Good

North Staffordshire Combined Healthcare NHS Trust

Community mental health services for people with learning disabilities or autism

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RLY88	Harplands Hospital	Intensive Support Team	ST46TH
RLY36	Dragon Square	Community Team (county)	ST57HL
RLY00	Trust HQ	Community Team (city) Broom Street	ST12EW

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.

Summary of findings

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?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Outstanding 
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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Overall summary

We rated community mental health services for people with learning disabilities as good because:

- The medical cover within the teams was good. There was always access to a psychiatrist.
- There was good safeguarding children and vulnerable adults processes in place. All staff had received training and they spoke with confidence about making appropriate referrals.
- All the treatment records viewed during the inspection contained comprehensive initial assessments.
- Staff had a good knowledge of the Mental Capacity Act. There was evidence in treatment records of patients capacity to consent being assessed and recorded. Where patients were found not to have capacity a multi-disciplinary approach was taken to best interests decisions.
- There was a project underway led by the hearing loss specialist nurse within the community team to change the working practices around patients experiencing hearing loss. The project would introduce the use of ipads and digital apps to provide instant access to signers when a patient with hearing loss was accessing services.
- The intensive support team had developed an electronic clinical pathway system. This contained electronic copies of all the documents which may be needed and provided a chronological pathway for staff to follow to ensure patients received a holistic and patient focused package of care.
- Staff felt supported by their immediate managers, morale was good and the team were supportive of each other.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- The sites we visited were clean and well maintained. There were cleaning rotas in place and these were being followed.
- There was good medical cover.There were four psychiatrists within the service, they operated a rota system to ensure staff and patients always had access to a psychiatrist.
- All staff were trained in safeguarding . Staff demonstrated good knowledge of the safeguarding referral process and spoke confidently about making appropriate referrals.
- There was a trust lone worker policy in place. All staff we spoke with were aware of this. Staff understood the types of incidents that would be reported and knew how to report incidents using the trust's electronic system.
- Mandatory training was completed by all staff . There were electronic records in place that demonstrated this alongside recording in supervision files.
- Most of the treatment records we looked at contained risk assessments and risk management plans.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- There were inaccuracies and missing paperwork in relation to two of the three patients on community treatment orders. This meant they did not comply with the Mental Health Act code of practice. The team leader told us she would be taking immediate action on this.
- At Dragon Square we looked at 11 treatment records and 7 of these did not contain a care plan. Each of these patients with no care plan had been in treatment for more than 90 days.

However:

- All the treatment records viewed contained comprehensive initial assessments.
- All patient information was stored securely. Some information was stored electronically although most of the treatment records were paper based. These were kept in locked filing cabinets within locked rooms.

Summary of findings

- All the prescribers witihin community mental health services for people with learning disabilities followed appropriate national instituite for health and care excellence guidance.
- There was good evidence of consent to treatment and assessement of capacity where appropriate. This was documented in treatment records.

Are services caring?

Good

We rated caring as good because:

- All the staff interactions we observed with patients and carers were respectful, kind, considered and responsive.
- Patients and carers told us they felt listened to and valued by staff.
- During the inspection we observed staff maintaining confidentiality.
- Treatment records demonstrated staff formulating individual plans of care in response to individual need.

Are services responsive to people's needs?

Outstanding

We rated responsive as outstanding because:

- All urgent referrals were seen in a timely manner. The intensive support team had targets of two hours and the community team within two weeks. The community team could refer to the intensive support team seamlessly if a more urgent response was required.
- There was access to interpreters and leaflets could be produced in other languages if required. All the teams had access to easy read leaflets.
- There was a project underway led by the hearing loss specialist nurse within the community team to change the working practices around patients experiencing hearing loss. The project would use ipads and digital apps to provide instant access to signers when a patient with hearing loss was accessing services. Further funding had been secured to provide specialist training for staff to become champions.This project was being supported by the trust's listening into action group.
- The intensive support team had developed an electronic clinical pathway system. This contained electronic copies of all the documents which may be needed, including referral checklist, information gathering, initial assessment, multi

Summary of findings

disciplinary meeting minutes, intervention forms, assessment tools, discharge planning and patient feedback. This provided a chronological pathway for staff to follow to ensure patients received a holistic and patient focused package of care. The intensive support team administrator was supporting other teams within the learning disability directorate to develop their own clinical pathways.

- There were clear inclusion and exclusion criteria for accessing the service. Staff signposted patients to more appropriate services if referrals did not meet their criteria.

Are services well-led?

Good

We rated well led as good because:

- There were clear team objectives.
- Staff felt supported and had confidence in their immediate line managers.
- The teams were compliant and meeting targets for mandatory training, supervision and appraisal.
- There were key performance indicators in place across community mental health services for people with learning disabilities. The teams were all meeting their key performance indicators.
- Staff told us they enjoyed their jobs and morale was generally good. However, staff felt disconnected from the trust senior management team. They told us they felt like a 'Cinderella service'.

Summary of findings

Information about the service

- 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, Dragon Square and Broom Street. The intensive support team is based at the Harplands Hospital. The two community learning disability teams have existed for a number of years.
- The community learning disability teams went through a management of change 18 months ago which meant they came together as one team working from two bases rather than two separate teams.The team is managed by the same manager over both sites and functions as one team for the purpose of multi-disciplinary working and team meetings. They operate Monday to Friday 9am-5pm, however, they offer flexibility for early morning or evening appointments based on need.
- The intensive support team was set up in December 2014 as part of the transforming care model.The team operates 7 days a week 8am-8pm. The intensive support team will also offer appointments outside of these hours based on individual need.The teams consist of community learning disability nurses, psychiatrists, occupational therapists, physiotherapists, speech and language therapists, clinical psychologists and other applied psychological therapists.
- These 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.
- The trust was last inspected in 2014. This inspection did not include community mental health services for people with learning disabilities.

Our inspection team

The team was comprised of two CQC inspectors, a mental health act reviewer and a social worker.

Why we carried out this inspection

We inspected this core service as part of our ongoing 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 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 three community teams where we looked at the environment in the two sites where patients were seen and observed how staff were caring for patients

Summary of findings

- spoke with 2 patients and 8 carers who were using the service
- spoke with the 2 managers of the teams
- spoke with other staff members; including doctors, nurses, psychologists, occupational therapists, student nurses and speech and language therapists.
- interviewed the clinical director with responsibility for these services
- attended and observed a hand-over meeting and two multi-disciplinary meetings.
- Accompanied staff on home visits.

We also:

- collected feedback from 3 patients using comment cards.
- looked at 30 treatment records of patients.
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

Before, during and after the inspection visits, we spoke with patients, carers and relatives. All the people we spoke to were positive about the care which they received. Among the main themes was that carers and family members felt listened to and valued by staff. Carers and relatives felt doctors and other team members were always available and ready to listen. One parent told us that they believed intervention from the service had stopped their child's supported living placement breaking down and had avoided hospital admission. Patients and relatives told us that they felt involved with their care.

We received 3 comments cards from the teams we visited 2 had positive feedback and the third had no feedback.

Good practice

- The intensive support team had developed an electronic clinical pathway that gave staff a chronological pathway to follow which contained all the documentation they would need including referral checklist, information gathering, initial assessment, multi disciplinary meeting minutes, intervention forms, assessment tools, discharge planning and patient feedback . This allowed staff to plan holistic and patient centered care with access to a wide variety of tools. The pathway also identified the lead staff member for each patient and ensured all information could be shared effectively. The team leader maintained responsibility for version control to ensure all staff were using the correct pathway. The team administrator had developed this tool and reviewed it monthly with the team leader. The team administrator was also supporting other teams within the directorate to develop their own clinical pathways.
- There was a project underway that was led by the hearing loss specialist nurse within the community team to change the working practices around patients experiencing hearing loss. The specialist nurse had developed a strategy to ensure the needs of patients with hearing loss were being met. A business case put forward and finances secured for the purchase of ipads and online apps which provided instant access to signers. Patients experiencing hearing loss would then have access to this service on admission throughout the trust. The ipads would be kept in strategic locations throughout the trust such as Harplands hospital. The nurse had also developed training to raise awareness and improve communication with patients suffering from hearing loss. Further funding had been secured to provide specialist training for staff to become champions.This was to ensure the continuation of the service and that patients experiencing hearing loss would receive a better patient experience. This project was being supported by the trust's listening into action group.

Summary of findings

Areas for improvement

Action the provider MUST take to improve

- **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.**

Action the provider SHOULD take to improve

- Community mental health services for people with learning disabilities should ensure that all documentation relating to patients on community treatment orders fully complies with the Mental Health Act code of practice.
- The trust should ensure that staff and patients 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.

- All staff, including enablement workers received training , around the use of the Mental Health Act and the Mental Health Act Code of Practice as a part of their mandatory training. Most staff had a good understanding of the use of the Mental Health Act and their responsibilities in delivering compliant services.
- We checked that information about patients' consent to treatment and capacity to consent to treatment were recorded. These were complete in all the records that we checked
- The trust had a central Mental Health Act administration team based at Trust Headquarters in Stoke-on-Trent. Staff were aware how they could contact this team for advice.There was access to independent mental health advocates, staff supported patients in accessing this service as appropriate.
- Nearly all the patients seen within community mental health services for people with learning disabilities were informal. There were three patients on community treatment orders. We looked at all three sets of treatment records. One set of records contained all the appropriate paperwork under the Mental Health Act Code of Practice. One set of records contained all the appropriate paperwork although the section 132 paperwork had been repeatedly ticked to state the

patient could not understand the community treatment order on a monthly basis. This meant the treatment order was not correct as a patient must be able to understand the treatment order. We asked the team manager about this during the inspection. We were told this was a mistake and the patient did understand the order and that the paperwork would be rectified. This patient was currently undergoing a community treatment order review and the team leader was seeking advice from the trust Mental Health Act office in order to resolve this. The third set of treatment records had two missing community treatment order documents and no previous section 3 paperwork.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training on the Mental Capacity Act. There was a trust policy staff could refer to and staff knew how to access this on the trust intranet. All the staff spoken to during the inspection demonstrated a good understanding of the Mental Capacity Act. They spoke knowledgeably about the five statutory principles.
- We saw that assessments related to capacity to consent to treatment were completed. There was documented evidence of decision specific mental capacity assessments in treatment records that we looked at.
- Staff told us they could access advice regarding the Mental Capacity Act from a lead within another team in the trust. They felt confident in doing this should they need to.There was evidence in treatment records of discussions taking place to support patients in making decisions. Where this was not possible there were decisions made in the patient's best interests and this was clearly documented. The best interest decisions were made as a result of multi-disciplinary discussions.
- The doctors reviewed capacity at every appointment with regard to medication and this was clearly documented in clinic letters contained within treatment records.There were best interests assessors within the teams and they provided support to colleagues.

Good

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 seen at Dragon Square and Broom Street. Both of these premises were fitted with pinpoint alarm systems. Staff also carried personal alarms as required. This was assessed on an individual basis following risk assessment.
- The sites visited were clean and well maintained. Decorating work was underway at Dragon Square at the time of the inspection. Patients were seen in rooms separate from the ongoing work. There were cleaning records and regular audits demonstrating that the environment was regularly cleaned. Dragon Square had achieved 98% on the September 2015 trust internal audit.
- All staff spoken to understood the trust's infection control policy and good hand hygiene procedures.
- The equipment used at the two sites where patients were seen appeared to be clean and there were visible clean and clear stickers in place on the equipment.

Safe staffing

- The teams comprised of a variety of disciplines and flexibility was used when advertising vacancies to ensure the skill mix of the team met patient need. Staffing numbers in the intensive support team had been benchmarked against similar services elsewhere in the country and agreed with commissioners. These consisted of three whole time equivalent band 6 nurses, 5.4 whole time equivalent band 5 nurses, 6.6 whole time equivalent enablement workers, a whole time band 6 social worker, a whole time band 5 social worker, A whole time band 6 occupational therapist, a whole time band 5 occupational therapist, a whole time band 5 speech and language therapist and a whole time psychologist. The psychologist post was vacant however the post had been advertised and interviews were arranged for mid September.
- The average caseload size was 33 patients per care co-ordinator. There was however a member of staff who worked in the duty team and was still carrying a caseload of 20 alongside the duty role (The duty role meant for six months this member of staff dealt with incoming referrals, general queries from patients and their carers and carried out new intial assessments). Caseload management took place on a monthly basis. This included an audit of caseloads and copies of the documentation to accompany this was seen during the inspection. This paperwork covered key questions such as risk assessment, safeguarding and unmet needs in order to ensure appropriate actions took place.
- There were four psychiatrists within the service. They operated on a rota system so as to ensure that staff and patients always had access to medical cover. We saw copies of this rota during the inspection and staff told us this worked well and they felt well supported by the doctors.
- Mandatory training was completed in line with trust policy. With the exception of a member of staff on maternity leave and a member of staff on long term sick leave there was 100% compliance with mandatory training. We saw evidence of this in the training matrix and also in individual supervision records.
- There were arrangements in place to cover some vacancies and maternity leave with agency staff.No clinical posts were covered by bank or agency staff during the inspection. However, staff told us that they felt short staffed at times due to sickness or maternity leave. The intensive support team had a vacant psychologist post, this had been advertised. The community learning disability teams had a physiotherapist on maternity leave and a vacant adimistrator post which was covered by agency staff. The administrator post had also been advertised and the person successfully recruited to the post was due to start in October.

Assessing and managing risk to patients and staff

- Risk formulation was carried out with all patients at initial assessment. These were updated regularly and were updated dependent on changes in risk levels. At Dragon Square, two sets of care records out of eight looked at did not contain any risk assessements.

Good

Are services safe?

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

- There were no advance decisions in place in any of the care records that we looked at during the inspection. Crisis plans were integrated into the recovery and well being plans and were present in care records looked at during the inspection. Staff used the positive behavioural support model to identify deteriation in patients mental health. This is a model recognised by both the National Institute for Health and Care Excellence and the British Institute of Learning Disabilities.
- Sudden deteriorations in patients mental health were responded to by the intensive support team. They saw patients within two hours during their working hours. These were seven days a week, 8am to 8pm. Outside of these hours the telephones were diverted to the inpatient unit for advice and signosting. The mental health crisis team would also see learning disability patients between the hours of 8pm and 8am if necessary.
- Referrals to the community teams were see within two weeks. The two community teams had waiting lists for specific disciplines, such as occupational therapy.These were monitored regularly by the Lead professional. Staff told us patients and carers were encouraged to make contact if their needs changed. Carers we spoke to also told us this. The intensive support team had no waiting lists due to the rapid response that they continuously achieved.
- All staff were trained in safeguarding . Staff demonstrated good knowledge of the safeguarding referral process and spoke confidently about making appropriate referrals. There was evidence in treatment records of appropriate referrals being made.
- There was a trust lone working policy in place. All staff we spoke with were aware of this. The teams had a buddy system in operation whereby joint visits were facilitated when necessary.

Track record on safety

- There were no serious incidents reported within the intensive support team in the past 12 months. The community learning disability teams had one incident reported in the same time frame.
- Improvements in safety had been made following an incident whereby a patients letter containing confidential information had been sent to the wrong address. A checking of personal details question was introduced to the initial assessment. This helped to ensure the team had the correct up to date details. We observed staff discussing the positive impact of this in the community team multi-disciplinary meeting.

Reporting incidents and learning from when things go wrong

- All staff spoken to during the inspection understood the types of incidents that would be reported and knew how to report incidents using the trust's electronic system.
- Staff spoke about the importance of being open and honest when mistakes were made and we saw evidence of this within the community learning disability team. A letter had been sent to the wrong address containing information regarding a patient's appointment. The team leader had then contacted the parent of the patient to apologise and explain the mistake. Learning actions were then put into place to ensure address details were checked to prevent this happening again and this learning had been explained to the carer.
- Community mental health services for people with learning disabilities used the trust's learning into action model to ensure feedback from the investigation of incidents was shared. There was a running agenda item for this on the team's multi-disciplinary meeting proforma. We saw this during the inspection in the meeting we observed and in the minutes of previous meetings.
- Staff told us they would be supported and de-briefed if there was a serious incident, although this had not been needed. The psychologists within the team could provide support to other members if necessary.

Are services effective?

Requires improvement

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 looked at 30 sets of treatment records across the three teams. All of the treatment records that we viewed contained an initial comprehensive assessment. These had been completed at the first appointment. There were copies of health action plans in some treatment records we looked at however, the health facilitators were currently employed by another organisation. Staff told us patients also had hospital passports which they kept at home in case of admission to a general hospital.
- The intensive support team and Broom Street treatment records all contained care plans that were up to date and contained personalised, holistic and recovery orientated information. There was good evidence of patient or carer opinions being sought and their views were documented. At Dragon Square we looked at 11 treatment records and 7 of these did not contain a care plan. Each of these patients with no care plan had been in treatment for more than 90 days. This meant that at Dragon Square it was not always clear what patient's treatment goals were. The teams had introduced the health equalities framework to assist with care planning. This is a nationally recognised tool that was initially developed by the UK Learning Disability Consultant Nurse Network. It is an outcomes tool based on the determinants of health inequalities designed to help commissioners, providers, people with learning disabilities and their families understand the impact and effectiveness of services. Staff told us this tool worked well and had helped to improve care delivery.
- The three teams all stored information securely. Some information was stored electronically but the majority of treatment records were paper based. Any of the information recorded electronically was also present in the paper records. Paper records were kept in locked filing cabinets in locked rooms. Electronic records were accessed via password protected computers in private rooms. Systems were in place to allow the intensive support team access to both community team bases out of hours so that in the event of a patient crisis, information was always accessible to them.

Best practice in treatment and care

- The city & county community teams followed national institute for health and care excellence guidelines for prescribing antipsychotic medication, managing challenging behaviour, dual diagnosis and dementia with a co-exisiting learning disability.
- There were a wide variety of psychological therapies available throughout the teams. Psychologists were integrated into the teams and there were also nurses who had completed additional training in cognitive analytical therapy.
- Where appropriate we found evidence of staff supporting patients with education and employment opportunities. Staff were knowledgable about signposting patients for additional support with housing and benefits if required.
- All the treatment records looked at during the inspection displayed consideration to physical healthcare needs. Where appropriate there was evidence of ongoing physical healthcare. These included monitoring of body mass index in patients on antipsychotic medication, supporting patients with diabetes and physiotherapy exercises including 24hr posture care for patients with complex physical health needs.

Skilled staff to deliver care

- Staff were 100% compliant with mandatory training requirements with the exception of two members of staff who were on maternity leave and long term sick leave.
- All the staff spoken to during the inspection were experienced in their roles and where appropriate held the relevant professional qualifications. As part of the development of the intensive support team, the need for specific training to ensure staff were skilled to work in a community based intensive support team had been identified by the team leader. The team leader had recognised that many staff came from an inpatient background and had taken proactive steps to address this. Funding had been secured for a six week training package which all staff attended prior to the team going 'live'. This was to ensure that staff coming from a variety of different backgrounds had the appropriate skills for the role.

Are services effective?

Requires improvement

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.

- Staff told us they had access to specialist training to support their roles. Some had completed non-medical prescribing training, epilepsy training, hearing loss training and and a course related to working with patients with learning disability and dementia.

Multi-disciplinary and inter-agency team work

- All the teams had regular multi-disciplinary meetings. We observed a multi-disciplinary meeting within the community learning disability team and a handover within the intensive support team. We found that information relevant to risk was shared and key information was noted when handovers took place. We also saw minutes from previous multi-disciplinary meetings during the inspection. These meetings were observed to be inclusive of all team members and involved effective sharing of information.
- Multi-disciplinary teams worked well across the service. Within the community mental health services for people with learning disabilities there were a wide range of disciplines in each team. Across all three teams there were nurses, doctors, occupational therapists, psychologists, enablement workers and physiotherapists. The intensive support team also had a speech and language therapist and a social worker within the team. Broom Street and Dragon Square community teams had a service level agreement with speech and language therapy at the local acute trust and worked closely with the local authority social workers.
- Since the development of the intensive support team in January 2015, staff across community mental health services for people with learning disabilities had built good working relationships. The transfer of information between teams was effective in order to ensure patient's needs were met.
- The intensive support team had started to develop relationships with the inpatient learning disability units in order improve discharge pathways. The aim of this work was to reduce inpatients stays.
- There were concerns raised by staff about the discontinuing contract for healthcare facilitators in primary care for people with learning disabilities and the impact this would have on patients. Staff also told us they had experienced difficulties with the community mental health teams. They said community mental health teams were unwilling to work with patients with a learning disability when the primary need was mental health. An example they gave of this was patients who required a regular injection for their mental health needs but were not accepted at community mental health depot clinics.

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

- All staff, including enablement workers, received training, around the use of the Mental Health Act and the Mental Health Act Code of Practice as a part of their mandatory training. Most staff had a good understanding of the use of the Mental Health Act and their responsibilities in delivering compliant services
- We saw evidence that information about patients' consent to treatment and capacity to consent to treatment were recorded and complete.
- Three sets of treatment records were looked at for patients who were on community treatment orders. One set of records contained all the appropriate paperwork under the Mental Health Act Code of Practice. One set of records contained all the appropriate paperwork although the section 132 paperwork had been repeatedly ticked to state the patient could not understand the community treatment order on a monthly basis. This meant the treatment order was not correct as a patient must be able to understand the treatment order. We asked the team manager about this during the inspection. We were told this was a mistake and the patient did understand the order and that the paperwork would be rectified. This patient was currently undergoing a community treatment order review and the team leader was seeking advice from the trust Mental Health Act office. The third set of treatment records had two missing community treatment order documents and no previous section 3 paperwork.
- There was support available from a central Mental Health Act team within the trust.
- There was clear access to independent mental health advocates. Staff supported patients in accessing this service as appropriate.

Good practice in applying the Mental Capacity Act

Are services effective?

Requires improvement

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.

- All staff had received training on the Mental Capacity Act. There was a trust policy staff could refer to. Staff knew how to access this on the intranet.
- All the staff spoken to demonstrated a good understanding of the Mental Capacity Act. They demonstrated knowledge of the five statutory principles.
- We saw that assessments related to capacity to consent to admission and treatment were completed. There was documented evidence of decision specific mental capacity assessments in treatment records that we looked at.
- Staff told us they could access advice regarding the Mental Capacity Act from a lead within another team in the trust. They felt confident in doing this should they need to.
- There was evidence in treatment records of discussions taking place to support patients in making decisions. Where this was not possible, decisions made in the patient's best interests and this was clearly documented. The best interest decisions were made as a result of multi-disciplinary discussions.
- The doctors reviewed capacity at every appointment with regard to medication and this was clearly documented in clinic letters contained within treatment records.
- There were best interests assessors within the teams who provided support to colleagues.

Good

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 throughout the inspection with patients in a respectful, compassionate and supportive manner. We observed telephone calls and home visits directly during the inspection. During these, care was delivered in a kind, thoughtful and sensitive manner which respected patients' dignity.
- One carer told us she felt the intensive support team staff had been so responsive and caring towards her relative that they had had enabled a potentially serious incident to be avoided.
- Patients and carers told us that they felt valued and listened to by staff. They felt that staff had responded quickly to their needs and had shown good clinical knowledge as well as empathy.
- Staff demonstrated a good understanding of the individual needs of patients. There was evidence in care plans of a range of different interventions being offered to different patients in direct response to individual need. We were told by carers that staff were skilful at de-escalating situations using effective listening skills and by responding sensitively to patients when they were distressed.
- During the inspection we observed confidentiality being maintained at all times. Records were stored appropriately and patients or carers were not discussed in public places.

The involvement of people in the care they receive

- Care plans where completed and showed involvement of patients when appropriate. Due to the complex needs of some of the patients, it was not always possible to ascertain their views; in these cases the views of the main carer were clearly sought. Patients and their carers where appropriate were involved in reviews. This was documented in treatment records along with preferences regarding interventions offered.
- Staff knew how to signpost carers for a carers assessment. Carer support groups were advertised in the waiting rooms at premises where patients were seen.
- There was access to advocacy which was provided locally by Assist. Staff knew how to contact the service if necessary. There were advocacy posters on display in waiting areas.

Are services responsive to people's needs?

Outstanding ☆

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

Our findings

Access and discharge

- The intensive support team had a target of seeing patients within 2 hours for referrals within the community during the working hours of the team. There was a target of 48 hours for patients in an inpatient setting. There were no waiting times from assessment to start of treatment. The role of the intensive support team was similar to that of a crisis team within mental health services and this was reflected in their response targets. The community learning disability team saw urgent referrals within two weeks of referral and routine referrals were seen within the eighteen week wait times. The eighteen week wait is a national criteria which is used in the trust. There were waiting lists following assessment for particular disciplines within the team. At the time of inspection there were 25 patients on the waiting list for nurses, 25 patients awaiting a psychology appointment, 20 patients waiting for physiotherapy appointments and 49 patients waiting for occupational therapy input. The longest waiting time was 17 weeks and this was for occupational therapy. The waiting lists were reviewed weekly and discussed with the team to monitor risk and prioritise patients as required.
- 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. This allowed staff to plan holistic and patient cantered care with access to a wide variety of tools. This also identified the lead staff member for each patient and ensured all information could be shared effectively. The team leader maintained responsibility for version control to ensure all staff were using the correct pathway. The team administrator had developed this tool and reviewed it monthly with the team leader. The team administrator was also supporting other teams within the directorate to develop their own pathways tool.
- Staff were able to respond promptly to patients when they phoned the teams. The intensive support team had a skilled team involving multi-disciplinary working across all shifts and was adequately staffed to be able to respond immediately. The community learning disability teams had developed a duty worker system. Staff working in the duty team included nurses, occupational therapists and enablement workers. Staff worked in the duty team for six months at a time. This enabled them to respond to patient need in an effective and timely way.
- Community mental health services for people with learning disabilities had clear criteria for referral to the service. Patients had to be 17.5 years old or older, have a registered learning disability, have statement of special needs or attended a special school or have an acquired brain injury which occurred in early life. If a patient was not suitable for their service, managers told us they would signpost the referrer to more appropriate services.
- The teams contacted patients or carers where appropriate by telephone if appointments were missed. There was recognition that a lot of patients relied upon carers to provide transport to appointments and if patients lived in supported living with limited access to transport this could be an issue. Staff liaised with these carers and offered flexibility with appointment times in order to make the service more accessible to patients.
- Both the managers and staff were clear that appointments would only be cancelled by the service if it could not be avoided. In the event of staff sickness the teams had worked together to ensure appointments were not cancelled. If an appointment had to be cancelled the patient or carer would be telephoned and an explanation given. A new appointment would then be offered as soon as possible. There were no cancelled appointments in the treatment records we looked at during the inspection.

The facilities promote recovery, comfort, dignity and confidentiality

- At Broom Street and Dragon Square there were clean and adequately soundproof rooms to carry out appointments. Dragon Square had a physiotherapy room that was clean and well equipped. There were some boxes stored in this room at the time of inspection, however, this was due to the decorating work taking place and did not impact upon patient care. Broom Street had only a few rooms to see patients in and staff told us this was not always adequate. One counselling room also had a dual use as a snoezelen therapy room. This meant half the room was fitted out with multi-sensory equipment and half had chairs in for

Are services responsive to people's needs?

Outstanding ☆

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

counselling. Staff told us this made it difficult to use the space to its full potential and it didn't fit either purpose. The intensive support team did not see patients at their base as they are a home treatment based service.

- All the teams had access to information in easy read format. They provided information on treatment options, how to complain and other local services.

Meeting the needs of all people who use the service

- Dragon Square had good disabled access. Broom Street, due to the nature of the building, had some difficulties. The main entrance was accessed by steps. The staff had developed systems to facilitate disabled access. However, this was via the back of the building and sometimes meant the duty workers would have to leave the office they used in order to maintain privacy and confidentiality.
- There were interpreters available. All staff spoken to during the inspection knew how to access language services. Staff could have leaflets translated if required.
- There was a project underway led by the hearing loss specialist nurse within the community team to change the working practices around patients experiencing hearing loss. The specialist nurse had developed a strategy to ensure the needs of patients with hearing loss were being met. A business case put forward and finances secured for the purchase of ipads and online apps which provided instant access to signers. Patients experiencing hearing loss would then have access to this service on admission throughout the trust. The ipads would be kept in strategic locations throughout the trust such as Harplands hospital. The nurse had also developed training to raise awareness and improve communication with patients suffering from hearing loss. Further funding had been secured to provide specialist training for staff to become champions. This was to ensure the continuation of the service and that patients experiencing hearing loss would receive an improved experience. This project was being supported by the trust's listening into action group.
- The intensive support team had developed patient stories. These were used in reflective sessions to inform service development in response to patient need.

Listening to and learning from concerns and complaints

- Patients and carers knew how to make complaints. There were patient advice and liaison service posters displayed in waiting rooms.
- The intensive support team had no complaints and the community learning disability team had had one complaint in the past twelve months. This had been upheld, the team leader had then contacted the parent of the patient to apologise and explain the mistake. Learning actions were then put into place to ensure address details were checked to prevent this happening again and this learning had been explained to the carer.
- Staff spoke about handling complaints in an open, honest and respectful way. Team leaders told us about a previous complaints and how this had been dealt with. The learning from this had been shared at team meetings and actions developed. There was further evidence of this in team meeting minutes.

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

- Community mental health services for people with learning disabilities had clear objectives. These were based on the transforming care agenda. This states that learning disability services should empower patients and families, ensure that patients are getting the right care in the right place ,make sure the right information is available at the right time and that staff are trained to meet the needs of patients. All of this should be done to support patients wherever possible to stay in their own home. Staff told us they felt this also reflected the trust values.
- Staff knew the trust's values and felt their objectives and values reflected this; with the exception of recovery. They felt the concept of recovery was not appropriate to their service as patients would not recover from a learning disability and showed a lack of understanding of the service from a trust level.
- Staff in this service spoke strongly about the trust's lack of understanding of learning disabilities.
- The intensive support team felt they were supported by senior managers. We were told they had been visited by the Chief Executive and other directors. The community learning disability team felt supported by the service manager and clinical lead. We observed both of these senior managers having a visible input into meetings during the inspection. However above this level the community team did not feel visible or valued. They told us visits from the Chief Executive had been cancelled and rebooked for October. Staff told us they felt like a 'Cinderella service'.

Good governance

- Staff were up to date with mandatory training. All staff received caseload management supervision on a regular basis. Different professional groups received their own clinical supervision within their discipline. Appraisals were carried out annually by team leaders and if appropriate they involved staff's clinical supervisors to these.
- Staff received caseload management supervision on a monthly basis. Staff also accessed clinical supervision both on an individual basis and as group peer supervision in their professional groups. There were regular team meetings held and all staff members attended these. All non-medical staff had received an appraisal within the last twelve months and we saw documentation that supported this during the inspection.
- All staff spoken to within community mental health services for people with learning disabilities had an excellent understanding of safeguarding children and vulnerable adults. They were aware of the trust policy, what to refer and how to refer onto the multi-agency safeguarding hub. Safeguarding discussions were allocated time in team meetings by the team leaders and prioritised in caseload management.
- There was a good level of understanding of the Mental Capacity Act within community mental health services for people with learning disabilities and staff understood the Mental Health Act. Team leaders spoke knowledgably about both the Mental Capacity Act and the Mental Health Act. They monitored staff training on these and ensured learning was shared through team metings and supervision.There were issues however with paperwork regarding community treatment orders; this was being dealt with by the team leader.
- Both the intensive support team and the community learning disability team had clear key performance indicators set out to gauge the performance of the team. The team leaders understood these clearly and used them as a tool to monitor performance and develop practice.
- Both the team leaders told us they had good administrative support and felt they had sufficient authority to make decisions concerning the teams.
- There were systems in place to allow staff to submit items to the directorate risk register and this in turn would feed into the trust risk register. During the inspection we observed staff discussing an emerging risk at a multi-disciplinary meeting and this was then placed on the directorate risk register by the team leader.

Leadership, morale and staff engagement

- The intensive support team had recently completed the Aston Team Performance Tool. This tool provided feedback on current and potential team effectiveness

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through a questionnaire which was completed by all memebers of staff. The team had scored highly on this tool and were using this as a mechanism to develop further. The tool allowed the team to identify areas of strength and weakness and so more accurately tailor team development initiatives and training.

- There were no bullying, harassment or grievance cases ongoing at the time of the inspection.
- There were no current performance issues within the teams. The two team leaders spoke confidently about structures and policies for managing poor staff performance. One team leader gave examples of past use of these structures and policy with good effect.
- Staff spoke confidently about the whistleblowing process, they knew how to use it and said they would feel confident doing so.
- Within the teams, staff felt able to raise concerns and debate issues with colleagues without a fear of victimisation.
- Morale was good overall, staff spoke positively about their roles and felt supported by team leaders.
- Both the intensive support team and the community learning disability teams worked well together. Staff told us they felt supported by their colleagues and there was a sharing of knowledge across professional disciplines.
- Staff felt involved in service development at a local level. Some staff spoke positively of the 'Dear Caroline' initiative. This enabled staff to anonymously email the chief executive with ideas and concerns. However, staff also told us they did not feel they had an opportunity to give feedback into service development at a trust level within the community learning disability team.

Commitment to quality improvement and innovation

- The intensive support team was a new service which had been developed as part of the trust's vision to develop learning disabilities in line with the Department of Health Transforming Care agenda.
- A member of staff in the intensive support team had been involved in the national institute of health and care excellence autism protocol development. There were online videos available of this which were seen during the inspection.
- Regular audits were undertaken of treatment records by team leaders. This learning was then used to ensure treatment records were consistent and risk assessments and care plans were regularly updated.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care. The Trust must ensure that all patients have care plans that are person centred and recovery focused. · Carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user · Designing care or treatment with a view to achieving service users preferences and ensuring their needs are met Regulation 9 (3) (a) (b)