

Cheshire and Wirral Partnership NHS Foundation  
TrustCommunity mental health  
services for people with  
learning disabilities or autism

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXAAC	Trust Headquarters, Redesmere	Eastway Community LD Team - Cheshire West locality	CH2 1BQ
RXAQA	Trust Headquarters, Redesmere	Trafford Community LD Team - Sale locality	CH2 1BQ

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

# Summary of findings

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 Cheshire and Wirral Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Cheshire and Wirral 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?

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 the community mental health services for people with learning disabilities and autism as good.

Patient care and treatment was planned and delivered in line with current best practice and evidence based guidance. We saw evidence that risk assessments were completed when patients were accepted into the service. Risk assessments were also updated regularly to reflect the changing needs of the patients.

Patient problems were picked up quickly and dealt with as soon as possible to prevent hospital admission.

The caseloads varied between staff because of patient needs and hours worked. All staff spoken to felt their caseload was manageable and all had regular supervision where caseload management was discussed.

Staff understood the lone working policy and followed it. Electronic diaries were used to help keep track of staff whereabouts.

Staff were appropriately experienced and skilled to deliver care to their patients. The overall compliance rates for mandatory training were 90%, which was above the trust target of 85%.

Patients and carers were positive in their comments about the service.

Staff that we interviewed shared the values and vision of the trust and spoke positively about how they put these into practice in their work.

All working areas were clean and well-maintained.

# Summary of findings

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

### Are services safe?

We rated safe as good because:

- All working areas were clean and well maintained, and there was a rota to ensure areas were not missed.
- During our inspection of the unit, we saw the outpatient area was clean and well presented.
- While the caseloads varied between staff because of patient needs and hours worked, all the staff we spoke to felt their caseloads were manageable. All had regular meetings with their supervisors where caseload management was discussed. This ensured patient care could be given in a timely fashion.
- Staff completed risk assessments when patients were accepted into the service and we saw evidence that this was done. Risk assessments were also updated regularly to reflect the needs of the patient. Risk assessments help minimize any harm or danger to patients and staff.
- Staff understood the lone working policy and followed it. Electronic diaries were used to help keep track of staff whereabouts.
- The level of staff sickness was reported as 'high', but this was not due to work-related health problems. Agency staff had not been used in the three months prior to the inspection. All bank staff used by the service had been through an introduction to the service and were known to the team.
- All relevant staff interviewed knew about the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.
- Staff knew how to report incidents and felt able to do so without fear of recrimination.
- All staff knew the service's safeguarding procedures; what needed to be reported and how.
- Medication was recorded in care notes and patient medication was provided for by general practice.

However:

- There was a lack of signage for people with special needs on the day of our visit, but we were informed that this was a temporary problem and that signage was due to be reinstated. The manager could not give a date for when this would happen.

Good



### Are services effective?

We rated effective as good because:

Good



# Summary of findings

- Patient care and treatment was planned and delivered in line with current best practice and evidenced based guidance.
- The care records we looked at were up-to-date.
- The trust had an electronic system for recording and storing information about the care of patients. This meant that information could easily be accessed and updated by staff when care needs changed.
- Staff were appropriately experienced and skilled to deliver care to the client group.
- Staff received good support from their manager and peers, which helped them to deliver effective care and treatment to the patients.
- There was evidence of a range of interventions to help patients live in the community, including help with benefits, housing, voluntary work and employment.
- Staff worked closely with local health services to ensure the physical needs of their patients were met. Where patients were unwilling to attend surgeries, GP home visits were arranged.
- Wherever possible, patients or their nominated carers were included in preparing their care plans to help map out the care they would receive.
- Staff were aware of and followed National Institute for Health and Care Excellence (NICE) guidelines for challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities. NICE provide evidence-based good practice guidelines and interventions on patient-centred care.
- Staff had completed 90% of their mandatory training, which was above the trust target of 85%.
- The provider paid for extra training. Three members of staff had achieved qualifications at degree level or above in areas relevant to their work.

## Are services caring?

We rated caring as good because:

- Feedback we received from people who used the service was positive. People who used the service and their carers reported they were happy with the care they received. One individual who used the service approached inspectors directly to report her positive experience.
- Care plans reflected the views and opinions of individuals about the care they received.
- Staff treated people using the service with respect and engaged with them in a caring and empathetic manner.

Good



# Summary of findings

- Staff displayed a good understanding of the client group and their individual needs. We observed staff ensuring they communicated with people using the service in a manner in which they could understand. For instance, we observed the use of picture cards.

## Are services responsive to people's needs?

We rated responsive as good because:

- There was no waiting list for referrals into the service. Referrals were managed at a weekly meeting led by the team manager.
- Patient problems were picked up quickly and dealt with as soon as possible to prevent hospital admission.
- Patients and carers who used the service knew how to make a complaint.
- The service received only one complaint in the past 12 months.
- Patients and carers knew how to access out of hours services and how to get help in a crisis. This information was also recorded in the care plans we reviewed.

Good



## Are services well-led?

We rated well-led as good because:

- The trust had a clear vision and set of values, and staff interviewed shared the vision and the values and spoke positively about how they put these into practice with their work. The pin badge relating to the trust's six Cs, (The six C's have been adopted by the NHS and are care, compassion, competence, communication, courage and commitment) was worn by all staff.
- We saw minutes of team business meetings. The meetings were well-organised and covered appropriate governance issues relevant to the service, as well as lessons learnt from incidents. However, not all staff could tell us about the learning from incidents that had happened within the trust. Managers told us they had not had any major incidents within the team.
- There was a strong focus on continued learning and improvements for staff.

However,

- Although the team manager had a good relationship with the senior management of the trust and knew who they were, three other staff members did not feel the senior management were visible at service level.

Good



# Summary of findings

## Information about the service

The community learning disability service for the Cheshire West locality plans and provides a range of services for people with learning disabilities who may have additional needs. These may include: mental health difficulties, complex health needs, communication difficulties, physical difficulties, challenging behaviour, epilepsy, autism, and the need for specialist support for forensic issues. The team also provides specialist

information, advice and training for family, carers and support staff. The service is community based and patients are seen at home as well as outpatients by the medical staff at the community base.

The Eastway community learning disability service had not been inspected before.

## Our inspection team

Our inspection team was led by:

**Chair:** Bruce Calderwood, Director of Mental Health, Department of Health (retired)

**Head of Inspection:** Nicholas Smith, Care Quality Commission

**Team Leaders:** Sharon Marston, Inspection Manager (mental health), Care Quality Commission,

Simon Regan, Inspection Manager (community health services), Care Quality Commission

The team that inspected this core service was comprised of four people: A Care Quality Commission inspector and three specialist professional advisors consisting of a speech and language therapist, an occupational therapist and a psychologist.

## Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information we held about this service, asked a range of other organisations for information, and sought feedback from carers.

During the inspection, we visited the community learning disability service based in the Eastway building in the Countess of Cheshire Health Park and Waterside House in Sale. We also visited the Trafford learning disability service on 10 July 2015.

As part of this inspection we:

- looked at the quality of the environment and looked at the staffing levels;
- observed three community visits by two nurses and a speech and language therapist to see both patients and carers;
- spoke with four patients who were using the service;

# Summary of findings

- spoke with 11 staff members, including the manager, the consultant, an occupational therapist, a health facilitator, three nurses, a speech and language therapist, a psychologist and a physiotherapist;
- observed one referral meeting, which included staff discussions on patient referral and changes to risk;
- observed a formulation meeting for a patient;
- looked at five patient care records;
- checked the management of patient medication;
- looked at a range of policies, procedures and other documents relating to the running of the service.
- Ten comment cards were received for the community learning disability service

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

During this inspection, we spoke to five private stakeholders that work with the Eastway community learning disability team and to three carers of people who used the service. The feedback we received was very positive. The three carers praised staff for the care they delivered and their commitment.

Ten comment cards were received for the community learning disability service (including wards). All were positive and reflected the good level of care that patients and carers had received.

## Good practice

Some patients were involved in the recruitment and selection of new staff and we were told if the patient did not approve of a potential member of staff then they were not appointed.

The team worked with other organisations above and beyond what would normally be expected. In particular, staff continued to offer help and advice long after

patients were discharged into another service. For example, one service told us that a patient had been discharged to them six months ago, but they could still ring up and get advice on care very easily. The same service also said they still received telephone calls asking how the patient was progressing from the Eastway team.

## Cheshire and Wirral 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
Eastway Community LD Team – Cheshire West locality	Trust Headquarters, Redesmere
Trafford Community LD Team – Sale locality	Trust Headquarters, Redesmere

#### Mental Health Act responsibilities

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

Staff displayed a good knowledge of the MHA and the MHA code of practice.

The team rarely deal with individuals under the MHA. However, one individual who used the service was subject to a community treatment order at the time of the inspection. The paperwork for this person was up-to-date and filled in appropriately. The paperwork was seen by the inspection team during a meeting with the service's consultant.

The team had access to MHA training, which was mandatory and was delivered annually. However, only 73% of staff had attended in the past year, below the trust's target of 85%.

The revised MHA code of practice published in April 2015 had not yet been incorporated into some of the current staff training. The staff members concerned said they will ask their manager to update their training.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which was part of the trust's mandatory training requirements. The team overall did meet the 85% trust target with 86% attendance achieved in the past year. All staff interviewed were able to explain about capacity and how to make Best Interest decisions if the patient lacked capacity.

However, there was not always clear evidence in care plans to show that, where appropriate, capacity was taken into consideration before making a decision on action.

# 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

Patients were rarely seen on the premises by the multidisciplinary team as staff promoted the use of community services. Those rooms that were used had alarms, including the toilet facilities.

The outpatient area was clean, well presented and well maintained.

There was a lack of signage for people with special needs on the day of our visit, but we were informed that this was a temporary problem. Some signage was due to be reinstated and that the area was due a refurbishment. The manager did not know when this would happen.

### Safe staffing

Staffing levels had been reviewed when the service was redesigned in September 2013 with the amalgamation of two teams. The manager was not aware of what guidelines were used in assessing safe staffing levels, but it was felt by all staff that staff levels were adequate.

Trust figures give a 2% vacancy rate and a 7.5% sickness rate for this service. However, during the inspection, figures given to us showed that the sickness rate had fallen to 5.8% and the vacancy rate had increased to 14.7%. The manager explained that sickness had been slightly higher this last year due to non-work related issues. Sickness was covered internally in the short term or by using bank staff in the long term. When bank staff were used, checks were always made to see if inductions had taken place. The team used regular bank staff.

At the time of the inspection, there were four vacant posts. One had been appointed to and we were told two would be advertised with a closing date of 31 August 2015. One other vacant post was due to a recent retirement within the psychology team and this was being reviewed by that department to ensure the best future use of the post would be made.

Staff had caseloads of approximately 20 cases per full time equivalent. This figure was in line with national guidelines.

Managers monitored caseloads through direct supervision and weekly meetings to ensure staff were managing their workloads safely and in line with the trust's policy. Managers allocated referrals based on caseload, complexity of cases and expertise of staff.

Staff received appropriate mandatory training. Information provided by the trust prior to the inspection indicated that a low percentage of staff had completed their training. However, we found information on the units to show mandatory training had been completed by 93% of staff. Those staff that had not completed it were either off sick, new starters or on maternity leave.

The psychiatrist was able to see patients in an emergency during working hours. If the patient had an emergency outside of working hours they went to their local A&E department.

### Assessing and managing risk to patients and staff

All home visits were risk assessed by the multi-disciplinary team (MDT) and took account of previous history, risk, and social and health factors. The discussion in the MDT included the agreed risk assessments and a plan of care to manage any identified risks. If the risk was considered unsafe then alternative arrangements were made. This might include visits in pairs so the nurses could maintain safe practice.

The lone working policy was used and electronic diaries were used to help keep track of staff whereabouts. This meant information could be easily updated by different staff and was readily available to all staff.

Five care records were seen and each had an up-to-date care plan, risk assessment and a plan in case of crisis. Risk assessments were completed once the individual was accepted in to the service and we saw evidence this was done. Risk assessments were also updated regularly to reflect the needs of the patient. Contingency plans had been formalised for people with challenging behaviour. Risk assessments also highlighted whether there was a risk to staff and whether to attend in pairs when making home visits.

# Are services safe?

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

Staff were trained on safeguarding and if there were any safeguarding issues knew how to refer to the safeguarding team. Staff were also aware of what constituted a safeguarding concern.

## Track record on safety

There had been no serious incident reports during the 12 months prior to the inspection.

## Reporting incidents and learning from when things go wrong

There was an electronic incident reporting system in place called Datix. The trust used the Datix system to report incidents. This was completed following any incident. Staff were aware of what to report as well as how.

Staff were aware of the process of reporting incidents, but some were not aware of 'Learning from Lessons'. Incidents that happened within the trust involving patient safety were investigated and if there was any change to working

practice this was passed to the staff as a 'lesson learned'. This was managed through direct emails to staff and discussions at team meetings. Staff told us they would apologise to the patient and/or their carers if something went wrong. They did not know whether the trust had been open and honest in informing and apologising to patients when there have been mistakes in their care that had led to significant harm (known as Duty of Candour).

The manager of the team explained that all incidents were dealt with and any lessons learnt were passed back to the team through business meetings. There had been no incidents for such a long time that the manager felt this could be the reason some staff were not aware of how the feedback is given regarding the Duty of Candour. The manager explained that all incidents from the trust were fed back to the team in the business meetings and through emails.

# 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

The five care records seen were up to date and well thought out with regard to what the patient wanted and what they needed.

The care records that were examined all had up to date care plans reviewed as the patient needs changed, as well as at their care reviews.

Risk assessments were present and up to date. The Learning Disability Standard Risk Assessment was the standard tool and HCR20 was also used for those with a forensic history.

All information regarding patient care was kept electronically and was accessed through a secure password log on.

### Best practice in treatment and care

Three of the nursing staff interviewed had undertaken a higher level of further specialist training.

Staff were aware of and followed National Institute for Health and Care Excellence (NICE) guidelines in providing patient-centred care.

Welcome packs aimed at carers and patients had good information relating to smoking and alcohol cessation.

Patients had access to psychological therapies as recommended by NICE guidance. However, there was a shortage of psychologists in post and, at the time of the inspection there was a waiting list of 30 patients waiting to see a psychologist following their initial assessment. Patients could wait up to 12 months for an appointment with a psychologist.

A psychologist told us extra staff were about to start as a result of changes within the psychology department within the trust.

Specific nurses were employed to ensure the physical health needs of patients were met and ensured physical health care plans were kept up-to-date. Regular physical health checks were taking place where needed.

### Skilled staff to deliver care

The staff working in the community learning disability team come from a range of professional backgrounds included nursing, medical, occupational therapy, psychology,

physiotherapy, speech and language therapy and healthcare support workers. There were three health facilitation nurses employed to focus upon the physical healthcare needs of this patient group. Although there were no social workers provided by the provider a social work team were located in the same building and were included in the multi-disciplinary team.

Staff were all trained appropriately in the field they were working in. Some staff had nurse specialist status. Extra training had been provided for at least three of the nurses to gain further degree level or higher training. Some of the staff had used their degree dissertations to further their work with this client group.

All staff interviewed had supervision every four to six weeks.

There was an induction package for all new starters and bank staff to the service.

Where staff showed poor performance, this was initially reviewed by the team's manager. There were trust policies to follow if no improvement was shown.

### Multi-disciplinary and inter-agency team work

There was a multidisciplinary team on Eastway who worked with non NHS organisations to provide care to the patients. All the agencies contacted were very positive about the inter-agency work.

Staff told us that they had developed good working relationships with stakeholders including GPs, district nurses and social services. They told us that information sharing and access was easy between internal and external professionals.

We saw that community and external professionals attended patients' CPA meetings. For example, social workers based in local authority teams and private providers of services were invited to multi-disciplinary team (MDT) meetings when required. Patients told us that other professionals who were involved in their care and treatment attended their meetings

There was also an office within the building that was occupied by social workers who, although not employed by the provider, worked alongside the learning disability team.

# 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.

## **Adherence to the MHA and the MHA Code of Practice**

Staff displayed a good knowledge of the Mental Health Act (MHA) and the MHA code of practice. Training on the MHA was delivered annually.

The team rarely dealt with individuals under the MHA. However, one individual who used the service was subject to a Community Treatment Order at the time of the inspection. The paperwork for this one person was up-to-date and filled in appropriately. The paperwork was seen in a meeting with the consultant.

While the team had access to MHA training, which was mandatory and was delivered annually, only 73% of staff had attended in the past year, below the trust's target of 85%.

The revised code that was published in April 2015 has not yet been revised in some of the current staff training. The staff members concerned said they would ask their manager about this.

## **Good practice in applying the MCA**

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, which was part of the trust's mandatory training requirements. The team overall achieved 86% attendance, which was above the trust's target of 85%.

All staff interviewed were able to explain how they assessed a patient's understanding and capacity to make their own decisions. If they were assessed as not having mental capacity to understand the decision they were being asked then staff would make a decision based on the best interest of the patient.

However, there was not always clear evidence in care plans to show that, where appropriate, capacity was taken into consideration before making a decision on action.

# 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

On the day of the inspection we were met by a patient who wanted to meet the team, so she could tell us how good she felt her learning disability team were. We observed very good interactions between the patient and four staff who treated the patient with respect, dignity and warmth. The patient told us of the many good things the nurse and the team had done to help the patient stay in the community.

Staff treated people who used the service with kindness, dignity, respect, and compassion. Staff were patient and took the time to listen to individuals and understand their needs. All the staff interviewed and observed were very keen to help their client group live a satisfying life in the community.

Carers and other outside organisations spoke highly of the team and their work.

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

Patient panels were used at some of the recruitment interviews.

There was evidence of patient and carer participation and the care plans were patient led. However the care plans did not always reflect how the patient or carer was involved in their formulation when the patient refused to cooperate.

The staff involved their patients in various ways to be involved with their care by the use of observation on one patient who could not communicate verbally but could show emotion through facial expression. Another staff member used picture cards to get the patients involvement. There was also information in the care plans that showed staff worked with patients to help them access community based activities.

# 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

All referrals to the service were undertaken in a timely manner. Referrals would be allocated every week at the team referral meeting. More urgent referrals would be seen within a day.

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

Patients and/or carers who had mobility issues could access the receptions and offices.

Interpreting services were available within the team when needed to meet the needs of patients who did not speak English well enough to communicate when receiving care and treatment.

There were information leaflets which were specific to the services provided. Patients had access to relevant information in an easy read format, which was useful to them for example medicines, patients rights, conditions, advocacy, religion and how to make complaints.

Patients/carers knew how to access out of hours services and how to get help in a crisis. This information was also recorded in the care plans reviewed.

### Listening to and learning from concerns and complaints

Patients and carers who used the service knew how to make a complaint. During our home visits, patients and carers told us they knew how to raise complaints or concerns and felt they would be listened to and dealt with appropriately.

Staff knew how to deal with complaints. There had been only one complaint about this service for the last year. Lessons learnt were fed back to the team through email communication and business meetings. However, not all staff could tell us about the learning from incidents. Three staff did not feel the senior management were visible although they knew who they were.

# 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**

<Enter findings here>

### **Good governance**

<Enter findings here>

### **Leadership, morale and staff engagement**

<Enter findings here>

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

<Enter findings here>

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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