas such as dementia, epilepsy, autism, mental health and behaviours that challenge. The mid team offers a countywide intensive support team for people who have more complex behaviours that challenge, and an epilepsy service. The mid team was in the process of employing two nurses to offer a liaison service between learning disabilities and mental health services.

The service works alongside other statutory, voluntary and private organisations to help meet the health needs of people with a learning disability.

This was the second inspection of these services. In our previous inspection, we rated the service good in the safe, effective, responsive and well-led domains, and outstanding in caring. There were no compliance actions.

In April 2015, we told the trust that it should establish clear plans for assessing and monitoring buildings and facilities, in particular the east resource centre, which has been identified as unfit for purpose. During the most recent inspection, we found that all buildings were clean and well maintained and that the east community team was now based in a new building.

Our inspection team

The inspection of Cornwall Partnership NHS Foundation trust was led by:

Karen Bennett-Wilson, head of hospitals inspection, supported by Michelle McLeavy, inspection manager, mental health and Mandy Williams inspection manager, community health.

The team that inspected this core service comprised Care Quality Commission (CQC) inspector, Gavin Tulk

(inspection team lead) and one other inspector, three specialist advisors with experience in working in learning disability services and one expert by experience. An expert by experience is a person that has experience of using services directly or through supporting a member of a family who is accessing services.

One specialist advisors was a nurse, one was an occupational therapist and the other was a psychologist.

Why we carried out this inspection

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

The trust merged with Peninsula Community Healthcare NHS Trust in April 2016 and as such we always undertake a comprehensive inspection at an appropriate time following a merger.

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?

Summary of findings

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 three focus groups.

During the inspection visit, the inspection team:

- visited all three community team bases and looked at the quality of the environment
- spoke with four service users
- spoke with the managers or acting managers for each of the teams

- spoke with 25 other staff members; including doctors, nurses, speech and language therapists and occupational therapists
- interviewed the consultant nurse
- attended and observed seven visit and other meetings involving patient care.

We also:

- looked at 17 treatment records of service users
- carried out a specific check of the medication management in one team base
- 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

All carers that we spoke to told us that the teams offered an excellent service. They felt that the teams listened to them and the service users. Staff were knowledgeable caring and respectful to service users and carers.

Good practice

The trust provided learning disability liaison nurses in to general healthcare settings, GP surgeries and hospitals, ensuring they linked with the learning disability teams to ensure people received the health services they needed. The trust had also developed a mental health liaison role based with the learning disability community teams.

The teams had developed the purple book. This is a record of anti-psychotic and epilepsy medication that is prescribed to the person with the aim of stopping over medication of people with a learning disability, autism or both.

To help meet the communication needs of people with learning disabilities the teams had trained staff working

in care providers and businesses across Cornwall to be communication champions. Communication champions helped to promote better communication. The speech and language staff had trained 380 people since 2013. The teams produce a weekly newsletter which helped care homes become total communication environments. The teams recorded communication needs as an alert in the electronic care record.

The epilepsy team would routinely follow up service users discharged from their service to identify any changes to their epilepsy. This aimed to reduce cases of sudden death in epilepsy (SUDEP).

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that staff can work flexibly over the county to ensure consistent care.

- The provider should review multidisciplinary team arrangements for the mid team.

Cornwall 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
West Cornwall Adults with Learning Disabilities Team	Head office
Mid Cornwall Adults with Learning Disabilities Team	Head office
East Cornwall Adults with Learning Disabilities Team	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.

Staff were knowledgeable about the Act and 92% of them were up to date on their training and 95% had completed training on learning disabilities and mental health. If they needed advice then they could seek it from the Mental Health Act office.

There were no service users under the Mental Health Act at the time of our inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were knowledgeable about the principles of the Mental Capacity Act (MCA) and worked within its guidelines. Training rates were good with 93% of the staff up to date with their training on the MCA

Staff involved service users in capacity assessments and documented why they were assessing capacity. All capacity assessments we reviewed were decision specific.

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

- Staff only saw service users at the west and mid team offices. Both locations had alarm systems fitted in rooms where staff saw service users. We saw that staff had carried out monthly checks on the alarm system.
- None of the three teams had clinic rooms that held medical devices or equipment. The east team did hold medicines for service users to collect in appropriate medicine cupboards in line with trust policy and national institute for The National Institute for Health and Care Excellence (NICE) guidance. Staff recorded medicines in and out of the cupboards. Staff locked the keys in the manager's office. A pharmacist carried out monthly checks on the medication.
- All three locations we visited were clean and tidy and in a good state of repair. Records showed that staff carried out cleaning on a regular basis.
- We saw posters displayed at the services telling staff to follow infection control principles, such as hand washing. There were appropriate facilities available at all three sites, such as wash basins and hand gels.

Safe staffing

- All three teams had either a full range of health care professionals or had access to them. There were vacancies in all the teams and all professional groups.
- The trust reported seven staff had left between 1 June 2016 to 31 May 2017, which was eight percent of the total number of staff. This is lower than the trust average of 12%.
- The trust reported a sickness rate of just over five percent, slightly higher than the trust average of five percent. This was due to extended periods of sick leave by two members of staff.
- A service redesign prior to our 2014 comprehensive inspection had agreed the staff numbers for each group.

The manager told us that the differences in the numbers of staff between the east and west team was due to vacancies being used to create different posts. For example, the two mental health liaison nurse posts.

- At the time of the inspection, there were staff of the right experience and level responsibility in each of the three teams and professional groups. The team manager had put the potential shortage of speech and language therapist hours on the risk register, as this could affect their ability to see all service users referred promptly.
- At the time of our visit, there were no waiting lists at any of the three teams. The team assessed and allocated service users within the agreed timeframes depending on the urgency of the referral.
- All the staff we spoke to told us that caseloads were of a manageable size, weighted based on the needs of the service users and assigned to the most appropriate member of staff. The manager kept a record of the number of service users of each person caseload. No one had a case load above 30.
- The teams could not access staff to cover for sickness and vacancies via the trust bank, because there were no experienced learning disability qualified staff available.
- There was always a psychiatrist available during the teams' hours of operation, 9am to 5pm. Staff told us that they could arrange for a patient to see a psychiatrist at once if needed. The inspection team found, that there was not always a learning disability specialist psychiatrist available out of office hours. This was because the learning disability psychiatrists were on the general on call rota. This was the situation at the last inspection. The manager of the mid team told us that following the last inspection they had reviewed the number of people with a learning disability accessing the out of hours mental health services and the number was two in three months. Therefore, the lack of a learning disability specific on call psychiatrist had a minimal impact on service users.
- The service had an overall mandatory training compliance rate of 93%. Only one training course has a compliance rate of below 75% which was DASH Risk

Are services safe?

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

Assessments (Safeguarding Domestic Abuse Day 2) with a compliance rate of 60%. Team managers had access to their teams' training records and would tell staff when they needed to book on to courses.

Assessing and managing risk to patients and staff

- All service user records we reviewed had an up to date risk assessment that staff had completed at the first assessment. We saw evidence that staff reviewed risk assessment regularly and updated them as required following incidents.
- All service users had a crisis plan in place. Staff told us they would complete a simple crisis plan at the first contact and that staff would develop this with service users throughout the time they were open to the team. The crisis plans explained what to do if the service users needed support.
- The team reported all safeguarding issues on the trust's incident reporting system. The trust gave all staff training to use the system on induction. The trust trained all staff in safeguarding. All staff we spoke to were able to explain what they would report and how they would report safeguarding issues. We saw examples of safeguarding issues the team had reported and the right actions had been taken, documented and where necessary care plans and risk assessments updated.
- We found a safeguarding incident that staff had not recorded on the trust's system. However, staff had taken all the right actions; including telling the local multi agency referral unit (this unit included staff from the police and local authority). This had not been reported as the incident had not occurred within the trust and staff from another service had already reported it as a safeguarding issue. We found another incident that staff had not reported via the safeguarding system; staff were managing it as a complex case. The team manager reported this via the electronic system during our inspection.

- There was a lone working policy in place that included a code word that staff could use if they needed help. All staff we spoke to were aware of the lone working policy and could tell us what they would do when working outside of the usual team hours.

Track record on safety

- There had been no serious incidents that needed investigation for the community teams for people with learning disabilities in the past 12 months.

Reporting incidents and learning from when things go wrong

- All staff knew what to report as an incident and how to report it. The managers showed us how they could use the trust electronic incident reporting system to check incidents, offer feedback to staff and analyse trends. The managers meet to discuss and review incidents and identify any lessons learnt at the monthly quality assurance group. We saw minutes and agendas to these meetings that showed analysis of incidents and agreed actions the services would take.
- We saw that that the incident system informs staff if they need to tell service users something has gone wrong. The team would then find the best way to tell the service user. The teams would apologise in person and then follow up with a letter. Managers told us that the teams had not needed to do this for over 12 months.
- Team managers discussed the outcome of incidents and their investigations at team meetings. Managers also told us that they would email staff individually and as a team to support this. They would also discuss incidents during supervision. Team and individual debrief can also be organised. Senior managers encouraged the team managers to close all incidents during weekly team meetings. The managers we spoke to were introducing 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.

Our findings

Assessment of needs and planning of care

- We reviewed 21 care records over the three teams and saw that all services users had a comprehensive assessment that identified the needs of the service user and had identified care plans to meet those needs. We saw that staff reviewed assessments regularly and when there were changes in service user's needs.
- All records we reviewed had personalised recovery orientated care plans to meet all identified needs. Staff reviewed all care plans regularly to ensure they were still relevant. There were specialist care plans and pathways to help meet the complex needs of service users in areas such as epilepsy, behaviours that challenge and dementia.
- The trust had an electronic patient record that was the main record for all service user care. All staff could access the electronic record. All staff had a laptop they could use to access records in the office or remotely.
- We saw records of multidisciplinary team (MDT) meetings in patient records that showed staff worked collaboratively to meet service users' needs. Staff we spoke to told us that team members worked well together. Staff in the intensive support and epilepsy teams felt that having a full MDT on site would make getting advice easier. However, they could contact people from the West and East teams and attend their MDT meetings when needed.
- reviewing all service users that doctors had prescribed two or more psychotropic medications, with a view to finding an alternative when they did not have a mental health diagnosis.
- The service offered psychological therapies recommended by NICE. For example, cognitive behaviour therapy. Staff told us that they would not be able to continue to offer these therapies following changes to the staffing model and staff leaving. We discussed this with the team manager who told us that until they had filled vacant posts they would prioritise certain work. The manager had developed a staffing issue escalation protocol that staff would use to find any risk caused by staff vacancies in different professional groups. Once the vacancies were filled there would be no change to the therapies offered.
- All service users received an assessment of needs at the first assessment. There was a physical health needs assessment on the electronic patient record and all the records we reviewed had this assessment completed. We saw evidence that staff had care planned to meet physical health issues and sign posted to other professionals as needed.
- The service used the health of the nation learning disabilities outcome measure, to review the effectiveness of the interventions provided. The teams also use some specialist outcome measures. For example, the quality outcome measure for individuals with intellectual disabilities and dementia. These could be used to identify changes to practice.

Best practice in treatment and care

- The care pathways used by the team are based on recent The National Institute for Health and Care Excellence (NICE) guidance. The trust circulated relevant updates to NICE guidance to the staff responsible for updating care pathways. We saw staff following the care pathways during visits we attended. The teams had focused on the stopping over medication of people with a learning disability, autism or both (STOMP) initiative. The service had developed a medication record called the purple book. Service users could use the books as a record of medication they had been prescribed showing the reason for the medication and any side effects. The purple books were not in use at the time of our visit but were due the following month. The service was also
- The teams conducted audits on the care pathways to make sure they still followed the most up to date NICE guidance. They also carried out regular audits of service users' clinical files to ensure appropriate information has been completed and reviewed regularly; for example, care and crisis plans, physical health assessments and capacity assessments.
- The teams were engaged in several initiatives to improve the care of people with learning disabilities. For example, they continued to follow up service users discharged from the epilepsy clinic to ensure that their epilepsy remained well controlled and to reduce cases of sudden death in epilepsy (SUDEP).

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.

Skilled staff to deliver care

- The teams either had the full range of health care professionals available to them or could access them. For example, the mid team only had nurses and speech and language therapist posts, but could access other professionals from the east and west teams.
- The teams had moved from a learning disability management line to a locality model. This effected the teams' ability to work across the county, because services that were ringfenced to a geographical location. At the time of our visit some posts were being regraded. Some staff expressed concerns that this may affect the knowledge in the staff team. However, at the time of the visit the teams still had suitably qualified and experienced members of staff in post.
- All staff received the standard trust induction and a local induction to the service which included a course on learning disabilities and mental health.
- Staff receive appropriate supervision. The trust policy was for staff to have management and clinical supervision every six weeks; records showed that the staff had supervision every month, where there were gaps staff had recorded a reason usually holiday and sickness. In addition to clinical and management supervision staff also had peer supervision sessions. We reviewed six supervision records and saw that staff discussed appropriate topics, for example discussions of service users care and review of incidents. At the time of the visit 93% of staff had received an annual appraisal, staff who still needed them had them booked.
- Staff could apply for funding for specialist training courses. Staff told us that moving to the locality model had changed the process for applying for funding, as there was not a learning disability training budget. This had led to staff missing some courses as they were not aware of how the process worked.
- There had not been any staff performance issues in the past 12 months. All managers we spoke to were aware of the performance policy and where to access support.

Multi-disciplinary and inter-agency team work

- We did not attend any team multi-disciplinary meetings. However, we reviewed the minutes of meetings and discussed the meetings with staff. The multi-disciplinary meetings were held once a week and the minutes we

reviewed showed that appropriate agenda items were included such as new referrals, complex cases discussions and safeguarding issues. Staff we spoke to told us that team members worked well together. Staff in the intensive support and epilepsy teams felt that having a full MDT on site would make getting advice easier. However, they could contact people from the West and East teams and attend their MDT meetings when needed.

- We attended meetings between different organisations and the teams such as the local authority and care providers. We saw that staff acted in a professional manner and had a good knowledge of the service users and had good working relationships with the other teams. However, some staff told us that links with the local authority were not as strong since the teams were no longer co-located.
- We saw evidence in care records that when patients were being transferred to another team staff held CPA meetings involving the service user and the new team to handover all necessary information.

Adherence to the MHA and the MHA Code of Practice

- The trust had trained 92% of staff in the mental health act and 95% had completed a course on learning disability and mental health. Staff we spoke to had a good understanding of their responsibilities under the mental health act and of the code of practice. Staff knew where to find out information about the mental health act.
- If needed the team would carry out audits on mental health act paper work in line with the trusts audit programme. However, at the time of our visit no services users were subject to the mental health act.
- The teams could refer service users to an independent mental health act advocate (IMHA) if needed.

Good practice in applying the MCA

- The trust gave Mental Capacity Act (MCA) training as part of the on-line training package that all staff needed to complete and update yearly. At the time of our inspection 93% of staff were up to date with the on-line training. Staff told us that they had updates of MCA training.

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.

- The trust had a policy for managing patients under the mental capacity act available on the trust intranet; staff we spoke to knew how to access it if they needed advice. Staff could also access advice about the mental capacity act from the trust legal team.
- All the care records we reviewed had capacity assessments in place. We saw evidence that staff involved service users and carers in capacity

assessments and detailed how they had assessed if a person lacked capacity. Capacity assessments were decision specific and reviewed regularly. It was clear in the care record why staff had assessed capacity, how they assessed it and what the outcome was. Staff told us about the use of augmented communication methods in assessing capacity. For example, Talking Mats, which is a method of communicating with pictures.

Are services caring?

Outstanding



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 interactions with service user that we observed were respectful and professional. We saw that staff would spend extra time with service users when needed and use communication systems that the service user understood. Staff used a variety of communication tools to help involve service users. These included social stories and key word signing.
- Service users and carer that we spoke to all told us that staff treated them with respect and that they felt valued and listened to.
- All staff had a good understanding of service users' needs. We saw staff members explaining to carers about how conditions such as autism affect people in their everyday life. Service users and carers reported staff having a good understanding of them.
- The teams continued to provide work around communication and support safe place (local business that advertised that people with a learning disability could go to if they were worried or feeling threatened).

The involvement of people in the care they receive

- We saw evidence of staff encouraging service users to take an active role in their care. Staff would record the views of service users on the electronic care record. We saw examples of where staff had asked services users what would work and included that in care and keeping safe plans. Staff encouraged services users to take part in meetings as much or as little as they wanted to. On occasions when a service user did not want to attend a whole meeting, staff members would speak to them and then report what they had said in meetings and report the outcome back to the service user. Staff gave us an example where a service user found meetings difficult and did not want to enter the team building the psychiatrist had spoken to them in their car to ensure they had their opinion.

- Staff asked all service users who they could share information with and then logged this on the care record. All records we reviewed had the information sharing section completed. Carers reported that staff always treated them respectfully and involved them in decision making where appropriate. We saw staff involved the carers of their service users in their reviews. We saw that this included care staff employed by other services, as well as relatives.
- The teams referred service users to a local advocacy group if needed. They gave information about the advocacy service and service users could also refer themselves.
- The service encouraged input from services users. There was a learning disability advisory group who reviewed accessible information and new assessments such as the health equality framework before teams began using it. There is a service user panel for all external staff interviews. Staff requested services users to complete a feedback form on discharge along with a friends and family test form. In the mid team staff had set up a feedback box for service users attending appointments. Staff asked service users to rate their appointment using smiling, sad and neutral faces. At the time of our visit staff only just set this up and there were no results to review.
- The speech and language therapy service had a communication charter and delivered training to staff working in care providers and businesses across Cornwall. The teams are aiming to create communities of communication champions. Records showed that speech and language staff had trained 380 people since 2013. The teams produce a weekly newsletter that promoted ways to improve communication. Care homes used the newsletter to promote total communication environments. Total communication environments place communication at the centre of the care provided.
- The teams recorded communication issues as an alert with the service user record so any staff accessing the record would see the need and how to meet it.

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

- Staff saw newly referred service users according to set criteria based on their needs. In an emergency, staff should see service users within 24 hours, an urgent referral within five days and routine referrals within 28 days. Staff told us that the team could see emergency contacts within five hours depending on the teams' knowledge of the service user. Following assessment services users would be allocated at the team meeting and the allocated staff would make an appointment within five days. At the time of our visit there were no waiting lists for any of the teams.
- The team would always respond to phone calls from service users or carers; carers we spoke with agreed with this.
- The teams' worked with adults (18 and over) and used the World Health Organisation definition of a learning disability to decide if service users met their criteria. However, staff told us when necessary they could be flexible to ensure service users' needs were met. For example, they would work with 17 year olds to help them to transition into adult services.
- Staff would be flexible with service users to help them receive a service. Staff would arrange visits outside of the usual working hours, speak to them on the telephone, and meet them at a place they chose or arrange a longer appointment. For example, when a service user could not make their appointment at the epilepsy clinic, staff held the meeting over the telephone.
- Staff only cancelled appointments due to emergencies. Staff would try to rearrange the appointment at the time of cancelling, if they could not they would do it as soon as possible. Carers we spoke to confirmed this.
- Staff would tell service users the length of appointments and would tell them if the timings had to change.

The facilities promote recovery, comfort and dignity and confidentiality

- In the two offices where staff saw patients, interview rooms offered privacy.
- There were posters and leaflets in an easy read format and they gave information on local services, treatment, rights and how to complain.

Meeting the needs of all people who use the service

- All the buildings where staff saw patients had interview rooms on the ground floor and had disabled access such as ramps in place and adapted toilets.
- Staff could access information in different languages, when needed, from the trust. Staff also had access to interpreters including sign language interpreters. The staff ran training events for local healthcare workers in other organisations on using key word signing.

Listening to and learning from concerns and complaints

- There had been two complaints in the past year. Both related to communication. Neither were referred to the parliamentary and health service ombudsmen. We were told how the teams had reviewed their communication style following complaints and how they tell services users what they can and cannot provide.
- Staff told us that they would give services users and carers a Patient Advice and Liaison Service (PALS) leaflet at the start and end of a period of care. Carers we spoke with told us that this was correct and that they knew how to make a complaint.
- Staff told us that they would help a service user or carer that wanted to make a complaint to do so. Staff receive feedback relating to complaints via the executive brief during team meetings this includes complaints from other areas of the trust.

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

- The teams were aware of the trust's values. The teams had developed values based on the trust's or were developing them. Staff told us that the teams had good values. Managers told us that appraisals were based on team goals.
- Staff were aware of who senior managers were and reported that they visited the sites and attended team business and governance meetings.

Good governance

- The team managers had electronic systems in place that enabled them to tell if staff had achieved targets relating to training, appraisal, and supervision. They could prove what action they would take if staff had not met the targets. For example, making sure missed supervisions had an acceptable reason recorded or that they were booked on to training courses. Managers checked that staff had met team key performance indicators around referrals to assessment and treatment timeframes.
- Team managers felt they had the correct amount of authority to do their jobs and had support from other managers and administration staff to help them to do this.
- All staff could submit items on to the team risk registers. The team managers kept risks on the electronic incident reporting system. If staff rated risks highly enough they were flagged to the quality and governance group who would decide if it needed to be included in the trust risk register. If the quality and governance group downgraded a risk they could feed this back to staff via the electronic system.

Leadership, morale and staff engagement

- Staff told us that the team managers were open and supportive. There were no reported incidents of bullying

or harassment. Staff we spoke to confirmed this. Staff reported that the sickness management policy did not always appear supportive of staff who were off for longer periods of unavoidable sickness. Staff told us that internal complaints could take a long time to resolve.

- Staff told us morale was good. However, some staff expressed concern about changes to the staffing model and the affect moving to a locality model had on staff budgets. The managers we spoke to had plans in place to effectively manage these changes.
- The trust offered leadership training to the team managers from the institute of leadership and management. The manager of the west and east teams was encouraging the teams to take on leadership roles and was holding leadership meeting for band six staff, to help develop their skills.
- The managers told us that they encouraged staff to be open with service users when things went wrong and they would discuss this in team meetings and supervision records.
- Staff reported that they had the opportunity to give feedback and input into service development via meetings and surveys. Some staff reported that they felt they were not being listened to about the proposal to move clinics in to a local health centre. Managers reported that they could input into service development via the learning disability strategy.

Commitment to quality improvement and innovation

- The service was not completing any recognised quality improvement programmes or accreditation schemes.
- The service had been accredited as being autism friendly by the national autistic society.