

Good



Rotherham Doncaster and South Humber NHS
Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

Woodfield House
Tickhill Road Site
Tickhill Road
Balby
Doncaster
DN4 8QN
Tel:01302 796000
Website:www.rdash.nhs.uk

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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)
RXE00	Trust Headquarters - Doncaster	Tickhill Road Site	DN4 8QH
RXE00	Trust Headquarters - Doncaster	Ironstone Centre	DN15 6HX
RXE00	Trust Headquarters - Doncaster	Intensive Support Services	S65 2QU
RXE00	Trust Headquarters - Doncaster	Community Integrated Services	S65 2QU
RXE00	Trust Headquarters - Doncaster	Health Support Team	S65 2QU

Summary of findings

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

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

Where applicable, we have reported on each core service provided by Rotherham Doncaster and South Humber NHS Foundation Trust and these are brought together to inform our overall judgement of Rotherham Doncaster and South Humber 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 community mental health services for adults with a learning disability or autism as good overall, because:

- There had been improvements since our last inspection. The trust had upgraded the safety and security of the buildings occupied by community teams for learning disability. Staff had carried out and recorded service user risk assessments. Staff caseloads were reduced at the Ironstone Centre because staffing levels had been increased. This meant safer care was being delivered.
- Decision specific capacity assessments were recorded in service user care records where appropriate. Managers told us new Mental Health Act training had been introduced and most of their staff had attended.
- Staff reported that morale was better although reorganisation at Doncaster was causing staff some concerns.
- Following our inspection in September 2015, we rated the services as 'good' for Caring, and Responsive. Since that inspection, we have received no information that would cause us to re-inspect those key questions or change the ratings.

Summary of findings

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

Are services safe?

We rated safe as good, because:

- There had been significant improvements in the safety and security of facilities at Rotherham. All clinic rooms had alarms fitted and staff across all locations had personal attack alarms.
- Staffing was in line with establishment levels across all teams. There were systems in place to ensure service user appointments were not cancelled during staff annual leave or unplanned sickness.
- Service user care records contained up to date risk assessments. Assessments were comprehensive and some care records contained condition specific risk assessments.
- Medication was stored and managed safely. Where medication needed to be administered in service user homes it was kept locked in the boot of the staff members car until required.

Good



Are services effective?

We rated effective as good, because:

- Care plans were holistic and person centred. They were goal specific with information on how goals were to be achieved.
- Assessments were timely and were reviewed regularly and updated where changes were required.
- Mental Capacity assessments were recorded in service user records.

Good



Are services caring?

At the last inspection in September 2015 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services responsive to people's needs?

At the last inspection in September 2015 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services well-led?

We rated well-led as good, because:

- Staff morale was much improved across all services.
- Senior managers had visited each location and staff reported they felt part of the wider trust.
- Managers and staff were able to add items to local risk registers.

Good



Summary of findings

- There were good governance arrangements in place.

Summary of findings

Information about the service

Rotherham Doncaster and South Humber NHS Foundation Trust provides community mental health services for people with learning disabilities and autism in Doncaster, Rotherham and North Lincolnshire.

The service consists of acute liaison nurses, behavioural therapists, clinical psychologists, community nurses, learning disabilities nurses, physiotherapists, primary care nurses, psychiatrists, occupational therapists, speech and language therapists, and support workers. The service is split into three localities operating from four sites:

- In Doncaster community mental health services for people with learning disabilities and autism operate from the Solar Centre and the Tickhill Road Site. There is a clinical psychology and counselling service team, joint community homes service and day services team and a community health team.
- In Rotherham community mental health services for people with learning disabilities and autism operate from 220 Badsley Moor Lane. There is a community homes service team, a community integrated team, a health support team and an intensive support team.

- In North Lincolnshire community mental health services for people with learning disabilities and autism operates from the Ironstone Centre in Scunthorpe which includes an integrated health and social care learning disability team.

During this inspection, we visited the Ironstone Centre at Scunthorpe, the Tickhill Road Site at Doncaster and the teams based at Rotherham, which included intensive support services, community integrated services and the health support team.

The Care Quality Commission has inspected Rotherham Doncaster and South Humber NHS Foundation Trust community mental health services for adults with a learning disability or autism once previously as part of a comprehensive inspection.

At that inspection, we issued five requirement notices for breaches of two regulations. At this inspection we found the trust had made the necessary improvements in relation to the shortfalls identified in all five requirement notices.

Our inspection team

The team that inspected community mental health services for adults with a learning disability or autism was comprised two Care Quality Commission inspectors and one learning disability nurse specialist advisor.

Why we carried out this inspection

We undertook this inspection to find out whether Rotherham Doncaster and South Humber NHS Foundation Trust had made improvements to their community mental health services for adults with learning disability or autism since our last comprehensive inspection of the trust on 14 – 18 September 2015.

When we last inspected the trust in September 2015, we rated community mental health services for adults with learning disabilities or autism as requires improvement overall. However, we rated the 'Safe' domain as inadequate.

Summary of findings

Following that inspection we told the trust that it must take the following actions to improve community mental health services for adults with a learning disabilities or autism:

- The trust must ensure staffing at the Ironstone Centre is maintained at the establishment level to ensure people receiving services are safe.
- The trust must ensure risk assessments are completed and updated within given timescales or where a change in risk is identified.
- The trust must complete environmental risk assessments for all locations to ensure the safety of people who use services and staff.

- The trust must make consulting rooms used by psychiatrists at Rotherham Community Learning Disabilities Team safe for staff and people who use services.
- The trust must ensure all staff are protected from potential harm by having access to audible alarms.

We issued the trust with four requirement notices in relation to community mental health services for adults with a learning disabilities or autism. These related to:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

How we carried out this inspection

We asked the following questions of the service:

- Is it safe?
- Is it effective
- Is it well-led

Before the inspection visit, we reviewed information that we held about this core service.

This inspection was unannounced, which meant the service did not know that we would be visiting. During the inspection visit, the inspection team:

- visited three locations, looked at the quality of each environment and checked all clinic rooms
- interviewed the managers for Scunthorpe, Rotherham and Doncaster
- interviewed 12 other staff members individually
- looked at 28 service user care records
- 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 asked the trust to provide us with contact details of service users, their families and carers. This is information

was not provided to us. However, during our previous inspection service users, their families and carers were very positive about the care provided by the community teams for learning disability.

Good practice

Service users were involved in the recruitment of new staff. In Doncaster service users worked with staff from the community team for learning disability and local GP practices to look at the accessibility of the 'choose and book' service. A resource book and an easy read information board had been placed in GP surgeries.

Staff at the Ironstone Centre had secured extra funding to continue to support the needs of the North Lincolnshire community.

Rotherham Doncaster and South Humber 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
Tickhill Road Site	Trust Headquarters
Ironstone Centre	Trust Headquarters
Intensive Support Services	Trust Headquarters
Community Integrated Services	Trust Headquarters
Health Support Team	Trust Headquarters

Mental Health Act responsibilities

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

Staff had a good understanding of the Mental Health Act. However, at the time of our inspection there was only one person subject to a community treatment order. We reviewed the documentation and found it to be in order.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke with demonstrated a good knowledge of their responsibilities under the Mental Capacity Act. Mental Capacity assessments and best interest's decisions were recorded in service user care records.

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

Interview and therapy rooms had alarms fitted across all sites. Staff had been given portable alarms to use whilst in the communal areas of the service. Staff told us about an incident where it had been necessary to press the alarm in one of the interview rooms which had successfully tested the new standard operating procedure for the use of personal response alarms.

Clinic rooms contained well maintained and clean equipment. Most of the clinic rooms had an examination couch, blood pressure monitors and scales. Rotherham facilities had been upgraded with the addition of new flooring and decoration. The Doncaster service had moved from the Onyx Centre to the Tickhill Road site since our last inspection. The Tickhill Road site had a good range of clinic and interview rooms.

Each location was clean and well maintained with each having a cleaning and maintenance contract with an external provider. Cleaning records were detailed and up to date. Staff told us if there were any concerns with regard to cleaning or maintenance then it would be acted upon within reasonable timescales.

Facilities enabled staff to adhere to infection control principles with access to personal protective equipment, hand gel and hand washing sinks in some clinic rooms and all had access to other appropriate hand washing sinks.

Safe staffing

Staff and managers at each location told us staffing was sufficient to keep service users safe and to deliver care in an effective way. There were good arrangements in place to cover for staff who were on annual leave or unplanned sickness. When staff were on leave service users would be advised who they should contact if they needed assistance. During periods of unplanned leave or sickness, staff within the team would ensure service user appointments were not cancelled.

Managers at each location gave us details of their whole time equivalent establishment levels which were:

Ironstone Centre

- Band 6 x 5.4
- Band 5 x 3
- Band 3 x 0.8
- Psychiatrist three days per week
- Psychologist three days per week
- Vacant posts were 30 hours primary liaison, 22 and a half hours acute liaison and one band 2 post

Rotherham:

Intensive Support Service

- Support team manager
- Band 6 x 6
- Band 3 x 5.5 which includes 1 vacant post

Health Support Team

- Band 6 x 2
- Band 3 x 1.5

Community Integrated Team

- Band 6 x 3
- Band 5 x 2
- Band 3 x 2

Doncaster:

- Psychiatrist x 1.4
- Psychologist x 2
- Psychology Assistant x 2

East Team

- Band 6 x 2
- Band 5 x 2
- Band 3 x 1

West Team

- Band 6 x 2
- Band 5 x 2
- Band 3 x 1

Are services safe?

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

Community Assessment and Intensive Support Team

- Band 6 x 3 which includes 1 vacant post
- Band 7 x 1
- Band 3 x 2

Complex Case Management Team

- Band 6 x 2
- Band 7 x 1
- Behavioural outreach nurse x 1

Health Action Team

- Acute Liaison x 1
- Band 6 x 1
- Band 5 x 1
- Occupational Therapist x 1
- Allied Health Professional x 0.8
- Band 7 x 1
- Physiotherapist x 1
- Speech and Language Therapist x 2.5
- S117 lead nurse x 1

Staff at each location told us their caseloads were manageable. Staff at the Ironstone Centre told us their caseloads were greatly reduced since our last inspection with them holding on average a caseload of 25 service users which staff said was a manageable caseload.

Managers at each location told us that mandatory training compliance was at least 90% and figures provided by the trust confirmed this.

Assessing and managing risk to patients and staff

We reviewed 28 service user records across the three community teams for learning disability we inspected. All the service user case notes we reviewed had fully completed functional analysis of care environments risk assessments. There was evidence that these were being reviewed and had next review dates recorded. Some service users had additional risk assessments for specific conditions such as choking, falls, ingestion non-consume substance, road safety skills, self-harm and the potential for

violent episodes. Some of the risk assessments also contained detailed crisis contingency plans. However, the records we reviewed did not contain any advance decisions.

We did not see any service user records which contained protection plans. However, staff said if there was a protection plan it would be flagged in the service users care record. Staff said it was part of their responsibility to raise any concerns with adult social care and the safeguarding team if protection plans were not effective.

Managers told us there were minimal waiting lists for each service and none were outside the 18 weeks waiting list target. Service users on the waiting list were risk assessed prior to staff adding them to the list and staff sent a letter to them advising them to contact the service if their condition deteriorated.

Staff were aware of safeguarding procedures and knew what to report and how to refer to the local authority. There were good working relationships with each of the local authorities safeguarding teams. Staff gave good examples of what constituted abuse. Staff worked with service users to enable them to understand safeguarding. Staff said it was important to empower service users to protect themselves from bullying and abuse. Staff did this by raising awareness about the different types of abuse and sharing information on who and how to contact the right people if service users had any concerns.

Lone working practice was embedded within each of the services. Staff said that there was a buddy system, which ensured a colleague always knew where they were. Contact numbers for each member of staff were centrally recorded. Staff carried out risk assessments when they visited a service user in their home to ensure it was safe to do so. Where risks were identified staff would either arrange for the person to be seen in the clinic or the visit would be conducted by two members of staff.

Medication management practice was good across all community teams for learning disability. Where prescribed, staff administered depot injections in the service users' home, this was stored in a large locked box in the boot of the staff member's car. This was then transferred to a smaller box and carried into the service user's home to protect their privacy and dignity. The locked box also contained needles, syringes, gloves and wipes. Staff had a small sharps bin to enable the safe transportation of used

Are services safe?

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

needles back to the office. We reviewed the storage of medication at each community team for learning disability and found medication was stored securely and good records were kept of medication held. Medication fridge temperatures were monitored daily. Staff said the trust pharmacy were easily accessible if advice was required. The trust pharmacy carried out regular audits of medication stored at each location.

Track record on safety

We were not advised of any incidents that had caused any changes to how the service was delivered.

Reporting incidents and learning from when things go wrong

Incidents were recorded on the trust's incident report system. Staff understood what needed to be reported and told us that where appropriate feedback was given either during their supervision or in a team meeting. The trust had a system in place to share learning across all directorates through the 'learning matters' forum.

Managers said the duty of candour was taken into account when responding to incidents. They were able to describe the duty of candour procedure and would always apologise verbally and in writing when things went wrong.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

We reviewed 28 service user care records across the three locations. Each care record contained a comprehensive and timely assessment of the service user's individual needs. All notes reviewed had goals set which identified actions and assessments with up to date information. Service user notes were personalised and holistic. The goals were oriented in improving outcomes. Staff had written care plans in a person centred way, for example; I can go out, I can look after myself. Plans contained information about supporting service users to promote positive support networks, relationships, social and leisure activities.

Care records were held electronically and required log in to access.

Best practice in treatment and care

Each community team for learning disability had access to psychological therapies. Service users were able to take part in art therapy, and positive behaviour support. Staff across all sites were trained in positive behaviour support. Positive behaviour support is a person centred model that applies evidence based interventions to improve an individual's communication and independence skills.

Staff supported service users to access education, employment, benefits, and helped with either applying for housing or assisted service users in maintaining their tenancy.

Service users had annual health checks and care records we reviewed contained physical health care plans. Staff reviewed these annually or when service users' health needs changed. The primary liaison nurse worked with 48 GP practices to ensure service user annual health checks were carried out. Staff from the health action team had delivered training in GP practices to assist GP's and their staff team in how to best assist patients with a learning disability. Two service users had been involved in a project with the health action team to look at the accessibility of the 'choose and book' service. A resource book and an easy read information board had been placed in GP surgeries.

Staff conducted side effect monitoring of service users who were prescribed anti-psychotic medication. The tool used to monitor side effects was the Liverpool university neuroleptic side effect rating scale.

Care plans contained outcome stars. Outcome stars is a tool which both measures and supports progress for service users towards self-reliance or other goals. The Stars are designed to be completed collaboratively as an integral part of key work.

Teams across each of the community team for learning disability had taken part in audits of care files. Staff had audited the care files of other community learning disability teams across the trust. Staff told us this had worked well. At the time of our inspection, managers were awaiting the results of the audits of their teams' files.

Skilled staff to deliver care

Each location had access to a wide range of disciplines, which included, psychologists, speech and language therapists, psychiatrists, physiotherapists, pharmacy and referrals could be made to occupational therapy.

All the staff working across the community teams for learning disability had received role specific training. There were specialised learning disability nurses and all members of staff had learning disability and autism awareness training.

Staff had a trust three day induction and a local induction over four weeks. New staff were introduced to their team and the wider team across their directorate. This ensured staff had a good understanding of their role and what was expected of them prior to working with service users. Staff told us they had completed various training courses for example; electrocardiogram training and the historical clinical risk assessment tool which is for the assessment and management of violence risk.

Staff received regular supervision, both clinical and managerial. Staff told us they also had peer supervision monthly which helped to shape practice and where they could discuss more complicated cases. Figures provided by the trust confirmed that staff were up to date with their supervision and their personal development reviews.

Where poor staff performance was identified, managers would work with the member of staff and to close gaps and achieve goals. Where a more formal approach was required there would be monitoring of agreed targets.

Staff were trained in positive behaviour support, which is a way of supporting service users who display, or are at risk of displaying, behaviour which challenges. Staff had completed positive behaviour support plans for service

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.

users where it had been identified that this would be appropriate. Staff would also assist care home staff to write plans for service users who had behaviours which challenged.

There were several different types of leaflets in easy read format to support service users to understand their physical health needs. For example, there were leaflets for understanding your medication, going to the dentist, going to the opticians, breast screening, cervical screening and stopping smoking.

Whilst service users were not involved with the training of staff, they were very involved with staff recruitment. During the interview, candidates would be asked to go through the 'traffic light' system with volunteer service users. The traffic light system was a document which service users would take to hospital appointments and periods of inpatient stay. The document provided hospital staff with important information about the service user. Service users were asked their opinion of each candidate and where communication was difficult for the service user 'smiley faces' would be used.

Multi-disciplinary and inter-agency team work

The community team for learning disability at the Ironstone Centre were co-located with social workers which meant the inter-agency team working was very good. During our last inspection the team at Rotherham were also co-located with the adult social care, however, we were told during this inspection that this was no longer the case. Staff said that it had been difficult adjusting to not having them onsite but that they were starting to get used to it.

The community teams for learning disability all had effective multi-disciplinary team working. There were weekly referral meetings and meetings where specific service users were discussed. The multi-disciplinary meetings enabled staff to share information about service users and review their progress. Different professionals worked together to assess, plan and continually evaluate service users' care and treatment. The teams comprised of nurses, psychologists, psychiatrists and anyone else directly involved in the service users care. Other team members, such as care managers, speech and language therapists, physiotherapists and dieticians, were involved where appropriate.

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

The trust had rolled out a series of training sessions on the Mental Health Act. Managers told us that their teams were up to date with their training. The training had been face to face with all the slides from the training being emailed to staff along with a copy of the Mental Health Act in practice book to support staffs understanding of the Mental Health Act.

We saw one service users record who was subject to a community treatment order. The paperwork reviewed was in order and information recorded showed that the service user had regularly had their rights explained to them.

Staff were able to access administrative support and legal advice with regard to the Mental Health Act from the trust's central office. Staff referred service users to the independent mental health advocate services where appropriate.

Good practice in applying the Mental Capacity Act

Staff had a good understanding of the Mental Capacity Act and how it affected their work. Staff had carried out Mental Capacity Act assessments where it was suspected that service users lacked the capacity to make certain decisions, for example their capacity to consent to treatment. At the Ironstone Centre, the recording of the service users capacity assessment was clearly evident on the front screen of the trust's recording system, SystemOne. At Rotherham and Doncaster, the assessment of service user's capacity was not as easy to locate, however, we found that staff had carried out and recorded capacity assessments.

Staff were able to describe how they would support service users to make decisions including decisions that may be considered to be unwise. Where service users lacked capacity to make decisions a multi-disciplinary approach would be taken to ensure decisions were made in the best interest of the service user. Best interests meetings would involve where possible the service user, family members or carers, advocacy services and professionals involved in the care of the service user.

Staff said there was a Mental Capacity Act policy on the trust's intranet, which they could access should they have any queries, and the trust had a Mental Capacity Act lead they could speak with.

Are services caring?

Good 

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

Our findings

At the last inspection in September 2015 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

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

At the last inspection in September 2015 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services well-led?

Good 

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

Our findings

Vision and values

The trust had posters at each community team for learning disability which showed what the organisation's values were, these included to deliver care that was; passionate, reliable, caring and safe, empowering and supportive of staff, open, transparent and valued and progressive. Staff we spoke with knew the values and told us these were reflected in the way they delivered care. Staff told us part of their objective was to deliver safe and effective care in a timely way.

Staff told us they felt there was a greater involvement by senior managers since our last inspection. Staff at the Ironstone Centre told us they now felt part of the trust. Staff said senior managers were visibly present and approachable. There had been visits from the chief executive, assistant director, business development manager and the head of nursing.

Good governance

Staff took part in clinical audits. Managers told us that the key performance indicators across the community teams for learning disability included:

- audit of the number of service users with health action plans
- audit of service users care plan approach and how many had a review with the previous 12 months
- monitoring of caseload activities
- number of appointments not attended by service users
- waiting list monitoring
- audit of service users with leave authorised under section 117 of the Mental Health Act
- auditing results from service user outcome star measures

Managers were responsible for what was added to the location risk register and staff told us they would advise their manager if they felt there was anything that needed to be escalated to the risk register.

Leadership, morale and staff engagement

Staff at each community team for learning disability reported good morale. However, staff at Doncaster told us they were concerned about the 'place based model', which

was part of the transformation agenda. The trust were creating four localities across the Doncaster service which were east, west, north and south, this meant nurses would be split across the four localities. Staff were concerned that the knowledge and experience within their existing teams would be diluted. Other staff members told us they did not feel senior managers were hearing their concerns about the 'place based model'. The Doncaster manager told us that they were part of the transformation group and they had discussed staff concerns at team meetings. Transformation was a standing agenda item at team meetings.

Managers told us there were many opportunities for leadership development, including postgraduate leadership courses, internal management courses and 'managing difficult staff and having difficult conversations'.

Staff across all the community teams for learning disability described good team working and that they felt supported by their managers and colleagues.

Managers and staff understood their responsibilities under duty of candour and where things went wrong they would speak to service users and apologise in person and would follow this up in writing. The letter would confirm where appropriate what had gone wrong, if possible how it would be rectified and what would be done to prevent it from happening again.

Staff were able to feedback and give input into service development through a variety of avenues. Team meetings were inclusive and staff were able to add agenda items and actions were allocated and reviewed at the next meeting.

Commitment to quality improvement and innovation

A member of staff at the Ironstone Centre had been nominated for an 'extra mile award' and had been successful. The whole team at the Ironstone Centre had also been awarded an 'extra mile award' this was for their success in securing extra funding to support the needs of the North Lincolnshire community.

The community team for learning disability at Doncaster had begun a project called VARM - which was a vulnerable adult risk matrix pilot. The project was to assist clinicians in how to work with service users who had capacity and were making decisions that were considered unwise. The team at Doncaster had been successful in getting funding to train staff in eye movement desensitisation and reprocessing, which is a psychotherapy technique.