Good

Sussex Partnership NHS Foundation 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)
RX219	Trust Headquarters	Highdown	BN13 3EP
RX219	Trust Headquarters	Hastings and Rother CLDT	TN34 3AA
RX2XD	Trust Headquarters	Brighton and Hove CLDT	BN2 1JE

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

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

Summary of findings

Where applicable, we have reported on each core service provided by Sussex Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Sussex 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

Contents

Summary of findings

Overall summary

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

- The trust maintained safe staffing levels across teams. Turnover, sickness and vacancy rates were low in the teams we inspected. The trust managed vacancies pragmatically when they arose by discussing the needs of each team and varying staff skills accordingly. Staff in all teams were highly skilled, qualified and enthusiastic about their work. Staff accessed specialist training to improve their skills. Staff morale was high and all staff reported feeling supported by their team, local management and trust management.
- Staff completed thorough risk assessments and reviewed risk appropriately. Risk assessments covered all areas. Staff reported manageable caseload numbers across all teams we inspected. Staff raised safeguarding alerts to the local authority competently and knew what to report.
- Multidisciplinary and interagency working was excellent. We saw initiatives to improve working with mental health teams, dementia teams, social care and child and adolescent teams. We saw interagency working to promote the Transforming Care Agenda 2015. This aims to improve services for people with a learning disability and a mental health problem or behaviour that challenges. Staff promoted joint working agreements with relevant teams to prevent admission to hospital for people using the service. Staff provided high quality training packages to other teams and providers to raise awareness of learning disability issues and to improve care in these areas.
- The service worked effectively with people who found it hard to engage. They provided bespoke packages of care to enable people to live in the community who may otherwise be in hospital.
- Staff treated people using the service with respect and sensitivity. Staff really cared about the people they worked with. People using the service and their carers spoke positively about staff and the service they provided. The trust employed therapy assistants to ensure all staff and providers worked effectively with people with learning disabilities. All locations were accessible for people with physical disabilities and all locations provided easy read signage. Information, reports and care plans were all available in easily accessible formats.
- The trust was committed to research and evidence based practice. Staff were proactive at trying out new initiatives and being involved in research and development.

However:

- Staff did not complete crisis plans routinely. These plans inform people using the service and their carers who to contact or what measures to take in a crisis.
- Staff reported incidents but did not always learn lessons from the investigations of these incidents. This meant services missed opportunities for improvement.
- The trust recently introduced the electronic database, care notes. However, the trust had not implemented standard operating procedures. As a result, different teams and staff from different disciplines recorded information in different formats and in different sections. This meant it was not easy to find information in the notes as individuals recorded things differently.
- Teams did not use outcome measures to monitor effectiveness and progress of interventions.
- The teams did not routinely ask people using the service to complete satisfaction surveys. This meant that the teams missed opportunities to improve services in response to feedback.

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 service maintained safe staffing levels across all the teams we inspected. Staff turnover and sickness was low. The trust dealt pragmatically with vacancies when they occurred. Teams rarely used bank and agency staff.
- Staff reported manageable caseloads across all teams we inspected.
- Staff routinely completed risk assessments and updated these when needed and at least every six months.
- Staff were competent at raising safeguarding alerts and knew what and how to report.
- All teams had good personal safety protocols such as lone working policies, mobile phones for staff and white boards showing staff whereabouts.

However:

- Crisis plans were not routinely present in the notes. These would ensure people using the service and their carers knew how to get help and support in an emergency.
- Staff reported incidents and knew what to report. However, learning from incidents was lacking. Managers recognised this and were implementing action plans to address this.

Are services effective?

Good

We rated effective as good because:

- The trust embraced the Transforming Care Agenda 2015. This is a national agenda to improve services for people with learning disabilities and a mental health problem or behaviour that challenges. We saw excellent examples of this across teams and a real commitment to provide effective services.
- Staff were highly skilled, qualified and experienced. Staff accessed specialist training to improve their skills. Staff received regular clinical and management supervision and accessed regular team meetings.
- Care plans were present and up to date in all records we reviewed. We saw excellent examples of care plans in easy read making them accessible to people using the service.

Summary of findings

- Effective multidisciplinary working was evident across and within teams. Staff were proactive at improving links with other services and we saw excellent joint working with mental health teams, social care, and probation. Staff provided high quality training packages to other teams and providers to improve awareness and knowledge.
- Staff knowledge of the Mental Capacity Act was good. Staff assessed capacity when appropriate and provided valuable input on capacity assessments carried out by other teams.

However:

- The trust recently introduced the electronic database, care notes. They had not introduced standard operating procedures for care notes meaning storing of information was inconsistent across teams. The information was available but not always in the same place or format, making it difficult to find.
- Teams did not record capacity assessments consistently or in an agreed format.
- Teams did not use outcome measures to monitor effectiveness and progress of interventions.

Are services caring?

Good

We rated caring as good because:

- Staff were enthusiastic, motivated and sensitive in all interactions we observed. Staff really cared.
- People using the service and their carers were extremely positive about the service and reported staff understood their individual needs.
- People using the service and their carers were actively involved in the care provided.
- People using the service helped facilitate courses at the recovery college, which ran courses specifically for people with a learning disability.

However:

- The service did not routinely provide satisfaction surveys to people using the services.
- Access to advocacy was available but not always advertised in waiting rooms and reception areas.

Summary of findings

Are services responsive to people's needs?

Good

We rated responsive as good because:

- The teams effectively managed referrals and discharges and allocated people to appropriate care pathways and professionals. This ensured appropriate support was provided.
- All teams proactively worked with people who services found hard to engage. We saw evidence of good practice in working with people with learning disability and mental health issues, and of initiatives to support people to live in the community who would otherwise be in hospital.
- Staff provided good support to young people transitioning from child to adult services.
- All locations provided easy read signage for people using the service to direct them to reception, exits and toilets. Assessments, care plans and reports were available in easily accessible formats.
- All teams were accessible for people with physical disabilities. Toilet facilities for people with disabilities were available in all locations we inspected.

However:

- Teams shared reception areas with other services. Few leaflets were available on needs and services specific to people with a learning disability in waiting areas.
- Teams did not routinely give out information on how to complain.

Are services well-led?

Good

We rated well-led as good because:

- Governance meetings happened regularly. Commissioners were very involved with the teams and we saw evidence of good working relationships and creative commissioning across all teams.
- Staff overwhelmingly reported high job satisfaction and excellent local and service line leadership. Each team organised regular away days to improve team working and morale.
- We saw excellent examples of innovative practice and involvement in research across all teams. All staff were committed to quality improvement and creating evidence based processes.

However:

Summary of findings

- Outcome measures were lacking across teams and the trust had not implemented guidance on this. Team managers were trying to improve this.

Summary of findings

Information about the service

Sussex Partnership NHS Foundation Trust provides community learning disability services across three local authorities, each of which have different joint working arrangements with the trust.

West Sussex operates from the Highdown centre and has four specialist teams:

- The learning disability health team provides support for people in residential services funded by other local authorities and continuing healthcare funded clients.
- The parenting team assesses and makes recommendations for others to support parents with a learning disability.
- The specialist clinical assessment team provides assessment for people who do not meet access criteria for adult learning disability or mental health but still require specialist assessment. This includes autism assessments.
- The psychiatry team provides clinical medical interventions.

West Sussex also has four community learning disability teams that are managed and led by the local authority but have trust staff seconded to them. We did not inspect the locality teams.

East Sussex has two community learning disability teams that work closely with the local authority learning disability teams, but are managed separately. We inspected the Hastings and Rother team based at Cavendish House.

Brighton and Hove has one community learning disability team based at Bartholomew House. This team has a Section 75 agreement with the local authority. A Section 75 agreement sets out how integrated teams are managed. We visited the clinical base at Montague Place.

All the teams provide a service to adults aged over 18 who have a diagnosed learning disability and need extra support.

CQC last inspected this core service as part of a comprehensive inspection in 2015. We gave it an overall rating of good. At that inspection we only inspected the teams based at Highdown in West Sussex.

Our inspection team

The overall team that inspected the trust was led by:

Chair: Dr James Warner, consultant psychiatrist and national professional advisor for old age psychiatry.

Head of Inspection: Natasha Sloman, Care Quality Commission.

Team leader: Louise Phillips, inspection manager, Care Quality Commission.

The team that inspected this core service comprised one Care Quality Commission inspector and three specialist advisors, all of whom were learning disability nurses.

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?

Summary of findings

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

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

During the inspection visit, the inspection team:

- visited Hastings and Rother community learning disability team based at Cavendish House, Brighton and Hove community learning disability team based at Montague Place, and four specialist teams based at the Highdown office
- spoke with six people using the service
- spoke with seven carers of people using the service
- reviewed 26 comment cards from people using the service
- reviewed 20 care records
- observed three home visits to people using the service
- spoke with three service managers
- spoke with 23 other staff including team leaders, nurses, speech and language therapists, occupational therapists, physiotherapists, administrators, psychologists, communication workers and behavioural support workers
- spoke with three members of staff from social services teams and mental health teams which were closely linked with the community learning disability teams
- attended a community nurses meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

People using the service and their carers were overwhelmingly positive about staff. People using the service reported being involved in their care and that staff listened and understood their needs. Carers felt supported and received helpful tips and information about how to manage certain situations. They described the staff as responsive and ready to help.

We received 26 comment cards in relation to this core service from four different sites. Of these, 69% were positive, only 4% were negative, 15% were mixed and 12% were not relevant. The main positive findings were around polite and respectful staff.

Good practice

- Staff were committed to providing effective services for people with a learning disability across all the teams we inspected. The Transforming Care Agenda permeated all the work we observed. Staff reported numerous initiatives and good working practices to improve services for people with a learning disability. The recovery college ran a course specifically for people with a learning disability. This is only one of two courses in the whole of the country. The trust are accredited with the British Institute of Learning Disability to deliver training on positive behaviour support and when indicated training on the use of physical interventions.
- The teams provided a sexual offenders group for people with a learning disability accredited with the sex offenders treatment service collaborative. The parenting team have been accepted for one of three sites for positive practice in support of parents with a learning disability. The Norah Fry Institute hosted by Bristol University was sponsoring the project.

Areas for improvement

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

- The provider should improve its learning from incidents.

Summary of findings

- The provider should ensure all records have a crisis plan.
- The provider should improve ways to gain feedback from people using the service.
- The provider should ensure consistent procedures are in place for recording in care notes.
- The provider should ensure outcome measures are used to monitor progress and effectiveness.

Sussex 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
Highdown	Trust Headquarters
Hastings and Rother CLDT	Trust Headquarters
Brighton and Hove CLDT	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.

- Mental Health Act training was mandatory. Across the teams we inspected 81% of staff completed the training. Staff and managers we spoke to thought there should be more training around the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff awareness of the Mental Capacity Act was good. Staff assessed capacity continuously and we saw evidence of this in the progress notes. We saw an example of a best interest meeting, where one person using the service lacked capacity to manage their finances and an application for an appointeeship was agreed. A best interest meeting is a meeting to agree a decision where a person lacks the capacity to make this decision for themselves.
- Teams were less good at formally recording capacity assessments in a universal format and in an agreed place in the notes.

Detailed findings

- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was mandatory. Of the teams we inspected 84% of staff completed the training. Staff we spoke to all said they had completed the training as an e- learning package which the Trust had introduced in February 2016.

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

- All locations had well maintained furniture in the reception and waiting areas.
- Staff carried personal alarms when they saw people using services at Highdown. These sounded around the building and staff responded if they were triggered. Interview rooms at Cavendish House were fitted with alarms. Montague Place did not have alarms but more secure rooms could be booked elsewhere if needed.
- Access from waiting areas to interview rooms needed key codes or cards to ensure security. However, a member of the inspection team was able to gain access to secure areas without a pass at Montague House due to a slow closing door.

Safe staffing

- The trust maintained safe staffing levels across teams. Turnover of all staff was low in the teams we inspected. Brighton and Hove community learning disability team had a 7% turnover rate in the last 12 months, Hastings and Rother community learning disability team had an 8% turnover rate and West Sussex health team had an 8% turnover rate with the psychiatry and parenting team having 0% turnover.
- The trust found nursing vacancies the most difficult to fill. For community learning disability teams as a whole, four of the 11 teams had qualified nurse vacancy rates above the trust average. Nurse vacancies were highest in West Sussex and staff reported this was due to insecurity of contracts and uncertainty about the future of the service in this area. Brighton and Hove community learning disability team and Hastings and Rother community learning disability team reported no nurse vacancies although one was on maternity leave.
- The trust dealt pragmatically with vacancies. In West Sussex managers recognised they were low on nurses and considered options such as a golden handshake or retention incentives for nurses and speech and language therapists. Across teams there were discussions around training and developing staff to higher bands as a way to retain current staff. When vacancies arose, discussions happened with clinical leads, managers, the governance team and commissioners about how best to fill the role. These included discussions about how many staff of each discipline were needed within teams, and to recruit to different disciplines if appropriate.
- Teams rarely needed to use agency or bank staff. All staff we spoke with reported safe staffing levels and manageable caseloads. The doctors had the highest caseloads but all other clinicians in the main had caseloads with fewer than 20 people.
- Sickness rates across the teams we inspected were low. Brighton and Hove community learning disability team had 1% sickness, Hastings and Rother community learning disability team had 3% and psychiatry had 0%.
- The trust ran a number of mandatory training courses, including equality and diversity, health and safety, safeguarding level one, Mental Capacity Act and the Mental Health Act. In West Sussex, the parenting team was up to date with all mandatory training, the psychiatry team was 88% compliant and the health team was 84% compliant. Seventy four per cent of staff at Brighton and Hove community learning disability team and 89% of staff at Hastings and Rother community learning disability team were up to date with mandatory training.

Assessing and managing risk to patients and staff

- Risk assessments were up to date and present in 19 of the 20 care records we reviewed. Risk was assessed at the point of referral and then in more detail at the weekly referral meetings for all teams. Staff completed full risk assessments during the assessment. Staff updated risk assessments when needed but at least every six months. Hastings and Rother community learning disability team recently audited risk assessments and found 40% not shared with appropriate people, such as residential homes. The manager implemented an action plan to improve this. Highdown planned further risk assessment training for the teams and Hastings and Rother community learning disability team recently had training. The trust had not

Good

Are services safe?

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

yet implemented standard operating procedures for care notes risk assessments. This meant recording was inconsistent across teams in terms of where they were located and which form was used.

- Crisis plans were not routinely present in the notes. Highdown discussed crisis planning at a recent away day. An action plan ensured future implementation. Hastings and Rother community learning disability team were implementing new care plans, which included crisis and risk management plans for all people using the service.
- All teams operated a duty system to respond promptly to sudden deterioration in peoples' health. Highdown operated a half day of duty daily. Hastings and Rother community learning disability team had a named duty person and triage nurse daily. Brighton and Hove community learning disability team had a duty worker for both health and social care. At Highdown, the psychiatric liaison nurse provided crisis telephone numbers for people to use out of hours. At Hastings and Rother community learning disability team we saw good practice involving blue light approaches. This is a national approach to ensure information is shared with relevant parties to prevent unnecessary admission to hospital for people with learning disabilities at the point of crisis.
- All staff had good knowledge of safeguarding issues. Trust mandatory training provided safeguarding level one for children and adults but most staff we spoke with completed level two and some completed level three. Staff gave examples of safeguarding issues such as financial abuse and domestic abuse. Staff reported safeguarding issues directly to the local authority who dealt with all safeguarding alerts. The trust did not keep data on safeguarding referrals. We spoke with two local authority managers who reported trust staff were competent at recognising and reporting safeguarding issues appropriately. Staff attended strategy meetings as appropriate.
- All teams had good personal safety protocols such as lone working policies, mobile phones for staff, electronic calendars to ensure staff whereabouts were known and in out boards.

Track record on safety

- In the 12 months up to 5 July 2016 there were no serious incidents reported for community learning disability services.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents. Staff completed a standard form which was signed off by the team manager and service manager and reviewed by the trust governance team monthly. Incidents were rated red, green and amber depending on the severity and harm caused.
- Staff knew what to report. Examples included deaths, injuries to staff and people using the service, medication errors, unsafe staffing and data protection issues. However, staff did not know whether it was trust policy to record safeguarding referrals as incidents.
- Learning from incidents was lacking. We reviewed 12 incident forms with little evidence of learning. For example, one incident around data protection resulted in an email sent to the wrong person. The solution was to ensure the email was deleted, with no reference as to how this could be prevented in the future. Another incident related to a staff injury following unpredictable behaviour from a person using the service There was no learning identified to prevent this happening again, or measures identified such as updating the risk assessment to alert other staff to the potential risk.
- Managers recognised the need for further work on incident reporting and learning. They informed staff of feedback from the governance team at team meetings. One office displayed an easy read example of learning from incidents on the wall. Trust wide incidents were available on the intranet with lessons learned and staff were encouraged to access these. One staff member reported training in debriefing.

Duty of candour

- Incident forms automatically reminded staff to complete the duty of candour section. Duty of candour ensures providers are open and honest when things go 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

- All teams operated weekly referral meetings. Staff allocated new referrals to the most appropriate professional or care pathway for a comprehensive assessment. The teams offered all referrals an assessment within 28 days, apart from the specialist clinical assessment team that had a target of 13 weeks. We saw minutes of referral meetings which recorded thorough and clear plans about responsibility for assessments.
- All teams completed comprehensive assessments including physical and mental health, communication skills, social needs and activities of daily living. The teams at Highdown offered comprehensive assessments within their specialist field. For example, the parenting team would meet with the referring professional and later with the parent and provide specialist assessments around cognitive ability, communication skills and ability to parent. Staff produced a report with full recommendations about how to work with the parent. The specialist clinical assessment team produced comprehensive reports detailing specialist advice, information and support to individuals, carers, other health and social care staff.
- We reviewed 20 care records and found care plans present and up to date in all records. However, there was variation in quality and content within and across teams. In the main care plans were holistic and recovery orientated but not always comprehensive. Across and within teams, care plans were in different formats and found in different sections of the care records. We saw some excellent examples of care plans in easy read and reports interspersed with easy read making them accessible, but they were not always easy to find within the care notes system.
- Staff generally recorded physical health assessments and capacity issues but not always in the same place making it difficult to find information quickly.
- Staff did not always give people using the service a copy of their care plan. Individuals received a copy in 12 of the 20 records we reviewed.
- The trust recently introduced care notes, an electronic system to store all care records and information. There was inconsistency across and within teams about where in care notes information was stored. The trust had not implemented standard operating procedures for care notes at the time of the inspection. All the managers we spoke with recognised this as an issue.
- All trust staff had access to care notes. However, staff did not have access to local authority databases and this made it difficult to access information quickly in the integrated teams. In Brighton and Hove community learning disability team the manager was trying to arrange for staff to have 'read only' rights to the alternative systems but this was difficult to implement.

Best practice in treatment and care

- The teams used National Institute for Health and Care Excellence (NICE) guidance to inform practice at all levels. Occupational therapists used the guidelines in assessing falls. The parenting team at Highdown used best practice guidelines in assessing and working with parents with a learning disability. Psychology used NICE guidelines in their interventions.
- Staff used positive behaviour support techniques when working with adults with behaviour that challenged. The British Institute of Learning Disabilities (BILD) developed these techniques. The trust embraced the Transforming Care Agenda 2015. This is a national agenda to ensure adults with learning disabilities displaying behaviour that challenges are given the right support to enable them to live in the community.
- All teams followed guidance from the autism strategy 2016 and had a clear pathway for assessing and supporting people with autism.
- The teams implemented best practice at all levels. In Brighton and Hove community learning disability team and Hastings and Rother community learning disability team, staff allocated people using the service to care pathways, meaning they received the most appropriate care. These pathways included physical health, mental health, challenging behaviour and dementia. Highdown was looking to implement a similar model.

Are services effective?

Good

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- The teams facilitated a Sussex wide sex offender treatment group for men with a learning disability based on SOTSEC ID (sex offenders treatment service collaborative). Staff ran a follow up group for people once this was completed.
- The service implemented the accessible information standard July 2016. This is a national agenda to improve communication for people with a learning disability. We saw alerts on the system in Brighton and Hove community learning disability team for each person using the service on how best they communicated. We spoke with a communication officer who implemented best communication standards. Provider services identified communication champions to ensure everyone communicated in the best possible way. Staff provided training in communication to other services. Thirty services signed up to training and this resulted in an 80% reduction in referrals. The group circulated a monthly newsletter.
- Staff across all teams discussed physical health care with confidence. Observations of visits and talking to staff confirmed this. Brighton and Hove community learning disability team piloted a complex health information pack (CHIP) in 2013 following increased awareness that people with profound learning disabilities are at increased risk of poor health outcomes. Eligibility centred on having two or more complex health conditions such as dysphagia and epilepsy. Staff developed bespoke packs for each person on this pathway including essential details, a pen profile, communication passport and hospital passport. These tools gave essential information about the person and preferred ways of working and communicating with them. The individual, carers, relatives and relevant professionals received copies of the packs. Simple guidelines on the health needs were included. The ambulance service was involved. This ensured people at risk of hospital admission would have a better experience as professionals had these details. Fifteen people in Brighton and Hove had CHIPs.
- Staff used recognised rating scales to assess severity of symptoms. The teams used DISCO (diagnostic interview for social and communication disorders) for autism, specialist dementia rating tools for learning disability, clinical global assessments and general anxiety and phobia scales. Outcome measures however were difficult to quantify. All teams recognised suitable outcomes measures for learning disability were hard to measure. The trust recognised this was something to improve. Some teams were implementing Health of the Nation Outcome Scales (HoNOS) for learning disability to measure outcomes. The trust was implementing goals to measure progress for all aspects of physical health.
- Teams participated in clinical audits. The trust audited risk assessments, use of psychotropic medications, capacity, quality and standards. Local audits included an audit of people who did not attend appointments in the psychiatry team. The outcome was to provide a leaflet explaining about the appointment, to ensure better attendance. Other local audits included audits around dementia and how adults with a learning disability may benefit from the green light toolkit. This is a toolkit for improving services of people with a learning disability and mental health problem. Hastings and Rother community learning disability team used the mental health safety thermometer which is a survey carried out monthly that aims to improve patient care and patient experience.
- The service promoted positive behaviour approaches. These are preferred ways of working with people with learning disabilities that have behaviour described as challenging. The trust received accreditation from the British Institute of Learning Disabilities (BILD) to provide this training.

Skilled staff to deliver care

- All teams consisted of the full range of professional disciplines necessary for working with people with learning disabilities. Each team had speech and language therapists, learning disability nurses, occupational therapists, physiotherapists, psychologists, doctors and communication workers. There was easy access to social care across all teams due to the joint working arrangements with the different local authorities.
- Staff were highly skilled, qualified and experienced. The service supported staff to access specialist training. Across the teams we saw staff trained in hydrotherapy, autism, dysphagia, epilepsy and family therapy. We saw evidence of staff accessing specialised training such as a specialist degree in learning disability nursing,

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leadership training and staff involved in publishing articles. The trust offered training in dysphagia, sensory issues, and physical health. One psychologist accessed eye movement desensitisation and reprocessing training. This is a psychological therapy to support people with trauma and anxiety.

- Staff received regular emails about training events and were encouraged to attend. Teams facilitated informal training for example, a lunchtime session on oral health promotion. Psychology provided training events to the teams around dementia, attachment difficulties, and cognitive assessments. Different disciplines shared good practice within their clinical meetings.
- We spoke with one new member of staff who reported a thorough induction including meeting all members of the team, introduction to all policies and procedures and was given a clear plan of the work schedule and expectations. The trust arranged a development package meaning progression to a higher band was available.
- All staff reported regular management and clinical supervision on a four to six week basis. We saw evidence from team managers that this was happening. Managers held team meetings weekly and circulated minutes. Staff also attended regular clinical meetings specific to their profession led by the clinical leads in the trust. Reflective practice formed part of these meetings.
- All staff we spoke to reported annual appraisals and data from Brighton and Hove community learning disability team and Hastings and Rother community learning disability team showed all staff were up to date with appraisals. The trust provided data showing 77% of staff had had appraisals.
- The trust reported no cases between April 2015 and March 2016 where staff had been suspended or placed under supervision. Local team leaders managed staff performance issues effectively.

Multi-disciplinary and inter-agency team work

- All the teams we visited had weekly multidisciplinary team meetings. Staff discussed referrals, ongoing cases and complex cases at these meetings. A thorough multidisciplinary plan was agreed. Consultant psychiatrists provided input into all the teams and staff reported doctors were available for medical cover and advice when needed.
- Brighton and Hove community learning disability team and Hastings and Rother community learning disability team operated excellent joint working with social care. Brighton and Hove community learning disability team was completely integrated with social care meaning joint decisions were made at every stage of the process. Hastings and Rother community learning disability team, although separately managed, operated excellent joint working. We spoke with the manager of the local authority learning disability community service in Hastings and Rother who confirmed real progression in joint working over the last 18 months. Joint referral meetings happened weekly and joint assessments and visits happened regularly. This meant that people using the service experienced a full assessment of health and social care needs.
- All teams operated good working links with mental health colleagues. At Highdown the speciality nurse in the psychiatric team worked with the integrated community teams, psychiatrists, GPs and mental health teams to improve joint working and raise awareness. Links between learning disability teams and mental health teams is considered good practice and is a large part of the Transforming Care Agenda, which aims to improve services for people with learning disabilities. All teams operated a green light approach. This is a way of improving mental health care for people with learning disabilities. Highdown set up a small green light group in the north of the county and ran a communication workshop in Jan 2016 to raise awareness and plan future working arrangements. We spoke with mental health colleagues in the Hastings and Rother team who confirmed good working arrangements between teams. Brighton and Hove team attended green light meetings every two to three months.
- We saw many other excellent examples of interagency working. At Highdown the parenting team received referrals directly from children's services and regularly attended multidisciplinary team meetings, case conferences and review meetings. The health team at Highdown aimed to liaise effectively with care managers in the external funding authority. The team visited

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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.

residential homes and offered training and support to the staff in order to improve care. The specialist clinical assessment team offered consultations and support to other teams regarding people on the autistic spectrum. They worked with probation and the parole board to ensure offenders' needs were better understood and managed. Brighton and Hove community learning disability team and Hastings and Rother community learning disability team both worked effectively with probation and other agencies to deliver groups for people with learning disabilities at risk of sexual offences.

- Brighton and Hove community learning disability team developed individualised environments in the community in order to bring people back from out of county placements. Everyone involved worked together from an early stage to ensure the best possible package of care. For example, designing flats with the help of occupational therapy, physiotherapy and the behavioural support team, to ensure success.
- We also saw excellent joint working with mainstream dementia teams to improve the experience of adults with a learning disability developing dementia. There was joint working with children learning disability teams to ensure that the transition from child to adult services was smooth and well managed.
- We saw training packages organised from the community learning disability teams on posture management, end of life care, activities and engagement, dementia, epilepsy and others. These packages aimed to increase awareness and understanding in other teams and residential homes to improve the quality of care for adults with a learning disability.
- The trust employed acute liaison nurses responsible for two acute and three community hospitals. The role included providing training and raising awareness to hospital staff, advising on safeguarding, complaints, and clinical guidelines for learning disabilities.
- One physiotherapist ran a posture clinic for people with complex posture issues and rolled this out across East and West Sussex. Occupational therapists, speech and language therapists, nurses and physiotherapists ran dysphagia clinics to develop eating and drinking risk management plans.

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

- Mental Health Act training was mandatory. Across the teams we inspected 81% of staff completed the training. Staff and managers we spoke to thought more training was needed around the Mental Health Act.
- One doctor reported being approved to carry out assessments under the Mental Health Act 1983. These formal assessments were carried out when considering whether someone needs to come into hospital as a detained patient. The doctor reported preventative work happened to reduce admissions and admissions to hospital under the Mental Health Act were low. A small number of people were on guardianship, which is a framework for ensuring that people at risk, remain safe in the community. A small number of people were on community treatment orders, which are another way to support people to be safe while still living in the community. Administration staff supported monitoring of reviews around this.

Good practice in applying the Mental Capacity Act.

- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was mandatory. Of the teams we inspected 84% of staff completed this training. Staff we spoke to all said they had completed the training as an e learning package which the Trust had introduced in February 2016. Staff could still access face to face training if required.
- Staff awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards was good. Staff reported discussing capacity with every person using the service when they may seem to lack capacity to make a certain decision. Most staff reported they were not often the decision maker but would support other teams in making capacity assessments. For example, the parenting team would advise children's services on the capacity of people they were assessing.
- Progress notes evidenced discussion of capacity in the records we reviewed. We saw one comprehensive capacity assessment around finances, which included a best interest meeting. This is a meeting where a decision is taken for someone who lacks capacity. In this case, the decision was to apply for appointeeship for someone else to manage the finances, as the person lacked capacity to do this independently.

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.

- Staff reported advising staff at care homes about the need to consider Deprivation of Liberty Safeguards applications.
- All managers we spoke to recognised recording of capacity and consent to assessment and treatment needed improvement. In Brighton and Hove community learning disability team we saw an action plan to address this. Staff developed an accessible form to use with each person using the service at the point of referral and review. The form was easy read with a more comprehensive assessment of capacity on the back. This was to be implemented from October 2016 to ensure capacity was always considered. The action plan also aimed to increase the number of best interest assessors within the team.

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

- We observed three home visits. Staff interacted sensitively and positively with people using the service. Staff spent time explaining things such as confidentiality and what happened during an assessment. They used appropriate communication methods depending on need. Staff were enthusiastic, motivated and caring in all interactions we observed.
- We spoke with six people who used the service. All were positive about the service they received and said staff were excellent, brilliant and that they listened. Staff gave people using the service appropriate support and techniques to manage behaviours. People reported that these helped.
- We spoke with seven carers of people who used the service. Feedback was extremely positive and carers reported staff understood the needs of their relative and responded quickly and effectively. They said that staff really cared.
- We observed one person who used the service coming into the office to work as a volunteer on a weekly basis. Staff treated them with respect and involved them in the team.
- We reviewed 26 comment cards from people using the service. Sixty nine per cent were positive, 4% were negative, 15% were mixed and 12% were not relevant. Positive findings included polite and respectful staff; negative findings included delays in follow up letters following appointments.

The involvement of people in the care they receive

- People using the service were actively involved in their care. Staff used information in formats the individual could understand. Easy read leaflets, symbols to aid understanding and pictorial packs were all used. Staff gave people using the service and their carers copies of care plans. Reports were interspersed with easy read sections enabling people using the services to understand them. Staff explained to people what was happening and how to understand and use recommendations. People using the service attended reviews and meetings. We observed one interaction where staff asked the person using the service how he would be able to tell if he was not happy or did not understand the session.
- Carers of people using the service were actively involved in their care. Staff made home visits when needed, were available when needed and held regular reviews about the care. Interventions were appropriate and very useful. Examples included a behaviour plan for one carer for her son, which was helpful for all the family. Another involved relaxation exercises. Staff listened to and supported carers. One carer reported her own individual needs around health were recognised and supported.
- Brighton and Hove community learning disability team worked with families whose child was moving from child to adult services. This can be a very difficult time for families and the team worked with families from an early stage, involving all concerned in the care planning. The team offered a positive behaviour course for families of younger children to help manage behaviours that were difficult. Feedback from this was very positive.
- People using the service were actively involved in developments such as invites to sit on the interview panel for a speech and language therapist at Cavendish House. The trust ran a recovery college, which ran courses for people with mental health problems to help with recovery and self management. The Sussex course was only one of two in the country that ran a course for people with learning disabilities. This was peer led and two people with a learning disability facilitated the course.
- Staff did not routinely give out satisfaction surveys or other means to give formal feedback. These would provide valuable information to the trust about what was working well and what needed improving. However, the trust developed the Springwell project, which encourages people using the service to come to focus groups and attend one to one sessions to talk about their experiences of using learning disability services. These sessions were due to run between October and December 2016.

Good

Are services caring?

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

- Cavendish House collected compliments and circulated feedback about these. The team displayed compliments on the office walls. All were very complimentary about staff.
- Advocacy was available but not always advertised in reception and waiting areas where the information would be easily accessible.

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 teams apart from the specialist clinical assessment team had a target from referral to assessment of 28 days. All teams were consistently within this target and most were well within the target such as Brighton and Hove community learning disability team at nine days. The trust had a referral to treatment target of 18 weeks and again all teams were within this target.
- The teams had weekly referral meetings. Staff screened, discussed and allocated new referrals to particular pathways or professionals. The teams saw urgent referrals within 48 hours. Urgent referrals included choking risk or mental health deterioration or a break down in care.
- Almost all teams operated with no waiting lists. Waiting lists were very short in the few teams that operated them for example three people in one nursing team.
- Each team proactively managed discharge. Hastings and Rother community learning disability team provided clear data from January to March 2016 with referrals, discharges and allocations to particular care pathways. This ensured referrals and discharges were managed effectively and resources allocated appropriately to particular pathways.
- Each team operated a duty system on a daily basis ensuring a quick response if people using the service called in.
- All teams had clear operational policies setting out their eligibility criteria and providing clear pathways for working with people.
- Each area worked effectively with people who services found it difficult to engage. At Highdown the specialist parenting team worked exclusively with parents with a learning disability, referred by social services and who required a specialist assessment and consultation service. The specialist clinical assessment team offered a clear assessment pathway for people who did not meet access criteria for adult mental health or learning disability but nevertheless had a known disability and were exhibiting risky behaviour. Each area had effective pathways for assessing and managing referrals for autism.
- The trust promoted the transforming care agenda and all teams worked effectively towards this. In Brighton and Hove community learning disability team we saw the team working closely together and with other professionals to create bespoke environments for people to live successfully in the community and stay out of hospital. A specialist hospital social worker linked in with out of county placements to bring people back into Sussex. For example, we saw evidence of a care package for a person with particularly high needs that included individualised housing, skilled staff who communicated in sign language and specialist equipment. The person was successfully discharged from hospital and supported to live in the community. The file contained communication passports, a mealtime information sheet, hospital passport, medication details. This meant that all professionals had relevant information to hand. The teams provided placements that matched the individual and seemed to go the extra mile to achieve this.
- The teams operated blue light and green light processes. The green light process is a Government led initiative to improve the experience of people with a learning disability and mental health issue. The blue light process aims to prevent hospital admission for people with learning disabilities and we saw excellent work regarding this implementation.
- Transitions from child to adult services were managed effectively. In Brighton and Hove we saw excellent transition work with teams working with child and adolescent learning disability services to ensure a smooth transition once the person reached 18.
- People using the service and their carers reported the teams were responsive and flexible and would visit at home if needed.

The facilities promote recovery, comfort, dignity and confidentiality

- Reception areas at Cavendish House and Highdown were bright, airy and welcoming. The waiting areas were clean and well maintained and water was available. Quiet music played at Highdown. Montague House had limited space in the reception area and the building as a whole felt dark and tired. However this building was provided by the local authority and the trust were unable to amend the environment.

Are services responsive to people's needs?

Good

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

- All the teams we inspected had suitable interview and therapy rooms. Cavendish House had a duty room available off the main waiting area. It was bright, airy and faced the sea. Blinds ensured privacy and the room was sound proofed. Larger rooms were available at all services for family meetings or professional meetings.
- All teams shared the reception and waiting area with other services. Large varieties of leaflets were available at all services but these were mainly regarding mental health and other issues. Few leaflets were available on specific learning disability services and issues.
- All teams had signage in easy read format, meaning people using the service knew where reception was, where the exit was and where toilet facilities were.

Meeting the needs of all people who use the service

- All teams had numerous leaflets and information packs in easy read formats. We saw information on assessment, appointments and directions and a whole range of important issues such as mental health problems, physical health problems, managing relationships and medication. The information was clear and concise and was interspersed with pictures, photos and symbols to aid understanding. Staff provided assessments, care plans and reports in easily accessible formats.
- All teams were accessible for people with physical disabilities. Toilet facilities for people with disabilities were available in all locations we inspected.
- Staff directed people using the service to advocacy services where appropriate.
- The service provided an interpreter service if needed.

Listening to and learning from concerns and complaints

- Community services for people with a learning disability received 20 complaints between June 2015 and April 2016. Twelve of these were fully or partially upheld. Ten complaints related to inadequate overall care and treatment. West Sussex health team received the highest number of complaints.
- There was inconsistency across teams regarding providing complaints information. Staff at Highdown did not routinely give out complaint leaflets. However, at Hastings and Rother community learning disability team, complaints leaflets were part of the referral pack and at Brighton and Hove community learning disability team this was being implemented. All teams had complaints leaflets in easy read and gave out information as and when needed.
- Trust policy ensured a response to complaints within 25 days. The trust circulated a complaints report for the whole of Sussex every month to all teams. This report highlighted severity of complaint, status, and final response.

Are services well-led?

Good

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

Our findings

Vision and values

- Staff knew senior managers and all teams reported the service director for learning disabilities regularly visited the teams. Staff felt supported by this.
- Staff we spoke to were aware of the 2020 Vision objective of the trust. All teams worked towards the Transforming Care Agenda 2015. This aims to make important changes in the care of people with a learning disability who also have a mental health issue or behaviour that challenges.

Good governance

- The trust organised governance meetings on a regular basis. We saw minutes of these meetings including items such as the Transforming Care Agenda, team changes, risk management, care pathways, policies and procedures. In addition, we saw minutes of monthly team managers meetings, trust wide locality health and safety meetings and regular pan Sussex meetings with commissioners. Commissioners were very involved with the teams and we saw evidence of good working relationships and creative commissioning across all teams.
- All teams were regularly involved in key performance indicators around referral data, number of assessments and response times. Quarterly meetings happened to discuss and learn from these. However, outcome measures were lacking for particular teams, such as the parenting and specialist clinical assessment team. Outcome measures for people with learning disabilities were hard to quantify but the trust recognised this and team managers were trying to improve on this.
- There were issues with IT systems in Brighton and Hove community learning disability team, which was the only truly integrated team. Health and social services used separate systems and staff did not have access to both systems.
- Staff reported incidents but learning from incidents was lacking.
- We saw action plans from the teams to address key issues and all teams had their own risk register with clear action plans attached. The teams had access to the trust risk register if appropriate.
- All teams had sufficient administration support.

Leadership, morale and staff engagement

- Staff overwhelmingly reported job satisfaction and excellent local and service line leadership. Staff were happy and felt supported by managers and the trust. Teams worked well together. Staff knew whistleblowing processes and felt able to raise concerns if necessary although this rarely happened. Highdown reported the lowest morale but this was due to uncertainties in the contract with commissioners and was not reflective of local or higher trust management.
- Each team organised regular away days and other social events, for example Hastings and Rother community learning disability team met for a team breakfast every three months before work.
- Staff reported low stress levels. Brighton and Hove community learning disability team were due to have a team stress risk assessment to monitor this.
- All staff reported opportunities for development and talked about leadership courses, opportunities for applying for more senior roles and specialist training.

Commitment to quality improvement and innovation

- We saw excellent examples of innovative practice and involvement in research across all teams.
- The trust embraced the Transforming Care Agenda 2015. This is a Government agenda to improve the care of people with a learning disability who also have a mental health issue or behaviour that challenges. We saw evidence of the green light and blue light tool kit, which aims to improve the relationship between learning disability and mental health and prevent hospital admissions respectively. Teams implemented excellent transition work to ensure a smooth transition from children to adult services, involving the young adult, carers and all relevant professionals from an early stage.
- The Trust are accredited with the British Institute of Learning Disability to deliver training on positive behaviour support and when indicated training on the

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use of physical interventions. Brighton and Hove community learning disability team won an award for their research and training around the positive behaviour support model.

- Brighton and Hove community learning disability team also won a trust innovation award for their work on the complex health pathway, which helps to prevent hospital admissions.
- Brighton and Hove community learning disability team and Hastings and Rother community learning disability team offered a sexual offenders group for people with a learning disability accredited with the sex offenders treatment service collaborative. Two psychologists from Brighton and Hove published a chapter in group work regarding this for the British Psychology Society.
- Hastings and Rother community learning disability team were put forward for positive practice awards in the trust for both their work with probation and for their work with dementia teams to improve the experience of people with a learning disability and dementia.
- Hastings and Rother community learning disability team won a gold award from the trust for their work with the recovery college that runs a course specifically for people with learning disabilities. This is only one of two courses in the whole country to provide this.
- The parenting team have been accepted for one of three sites for positive practice in support of parents with a learning disability. The Norah Fry Institute hosted by Bristol University is sponsoring the project.