Worcestershire Health and Care NHS Trust

Community mental health services for people with learning disabilities or autism

Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Worcestershire Health and Care	R1A	Community LD Team (Bromsgrove/Redditch)	B60 2BJ
Worcestershire Health and Care NHS Trust	R1A	Community LD Team (Malvern/ Wychavon)	WR5 2NP
Worcestershire Health and Care NHS Trust	R1A	Community LD Team (Worcester/ Droitwich)	WR5 2NP

This report describes our judgement of the quality of care provided within this core service by Worcestershire Health and Care 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 Worcestershire Health and Care NHS Trust and these are brought together to inform our overall judgement of Worcestershire Health and Care 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.

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We did not rate this core service. The inspection team did not collect sufficient information to ensure, with a high degree of confidence, the rating applied is robust. However, we have outlined our findings below.

- The staff we interviewed were able to demonstrate that they had an understanding of the Mental Capacity Act 2005 (MCA) and also the Deprivation of Liberty Safeguards (DoLS).
- We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected.
- We saw from the records we looked at that where people lacked the capacity to make decisions a best interest meetings were held.
- Care records covered a range of needs and had been regularly reviewed to ensure staff had up to date information. There were also detailed assessments about the person's health that included specific care plans.
- When required other health professionals had been involved to help ensure that people's complex needs could be met.
- All of the people we spoke with were positive about the care provided and how the services were managed.
- Systems were in place to monitor and review people's experiences and complaints which ensured improvements were made where necessary.
- Staff were trained and experienced and showed high levels of motivation and commitment.
- We saw that staff were warm, friendly and supportive in the way that they spoke with and cared for the people using the service.
- All staff were able to tell us about people's needs, and were positive about how the service was managed.
- The carers and relatives we spoke with were very happy with the service provided and all felt that people were provided with safe and effective care.
- When people's needs changed all of the teams inspected were able to demonstrate that they responded and where necessary worked with other professionals to ensure that needs were met.

Summary of findings

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

Are services safe?

- There were systems in place to report and monitor any changes to a person's health.
- Staff co-ordinated with the person using the service, other professionals and families to ensure assessments were person centred and accurate, and also upon discharge so that this could be managed safely.
- All of the staff we interviewed were able to tell us about people's individual needs and how these were managed. There were individual plans that provided clear goals of treatment.
- Staff provided training and instruction to families, carers and other professionals on how to meet the needs of the person in a safe and least restrictive way.
- All interventions and practices were evidence based and all staff had regular training so that they provided care safely.

Are services effective?

- All assessments and treatment plans were comprehensive and clearly identified individual needs.
- Where people's needs had changed or input from other professionals had identified changes, treatment plans were updated straight away.
- Procedures and training were in place to ensure effective use of the Mental Capacity Act and Deprivation of Liberty Safeguards. All of the staff interviewed were able to tell us about how they used this to protect peoples' rights.

Are services caring?

- All of the families and carers that were spoken with felt that people were supported in a kind and caring way that treated people with dignity and respect.
- Staff understood people's individual communication methods and looked at innovative ways to involve people in making choices.
- Families and carers told us that people accessed the right support when they needed it.

Summary of findings

Are services responsive to people's needs?

- Families and carers we spoke with told us about how quickly the team responded when health needs changed.
- We could see examples of where urgent referrals had been made to other professionals following direct input from staff.
- There were systems in place for the manager to monitor people who had been referred to the team, identify who required urgent input and to then allocate them the appropriate member of staff.

Are services well-led?

- The staff and the managers knew about the vision and values of the organisation.
- People that we spoke with were complimentary about how the service was run.
- The manager and provider were able to measure the effectiveness and quality of the service. Management arrangements for checking the quality and safety of people's care ensured that improvements were being made to people's care.

Summary of findings

Background to the service

The community mental health services for people with learning disabilities consisted of 4 teams: Community Learning Disability Team (CLDT) Bromsgrove/Redditch, CLDT Malvern/Wychavon, CLDT Worcester/Droitwich and CLDT Wyre Forest. The team provide an integrated health and social care service for adults with a learning disability living within Worcestershire.

They are integrated teams meaning that they comprise of a variety of different professionals from both health and social care sectors.

The trust provides a wide range of mental health and learning disability services for children, young adults, adults and older adults as well as providing a range of community services for people in Worcestershire.

The trust also provides inpatient, community and day clinics as well as specialist services to a population of about 560,000 living within Worcestershire, and also to a wider geographical area in some of their specialist services.

These locations had not previously been inspected by the Care Quality Commission.

Our inspection team

Our inspection team was led by:

Chair: Dr Ros Tolcher, Chief Executive Harrogate and District NHS Foundation Trust.

Team Leader: Pauline Carpenter, Head of Hospital Inspection Care Quality Commission

The team that inspected the wards for people with learning disabilities or autism consisted of a CQC inspector, a qualified learning disability nurse, a clinical psychologist and an expert by experience.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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?

In order to inspect community mental health services for people with learning disabilities, the team inspecting these services did the following:

- Reviewed a range of information that we held about these services.
- We asked other organisations and stakeholders to share what they knew.
- Spoke with 8 relatives/carers of people using the service.
- Interviewed 11 staff working in the service.
- Interviewed the managers of each of the 3 teams inspected.
- Looked at treatment records of 9 people using the service.
- Looked at a range of other records related to the running of the service.

Summary of findings

What people who use the provider's services say

We spoke with 11 relatives and carers of people that used the service. All of the family members and carers we spoke with were positive about the care that people received. We were unable to speak with any people that used the service due to their complex health needs.

Prior to the onsite inspection we held two focus group sessions where people that had contact with services attended. Some of the feedback was mixed as some people said that, at times, they felt people with learning disabilities didn't always get enough support at appointments. However other people's experiences were positive.

Good practice

Worcestershire Health and Care 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
Worcestershire Health and Care NHS Trust	Community LD Team (Bromsgrove/Redditch)
Worcestershire Health and Care NHS Trust	Community LD Team (Malvern/Wychavon)
Worcestershire Health and Care NHS Trust	Community LD Team (Worcester/Droitwich)

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 we spoke with had knowledge of the Mental Health Act and their responsibilities when people were detained under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected.

We saw from the records we looked at that where people lacked the capacity to make decisions about something, that best interest meetings were held. Best interest meetings are held with people that best know the person including relatives and professionals to make a decision where a person lacks capacity to make it themselves.

Staff had a good understanding of MCA and DoLS. Where there was doubt about if a person's liberty was being restricted referrals were being made for an assessment from a professional DoLS assessor.

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

Summary of findings

- There were systems in place to report and monitor any changes to a person's health.
- Staff co-ordinated with the person using the service, other professionals and families to ensure assessments were person centred and accurate, and also upon discharge so that this could be managed safely.
- All of the staff we interviewed were able to tell us about people's individual needs and how these were managed. There were individual plans that provided clear goals of treatment.
- Staff provided training and instruction to families, carers and other professionals on how to meet the needs of the person in a safe and least restrictive way.
- All interventions and practices were evidence based and all staff had regular training so that they provided care safely.

Our findings

Summary

Assessments and care plans were comprehensive and focussed on the least restrictive ways to provide care. Staff knew how to recognise and report any incidents where they felt that someone may be at risk. Care was co-ordinated in collaboration between different professionals to meet both the health and social care needs of people that used the service.

Safe staffing

- The staff interviewed told us that they felt they had good cover from doctors and psychiatrists and were able to access their services at short notice if they felt someone required urgent input. An example of this was a community nurse who had concerns about a person they were visiting. The nurse told us that they had been able to arrange for the psychiartist to review the person later the same day.
- We asked staff about any referral waiting lists that were being used. Staff told us that waiting lists were manageable and there were sufficient numbers of staff to respond to any urgent referrals. We looked at the referral waiting list and found that all of the people identified as requiring an urgent assessment had been prioritised and allocated a member of the team.

Assessing and managing risks to patients and staff

- All care and treatment was given with the emphsis on least restrictive practice. For example some staff were able to provide training and support around managing a person's anxiety. The emphasis for this was always on safe, least restrictive practices. We looked at the content for this training and found that it was evidence based and followed current guidance.
- We looked at the care records of 9 people that used the service. We found that risk assessments and treatment plans were up to date. They clearly identified people's needs and how to meet them safely.
- All of the families and carers we spoke with told us that people were kept safe.
- We pathway tracked 9 people that used the service. Pathway tracking is a way to follow a person from intial referral and assessment by the service through to the planning and implementing of care. We do this by looking at people's care records. We found that there were systems in place for the manager to monitor people who had been referred to the team,identify who required urgent input and to then allocate them the appropriate member of staff.

Track record on safety

- We spoke with 8 relatives and they told us that the intergration of different professionals from health and social care in one team had vastly improved timely access to the services needed to keep people safe. They

Are services safe?

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

said that this had made sure that care was seemless and improved communication between all of the different professionals. No concerns were raised over how safe services were.

- Prior to the insp[ection we review the information and intelligence we hold about the services that are to be inspected. There had been no incidents or concerns in the 6 months before the inspection.

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents. The sytem that was being used enabled staff to update it electronically, and then to be instantly accessible to other staff. This meant that information from incidents or risks would be monitored, investigated and reveiwed by the manager.
- Regular muliti discpilinary meetings were held across all teams to discuss referrals,specific care issues,complaints and commments and any incidents that had occurred since the previous meeting. Time in these meetings was given to 'lessons learnt' where actions were discussed an implemented to reduce the risk of re-occurance. For example we saw where risks highlighted about staff working alone had resulted in the lone worker policy being reviewed.

Are services effective?

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.

Summary of findings

- All assessments and treatment plans were comprehensive and clearly identified individual needs.
- Where people's needs had changed or input from other professionals had identified changes, treatment plans were updated straight away.
- Procedures and training were in place to ensure effective use of the Mental Capacity Act and Deprivation of Liberty Safeguards. All of the staff interviewed were able to tell us about how they used this to protect peoples' rights.

Our findings

Summary

Care provided reflected current legislation and best practice. All assessments and treatment plans were comprehensive, clearly identified people's needs and what treatment was planned. All staff had received training around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and they were able to demonstrate appropriate use of the MCA and DoLS when we spoke with them.

Assessment of needs and planning of care:

- We looked at 9 care records. All of the care plans provided detailed assessments of the person's needs. They then identified the care that was planned to meet these needs. For example we saw that one person required the input of more than one professional. The care plans clearly identified each person's role in meeting their needs. The community nurse was co-ordinating with the psychiatrist to help manage their medicines and the social worker focussed on the person's social needs. The staff we observed were able to help and support people.
- Care records and care plans were kept up to date and reflected people's current needs. Staff used a system called 'frameworki' which enabled all care records to be kept electronically and shared between all of the professionals involved. The staff told us that this improved communication and provided a comprehensive continuous accessible picture of a person's care.

Best practice in treatment and care:

- We found that where required people had been referred to other professionals for specialist input. Through looking at the care records we saw examples where people had been referred to a psychiatrist when they had shown signs of increased anxiety. We saw other examples where a person had shown signs of changes with their mobility and staff had referred them to physiotherapy for further assessment. Also following concerns about a person's dietary intake a referral had been made for a speech and language therapist for further assessment of their eating and drinking. This showed that the provider had responded to people's needs and taken appropriate action to ensure that care was effective.
- We observed a medicines review clinic that was organised by the community nurse. The nurse followed the medicines guidance from the National Institute of Clinical Excellence (NICE) which identified the national standards and best practice in the management of medicines.
- We saw, in the care records, that assessments were adapted from established assessment tools that had been used in other areas of the country and reflected current best practice. This demonstrated that treatment was evidence based and followed recognised best practice.

Skilled staff to deliver care

- We reviewed the training records and found that all new staff completed mandatory training which included safeguarding, manual handling and MCA and DoLS. All training was tracked electronically, so that staff were then alerted if training was nearing being out of date.
- We spoke with staff about the training and support they received. All of the staff we spoke with told us that they felt they had appropriate training, supervision and professional development to enable them to carry out care safely and effectively.
- We also saw examples where staff had received more bespoke training around a person's individual complex

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needs. An epilepsy nurse had provided additional training and support about a person's seizures; other staff received training in techniques for managing a person's anxiety.

- Staff with specialities shared their knowledge across the teams. For example a nurse with a special interest in managing people's anxieties and behaviours had additional training to become a behavioural nurse specialist. This nurse was now working across all of the teams to give expertise and guidance to other staff.
- Relatives told us that they were confident of the skills and knowledge of the staff. They told us about how they felt more informed about the person's needs and also the effectiveness of the care that people received in managing complex health conditions.

Multi-disciplinary and inter-agency team work

- In the 9 care records we looked at information for care plans and assessments had been gathered from a range of sources, including other professionals and family members. We saw where assessments had information that had been requested from doctors, health professionals as well as other social care professionals. This meant that assessments were comprehensive and reflected the views of all of the people involved in the care of the person.
- The teams were integrated which meant that they comprised of a variety of different professionals from both health and social care sectors. This approach to care was collaborative and consisted of a range of professionals including community nurses, mental health nurses, physiotherapists, social workers and access when needed to speech and language therapists, psychiatrists and doctors.

Good practice in applying the MCA

- We looked at the training records and found that staff had training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- We spoke with 11 staff and gave them scenarios where MCA and/ or DoLS may need to be considered and applied. All of the staff were able to explain to us the appropriate actions they would take to make sure that care reflected good practice and the person's liberty not unduly restricted. Staff also discussed with us times when they had made referrals for DoLS assessments had been made as it was felt that an aspect of care may be limiting a person's liberty.
- We saw in the care records where a person who was unable to make a complex decision about an aspect of their care, professionals had arranged for a best interests meeting. This took place with a range of professionals including an advocate as well as family members to make sure that the principles of the MCA were followed.

Are services caring?

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

Summary of findings

- All of the families and carers that were spoken with felt that people were supported in a kind and caring way that treated people with dignity and respect.
- Staff understood people's individual communication methods and looked at innovative ways to involve people in making choices.
- Families and carers told us that people accessed the right support when they needed it.

Our findings

Summary

Staff demonstrated an approach that was caring and showed that people were treated with dignity and respect. Families that we spoke with reflected this view.

Kindness, dignity, respect and support

- We observed that staff treated people with dignity and respect. Staff spoke of the people that used the service in a caring and respectful way. All of the family members and carers that we spoke with commented on how caring the approach of staff was.
- Staff knew people's needs and how to meet these needs in a way that gave dignity and respect to the person. They told us about how they ensure that the person's right to confidentiality is reflected. One example was that staff told us that any meetings with professionals that discussed a person's individual needs was always carried out in an area that was private.
- The care records that we looked at reflected people's cultural, religious and personal needs. There were examples where people's religious dietary needs had been identified.
- Where identified interpreters were used to assist with communication with the individual and their family. Staff told us that information was at times adapted to meet a person's individual communication needs. An example we saw a person's health assessment had been translated into a pictorial format to assist with understanding.

Involvement of patients in there care

- Staff told us that they always involve the person in the planning of their care. They said that they use various methods of communication including pictures and also involve family and for some people advocates to ensure that the person at the centre of the care is involved.

Are services responsive to people's needs?

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

Summary of findings

- Families and carers we spoke with told us about how quickly the team responded when health needs changed.
- We could see examples of where urgent referrals had been made to other professionals following direct input from staff.
- There were systems in place for the manager to monitor people who had been referred to the team, identify who required urgent input and to then allocate them the appropriate member of staff.

Our findings

Summary

Any changes to a person's health was quickly identified and the relevant referrals made to other professionals. People's health was monitored on an ongoing basis and there were regular reviews of the care being given.

Access, discharge and transfer

Are services planned and delivered to meet the needs of the people?

- The services had procedures to respond quickly if a change in a person's health meant they need the input from the team. This included access to other professionals at short notice. Families and carers gave us examples where people had been seen and assessed at short notice to try and help stabilise and improve the person's health and wellbeing. One relative told us about how during a visit a health professional had felt that the person's health needs had changed, so later that same day a visit to the doctor had been arranged.
- There were clear strategies in care plans to monitor people's health and guidance on who to contact if concerns were raised. There were regular care reviews for everyone who accessed the service, and staff said they always had access to the manager if they wanted to discuss any concerns or interventions.
- Staff supported people to health appointments. Relevant information about a person's health would be collected by the staff member and fed back to the professional they were seeing. In the care records we saw examples of health clinics that had been attended and then the outcome of the clinic had been shared with other relevant professionals.
- Families and carers that we spoke with felt that help was there when needed and the teams were quick to respond if someone's needs changed. People spoke of professionals who co-ordinated with other professionals and who were flexible in their approach. One person told us about how during an unstable period in a person's health, the nurse had increased the frequency of their visits to monitor the person.

Meeting the needs of all people who use the service

- The teams actively ran groups targeted to promote good health so that information could be given in an accessible format. An example of this was a healthy eating group that was targeted at people from different cultural and ethnic backgrounds.
- Staff used pictures and symbols, along with specific individual communication aids to make information accessible to people that used the service.

Listening to and learning from concerns or complaints.

- We looked at the complaints records. Although there had not been any recent complaints we could see that there was a procedure for staff and the provider to follow. All the staff we spoke with told us that they knew how to respond if someone made a complaint. Family members and carers we spoke with felt they would be listened to if they had any concerns or complaints.
- All concerns and complaints were stored electronically and this meant that responses, outcomes and actions were able to be monitored by the managers and the trust.

Are services well-led?

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.

Summary of findings

- The staff and the managers knew about the vision and values of the organisation.
- People that we spoke with were complimentary about how the service was run.
- The manager and provider were able to measure the effectiveness and quality of the service. Management arrangements for checking the quality and safety of people's care ensured that improvements were being made to people's care.

Our findings

Summary

There were systems in place to ensure that the quality of the service being delivered was monitored. Good incident reporting systems meant that when incidents occurred actions were taken to reduce the risk of reoccurrence. Staff felt supported by good management.

Vision and values

- We spoke with 9 staff and they were all aware of the vision and values of the trust which were; choice, hope, inclusion, partnership and empowerment.
- We observed that staff demonstrated these values in the way they told us about their approach to working with people, and also through the care we observed.

Good governance

- We spoke with 2 team managers and they told us that they had good support from more senior managers. They felt they were able to discuss any concerns or incidents openly with more senior managers in the trust if it was felt necessary.
- Systems were in place to collect information about how the service is performing not only including staffing levels but also about outcomes for the people that used the service. This information was gathered through providing opportunities for feedback from families and carers that have contact with the service. We saw in the records that how information from people that use the service was gained was under review. Speech and Language therapists were working on a more accessible easy read document to try to make sure that all people had the opportunity to feedback their experiences of care.
- All staff received a range of training appropriate to their roles including areas around safeguarding, positive behaviour support, MCA and DoLS. Also where staff had special interests or roles they were able to access specific training in areas such as autism.
- Staff knew who the senior managers were in the trust, although felt that they did not have much contact with them. Staff told us that often any important information would be cascaded down through their manager. However Managers told us that they felt they were able to raise any concerns they had with more senior managers in the trust.
- There was comprehensive training for all staff. All staff were required to keep up to date with mandatory training (such as manual handling and safeguarding). We looked at the training logs and found that there were systems in place for the manager to monitor the training staff had completed.
- Regular muliti disciplinary meetings were held across all teams to discuss referrals, specific care issues, complaints and comments and any incidents that had occurred since the previous meeting. Time in these meetings was given to 'lessons learnt' where actions were discussed an implemented to reduce the risk of re-occurrence.

Leadership, morale and staff management

- All the staff we spoke with had good morale and thought that the style of management was good. This was a view also shared by the families and carers we spoke with.
- Staff were aware of and felt confident to use the whistleblowing process if they had any concerns. Staff talked of an open culture from managers that were approachable and who listened.
- We looked at the training and supervision records. We could see that staff received regular supervision and access to training. Staff told us that they felt they had good support, supervision and training to carry out their roles safely and effectively.

Are services well-led?

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.

Commitment to quality improvement and innovation

- The integrated model of working in the service has undergone recent change with the merging of some learning disability services from social care to health management. This has meant that management structures, resources and working practices have changed. Staff, managers and families and carers that we spoke with all felt that this has improved the access and efficiency of how the service operates. Managers told us that development and improvements are ongoing.