Good

Derbyshire Community Health Services NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

Derbyshire Community Health Services NHS
Foundation Trust
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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)
RY8AK	Ash Green	LD Community team and Intensive Community Outreach Team	S42 7JE
RY8X1	Head Quarters (HQ)	North East LD community team	S43 3UU
RY838	Whitworth Hospital	Dales – Matlock LD Community team	DE4 2JD

Summary of findings

This report describes our judgement of the quality of care provided within this core service by Derbyshire Community Health Services. 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 Derbyshire Community Health Services and these are brought together to inform our overall judgement of Derbyshire Community Health Services.

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?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Derbyshire Community Health Services community learning disability service as good because:

- Patients and carers told us the service was excellent. They told us that staff treated them with respect and compassion. They told us that nothing was too much trouble for staff in the service.
- Staff compliance with mandatory training in the Mental Health Act and Mental Capacity Act was 100%.
- Staff supervision rates were 100%.
- Staff appraisal rates were 100%.
- Staff lone working practices were safe and well embedded within each team .
- Staff sickness rates in the 12 months prior to our inspection was 6%.
- There were no staff vacancies in any of the teams.
- Managers were supportive of staff with difficulties. We spoke with a member of staff who had received support and access to specialist equipment to help him do his job when managers discovered he had dyslexia.
- Managers supported staff in accessing education and training relevant to the service.
- Teams were well-led at a local level and at a senior management level.
- The service had received no complaints in the 12 months prior to our inspection.
- The service had received 33 compliments in the 12 months prior to our inspection.
- Teams could respond the same day to patients in crisis.
- Staff conducted a risk assessment of every patient at initial triage of the patient.
- We saw an excellent example of an adapted ABC chart which a nurse in the Darley Dales team had created. How information is gathered may be different for each person collecting the data and depending on the complexity of the situation. One format involves directly observing and recording situational factors surrounding a problem behaviour using an assessment tool called an ABC chart. An ABC chart is an assessment tool used to gather information that should evolve into a positive behaviour support plan. ABC refers to: antecedent - the events, action, or circumstances that occur before a behaviour; behaviour - the behaviour. Consequences - the action or response that follows the behaviour. The adapted document made it simple for carers to complete by ticking boxes when the patient was at home on leave. This meant that the information staff were gathering from the document was more accurate and detailed.
- Patients had positive behaviour support plans (PBS plans). A PBS plan is a document created to help understand and manage behaviour in patients who have learning disabilities and display behaviour that others find challenging. A PBS plan provides carers with a step by step guide to making sure the patient not only has a good quality of life, but also enables carers to identify when they need to intervene to prevent an episode of challenging behaviour. A PBS plan is based on the results of a functional assessment and uses positive behaviour support (PBS) approaches. A formulation summarises the patient's core problems and shows how the patient's difficulties may relate to one another by drawing on psychological theories and principles. The plan contains a range of strategies which not only focus on the challenging behaviour, but also include ways to ensure the person has access to things that are important to them.
- Care records contained up to date, personalised, holistic, recovery-oriented care plans. Patients had contributed to their care plans. Care plans were available in easy-read format if the patient required. There was a reasonable adjustments section in the care record which allowed for the adaptation of documents, such as pictorially.
- Patients had health action plans and communication passports which they could take with them to other services or accommodation providers.
- Staff adhered to relevant national institute for health and care excellence (NICE) guidelines.
- The multidisciplinary teams communicated effectively with each other.
- Patients could self refer to the service as well as be referred by other professionals such as the GP.
- The Quality Always programme provided a robust audit strategy with RAG (red, amber, green) rated outcomes.
- There had been no serious incidents in the 12 months prior to our inspection.

Summary of findings

- There had been no never-events in the 12 months prior to our inspection.
- There was clear evidence of learning from when things go wrong.
- The trust scored above the England average for staff who would recommend the trust as a place to work (70% compared to 62% England average) whilst also having a lower number of staff who would not recommend the trust (13% compared to 19% England average).
- The trust scored 12% above the England average for staff who would recommend the trust as a place to receive care (91% against 79%).

However;

- Signage in reception areas was not always available in accessible formats.
- Safeguarding children training was at 48% staff compliance. This was because the trust had initially identified the incorrect safeguarding children training for staff so staff were having to re-attend the training.

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:

- Cleaning records were up to date and demonstrated regular cleaning of the environments.
- Clinic rooms at the team bases were equipped to support examination of patients.
- Equipment such as hoists and hydrotherapy equipment was clean and well maintained.
- Emergency equipment was present at each of the sites. The equipment was correct and in date and logs demonstrated regular checks being undertaken.
- There was no evidence of patients not receiving a service due to staff absenteeism.
- There were no staffing vacancies.
- Staff conducted a risk assessment of every patient at initial triage of the patient. Triage is the process of determining the priority of patients' treatments based on the severity of their condition.
- Managers ensured good personal safety protocols for lone working were followed.
- There was clear learning from when things go wrong.

Are services effective?

Good

We rated effective as good because:

- Multidisciplinary teams comprised a full range of disciplines.
- Care records contained up to date, personalised, holistic, recovery-oriented care plans. Patients had contributed to their care plans. Care plans were available in easy-read (accessible) format if the patient required.
- Patients had health action plans and communication passports.
- Information was shared between professionals involved in a patient's care.
- Staff used recognised outcome measures.
- Clinical staff participated in clinical audits.
- Managers supported staff in accessing education and training relevant to the service.
- Staff compliance with Mental Health Act (MHA) training and Mental Capacity Act (MCA) training was 100%.

Are services caring?

Outstanding

We rated caring as outstanding because:

Summary of findings

- We saw highly motivated staff who were inspired to consistently treat patients and their carers with kindness, dignity and respect.
- Feedback from patients and carers was continually positive, they said staff treated them with dignity and respect. No patients we spoke with, or their carers, had anything negative to say about the staff in the service.
- Staff were able to talk at length about individual patients and their individual needs and preferences.
- Patients' were active partners in their care.Involvement in their care was evident throughout the interactions we witnessed. Staff discussed options with people and allowed them to make choices.
- Patients' involvement in care planning was demonstrated in the care records.
- Carers were supported to be involved in care planning if the patient gave permission.
- In relation to privacy, dignity and wellbeing, the 2015 patient led assessment of the care environment (PLACE) score for Derbyshire Community Health Services NHS Foundation Trust was 87.44% which was above the England average of 86.03%.
- The service had not received any formal complaints in the 12 months prior to our inspection.
- The service had received 33 compliments in the 12 months prior to our inspection.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Based on submitted trust data covering 22 areas of service delivery, the trust met both the referral to assessment and assessment to treatment targets for all areas of service delivery.
- Staff maintained contact with referrals on the waiting list to ensure that people were safe and that their risks had not increased.
- Patients could self refer to the service as well as be referred by other professionals such as the GP.
- Patients on the waiting list for any length of time were contacted regularly to assess their situation and any changes to their risks.
- Staff in the outreach team could respond to patients in crisis on the same day.
- Staff and patients told us that staff were flexible about appointment times wherever possible.
- There were a full range of rooms and equipment to support treatment and care.

Summary of findings

- Information relating to treatments, local services, patients' rights and how to complain was available in easy-read (accessible) format.
- The community learning disability teams had not received any complaints in the 12 months prior to our inspection.

However;

- Patient waiting times for psychology, speech and language therapy and occupational therapy breached trust targets.
- Signage in reception areas was not always understandable for people using the service.

Are services well-led?

Good

We rated well-led as good because:

- Staff maximised working time on direct care rather than administrative tasks. The continued roll-out of the 'agile working' strategy supported this.
- Clinical staff participate in audits of care records, health and safety and case loads as part of the 'Quality Always' strategy.
- The service used key performance indicators (KPI) to measure the performance of the teams.
- The trust scored above the England average for staff who would recommend the trust as a place to work.
- The trust scored 12% above the England average for staff who would recommend the trust as a place to receive care (91% against 79%).
- Staff told us they experienced high levels of job satisfaction and that their morale was high.
- Staff told us how highly they valued and felt supported by the team working approach in the service.
- Staff were open and transparent in explaining to patients if things went wrong.
- Managers were supportive of staff with difficulties such as dyslexia.
- Staffs' compliance with all mandatory training was 100% apart from safeguarding children Level 3 training.

Summary of findings

Information about the service

The Learning Disability service provides specialist healthcare for people with a learning disability in Derbyshire. The service is available to patients who have a diagnosis of learning disability identified by a significant impairment in cognitive functioning, together with a significant impairment in social and adaptive functioning.

The service provides assessment, treatment and rehabilitation, whilst under supervision, to ensure safe management of behaviours.

Patients will have been assessed as presenting risk to others (or self) and may have involvement with Criminal Justice agencies. They may have a history of challenging existing service provision or existing service provision is not appropriate to meet current individual needs.

Priority is given to patients from the Derbyshire area.

The service provides a multidisciplinary approach to the assessment and treatment of people with a learning disability and offers the following services:

- In-patient assessment and treatment, behavioural rehabilitation and respite services.
- Specialist sensory and therapy services.
- Community-based learning disability teams (CLDTs).
- Specialist out-patient clinics.
- Locally-based health-led short break units.

The service operated six community learning disability teams who work across four geographic locations to provide services for patients living in those areas. There was an outreach team located at the Ash Green site. The outreach team provided a more intensive service in response to crisis situations for patients in all the community teams. There was a transition team which provided input and support to young adults transitioning from childrens' and young peoples' services to adult services. The transition team worked across all the community teams.

We inspected the Ash Green community learning disability team and the intensive outreach team; the North East community learning disability team, and the Darley Dale, Matlock community learning disability team.

The last inspection by the Care Quality Commission was a focused inspection. It was undertaken 11 and 12 November 2014 following non-compliance identified at the previous comprehensive inspection in March 2014. The trust was found to be compliant with all four standards it was assessed on.

Our inspection team

Our inspection team was led by: Carolyn Jenkinson, Head of Hospital Inspection

Chair: Elaine Jeffers

Team Leader: Carolyn Jenkinson, Care Quality Commission

The team included CQC inspectors, inspection managers, pharmacy inspectors, an inspection planner and a variety of specialists including:

Clinical Project Manager, Non-Executive Director, Community Children's Nurses, Community Health Visitors, Dentist, Dietitian, Occupational Therapists, Physiotherapists, Paramedic, Nurse Consultants, District Nurses, Palliative Care Director, GP, Learning Disability Nurses, Specialist Nurses and a Mental Health Act Reviewer.

The team also included other experts called Experts by Experience as members of the inspection team. These were people who had experience as patients or users of some of the types of services provided by the trust.

Summary of findings

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

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

During the inspection visit, the inspection team:

- Visited three community teams in different geographical locations as well as the intensive outreach team;
- spoke with 12 patients who were using the service;
- spoke with 14 carers of people using the service;
- spoke with the manager of the service;
- spoke with 22 other staff members; including a team manager, a doctor, nurses, psychologists, occupational therapists, speech and language therapists, counsellors, a student nurse and physiotherapists;
- attended and observed a hydrotherapy session;
- attended and observed two therapy groups;
- attended and observed an out-patient clinic;
- attended and observed a diabetic group;
- attended and observed two home visits;
- visited the sensory suite;
- attended and observed a referral meeting.

We also:

- reviewed 16 sets of care records; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 12 patients and their carers who were using the service and they told us:

- Staff were kind and dedicated.
- Staff were kind and communicated well with them and their carers.
- The physiotherapists were excellent.
- Staff were helpful and would arrange home visits if patients couldn't come to out-patient clinics.
- The learning disability team had facilitated access to other supportive agencies.
- High praise was given for key workers who were always available for support.
- The service was responsive to changes in patients' lives.
- One carer told us the service was excellent.
- One carer told us they wanted more support from the service to manage their son's weight gain. We reported this to managers of the service who were going to review the patient's care plan to see if they could provide any further support.

Good practice

- Staff hours of work could adapt in response to the needs of patients. For example, if a patient had an

Summary of findings

engagement out of hours in the evening or at a weekend, staff would alter their working hours to provide any support required by the patient or their family.
- Staff could adapt or design healthcare documents to meet the needs of patients better. A documents group in the trust would review the documents usefulness and safety with a view to ratification and implementation. We saw an excellent example of an adapted ABC chart created by a nurse in the Darley Dales team.
- Staff were dedicated and creative about engaging with patients who were reluctant to engage with services. They would devise clever ways of engineering meetings with patients which would appear casual and therefore less threatening.
- The Quality Always programme provided a robust audit strategy with RAG (red, amber, green) rated outcomes.
- Staff had developed links with local dentists and the local acute hospital. This meant they were able to offer patients de-sensitisation visits to the dental practices and the acute hospital. Patients were able to spend time in the environments and reduce their fears and anxieties. This service extended to operating theatres where patients could visit and have theatre staff explain all the machinery to them and answer any questions.
- Staff had implemented 'Positive and Proactive Care: reducing the need for restrictive interventions', (Department of Health 2014).

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that signage in team bases is inclusive and accessible for the people using the service.
- The provider should ensure that patients do not wait for excessive time on waiting lists for the service.

Derbyshire Community Health Services 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
Ash Green community learning disability team	Ash Green community learning disability team
Intensive Outreach learning disability team	Ash Green community learning disability team
Darley Dale community learning disability team	Whitworth Hospital
North East Derbyshire learning disability team	Adult care services

Mental Health Act responsibilities

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

- Staff compliance with Mental Health Act (MHA) training was 100%.
- Staff were trained in and had a good understanding of the Code of Practice and the guiding principles. We saw staff working in ways which supported the guiding principles.
- Patients had their rights under the Mental Health Act (MHA) explained to them where applicable. We saw evidence in care records of patients being informed of their rights.
- Staff knew who the Mental Health Act administrator was and how to contact them for support, advice or guidance.
- Patients could access an independent mental health advocate (IMHA). Staff were clear on how to support access to an IMHA. Information about advocacy services was displayed in reception areas.

Detailed findings

- There was one patient being cared for on a community treatment order (CTO).
- A trust wide action plan to support the implementation of the revised Mental Health Act Code of Practice was underway at the time of our inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff compliance with mental capacity act (MCA) training was 100%.
- Staff were trained in and had an excellent understanding of MCA 2005, in particular the five statutory principles . The Act is underpinned by five principles, which are contained within the act and explained in the Mental Capacity Act code of practice: a presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions. That individuals must retain the right to make what might be seen as eccentric or unwise decisions. Best interests - anything done for or on behalf of people without capacity must be in their best interests. Least restrictive intervention - anything done for or on behalf of people without capacity should be an option that is less restrictive of their basic - as long as it is still in their best interests. Staff were able to show us instances where capacity had been re-assessed appropriately in patients' care records.
- There was a policy on MCA which staff were aware of and could refer to.
- Patients who might have impaired capacity had their capacity to consent assessed and recorded appropriately. This was done on a decision-specific basis with regards to significant decisions. Patients were given every possible assistance to make a specific decision for themselves before they were assumed to lack the mental capacity to make it. We saw evidence of this in patients' care records.
- Patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests, recognising the importance of the patient's wishes, feelings, culture and history. We saw evidence of this in patients' care records.
- Staff understood and where appropriate worked within the MCA definition of restraint. Staff were able to accurately describe what restraint is and why it is important for staff to understand it.
- Staff knew where to get advice regarding MCA within the Trust.
- Patients could access an independent Mental Capacity advocate (IMCA). Information about this service was available in accessible formats.
- There were audit arrangements in place to monitor adherence to the MCA within the Trust.

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

- Team buildings at Ash Green and Darley Dale were bright, spacious, clean and attractively decorated. The building used by the team at Stavely belonged to the local authority and it was small with tired décor but it was clean. We saw cleaning in progress at Ash Green and Darley Dale.
- Cleaning records were up to date and demonstrated regular cleaning of the environments.
- Interview rooms at Ash Green and at Darley Dale were fitted with alarms. In addition, staff at Ash Green carried electronic alarms fixed to their person. Interview rooms at Stavely did not have alarms fitted but due to the small size of the building, it would be possible to verbally summon assistance should the need arise.
- Clinic rooms at the team bases were equipped to support examination of patients. There were no patient medicines stored at any of the team bases. Staff did not transport medicines to patients. Medicines were prescribed by the psychiatrist and managed by the GP.
- Staff adhered to infection control principles including handwashing. Staff did not use alcohol hand gel. The infection control protocol for the service did not support alcohol hand gel being freely available throughout the buildings. This was because they had identified that alcohol gel can present as a potential fire hazard if spilled on carpets, and the fact that correct hand washing is the best infection control measure available.
- Equipment such as hoists and hydrotherapy equipment was clean and well maintained.
- Emergency equipment was present at each of the sites. The equipment was in good working order and in date. Logs demonstrated weekly checks being undertaken. All staff were able to access the emergency equipment

Safe staffing

- Staffing levels were decided by the trust. A safer staffing tool called the Bravo tool to support identifying staffing needs was in development in the trust, but had not been fully implemented at the time of our inspection. The outreach team had 7 whole time equivalents. There were 2.88 vacancies with one psychologist awaiting pre-employment checks before starting employment. The Ash Green team had 9.64 whole time equivalents and no vacancies. The Dales team had 2.53 whole time eqivalents and no vacancies. The North East Derbyshire team at Stavely had 6.7 whole time equivalents and no vacancies.
- Therapy staff such as psychologists, occupational therapists and speech and language therapists worked across all the community teams as well as working in to the inpatient wards.
- Technical assistants had been appointed to assist in the delivery of psychological therapies. Technical assistants were closely supervised by more senior staff such as psychologists and counsellors.
- Staff sickness absence in the 12 months prior to our inspection was 6%. This is above the England average of 4.4%.
- Staff turnover in the service in the 12 months prior to our inspection was 6%.
- Care coordinators had an average case load of between 15 and 20 patients. Staff told us this was a manageable case load.
- There were 155 patients on waiting lists awaiting allocation of a care coordinator across the service. Staff continually assessed patients on the waiting list to ensure there had been no increase in any risks.
- Staff had monthly case-load supervision to review their case-loads.
- Managers ensured that all sickness and vacancies were appropriately covered in the absence of a member of staff. Patients would be re-allocated temporarily to other team members. We found no evidence of patients receiving a reduced service as a consequence of staff absenteeism.
- Managers had not needed to use any temporary staff to cover vacancies.
- Patients could access the psychiatrist easily and quickly. The psychiatrists were based at Ash Green but they travelled around to the other locations to see patients and to participate in multidisciplinary team meetings.
- Staff had received and were up to date with appropriate mandatory training apart from safeguarding children Level 3. 48% of staff were compliant with this training. The trust had initially selected the incorrect

Good

Are services safe?

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

safeguarding children training for staff to attend, all staff had to re-book their safeguarding children Level 3 training. The average mandatory training compliance rate for all other training apart from this training was 100%.

Assessing and managing risk to patients and staff

- Staff conducted a risk assessment of every patient at initial triage of the patient. Staff used a recognised risk assessment tool called FACE. FACE stands for functional analysis of care environments. The risk assessment was updated regularly in response to changes in risks.
- Patients with a forensic history would have their risks assessed using the historical and clinical risk 20 version 3 tool (HCR20 V3). Psychologists would produce a formulation from the assessment to inform risk management. A formulation summarises the patient's core problems and shows how the patient's difficulties may relate to one another by drawing on psychological theories and principles. It suggests, on the basis of psychological theory, why the patient has developed these difficulties, at this time and in these situations. It gives rise to a plan of intervention which is based in the psychological processes and principles already identified. The formulation would be open to revision and re-formulation.
- Patients referred to the service were assessed using a number of recognised assessment tools such as the malnutrition universal screening tool (MUST) which assesses a patient's nutritional status and Waterlow which assesses a patient's likelihood of developing pressure sores. In addition, patients were assessed for their risk of falls, any infection control issues, the presence of any undiagnosed pain and their capability to attend to the activities of daily living. Any issues identified from these assessments and screenings were addressed in care plans.
- Staff gathered information about patients' risk behaviours using antecedent, behaviour, consequence (ABC) charts. ABC charts are documents which allow staff and carers to document the antecedents to the behaviour (what was happening immediately before the risk behaviour); the actual behaviour (a description of what the person was doing); they then document what the consequences of the behaviour were (what happened as a result of the behaviour). This document could support staff and carers in identifying things each risk incident may have in common. If they were able to identify any common themes, they could take measures to break the cycle by avoiding triggers or consequences which support the risk behaviour.
- We saw an excellent example of an adapted ABC chart which a nurse in theDarley Dales team had created. The adapted document made it simple for carers to complete when the patient was at home on leave. This meant that the information staff were gathering from the document was more accurate and detailed.
- Patients had positive behaviour support plans (PBS) to address managing identified risks. This is recommended practice in 'Positive and Proactive Care: reducing the need for restrictive interventions', (Department of Health 2014), national institute of health and care excellence (NICE) guidelines NG11 and NG10, the British Institute of Learning Disability (BILD), and the Mental Health Act Code of Practice 2015 (chapter 26).
- The information gathered on the ABC charts was vital to contributing to the PBS plans.
- Staff created and made good use of crisis plans. Patients were encouraged to contribute to crisis plans and to develop advance decisions.
- Staff responded promptly to any deterioration in a patient's health. They would meet with the patient on the same day, and devise a care plan to address the problem involving all the relevant individuals and any relevant care providers such as supported living staff. We observed staff responding in this way for two patients during our inspection.
- Staff continually monitored patients on the waiting list. If there was any change in the patient's circumstances or risks, the team would assess whether the patient needed to be seen earlier than first thought necessary.
- Staff were trained in safeguarding. Staff training compliance for safeguarding adults was 100%. They knew how to make a safeguarding referral and did this when appropriate. Training compliance for Level 3 safeguarding children training was low at 48%. This was due to staff attending the wrong safeguarding children training.
- Managers ensured good personal safety protocols for lone working were followed. Lone worker files contained detailed personal descriptions of staff in case of the need to involve the police in locating the staff member. Staff operated a 'buddy system' where one member of staff would remain at the team base to monitor the safety of colleagues out on visits. Staff on visits had to

Good

Are services safe?

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

indicate on a white board where they were going and when they should be finished. If the staff member had not contacted the base office within this time frame, then the colleague at the base office would attempt to contact them.
- We observed two community visits. Staff adhered to safety protocols throughout both visits.
- Staff visiting a patient in the community for the first time went in pairs for the initial visit. This was a precaution taken until staff could undertake an assessment of the patient's risks to others.
- Patients' care records had the facility to record any risks or hazards relating to visiting that patient. The places where these were recorded were evident on the first page of a patient's electronic care record. These had been completed for all the patients whose care records we reviewed.

Track record on safety

- There had been no serious incidents in the 12 months prior to our inspection.
- There had been no never-events in the 12 months prior to our inspection.

Reporting incidents and learning from when things go wrong

- Staff knew to report all risk incidents and all near misses. They knew how to report them as per the trust policy.
- Staff were open and honest and explained to patients if things went wrong. We saw a staff member apologise to a patient because he had been provided with the incorrect fitting for his shoe in an out-patient clinic. The patient had complained that the fitting was uncomfortable. The staff member examined the patient's foot and noticed that the incorrect fitting had been supplied.
- Staff received feedback from investigations of incidents in staff meetings and in clinical supervision.
- Staff would be supported and provided with de-brief following any serious incidents.
- Managers had implemented changes in practice for staff working with a particular patient in response to staff sustaining a needle-stick injury. The patient had not been correctly disposing of insulin syringes in his home.

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

- Patients were provided with a comprehensive assessment of all their needs by the service upon referral.
- Staff would assess the level of risk present and decide whether or not the patient could safely wait on the waiting list or if they required support immediately. If the risks were not within acceptable limits the patient would be seen more quickly. For example, if a patient's accommodation situation broke down they would be seen immediately.
- Care records contained up to date, personalised, holistic, recovery-oriented care plans. Patients had contributed to their care plans. Care plans were available in easy-read (accessible) format if the patient required. There was a reasonable adjustments section in the care record which allowed for the adaptation of documents, such as pictorially.
- Patients had health action plans and communication passports which they could take with them to other services or accommodation providers.
- Information to deliver care was stored securely on a password protected electronic system. Staff could access the care record system from any trust computer at any team base. The trust was in the process of rolling out its 'agile working' strategy. The strategy would allow staff to input live on to the care record system from a lap-top they would take out on visits with them. Therapy staff in the psychology team already had this facility. In remote areas they would not be able to connect with the trust network so they were able to download the system on to an encrypted USB. The USB would update the main system as soon as it was plugged in to a trust computer.
- Information was shared between professionals involved in a patient's care. Some GP practices were able to log on to the trust care record system to update themselves on a patient's situation. Staff in the learning disability service could also log on to some GP practices care records if they wanted to be updated about a patient's health. The service maintained good communication by telephone, letter and email with GP practices which were not yet part of this information sharing system.

Best practice in treatment and care

- Medical staff were aware of national institute for health and care excellence (NICE) prescribing guidelines (CG 155). We saw records that demonstrated physical health reviews took place.
- Staff adhered to NICE guidance supporting the transition of patients from children's services to adult services (NG 43). The service ensured transition support was developmentally appropriate, taking into account the patient's maturity, cognitive abilities, psychological status, needs in respect of long-term conditions, social and personal circumstances, any caring responsibilities and their communication needs. Staff ensured that transition support was strengths-based and focused on what was positive and possible for the young person rather than on a pre-determined set of transition options and identifies the support available to the young person, which includes but is not limited to their family or carers.
- Staff adhered to the standards laid out in NICE guidance supporting the care and treatment of patients with autistic spectrum disorders (CG 142). A community-based multidisciplinary team for adults with autism had been established utilising existing professionals within the team. The membership included clinical psychologists, nurses, occupational therapists, psychiatrists, social workers, speech and language therapists and support staff (for example, staff supporting access to housing, educational and employment services, financial advice, and personal and community safety skills). The autism team had a key role in the delivery and coordination of specialist diagnostic and assessment services, specialist care and interventions, advice and training to other health and social care professionals on the diagnosis, assessment, care and interventions for adults with autism, support in accessing, and maintaining contact with, housing, educational and employment services and support to families, partners and carers where appropriate.
- Staff adhered to NICE guidance supporting the service user experience of services (CG 136). Staff promoted person-centred care that took into account patients' needs, preferences and strengths. Patients who used the services had the opportunity to make informed decisions about their care and treatment, in partnership with their health and social care practitioners. If patients did not have the capacity to make decisions, healthcare professionals would follow the Department of Health's advice on consent and the code of practice that

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.

accompanies the Mental Capacity Act. If the patient agreed, families and carers would have the opportunity to be involved in decisions about treatment and care. Families and carers would also be given the information and support they need.

- Staff followed NICE guidance for working with patients with challenging behaviour (NG 11). Staff took into account the severity of the person's learning disability, their developmental stage, and any communication difficulties or physical or mental health problems. They aimed to provide support and interventions in the least restrictive setting, such as the person's home, or as close to their home as possible, and in other places where the person regularly spends time (for example, college or supported accommodation). They aimed to prevent, reduce or stop the development of future episodes of behaviour that challenges and to improve the patient's quality of life. Staff offered support and interventions respectfully and ensured that the focus was on improving the person's support and increasing their skills rather than changing the person. Staff ensured that patients and their carers knew who to contact if they were concerned about care or treatment, including the right to a second opinion.
- The service provided a number of care pathways. Among these were the dementia pathway (Patients with Downs syndrome at are a significantly higher risk of developing dementia than the general population), the behavioural pathway, the autism pathway, the sensory pathway, the posture pathway and the forensic pathway. Patients could access different parts of these pathways, or more than one pathway at any one time, depending upon their needs. The pathways were detailed and followed the relevant national institute for health and care excellence (NICE) guidance.
- Physiotherapists assessed patients and offered hydrotherapy, 24 hour care plans for postural care management, complex seating clinics, physiotherapy for people whose behaviour challenges, rebound therapy and orthotics (orthotics is the science that deals with the use of specialized mechanical devices to support or supplement weakened or abnormal joints or limbs).
- Occupational therapists (OTs) assessed patients and offered sensory integration & sensory approaches, activities of daily living assessment and promotion, travel training and cognitive therapies. In addition, the OTs also provided support to the outreach team.
- Speech and language therapists assessed patients and offered 24 hour care planning for communication, assessment and provision of communication aids, dysphagia management and assessment, diagnosis and treatment for autism.
- Psychologists and counsellors assessed patients and offered 24 hour care plans, positive behaviour support (PBS), cognitive stimulation, forensic assessments and planning, IQ testing, specific psychology assessments, formulation and treatment, and anger management. In addition, the psychologists and counsellors provided support to the outreach team.
- Psychological therapies provided were recommended by the national institute of health and care excellence (NICE), and were listed on the NHS Evidence web-site. This means that clinical practice was evidence based. Evidence-based practice means using the best, research-proven assessments and treatments in day-to-day patient care and service delivery. This meant each clinician undertook to stay in touch with the research literature and to use it as a part of their clinical decision making.
- Staff planned to write up for publication the work they were doing in dementia care. Patients with Downs syndrome are at a significantly higher risk of developing dementia than the general population. Advances in medical science mean that patients with Downs syndrome are living longer. One of the consequences of this increased life-span is that many patients develop dementia.
- Staff used recognised outcome measures such as the goal attainment score (GAS) and the psychiatric assessment schedule for adults with developmental disorders (PAS-ADD).
- Clinical staff participated in clinical audits of care records. Each team undertook audits of each other's care records.
- Staff undertook audits of case loads and the quality of treatment plans.
- Staff undertook a health and safety audit of lone working annually. Any improvements identified were implemented and reflected in reviews of the lone worker policies and procedures.

Skilled staff to deliver care

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- The staff teams included doctors, psychologists, occupational therapists, speech and language therapists, physiotherapists, nurses, counsellors, a positive behaviour support specialist and technical instructors who supported the psychology team.
- Staff received an appropriate induction to the service upon starting employment.
- Staff received monthly supervision. They received clinical supervision, case load supervision, peer supervision, group supervision and safeguarding supervision with the lead safeguarding nurse. Staff supervision compliance was 100%. Staff told us they found their supervision useful in developing their practice. Some staff told us they accessed additional supervision beyond the minimum required because they found it so useful.
- Staff were 100% up to date with annual appraisals. Staff told us that managers were supportive of them attending additional training which was relevant to the service.
- Managers supported staff in accessing education and training relevant to the service. For example, a member of staff had recently qualified as a specialist in positive behaviour support (PBS). Positive Behaviour Support is an evidence-based approach with a primary goal of increasing a person's quality of life and a secondary goal of decreasing the frequency and severity of their challenging behaviours.
- Training for all staff in PBS was being rolled out across the service. We saw the staff training resources to support this training and they were comprehensive and well referenced. The training was being well received by staff and was well attended.
- Managers told us that underperforming staff were managed as per trust policies. No staff were being managed for poor performance at the time of our inspection.

Multi-disciplinary and inter-agency team work

- The multidisciplinary team communicated effectively with each other. They met regularly at referral meetings as well as at the out-patient clinics.
- Staff effectively handed over between professions and between teams. The care records demonstrated effective communication and interventions being directly linked to the patient's treatment plan.
- Staff had good working links with primary care services, social services and accommodation providers.
- There was evidence of good working links with GPs. The GPs provided on-going monitoring of medication and physical health needs in all the teams. We saw evidence of collaborative working .
- We observed effective one direct handover between community teams and the outreach team. The handover was thorough, person-centred and included carers views.

Adherence to the MHA and the MHA Code of Practice

- Staff compliance with Mental Health Act (MHA) training was 100%.
- Staff were trained in and had a good understanding of the Code of Practice and the five guiding principles.
- Patients had their rights under the Mental Health Act (MHA) explained to them where applicable.
- Staff knew who to contact for support or advice regarding the MHA.
- Patients could access an independent mental health advocate (IMHA). Staff were clear on how to support access to an IMHA. No patients or carers we spoke with had accessed this service. They told us this was because they did not feel the need to.
- A trust wide action plan to support the implementation of the revised Mental Health Act Code of Practice was underway at the time of our inspection.

Good practice in applying the MCA

- Staff compliance with mental capacity act (MCA) training was 100%.
- Staff were trained in and had an excellent understanding of MCA 2005, in particular the five statutory principles. We saw evidence in patients' care records of appropriate mental capacity assessments taking place in alignment with the five statutory principles.
- There was a policy on MCA which staff were aware of and could refer to.
- Patients who might have impaired capacity had their capacity to consent assessed and recorded appropriately. This was done on a decision-specific basis with regards to significant decisions, and people were given every possible assistance to make a specific decision for themselves before they were judged to lack the mental capacity to make it.

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- Patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests, recognising the importance of the patient's wishes, feelings, culture and history.
- Staff understood and where appropriate worked within the MCA definition of restraint.
- Staff knew where to get advice regarding MCA within the Trust.
- Patients could access an independent mental capacity advocate (IMCA).
- There were audit arrangements in place to monitor adherence to the MCA within the Trust.

Outstanding ☆

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 saw highly motivated staff who were inspired to consistently treat patients and their carers with kindness, dignity and respect.
- Feedback from patients and carers was consistently positive they told us staff treated them kindly and with dignity and respect. No patients we spoke with, or their carers, had anything negative to say about the staff in the service.
- Staff were able to talk at length about individual patients and their individual needs and preferences.
- Staff were aware of the importance of patient confidentiality. We saw staff upholding patient confidentiality and maintaining confidentiality of care records.
- Patients had been asked for their consent to share access with their care records with other professionals or their carers. This was clearly recorded and appeared on the screen when the patients care record was accessed.
- Staff had developed links with local dentists and the local acute hospital. This meant they were able to offer patients de-sensitisation visits to the dental practices and the acute hospital.
- In relation to privacy, dignity and wellbeing, the 2015 patient-led assessment of the care environment (PLACE) score for Derbyshire Community Health Services NHS Foundation Trust was 87.44% which was above the England average of 86.03%. The trust did not provide any PLACE scores for the services we inspected other than the trust-wide scores.

The involvement of people in the care they receive

- Patients'were active partners in their care. Involvement in their care was evident throughout the interactions we witnessed. Staff discussed options with people and allowed them to make choices.
- Patients' involvement in care planning was demonstrated in the care records.
- Patients' care record documents such as care plans were available in easy-read format if patients required.
- Carers were supported to be involved in care planning if the patient gave permission.
- Patients and carers were able to provide feedback about the service through friends and family surveys. The trust had higher than the England average scores for the friends and family test. The trust did not provide any friends and family test scores for the services we inspected other than the trust-wide scores.
- Patients could access advocacy services.

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

- Patients were referred to the service by other professionals such as GPs, or they could self-refer to the service.
- Patients referred to the service would have different waiting times depending upon their risks and which services they required. The service called the time from referral to treatment the referral to treatment time (RTT). This was measured separately for all disciplines and treatments and had varying waiting times.
- Psychology, speech and language therapy and occupational therapy had targets of 13 weeks in terms of waiting times. They had breached these targets in 7% of cases in April 2016. This was an improvement from 12% for patients breaching waiting list targets prior to April. The service had experienced increased referrals to the service in March 2016 which contributed to the 12% breach of waiting times. When we inspected, the service were discharging more patients than were being referred which was significantly reducing all the waiting lists apart from the wait for access to the dementia pathway. The dementia pathway was heavily subscribed to due to high numbers of patients with Downs syndrome requiring this service.
- Based on submitted trust data covering 22 areas of service delivery, the trust met both the referral to assessment and assessment to treatment targets for all areas of service delivery.
- Overall the trust reported a mean referral to assessment of 5.5 weeks and a mean assessment to onset of treatment of 6.4 weeks.
- There were 155 patients on the waiting list at the time of our inspection.
- Staff maintained contact with referrals on the waiting list to ensure that people were safe and that their risks had not increased.
- Patients waiting to be seen by one part of the service such as the dementia pathway, were seen by other team members as soon as a vacancy occurred but would continue to be on the waiting list for dementia work.
- Patients on the waiting list for any length of time were contacted regularly to assess their situation and any changes to their risks. Patients would be seen sooner if their needs changed.
- The service could accept into treatment and engage with between up to 800 patients at any one time. The service was at capacity at the time of our inspection.
- Staff in the outreach team could respond to patients in crisis on the same day. We saw the outreach team responding within the same day to patients in crisis.
- Teams provided a service for all patients who met the criteria of an IQ of 70 or less along with impaired functionality. There was an accepted margin of two IQ points above 70 for access to the service as well as consideration of the level of functional impairment..
- Some patients did not want to engage with the service. We saw staff having multidisciplinary team meetings to discuss strategies to engage with patients who were reluctant to engage with services. Staff were able to provide examples of how creative they were in ensuring contact with patients was maintained without upsetting the patient. Staff had used their knowledge about these difficult to engage patients to provide opportunities to engage with the patient in a non-threatening environment already enjoyed by the patient.
- Staff would make repeated attempts to contact patients who did not arrive for appointments. If staff believed the patient was at risk in any way they would liaise with the appropriate authorities such as safeguarding teams or police to ensure the patient's safety. During our inspection we haerd about a patient who staff were concerned about. They had increased engagement with the patient as well as informing the local authority safeguarding team and the police about their concerns.
- Staff and patients told us that staff were flexible about appointment times and they would try to arrange appointments at times agreeable to all parties.
- Appointments were only cancelled when absolutely necessary. When they were, patients received an explanation and were given help to access treatment as soon as possible.
- Appointments ran on time and people were kept informed when they did not.
- Managers attended the transforming care operational group. This group reviewed the process of transferring patients being cared for out of the local area back to the local service.
- When a patient was discharged from the service they would always have a discharge letter and care plans appropriate to their need. For example, a patient who had accessed the posture care pathway would have a 24 hour postural care plan. A patient discharged to a care

Are services responsive to people's needs?

Good

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

home setting may have a positive behaviour support plan developed that supports the patient and care provider to manage behaviour that challenges. Other discharge plans may include a communication passport, dysphagia management plan, exercise plans or travel support plans.
- Patients who left the service were discharged to a variety of community or sometimes specialist settings. This could range from a patient's own home or family home, a supported living placement, care/nursing home, specialist placement or transfer to another NHS service.
- Patients could find being discharged from the service very difficult as they had developed close relationships with staff. Staff were aware of this and tried hard to ensure that patients were aware their relationship with staff was only for the duration of their treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- There were a full range of rooms and equipment to support treatment and care. There were clinic rooms to examine patients; therapy rooms such as sensory rooms and a hydrotherapy pool at the Ash Green base.
- Interview rooms were comfortably furnished and were adequately sound proofed.
- Information relating to treatments, local services, patients' rights and how to complain was available in easy-read (accessible) format.

Meeting the needs of all people who use the service

- The team bases were all fully accessible for peope with disabilities.
- Information leaflets were available in languages spoken by patients using the service.
- Staff could easily access interpreters and signers. The trust had a contract with a provider of these services.
- Signage in reception areas of team bases was not always available in accessible format. We highlighted this to managers during our inspection and they agreed that they could improve the signage to make it more inclusive.

Listening to and learning from concerns and complaints

- The community learning disability teams had not received any complaints in the 12 months prior to our inspection.
- The community learning disability service had received 33 compliments in the 12 months prior to our inspection.
- Patients and their carers knew how to complain and receive feedback. Patients and carers we spoke with told us they knew how to complain but that they had nothing to complain about. One carer was rather cross that our inspectors was asking about complaints about the service and he told us the service was excellent.
- Staff were able to correctly describe what they would do if they were to receive any complaints.

Are services well-led?

Good

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

Our findings

Vision and values

- The trust's vision was to be the best provider of local healthcare and to be a great place to work. In the NHS Staff Survey 2015, the trust scored better than average for questions relating to the percentage of staff receiving job relevant training, having an appraisal in the last 12 months, having well-structured appraisals and the quality of non-mandatory training. This vision was borne out in the community learning disability service.
- The trust's values were to get the basics right, to act with compassion and respect, to make a difference, to value and develop teamwork, to value everyone's contribution because everyone matters. We saw staff working in ways which supported the organisation's values. Patients and carers told us staff displayed compassion and respect, made a difference to the lives of patients and carers and worked well as a team.
- Staff knew and agreed with the organisation's values.
- Staff knew who the most senior managers in the organisation were. These managers visit the teams and ask staff for their feedback and suggestions for the service. A large board in the reception area at the Ash Green base had photographs and information about all the senior managers in the trust.

Good governance

- Staffs' compliance with all mandatory training was 100% apart from safeguarding children Level 3 training. Staff compliance with safeguarding Level 3 training was 48% due to the trust having initially identified the incorrect level of Safeguarding children training for staff.
- Staff maximised working time on direct care rather than administrative tasks. The continued roll-out of the 'agile working' strategy would further support this. Agile working would reduce the amount of time staff spent travelling bvack to team bases to update patients' care records following visits.
- Staff knew to report any risk incidents or near misses.
- Clinical staff participated in audits of care records, health and safety and case loads as part of the 'Quality Always' strategy.
- Staff were able to learn from incidents, complaints and patient feedback. Learning from these was facilitated in team meetings and in supervision.
- Staff followed safeguarding, Mental Health Act and Mental Capacity Act procedures. There was a trust-wide action plan underway to fully implement the revised Mental Health Act Code of Practice 2015.
- The service used key performance indicators (KPI) to measure the performance of the teams. For example, waiting lists were measured using KPIs. These showed that the service had breached the target waiting times for psychology, speech and language therapy and occupational therapy in April 2016.
- Team managers had sufficient authority and autonomy to make changes to teams in response to patient need. Team managers were seeking to get the maximum from their staffing budget by reviewing the make up of disciplines within teams.
- Staff had the ability to submit items to the risk register. No items had been submitted to the risk register in the six months prior to our inspection.

Leadership, morale and staff engagement

- The trust scored above the England average for staff who would recommend the trust as a place to work (70% compared to 62% England average) whilst also having a lower number of staff who would not recommend the trust (13% compared to 19% England average).
- The trust scored 12% above the England average for staff who would recommend the trust as a place to receive care (91% against 79%).
- In addition, the response rate was over three times higher than the England average with over a third of eligible staff responding. This showed a high degree of confidence that the scores are representative of the views of the staff at the trust (35.7% against 11.4%).
- Staff sickness and absence rates were 6% which is above the England average of 4.4%.
- There were no bullying and harassment cases under investigation at the time of our inspection.
- Staff told us they felt able to raise any concerns they might have without fear of recriminations.
- Staff told us they experienced high levels of job satisfaction and that their morale was high.
- We saw excellent team working during our inspection. The service had systems in place to support team working and clear, prompt communication between teams and between professions. Staff told us how highly they valued and felt supported by the team working approach in the service.

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.

- Staff were open and transparent in explaining to patients if things went wrong. We witnessed this happening in an out-patient clinic.
- Staff could feedback about the service in surveys and in team meetings.
- Managers were supportive of staff with difficulties. We spoke with a member of staff with dyslexia who had received support and access to specialist equipment.

Commitment to quality improvement and innovation

- The trust's 'Quality Always' programme was implemented at all sites throughout the trust. The 'Quality Always' programme was a trust wide initiative focused on improving quality of care. The programme involved peers assessing teams against 14 standards; these included continence, tissue viability, falls prevention, nutrition, dementia, medication, pain, dignity and patient experience, infection prevention/ hand hygiene, end of life and mental health. Teams were rag (red, amber, green) rated. The community learning disability service had achieved a green rating.
- The trust had CQUINs in place to drive quality in dementia and delirium, patient flow and transfer, pressure ulcer care and flu vaccination. They also had a national CQUIN in place for staff health and wellbeing. The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.
- Staff who designed documents to improve care for patients could send these documents to the document group. The group would meet to consider the ratification and implementation of new documents. We saw an excellent example of an adapted ABC chart which a nurse in the Darley Dales team had created. The adapted document made it simple for carers to complete when the patient was at home on leave. This meant that the information staff were gathering from the document was more accurate and detailed.