

Northamptonshire Healthcare 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)
RP1A1	St. Mary's Hospital	Community Team for People with Learning Disabilities (CTPLD) North	NN15 7PW
RP1X1	Trust Headquarters	Community Team for People with Learning Disabilities (CTPLD) South	NN1 5EB
RP1Q9	2 Willow Close	Opportunities for You Community Team	NN5 6UH
RP1X1	Trust Headquarters	LD Intensive Support Service	NN3 6AY

Summary of findings

RP1X1

Trust Headquarters

Aspergers/ADHD/ASC Service

NN1 5EB

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

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

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

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for community services for people with learning disabilities as good because:

- There were robust risk assessments and plans in place to keep patients and staff safe.
- Staffing levels were appropriate to meet assessed patient need. Vacancies were being covered by bank staff and the trust was actively recruiting for new staff.
- There was good multi-disciplinary working within the teams and between other services.
- Staff showed a good understanding of the Mental Health Act and Mental Capacity Act.

- There were effective methods for obtaining feedback from service users and carers and feedback was acted upon.
- Staff were caring and committed to providing high quality care and showed a person-centred approach.
- Staff received regular supervision and all had received an appraisal in the last 12 months.
- The local managers monitored the environment for staff, carried out local audits and checked performance of staff on a regular basis.

However:

- There was a vacancy rate of 34% across these services.

Summary of findings

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

Are services safe?

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

- Individual risk assessments and plans were in place and updated regularly.
- Staffing levels were appropriate to meet assessed patient need. Vacancies were being covered by bank staff and the trust was actively recruiting for new staff.
- Staff were aware of the safeguarding process and used it when necessary. Safeguarding was covered as part of supervision and team meetings.
- Local managers monitored the environment for staff and reported any repairs needed. Minor repairs were addressed and managers had longer term plans for major work required.
- All staff were aware of the incident reporting process and learning was shared within the teams.

However:

- There was a vacancy rate of 34% across these services.

Good



Are services effective?

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

- There was good multi-disciplinary working within the team and with other services.
- Full assessments were carried out involving all relevant staff.
- Outcome measures were used to assess effectiveness of interventions.
- Staff were able to access specific training when required to meet patient need.
- There were effective ways to obtain feedback from patients and carers.
- Staff had a good knowledge of and application of the Mental Health Act and Mental Capacity Act.

However we found that:

- Bank staff did not receive an annual appraisal.

Good



Are services caring?

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

Good



Summary of findings

- Staff were kind and respectful to patients and recognised their individual needs.
- Staff actively involved patients in developing and reviewing their care plan.
- Staff also made sure families and carers were involved when this was appropriate.

Are services responsive to people's needs?

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

- Care plans were updated according to changing needs.
- There was good involvement with families and or carers.
- Diverse needs were considered, information was readily available for staff.
- Staff felt they could raise any issues with the local manager and they would be addressed.
- Patient and family feedback was acted upon quickly.

Good



Are services well-led?

We rated community services for people with learning disabilities as good for well-led because:

- Staff felt supported by local and senior managers. Staff felt they could raise any issues with the local manager and they would be addressed.
- Staff told us they received regular supervision and appraisal and this was supported by those records seen..
- Local managers monitored the standard of care provided, the environments and staff performance.

Good



Summary of findings

Background to the service

- The two community teams for people with learning disabilities (CTPLD North and South) provided services for children and adults with learning disabilities in their own home or in residential care.
- The 'opportunities for you' service provided support to people with learning disabilities and their family to access community activities.
- The intensive support service provided intense support to people with learning disabilities in their own home or residential care.
- The aspergers/attention deficit hyperactivity disorder (ADHD)/autistic spectrum condition (ASC) service provided care and support including a range of group sessions.
- These services had not been previously inspected by the Care Quality Commission

Our inspection team

Our inspection team was led by:

Chair: Peter Jarrett - Consultant Psychiatrist Oxleas NHS Foundation Trust

Team Leader: James Mullins - Head of Hospital Inspection (mental health) CQC

The team included CQC managers, inspection managers, inspectors and support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected this core service consisted of a CQC inspector, a Mental Health Act Reviewer and four specialist professional advisors; a specialist nurse, psychologist, social worker, occupational therapist, and an expert by experience a person who had experience of using services like these.

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 get to the heart of the experiences of people who use services, we always ask the following five questions of every service and trust:

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

Before the inspection visit, we reviewed information we held about these services and asked a range of other organisations for information.

We carried out an announced visit between 03 and 05 February 2015.

During the inspection visit, the inspection team:

- Visited five community services.
- Spoke with ten patients who were using the service and their family or carers where appropriate.
- Spoke with the managers for each of the services.

Summary of findings

- Spoke with 29 other staff members; including nurses, care workers, psychologists, occupational therapists and a speech therapist.
- Interviewed the services manager with responsibility for these services.
- Attended and observed a team meeting and one group session.
- Attended and observed an out-patient appointment and attended two home visits.

We also:

- Looked at 16 assessment and treatment records.
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- Held a focus group attended by 21 staff.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

What people who use the provider's services say

- Patients said they were involved in their care.
- Relatives were happy with the care and service received from staff.
- Patients and relatives were kept informed and involved in planning individualised care.
- Patients and relatives confirmed that staff provided personalised and holistic care.

Good practice

- The aspergers/ADHD/Autistic Spectrum service provided an innovative service. Staff had good links

with the learning disability, forensic and community teams. There had been a reduction in ASD/ADHD assessment wait times, and the education psychology wait had reduced from 2yrs to 8 months.

Northamptonshire Healthcare 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
CTPLD Community Team North	St. Mary's Hospital
CTPLD Community Team South	Newland House
Opportunities for You Community Team	2 Willow Close
LD Intensive Support Service	Eastfield Resource Centre
Aspergers/ADHD/ASC Service Campbell House	Campbell House

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 Trust.

- The documentation in respect of the Mental Health Act was mostly good. We looked at records of five patients who were receiving Section 117 aftercare under the Mental Health Act. Each patient had a Care programme Approach (CPA) plan in place. One consultant

psychiatrist said the team considered the use of Community Treatment Orders (CTO) on discharge whenever someone is on a Section 3 or Section 37 of the Mental Health Act. Sometimes, when service users did not have the capacity to understand the conditions imposed by the CTOs; the clinicians prefer to consider other legal frameworks including MCA and DOLs. There was no-one subject to a CTO or on a guardianship order at the time of our visit. The trust's systems supported

Detailed findings

the appropriate implementation of the Mental Health Act and its code of practice. Administrative support was available from a team within the trust. Staff received

training and had a good understanding of the act. When required staff could contact the approved mental health professional (AMHP) service to co-ordinate assessments under the Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the use of the Mental Capacity Act and Deprivation of Liberty Safeguards. Further sessions were available for staff to attend refresher training. They knew who to contact in the trust for advice on the Mental Capacity Act and the Deprivation of Liberty Safeguards. Some staff had attended best interest meeting for situations which caused them concern. One example given was for the covert administration of medicine. We reviewed five

records specifically looking at capacity and records. These showed appropriate use of mental capacity assessments and best interest assessments. Capacity assessments were about a particular decision at the time it was required. However one assessment did not meet the principles of the act. Staff recorded the service user lacked capacity as he would make an 'unwise decision'. This was brought to the attention of staff and addressed promptly.

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

We gave an overall rating for community services for people with learning disabilities as good because:

- There were robust risk assessments and plans in place to keep patients and staff safe.
- Staffing levels were appropriate to meet assessed patient need. Vacancies were being covered by bank staff and the trust was actively recruiting for new staff.
- There was good multi-disciplinary working within the teams and between other services.
- Staff showed a good understanding of the Mental Health Act and Mental Capacity Act.
- There were effective methods for obtaining feedback from service users and carers and feedback was acted upon.
- Staff were caring and committed to providing high quality care and showed a person-centred approach.
- Staff received regular supervision and all had received an appraisal in the last 12 months.
- The local managers monitored the environment for staff, carried out local audits and checked performance of staff on a regular basis.

However:

There was a vacancy rate of 34% across these services.

- Staffing levels were sufficient to meet the assessed needs of patients. Vacancies were being covered by bank staff and the trust was actively recruiting for new staff.
- Caseloads were discussed in supervision and monitored by the manager.
- There was a vacancy rate of 34% across these services.

Assessing and managing risks to patients and staff

- Individual risk assessments had been completed for patients. Staff told us where particular risks were identified; measures were put in place to ensure the risk was managed. This was supported by those care plans reviewed.
- Individual risk assessments took account of patients' previous history, as well as their current situation. Risk assessments had been regularly updated.
- The records seen showed us that staff had received training in safeguarding vulnerable adults and children. Additional training was available for staff needing a refresher. Most staff we spoke with knew how to recognise a safeguarding concern.
- Staff were aware of the trust's safeguarding policy and could name the safeguarding lead. They knew who to inform if they had safeguarding concerns.
- Safeguarding was discussed at team meetings and it was a standing item on the agenda for meetings. Safeguarding discussions with staff also took place during supervision, to ensure staff had sufficient awareness and understanding of safeguarding procedures.
- 'Opportunities for you' provided bespoke packages of support.

Track record on safety

- In the last year there had been no serious untoward incidents.

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents on the trust's electronic incident recording system. All incidents were reviewed by the manager and forwarded to the trust's clinical governance team, who maintained oversight.

Our findings

CTPLD North, St Mary's Hospital, CTPLD South, Newland House, Opportunities for You – Willow Close, Intensive Support Services, Eastfield Resource Centre, Aspergers/ADHD/Autism services

Safe environment

The environments were safe and clean.

- There was a lone working policy and staff knew about it and could describe what was done in relation to staff safety.

Safe staffing

Are services safe?

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

- The system ensured senior managers within the trust were alerted to incidents promptly and could monitor the investigation and response to these.
- Staff confirmed that after a serious incident, they were given the opportunity to have a formal de-brief and they could access additional support if needed.
- Managers maintained an overview of all incidents reported in their teams.
- Incidents were investigated and managers told us they were made aware of incidents that had occurred in other areas through trust wide governance meetings.

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.

Summary of findings

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

- There was good multi-disciplinary working within the team and with other services.
- Full assessments were carried out involving all relevant staff.
- Outcome measures were used to assess effectiveness of interventions.
- Staff were able to access specific training when required to meet patient need.
- There were effective ways to obtain feedback from patients and carers.
- Staff had a good knowledge of and application of the Mental Health Act and Mental Capacity Act.

However we found that:

- Bank staff did not receive an annual appraisal.

Our findings

CTPLD North, St Mary's Hospital, CTPLD South, Newland House, Opportunities for You – Willow Close, Intensive Support Services, Eastfield Resource Centre, Aspergers/ADHD/Autism services

Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. Records showed risks to physical health were identified and managed effectively.
- Care plans were in place that addressed patients' needs. We saw these were reviewed on a regular basis and updated or discontinued as appropriate. Involvement from patients and family was included wherever possible. Individual risk assessments were reviewed at regular intervals and when any change took place.
- The records showed evidence of patient and carer involvement. The care plans reflected patient's individual needs and there were clear goals for providing support in the future in the most appropriate

setting, this is in line with the respect and least restrictive principle as the person would be moving from a residential setting to a more independent accommodation.

- The team maintained contact with people being cared for in other services and were involved in decisions about their care and treatment.
- The Aspergers/ADHD/ASC service provided a range of groups to meet individual patient need and good links with other services were maintained.

Best practice in treatment and care

- Patients could access psychological and occupational therapies as part of their treatment.
- The trust audited against National Institute for Health and Care Excellence (NICE) guidelines to monitor compliance via the trust's audit committee.
- The service took part in the learning disabilities benchmarking project in 2014.
- Local audits had been carried out into dementia, epilepsy, annual health checks, challenging behaviour and record keeping.
- Staff assessed patients using the Health of the Nation Outcome Scales for learning disabilities (HoNOS LD). Other outcomes measures were also used to assess effectiveness of interventions.
- Managers we spoke with carried out regular audits of care records and results were fed back to the team during team meetings with actions identified.

Skilled staff to deliver care

- Staff came from a range of professional backgrounds including nursing, medical, occupational therapy, speech and language therapy and psychology.
- Staff received appropriate training, supervision and professional development. They had undertaken training relevant to their role, including safeguarding children and adults and fire safety. Records showed most staff were up-to-date with statutory and mandatory training. Remaining staff had been booked onto mandatory training opportunities. New staff had a period of induction. Staff received specific training to meet patient need. For example the use of abdominal massage.
- Staff had received clinical and managerial supervision every month, where they were able to reflect on their practice and any incidents that had occurred. Most said

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.

they had received an appraisal within the last 12 months which identified training needs and set objectives.

However, one supervision record we looked at showed the last appraisal as dated April 2013.

- Bank staff received supervision but none had received an annual appraisal. Staff were not clear if this was a trust responsibility or not.
- There were regular team meetings and staff felt well supported by their manager and colleagues. Many staff mentioned good team work as one of the best things about their job.

Multi-disciplinary and inter-agency team work

- Assessments were mostly multidisciplinary in approach. People's records showed there was effective multidisciplinary team (MDT) working taking place. Care plans included advice and input from different professionals involved in people's care.
- We attended a weekly review meeting where care was discussed and reviewed and changes made to the plan if required.
- Staff sought specialist advice before arranging a new activity, for example seeking physiotherapy advice before taking a person horse riding.
- The care of patients who had been placed out of area was monitored effectively by staff and good links maintained.

Adherence to the MHA and MHA Code of Practice

- The documentation in respect of the Mental Health Act was mostly good. We looked at records of five patients who were receiving Section 117 aftercare under the Mental Health Act. Each patient had a Care programme Approach (CPA) plan in place.
- There was no-one subject to a CTO or on a guardianship order at the time of our visit.
- The trust's systems supported the appropriate implementation of the Mental Health Act and its code of practice. Administrative support was available from a team within the trust. Staff received training and had a good understanding of the act.
- When required staff could contact the approved mental health professional (AMHP) service to co-ordinate assessments under the Act.

Good practice in applying the MCA

- Staff had received training in the use of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This was supported by those records seen.
- Care and assessment records showed consideration of mental capacity and appropriate assessment when required.

Are services caring?

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

Summary of findings

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

- Staff were kind and respectful to patients and recognised their individual needs.
- Staff actively involved patients in developing and reviewing their care plan.
- Staff also made sure families and carers were involved when this was appropriate.

Our findings

CTPLD North, St Mary's Hospital, CTPLD South, Newland House, Opportunities for You – Willow Close, Intensive Support Services, Eastfield Resource Centre, Aspergers/ADHD/Autism services

Kindness, dignity, respect and support

- We observed staff interacting with patients in a caring and compassionate way. Staff responded to people in distress in a calm and respectful manner. Staff were interested and engaged in providing good quality care to patients.
- When staff spoke with us about patients, they discussed them in a respectful manner and showed a good understanding of their individual needs. Records showed a person-centred approach throughout care.
- Staff demonstrated skill in the management of behaviours that may challenge.

The involvement of people in the care they receive

- Each of the ten patients we spoke with said they were involved in their care and their relatives were given a copy of their care plan to comment on and agree or disagree with.
- There were leaflets available to give to patients with information about the service in easy read format.
- Involvement from patients and their family was documented in care records.
- The views of patients and family using the service were gathered through the use of a survey called "I want great care". Responses to surveys were fed back to staff, to enable them to make changes where needed.

Are services responsive to people's needs?

Good 

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

Summary of findings

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

- Care plans were updated according to changing needs.
- There was good involvement with families and or carers.
- Diverse needs were considered, information was readily available for staff.
- Staff felt they could raise any issues with the local manager and they would be addressed.
- Patient and family feedback was acted upon quickly.

Our findings

CTPLD North, St Mary's Hospital, CTPLD South, Newland House, Opportunities for You – Willow Close, Intensive Support Services, Eastfield Resource Centre, Aspergers/ADHD/Autism services

Access, discharge

- There was a duty clinician rota (a member of the team), to respond to possible Mental Health Act assessment needs.
- Admissions to the inpatient assessment and treatment unit were arranged through the intensive support services.

- Staff had good links with inpatient ward staff to enable discharge.
- The intensive support team had a target of seeing people within 91 days of referral, the latest data show people were seen within 62 days. Trust data on the other teams was not available.

Meeting the needs of all people who use the service

- Patients' individual needs were met, including cultural, language and religious needs. This was supported by those records seen and by our discussions with individual patients and their families.
- Some staff were trained in the use of communication methods such as Makaton, there were posters displayed with a symbol of the week for staff to learn.

Listening to and learning from concerns and complaints

- Staff were able to describe the complaints process and how they would handle any complaints.
- The number of formal complaints received by the service was low. There had been six in the last 12 months, two were upheld and none were referred to the health ombudsman.
- Staff knew how to respond to anyone wishing to complain and the managers demonstrated how positive and negative feedback was used to improve services.

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.

Summary of findings

We rated community services for people with learning disabilities as good for well-led because:

- Staff felt supported by local and senior managers. Staff felt they could raise any issues with the local manager and they would be addressed.
- Staff told us they received regular supervision and appraisal and this was supported by those records seen..

Local managers monitored the standard of care provided, the environments and staff performance.

Our findings

CTPLD North, St Mary's Hospital, CTPLD South, Newland House, Opportunities for You – Willow Close, Intensive Support Services, Eastfield Resource Centre, Aspergers/ADHD/Autism services

Vision and values

- The trust's vision and strategies for the service were evident and on display. Staff confirmed they understood the vision and direction of the trust and were able to explain them.
- Team managers said they received good support from senior managers.

Good governance

- The teams had access to systems of governance that enabled them to monitor and manage the team and provide information to senior staff in the trust. One example of this was the electronic staff record that monitored the mandatory training staff had received and listed future booked training.
- One team manager had relevant performance information, for example staff sickness rates, training compliance and feedback information on display for all staff

- The managers told us where they had concerns, they could raise them. Where appropriate these were placed on the trust's risk register.

Leadership, morale and staff engagement

- We found the teams to be well-led. There was evidence of clear leadership at a local level. Team managers were accessible to staff and they were proactive in providing support. The culture was open and encouraged staff to bring forward ideas for improving care.
- Staff were enthusiastic and engaged with developments within the team. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line manager.
- Sickness and absence rates were around 5% across the teams and included some long term sickness. Managers explained the policy for managing attendance and gave examples of when this had been followed.
- At the time of our inspection there were no grievance procedures being pursued within the teams, and there were no allegations of bullying or harassment.
- Staff were aware of the whistleblowing process and said they would use it if they needed to.
- Team managers told us they had access to leadership training and development. This covered the theory of management as well as scenarios and techniques that could be used in practice. Most felt supported by their immediate line manager.
- Some staff expressed concern over a recent team move which happened at short notice with little consultation by the trust.

Commitment to quality improvement and innovation

- Local risk registers were in place.
- Staff demonstrated a commitment to providing high quality care.
- Trust wide and local audits took place with the findings used to improve practice.