

Good 

# North Staffordshire Combined Healthcare NHS Trust Community mental health services for people with learning disabilities or autism

## Quality Report

North Staffordshire Combined Healthcare NHS Trust

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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)
RLY88	Harplands Hospital	Intensive Support Team	ST4 6TH
RLY36	Dragon Square	Community Team (county)	ST5 7HL
RLY	Trust HQ	Community Team (city) Broom Street	ST1 2EW

This report describes our judgement of the quality of care provided within this core service by North Staffordshire Combined Healthcare NHS 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 Staffordshire Combined Healthcare NHS Trust and these are brought together to inform our overall judgement of North Staffordshire Combined Healthcare NHS 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?

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:

- We found that services were clean and well maintained. Staff received mandatory training and were able to demonstrate how they met the changing needs of patients. Incidents were reported and, following review, staff met to discuss and learn from outcomes.
- Teams were multidisciplinary and supported patients to meet a wide range of needs. Staff used national institute of health and care excellence guidance to plan and deliver patient care. Treatment records we looked at contained a comprehensive assessment from which care plans were developed and progress reviewed. Staff we spoke with demonstrated an understanding of the Mental Health Act and Mental Capacity Act.
- We saw that staff spoke with patients in a caring, polite and respectful way. Staff communicated and gave patients information in ways that they could understand. Carers we spoke with described staff as helpful, friendly and easy to contact. Service user involvement activities were well established and staff encouraged patients to participate.
- The services had facilities that promoted recovery, comfort, dignity and confidentiality. There was a clear criteria for people referred to the services. Staff contacted referrals in a timely manner and within agreed indicator times. Staff we spoke with demonstrated how they tried to engage people reluctant to use services and made contact with those that had missed appointments. While the service had received no recorded complaints, there were processes in place for staff to discuss and learn from the organisation as a whole.
- The trust had a range of established governance systems to meet the needs of community mental health services for people with learning disabilities or autism. This included training, supervisory and whistle-blowing processes. Staff told us that they enjoyed their jobs and felt they were part of a good team. They reported good local management and were familiar with their directorate senior managers. However, some staff felt that above directorate level there was little understanding or value given to the services

# Summary of findings

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

### Are services safe?

We rated safe as good because:

- Staff had access to de-brief sessions and support following incidents.
- Staff could describe how they would respond to identified changes in a patient's presentation.
- Patients could access nursing staff and psychiatrists urgently if needed.
- Staff were familiar with the systems in place to undertake lone working.
- We saw staff routinely using hand-sanitising stations at locations and during community visits.
- Staff received mandatory training.
- All records reviewed contained a completed risk assessment.
- There were systems in place monitor waiting lists.
- Staff were familiar with how and what to report as an incident. There were systems in place to ensure staff received feedback and lessons learnt from incidents.
- The locations visited were visibly clean and well maintained. We saw that cleaning rotas further demonstrated this.

Good



### Are services effective?

We rated effective as good because:

- All records reviewed contained a comprehensive assessment.
- Treatment records reviewed contained a care plan that was completed following an initial assessment and updated regularly.
- Patient information was stored securely.
- Staff used national institute of health and care excellence (NICE) guidance to plan and deliver patient care.
- Staff accessed a range of managerial and clinical supervisory practices.
- All legal paperwork was found to be in place and up to date. We found that staff had given patients their Section 132 rights in line with the Mental Health Act Code of Practice.
- Staff demonstrated a good understanding of the Mental Capacity Act and the five statutory principles.

Good



### Are services caring?

We rated caring as good because:

Good



# Summary of findings

- Staff interacted with patients in a polite and respectful way; they were kind and willing to support patients and their carers'.
- Patients we spoke with reported they enjoyed attending appointments with the teams. Staff took time to make them feel at ease and overall they felt very well cared for by staff.
- Carers told us that staff were accessible, responsive, helpful and friendly.
- Staff presented information in a variety of formats to assist patients in understanding and communication. For example, easy read formats.
- Service user involvement in recruitment was well established.
- Systems were in place to capture patients' experience of the service.

## Are services responsive to people's needs?

We rated responsive as good because:

- All referrals to the team were seen in a timely manner and within trust targets.
- Teams took active steps to engage patients who were reluctant to work with services or to re-engage those that had not attended appointments.
- Information about the service and treatment was available in a range of patient accessible formats.
- There was a clear criterion by which a referral would be accepted for treatment.
- There were processes in place to inform staff of outcomes and learning from complaints.

Good



## Are services well-led?

We rated well led as good because:

- Staff received mandatory training, accessed a range of supervision practices and were appraised annually.
- Staff consistently reported strong and supportive local management.
- All of the staff we spoke with told us they felt part of a good team and enjoyed their jobs.
- Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear or victimisation.
- Staff were knew who their head of directorate and clinical director were and found them supportive, visible and accessible in the service.

Good



However:

# Summary of findings

- Staff felt that the concept of recovery was not appropriate and demonstrated a lack of understanding of the service.
- Some staff felt that above the directorate level there was little understanding or value of community mental health services for people with learning disabilities or autism.

# Summary of findings

## Information about the service

- The community mental health services for people with learning disabilities provide services to adults aged 17.5 years and above in North Staffordshire and Stoke on Trent. The community learning disability team work from two bases, Broom Street and Dragon Square. The intensive support team was based at Harplands Hospital.
  - The community learning disability teams were managed by the same manager. Both sites function as one team for the purpose of multi-disciplinary working and team meetings. They operated Monday to Friday 0900 to 1700. The teams consisted of community learning disability nurses, psychiatrists, occupational therapists, physiotherapists, speech and language therapists, and psychologists. The composition of the team reflected the range of needs for which people were referred, not just mental health. Following an initial assessment patients were allocated to the discipline best suited to treat their identified need.
  - The Intensive Support Team was a multi-disciplinary health and social care team providing assessment, support and treatment to adults who have a learning disability and complex needs including severe challenging behaviour, autism and mental health need. The team operated 7 days a week 0800 to 2000.
  - All of the teams work in partnership with local authorities and other organisations to provide a range of care services and therapies. The community teams work with patients for up to a year while the intensive support team provides support for up to twelve weeks with an aim of reducing or avoiding admissions and facilitating early discharge.
- Care Quality Commission last inspected the trust in 2015. The outcome of the inspection found the trust MUST take action to ensure;
- All patients have care plans that are person centred, recovery focussed and initiated upon admission to the service.
- And SHOULD take action to ensure;
- Documentation relating to patients on community treatment orders fully complies with the Mental Health Act Code of Practice.
  - Staff and patients from the learning disability teams feel engaged with trust initiatives and are encouraged to feel a valued part of the trust.
- We found that the trust had taken action to resolve these issues although some concerns did remain.

## Our inspection team

Our inspection team was led by:

Chair: Beatrice Fraenkel, Chair of Mersey Care NHS Trust

Head of inspection: James Mullins, Head of Hospital Inspections, Care Quality Commission.

Team Leader: Kathryn Mason, Inspection Manager, Care Quality Commission.

The team that inspected this core service consisted of a CQC inspector, two specialist learning disability nurses and a social worker.

## Why we carried out this inspection

We undertook this inspection to find out whether North Staffordshire Combined Healthcare NHS Trust had made improvements to their community mental health services for people with a learning disability since our last comprehensive inspection of the trust in September 2015.

When we last inspected the trust in September 2015, we rated community mental health services for people with a learning disability as Good overall.



# Summary of findings

We rated the core service as outstanding in responsive, good in safe, caring and well-led, but requires improvement in effective.

Following the September 2015 inspection, we told the trust that they must take action in the following areas:

- The Trust must ensure that all patients have care plans that are person centred and recovery focused. Care plans should be initiated upon admission to the service.

This related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 9 HSCA 2008 (regulated activities) : relating to person centred care

## 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 a focus group.

During the inspection visit, the inspection team visited the intensive support team and the community learning disability team

- We looked at the quality of the team bases and observed how staff delivered care to patients.

- Spoke with the managers for each team.
- Spoke with 15 other staff members; including doctors, nurses, social workers, occupational therapists, psychologists, enablement workers and administration workers.
- Looked at 24 patient treatment records.
- Spoke with 12 patients.
- Spoke with five family members or carers.

We also:

- Attended two community group activity sessions.
- Attended one team meeting and one handover meeting.
- Attended one care programme approach meeting.
- 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

We spoke with 12 patients and five family members/carers who used the service.

Patients we spoke with reported they enjoyed attending their appointments and staff took time to make them feel at ease and overall they felt very well cared for by staff. Family members/carers told us staff were accessible, responsive, helpful and friendly. They gave examples of how staff worked flexibly and specifically to the needs of their relatives.

We spoke with one patient who had become a regular member of the recruitment team and had participated in four recruitment interviews. The patient's carer told us staff had worked hard to facilitate service user involvement and had supported the patient to complete an interviewing course.

# Summary of findings

## Good practice

The intensive support team had developed an electronic pathway tool. This gave staff a chronological pathway to follow which contained all the documentation that they would need to plan and implement patient care. We saw that this had been developed for use by the community

learning disability team. The team manager told us that the trust had seconded the member of staff responsible to another area of the trust to implement a similar pathway tool.

## Areas for improvement

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

The trust should continue to take steps to ensure that staff from the learning disability teams feel engaged with trust initiatives and are encouraged to feel a valued part of the organisation.

# North Staffordshire Combined Healthcare NHS 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
Intensive Support Team	Harplands Hospital
County Community Learning Disability Team	Dragon Square
City Community Learning Disability Team	Trust HQ

### 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 provided training in the Mental Health Act as part of mandatory training. Figures supplied by the trust in September 2016 indicated 83% of eligible staff had completed training in the Mental Health Act. Staff spoken to were able to demonstrate a satisfactory understanding of the Mental Health Act, the Code of Practice and the guiding principles.
- We looked at four treatment records of patients who were under community treatment orders. They were paper records as the Mental Health Act paperwork was not compatible with the electronic system. We found all legal paperwork to be in place and up to date.
- We found that staff had given patients their Section 132 rights in line with the Mental Health Act Code of Practice using information in easy read formats.
- We saw copies of letters from the Mental Health Act team to patients and clinicians informing them of renewal dates and the outcomes of renewals.
- We saw evidence of consent to treatment and capacity requirements recorded within treatment records.

# Detailed findings

- Staff accessed administrative support and legal advice on the implementation of the Mental Health Act from the trust's centrally located Mental Health Act team. Staff reported that the Mental Health Act team undertook audits to ensure the correct application of the Mental Health Act.
- Staff that we spoke with displayed a good knowledge of the role of the independent mental health advocate. Teams displayed advocacy information in waiting areas and staff supported patients in accessing services when needed.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- The trust provided training and had a Mental Capacity Act policy. Figures for September 2016 indicated 83% of eligible staff had completed training in the Mental Capacity Act. Staff we spoke with had a good understanding of the Mental Capacity Act and its five statutory principles. Staff we spoke with could give examples of steps they had taken to assist a patient in making a decision and occurrences where decision specific capacity assessments had been made.
- Staff completed an assessment of capacity to consent to treatment upon admission to the service. We saw documented evidence of further decision specific mental capacity assessments in the treatment records. Speech and language therapists provided information in accessible formats to assist patients in making decisions for them. We saw doctors reviewed capacity at every outpatient appointment and recorded this clearly in summary letters to general practitioners. Copies of summary letters were contained in treatment records.
- Treatment records demonstrated staff took steps to support patients in making decisions for themselves. This included using communication passports and providing information in easy-read formats. Where this was not possible staff recorded outcomes from best interests meetings that included contributions from the multidisciplinary team, advocacy services and available family members/carers.
- Staff members within the teams were trained as best interests' assessors and were available to support other staff.

# 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 saw patients at Broom Street and Dragon Square. Access to these locations was via a locked intercom system operated by reception staff. Staff used electronic passcodes to enter the premises.
- Broom Street and Dragon Square were fitted with pinpoint alarm systems. Staff carried alarm triggers when meeting a patient for the first time or when indicated following a risk assessment.
- The locations visited did not have clinic rooms. Staff at the intensive support team used portable health monitoring equipment in the community to record and monitor basic physical observations. The reception area of Dragon Square contained weighing scales for use by wheelchair users. The manager explained that patients telephoned to arrange a convenient time of use so that their dignity and privacy could be maintained.
- At Broom Street, ligature cutters and resuscitation portable facemasks were the only emergency equipment available. Staff told us that they would call emergency services if required. Dragon Square shared emergency equipment with another team based at the location. The manager explained this team held responsibility for checking and maintaining this equipment and during the inspection; we found that the responsible team was regularly undertaking the required checks.
- The locations visited were visibly clean and maintained. Staff kept cleaning records and undertook regular audits to demonstrate that tasks were completed. We saw that staff stored cleaning products securely.
- There were hand-sanitising stations at each location and posters advising staff and patients of correct hand washing techniques. In the community, staff carried portable hand-sanitising equipment. During the inspection, we saw staff using facilities and equipment to clean their hands between patient contacts.

- Portable appliance testing stickers were visible and in date at each location visited. We also found fire extinguishers checks were in date across the locations.

### Safe staffing

- Staffing numbers had been benchmarked against similar services from around the country. To meet the needs of patients using the service, there was flexibility in the disciplines recruited to the teams when a vacancy became available.
- The intensive support team consisted of a whole time equivalent team manager, a whole time equivalent psychologist, four whole time equivalent band 6 nurses, 3.6 whole time equivalent band 5 nurses, a whole time equivalent social worker, six whole time equivalent occupational therapists, a whole time equivalent speech and language therapist and eight whole time equivalent enablement workers. The community learning disability team consisted of a whole time equivalent team manager, two whole time equivalent psychologists, seven whole time equivalent band 6 nurses, 2.5 whole time equivalent band 5 nurses, two whole time equivalent physiotherapists, seven whole time equivalent occupational therapists and four whole time equivalent enablement workers. Staff were deployed across the two team bases at Broom Street and Dragon Square.
- We saw that staff had recently been recruited and commenced employment in the teams. The intensive support team had one advertised vacancy for a band 6 speech and language therapist. The community learning disability team had one advertised vacancy for an administrative post.
- Trust data from September 2016 showed that the sickness rate for the community learning disability services was 2.5%. This was below the national target indicator of 4.6%.
- Trust data from September 2016 showed the staff turnover rate for the community learning disability services was 8.7%. This was slightly below the trust's overall staff turnover rate of 8.8%.

# Are services safe?

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

- In the community learning disability team, qualified members of staff held caseloads of up to 40 patients. There were no patients awaiting allocation of a care co-ordinator. Caseload management reviews took place on a monthly basis and staff recorded outcomes. During the inspection, we saw completed caseload review forms that included discussions around risk assessments, care plans and safeguarding.
- There were arrangements in place to provide cover for staff sickness, leave or vacant posts. Overall staff reported they did not feel short staffed but resources had felt a little stretched because of vacancies.
- During the inspection, we were told that the only use of agency staff in the preceding year had been for an administrative post. The intensive support team used the nursing bank to ensure its own team members provided cover for any vacant shifts arising.
- Four psychiatrists worked within the service. Staff told us that they could access a psychiatrist quickly when required using the on-call system. Staff told us this system was responsive and often the psychiatrists were familiar with the patient that the staff were concerned with.
- The trust provided staff with mandatory training which included infection control, information governance and safeguarding. The trusts completion target was 90%. At the time of inspection community mental health services for people with learning disabilities met this target with a completion rate of 90%.

## Assessing and managing risk to patients and staff

- We reviewed 24 treatment records across community mental health services for people with a learning disability. Staff completed the trust's risk assessment tool with all patients at initial assessment. We saw that staff updated these following any identified changes to risk or at regular intervals during treatment. Staff discussed risk presentations at multi-disciplinary team meeting and minutes from meetings demonstrated this. We saw that patients seen only by a psychiatrist also had a risk assessment. This followed a trust review in February 2016 and sought to bring psychiatrists practice in line with other disciplines.
- We saw, where applicable, treatment records contained crisis or personal safety plans which staff had developed

from concerns identified in risk assessments. At the time of inspection there were no advance decisions recorded in the treatment records we reviewed. The manager explained that if a patient wished, staff would support patients to provide advance decisions following an assessment of capacity.

Staff responded quickly and appropriately to a sudden deterioration in a patient's mental health presentation. The intensive support team saw patients daily and staff reported that this allowed them to respond to and to escalate concerns quickly. The community learning disability team operated a duty team that patients or family members/carers could contact by telephone. Staff would then respond to the concern using resources within the team or escalate to the intensive support team if referral criteria was met. Outside of working hours, the mental health access team was available to patients as required.

There was no waiting list to access the intensive support team.

- The community learning disability team had waiting lists of up to 16 weeks for specific disciplines within the team. The team used set criteria to identify patients that staff would not place on a waiting list. For example, patients with no identified care co-ordinator would not be placed on a waiting list. Following an initial assessment, staff allocated patients to the waiting list of the discipline best suited to provide treatment. We saw that staff gave information about the waiting list in an initial care plan that included details of who to contact if needs changed. Staff regularly discussed waiting lists at allocation meetings. The team manager reviewed waiting times to ensure no wait exceeded 18 weeks. Staff monitored changes in risk or acuity of patients waiting by reviewing any communication from the patient, family member/carers and other professionals.
- The trust provided staff with safeguarding training of both adults and children as part of the mandatory training programme. Staff that we spoke with showed a good understanding of when and how to make a safeguarding referral. Staff accessed local safeguarding policies online and knew how to contact local safeguarding leads. Staff described working in partnership with social care agencies where safeguarding concerns had been identified.

# Are services safe?

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

- The trust had personal safety and lone working procedures in place. Staff reported that two members of the team saw patients for initial assessment or when a risk marker indicated that they should be working in pairs. The trust provided staff with mobile telephones and personal alarms for use in the community. We saw that staff recorded the location of community visits at team bases and operated a 'buddy' system of working. Systems were in place to escalate concerns if a member of staff had not been accounted for at the end of their working day.

## Track record on safety

- There were no serious incidents reported by community mental health services for people with learning disabilities in the 12 months prior to inspection.
- Staff we spoke with referred to a historical incident where patient confidentiality was compromised in a correspondence. We saw prompts displayed to ensure staff regularly updated and recorded patient's contact details so as to avoid a repeat occurrence.

## Reporting incidents and learning from when things go wrong

- Staff knew what and how to report and gave examples of the types of incidents to be reported such as safeguarding concerns, occurrences of aggression and occurrences of patient self-injury or accidents. Staff recorded incidents on an electronic reporting system and documented actions taken in treatment records.
- The manager of the community learning disability team kept a record of all incidents reported by staff. Staff had

reported 16 incidents from January 2016 onwards. We saw that they included safeguarding referrals, patient deaths and concerns around mental capacity. The manager also recorded actions arising from the incident and learning for the team.

- Staff received feedback from both local and trust wide incidents. Senior staff met weekly as part of the learning lessons programme to review all incidents and communicate outcomes to staff through bulletins or learning sessions.
- Staff met to discuss feedback at multidisciplinary team meetings, operational meetings, handovers and supervision. We saw the discussion of incidents formed part of the team's standing agenda items. Staff also received alerts by email and had access to the minutes of meetings that they were unable to attend. We saw evidence that the manager had communicated to staff in the team's April 2016 operational meeting an incident involving data protection that had occurred a month earlier.
- Staff received de-brief and support following serious incidents as individuals or in groups. The Trust had trained some team members specifically to facilitate de-brief sessions. Staff were able to provide us with examples of when they had been supported following involvement in an incident.
- Staff were open and transparent with patients and explained when things go wrong. Staff we spoke with were familiar with the duty of candour and its application to practice.

# 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 examined 24 treatment records across the teams visited. Treatment records contained the trust's initial comprehensive assessment that staff had completed with patients at the first appointment. Staff took up to two hours to complete an assessment and, if required, it would be continued at subsequent appointments. The trust had made some improvements to the assessment form to reflect the diverse treatment needs of referrals received for patients with a learning disability. Following the initial assessment and upon allocation of a patient, each discipline completed specific assessment tools with patients.
  - All treatment records we reviewed contained a care plan that was completed following an initial assessment and updated regularly. Care plans were personalised, demonstrated choice and had a recovery orientated focus. In addition to care plans, we saw that treatment records regularly included copies of communication and hospital passports. These are developed to assist people with learning disabilities communicate and provide hospitals with important information about them if admitted. We saw that patients seen only by a psychiatrist also had a care plan. This followed a trust review in February 2016 and sought to bring psychiatrists in line with other disciplines.
  - Information needed to deliver patient care was stored on both an electronic care notes system and in paper treatment records. There was an index that clearly demonstrated to staff where they could find the information they needed. We saw the paper treatment records mainly comprised of documents that had not been formatted for use on the electronic system, for example; Mental Health Act paperwork. Staff stored paper treatment records securely in locked filing cabinets in locked rooms and used locked bags for transferring treatment records between locations. Staff accessed the electronic system on computers with individual passwords.
- challenging behaviours, prescribing of anti-psychotic medication and dementia care. Staff also referenced the British institute of learning disabilities, particularly in the area of positive behavioural support.
- Teams were able to offer patients psychological therapies in line with NICE guidance. Interventions included cognitive behavioural therapy, dialectical behaviour therapy and solution focussed therapy.
  - The intensive support team employed a social worker who led in supporting patients to access employment, housing and benefits. The community learning disability team also supported patients to access these services or referred them to social care or other welfare organisations if needs were more complex.
  - Staff assessed patients physical health needs at assessment and treatment records demonstrated the ongoing monitoring of physical health thereafter. This included weight for patients on antipsychotic medication, blood results and physiotherapy exercises. While we saw that treatment records often contained physical health care plans, we did not routinely see copies of patients' health action plans. Staff reported that they would support patients to access physical health services in the community and ensure annual health checks by general practitioners.
  - We saw staff used a variety of tools with patients to measure the severity of symptoms and the outcomes of treatment. This included the health equality framework, an outcome tool designed specifically for people with a learning disability and their families/carers. Staff also told us they used a range of mood monitoring tools and the revised autism diagnostic interview, which is a structured interview completed with the parents/carers of people who may be on the autistic spectrum.
  - Staff undertook audits of patient treatment records and specifically of care plans. Staff then shared and discussed these outcomes at team meetings or supervision sessions. Staff reported other audit activity around the prescribing of antipsychotic medications and environmental health and safety.

### Best practice in treatment and care

- Staff described using national institute of health and care excellence (NICE) guidance to plan and deliver patient care. This included the management of

### Skilled staff to deliver care

- Each team had a range of skilled staff delivering assessment and treatment to patients. This included nurses, doctors, occupational therapists, psychologists,



# Are services effective?

Good 

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physiotherapists and enablement workers. The intensive support team also included speech and language therapists and a social worker. Speech and language therapy and dietetic staff provided services to the community learning disability team through a service level agreement. Social workers did not form part of the community team, however they worked closely with those in the local authority team. We found that staff had the necessary qualifications and experience to carry out their roles. Administration and domestic staff provided additional support to each of the teams.

- Staff received both a trust and local induction on commencing their roles. Staff joining the community learning disability team participated in a four-week local induction programme during which they shadowed all disciplines in the team. The trust supported non-qualified staff without a National Vocational Qualification Level 3 to undertake the standards of the care certificate.
- Staff had access to a range of clinical and managerial supervision in line with the trust's policy. Records demonstrated that all staff had received managerial supervision on a regular basis and we saw evidence of supervision dates being booked up to a year in advance. Staff were also able to access clinical supervision from an appropriately qualified professional and records demonstrated that they did so. In addition, staff at the intensive support team accessed monthly group supervision facilitated by a psychologist external to the service. All eligible staff had received their annual appraisal and this was recorded electronically.
- The trust supported staff to access a range of specialist training to help in carrying out and developing their roles. This included courses in positive behavioural support, best interests assessing, autism specific training and the management of epilepsy.
- Team managers addressed poor staff performance promptly and effectively in one-to-one management supervision. Team managers demonstrated when and how to escalate concerns higher in the organisation for example to human resources or occupational health.

## Multi-disciplinary and inter-agency team work

- We saw all of the teams held regular multi-disciplinary meetings. The meetings followed an agenda and staff took minutes. Discussions included new referrals, waiting lists, individual patient case studies and safeguarding.
- We observed a handover between shifts in the intensive support team. This occurred daily at mid-day and team members of all disciplines attended. We saw that staff discussed the care of every patient and included information around risks and safeguarding. Staff also communicated the outcomes from multi-disciplinary and care programme approach meetings that had taken place. Overall, we observed effective communication within the teams occurring at formal scheduled meetings and informally throughout the day.
- The intensive support team and community learning disability team met regularly to discuss referrals, handover patient care and discuss operational issues. Both teams met regularly with inpatient services for people with a learning disability; this aimed to ensure continuity of care and reduce inpatient stays for patients. Staff described regular meetings and improving relationships with mental health services that had been assisted by use of the green light toolkit. The green light toolkit is a Department of Health initiative that aims to improve mental health services for people with learning disabilities and/or autism.
- Psychologists were integrated in to teams and some nurses had undertaken additional training in psychological therapies. To ensure continuity in care psychology staff continued to work with patients when admitted to inpatient services.
- Staff reported good working links with a range of external health and social care providers. We saw that staff from services including social care, residential care and safeguarding attended multi-disciplinary meetings. Staff reported they had participated in 'away days' with their local social care provider to develop effective care pathways and a better understand each other's roles.

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

- The trust provided training in the Mental Health Act as part of the mandatory training programme. Figures supplied by the trust in September 2016 indicated that

# 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.

83% of eligible staff had completed training in the Mental Health Act. The staff we spoke with were able to demonstrate an understanding of the Mental Health Act, the Code of Practice and the guiding principles.

- We looked at four treatment records of patients who were under community treatment orders. We found all legal paperwork to be in place and up to date and that staff had given patients their Section 132 rights in line with the Mental Health Act Code of Practice using information supplied in easy read formats. We saw copies of letters from the Mental Health Act team to patients and clinicians informing them of renewal dates and the outcomes of renewals.
- We saw evidence of consent to treatment and capacity requirements recorded within treatment records.
- Staff accessed administrative support and legal advice on the implementation of the Mental Health Act from the trust's centrally located Mental Health Act team.
- Staff reported that the Mental Health Act team undertook audits to ensure the correct application of the Mental Health Act.
- Staff displayed a good knowledge of the role of the independent mental health advocate. Teams displayed advocacy information in waiting areas and staff supported patients in accessing services when needed.

## Good practice in applying the Mental Capacity Act

- The trust provided training in the Mental Capacity Act. Figures for September 2016 indicated that 83% of eligible staff had completed training in the Mental Capacity Act.
- The staff we spoke with had a good understanding of the Mental Capacity Act and the five statutory principles. They could give examples of steps that they had taken to assist a patient in making a decision and describe occurrences where decision specific capacity assessments had been made.
- The trust provided a policy on the Mental Capacity Act. Staff were aware of the policy and could access it on the trust intranet when needed.
- Staff completed an assessment of capacity to consent to treatment at admission to the service. We saw documented evidence of further decision specific mental capacity assessments in the treatment records we looked at. Speech and language therapists provided information in accessible formats to assist patients in making decisions for themselves.
- We saw that doctors reviewed capacity at every outpatient appointment and recorded this clearly in summary letters to general practitioners. Copies of summary letters were contained in treatment records.
- Treatment records demonstrated that staff took steps to support patients in making decisions for themselves. This included using communication passports and providing information in easy-read formats. Where patients lacked capacity to consent to treatment or make a specific decision, staff recorded outcomes from best interests meetings that included contributions from the multidisciplinary team, advocacy services and available family members/carers.
- Staff members within the teams were trained as best interests' assessors and were available to support other staff.
- The staff we spoke with identified a number of sources within the trust that they could access to get advice regarding the Mental Capacity Act. This included managers, best interests' assessors, the intranet and the Mental Health Act administration department.
- The Mental Health Act team monitored adherence to the Mental Capacity Act throughout the trust.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- Staff interacted with patients in a polite and respectful way; they were kind and willing to support patients and their carers. We observed staff interacting with groups of patients at two community based activity sessions. We saw staff actively engaged each patient and any carers in attendance. Staff took time to facilitate social interactions between patients and encourage participation as part of the group. During individual appointment times, we observed staff were supportive, provided feedback and praised patients' progress. We also saw staff providing diet and lifestyle advice to patients and checking physical health needs. Frequently patients chose to remain at the group beyond their appointment time to continue participating with all those in attendance.
- Patients that we spoke with reported that they enjoyed attending their appointments as staff took time to make them feel at ease and overall they felt very well cared for by staff. Carers told us staff were accessible, responsive, helpful and friendly. They gave examples of how staff worked flexibly and specifically to the needs of their relatives. One carer described the staff group at dragon square as being 'like family members'.
- Staff demonstrated a good understanding of the individual needs of patients and the impact of health issues in relation to learning disabilities. Staff supported patients across all areas of need including mental health, physical health, financial, employment, and social difficulties.
- We saw staff maintained patient confidentiality by using only trust approved electronic communication systems, storing records correctly and not discussing patient information in public areas. However, staff reported that there had been historical incidents of data protection failings from which lessons had been learnt and changes made to practice.

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

- We saw that staff attempted to actively involve patients when planning care and achieved this with the use of

communication passports and information in easy read formats. Where communication and capacity needs were more complex we saw evidence of best interests meetings and a multi-disciplinary approach to decision making. We saw, where possible, the thoughts and opinions of family members/carers contributed to the decision making. Staff offered patients copies of their care plans; where a care plan was not offered the reason for this was documented in treatment records.

- Staff reported that they frequently met with family members and carers during routine home visits. Treatments records showed that staff invited carers to participate in meetings where the care and treatment of their relative was being discussed. Staff knew how to refer for carers' assessment and we saw information on carers support groups displayed in waiting areas of team bases.
- Teams displayed leaflets that included information about advocacy services and how to access them. The staff we spoke with knew how to contact services and supported patients to contact advocacy themselves. During the inspection, we saw advocacy staff attending meetings with patients and contributing to best interests' assessment.
- We saw service user involvement in recruitment was well established and staff spoke enthusiastically about it. We spoke with one patient who had become a regular member of the recruitment team and had participated in four recruitment interviews. The patient's carer told us staff had worked hard to facilitate service user involvement and had supported the patient to complete an interviewing course.
- Staff had developed feedback cards and forms in easy-read format that were available to patients in waiting areas. The trust presented feedback and changes made in an easy read feedback newsletter. We also met with a patient who regularly participated in a service users group that sought the views of all people using services. They explained that staff assisted to record feedback and then discussed it at directorate meetings. The trust also provided a patient experience team to act as a central point of contact for people to provide feedback or raise concerns.

# 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 intensive support and community learning disability accepted referrals from all sources including self-referrals.
- The services were able to see urgent referrals quickly. The intensive support team operated between the hours of 0800 to 2000, seven days a week and acted as the single point of contact for all urgent referrals to community learning disability services. We saw that staff made contact with patients within two hours of receiving a referral. The mental health service's access team triaged urgent referrals outside of working hours. Once the intensive support team had assessed a referral and eligibility criteria was met, there was no waiting time to commence treatment.
- The community learning disability team aimed to make contact and undertake an initial assessment of all patients referred to the service within one week of receiving the referral. Records showed that they consistently achieved this. Following the initial assessment there were waiting times within the team to access specific disciplines and commence treatment. At the time of the inspection, there were 43 patients on the waiting list to see an occupational therapist, 24 patients to see a physiotherapist, 11 patients to see a psychologist and 9 patients to see a community nurse. We saw the longest wait was 16 weeks to see a physiotherapist from Broom Street. Waiting times were reviewed regularly and no wait had exceeded the 18-week national indicator the trust had adopted.
- Staff were able to respond promptly to referrals or to patients contacting the services by telephone. The intensive support team always had at least one qualified and experienced member of staff on duty during working hours. The community learning disability team had developed a duty team that ensured that a member of staff was always available to respond to the needs of those contacting the service during working hours.
- There was a clear criterion by which a referral would be accepted for treatment by community mental health

services for adults with a learning disability. Staff signposted or referred those not meeting the criteria to other services which were more appropriate to meet the patients' needs.

- Staff described steps taken to engage patients who found it difficult, or were reluctant to work with community services. This included working collaboratively with other professionals and having flexibility in the times and locations of appointments offered. Teams had processes in place to re-engage with patients who did not attend their appointments. Staff described actions that they would take when a patient did not attend, depending on the level of patient risk identified. This could include immediate action to ensure a patient's safety, contact by letter or telephone and liaison with a patient's other identified professional or relative/carer. All teams monitored missed appointments and discussed them at team meetings.
- Appointments were rarely cancelled and only because of unexpected circumstances such as staff sickness or absence. If a cancellation was necessary, staff would attempt to inform patients promptly, provide an apology and agree an alternative arrangement.
- Staff tried to ensure that community appointments ran on time. If delayed, staff ensured that patients received a telephone message to inform them.

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

- Broom Street and Dragon Square had a range of rooms and equipment to support the treatment and care of patients. This included kitchen areas used for assessing patients activities of daily living skills and sensory rooms. Reception areas were clean and comfortable. At Dragon Square, the manager explained they had lost the use of several rooms ahead of a planned change of premises in January 2017. The impact of this was that they no longer had a physiotherapy room and several therapeutic groups had needed changing to alternative locations. The basement area at Broom Street had been removed from patient use because of access and environmental concerns. Staff explained that because of this, patients' no longer had access to a 'quiet' area when visiting the base. The intensive support team did not see patients at their base.

# Are services responsive to people's needs?

Good 

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

- Interview rooms at Broom Street and Dragon Square were soundproofed adequately enough to maintain patient confidentiality during appointments.
- Staff gave information leaflets to patients at initial appointments or these were available in reception areas. This included information specifically for carers and family members, patient and carers experience, advocacy services, activity groups, help-line numbers and physical health information. Staff made much of this information available in easy-read formats. At Broom Street and Dragon Square, we saw prompts displayed reminding patients to inform staff of changes to their personal details.

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

- All services were accessible to people with disabilities, including wheelchair users. Toilet facilities were available and also accessible for wheelchair users.
- Information leaflets specific to the services inspected were displayed in English and easy-read formats. Staff could obtain information in languages other than English on request or in response to individual needs. Many trust wide information leaflets had information on the reverse detailing how to obtain the leaflet in a different language or format. This contained information in seven languages.
- There were systems in place to access interpreters or signers for patients when needed.

## Listening to and learning from concerns and complaints

- Community mental health services for people with learning disabilities had received no recorded complaints in the 12 month period prior to the inspection.
- The trust had information leaflets regarding patient and carers experience available at waiting areas at the locations that we visited. This included information on how to raise a concern or complaint. Overall, the patients and family members/carers we spoke with knew how to make a complaint and none reported any cause to complain.
- Staff were aware of the complaints process and reported that they would first try to resolve complaints locally and informally before escalating them in the organisation. Staff provided patients with information about how to make a complaint at the initial assessment appointment and supported patients to complain if the patient wished to.
- There were processes in place to inform staff of outcomes and learning from complaints. We saw agenda items and discussions from the minutes of team meetings. The trust also operated a learning lessons programme that provided staff with regular bulletins and learning sessions that shared recommendations following complaint investigations.

# 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

- Staff were aware of the organisation's values and objectives. Staff reported a commitment to these although they expressed concerns about the concept of recovery. They felt that the concept was not appropriate to their service as their patients would not recover from a learning disability or autism diagnosis. Staff reported they made efforts to demonstrate recovery in the areas for which patients received treatment, but overall felt it demonstrated a lack of understanding of the service at trust level.
- Staff knew who the senior managers in the organisation were. They knew their head of directorate and clinical director, reporting them as being supportive, visible and accessible in the service. Some staff reported using a local initiative to email comments or concerns directly to the trust's chief executive; others reported seeing board members at 'listening into action' sessions around the trust.
- Some staff felt that above the directorate level there was little understanding or value of community mental health services for people with learning disabilities or autism. They felt that the trust demonstrated this in the implementation of systems and paperwork with a mental health focus. They also felt there had been a lack of commitment to areas of service improvement following the last CQC inspection in September 2015, specifically around environmental concerns at team bases.

### Good governance

- Staff received mandatory training and compliance exceeded the target set by the trust.
- The trust provided safeguarding training for adult and children. Staff that we spoke with had a good understanding of when and how to make a referral. Staff knew their local safeguarding leads and accessed support when necessary.
- Staff could access a range of clinical and management supervisory practices. All staff had received an annual appraisal.

- All services had administration staff; this allowed clinical staff to spend time on direct patient care activities.
- Staff knew what incidents to report and how to report them. Systems were in place to enable staff to learn from incidents, complaints or service user feedback.
- The trust provided training in the Mental Health Act and staff were able to demonstrate a good understanding of the Act, Code of Practice and the guiding principles. Mental Health Act records were in good order and up to date. We saw that staff regularly gave eligible patients their rights and used information in accessible formats to achieve this. The trust provided training in the Mental Capacity Act and staff were able to demonstrate a good understanding of the Act and statutory principles. Decision specific capacity assessments and best interest's decisions were clearly recorded in treatment records.
- Teams monitored key performance indicators including care programme reviews, risk indicators and waiting times.
- Staff regularly participated in the audit of care plans and risk assessments. We saw examples of other audit activity undertaken by staff.
- Team managers reported the ability to work with authority and received good support from their administrative staff.
- Team managers were able to feedback any concerns to their line managers and submitted items to the risk register when required.

### Leadership, morale and staff engagement

- Results from the NHS Staff Survey 2015 showed that the trust had four Key Findings better than average and six Key Findings below average for mental health trusts. Areas above the average threshold included effective team working, while below included the recommendation by staff of the trust as a place to work or receive treatment.
- Sickness and absence rates were lower than the national indicator. Team managers felt able to make referrals to the occupational health department when required.
- There were no ongoing bullying or harassment cases at the time of the inspection.

# 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.

- Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear or victimisation. Some staff that we spoke with reported using a local initiative to email concerns directly to the trust's chief executive.
- Staff consistently reported they felt part of a good team and enjoyed their jobs. Staff described feeling valued and proud to be part of the service.
- Staff reported opportunities for leadership development through meetings, supervisory practices and mentorship.
- Teams consistently reported strong and supportive local management. Teams reported that they functioned well in respect of team working and mutual support.
- Staff demonstrated that they were open and transparent and would provide explanations to patients if things went wrong.
- Staff reported they had the opportunity to provide feedback on services and contribute to service development. Staff gave us specific examples of where they had contributed to service evaluation that was then used to shape future practice.

## **Commitment to quality improvement and innovation**

- The intensive support team had developed an electronic pathway tool. This gave staff a chronological pathway to follow which contained all the documentation that they would need to plan and implement patient care. We saw this had been developed for use by the community learning disability team. The team manager told us the trust had seconded the member of staff responsible to another area of the trust to implement a similar pathway tool.