Requires improvement

Derbyshire 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)
RXM14	Trust HQ	Kingsway Hospital, Trust - Amber Valley Community Learning Disability Team (CLDT), Rivermead.	DE56 1UU
RXM14	Trust HQ	Kingsway Hospital, Trust - Dales South CLDT, St Oswald's Hospital.	DE6 1DR
RXM14	Trust HQ	Kingsway Hospital, Trust - Derby City CLDT, Council House.	DE1 2FS

Summary of findings

RXM14	Trust HQ	Kingsway Hospital, Trust - Assessment and Treatment Support Service (ATSS),St Andrew's House.	DE1 2SX

This report describes our judgement of the quality of care provided within this core service by Derbyshire 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 Derbyshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Derbyshire 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	Requires improvement 
Are services safe?	**Good** 
Are services effective?	**Requires improvement** 
Are services caring?	**Good** 
Are services responsive?	**Requires improvement** 
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 community mental health services for people with learning disabilities as requires improvement because:

- Across all teams, staff did not complete agreed dates of review on care plans and not all patients had a care plan in place. Not all care plans at Amber Valley team fully contained patients' views, strengths and goals.
- Staff did not always carry out assessment of capacity to consent in a consistent way in all teams. Some records where patients had been identified as lacking capacity had no associated documentation in place.
- There have been long average waiting lists of 27 weeks for psychology and 41 weeks for speech and language therapists across the community learning disability teams.

However:

- All of the teams completed patients' comprehensive assessments and risk assessments that were reviewed and updated by the multidisciplinary team. The teams used a variety of clinical outcome measures.
- Staff had completed mandatory training and had the skills and knowledge to meet patients' needs. Staff assessed and supported patients with their physical health care needs.
- Staff reported incidents and the managers discussed lessons learnt from incidents to improve practice. Each team had a safeguarding lead and staff had good awareness of safeguarding procedures.
- The teams worked well as a multidisciplinary team and with other external organisations to ensure that patients were given the right support. The teams responded a timely manner to patients referred in a crisis
- Staff in all the teams spoke and behaved in a way that was respectful, kind and polite. Staff involved patients in their care and treatment planning. Staff supported patients with access to advocacy. Patients were given information in easy read format.
- The teams had objectives that reflected the trust's values and objectives. Staff felt morale was good within the teams and their team managers supported them.

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:

- All of the teams completed patients' risk assessments and reviewed and updated them as a multidisciplinary team. The teams could respond promptly to sudden deterioration in patients' health.
- Each team had a safeguarding lead and staff were trained in and had good awareness of how to recognise and act upon signs of abuse.
- Staff had completed mandatory training and had the skills and knowledge to meet patients' needs.
- Staff reported incidents and the managers discussed lessons learnt from incidents to improve practice.

However:

- The Rivermead and the Resource centre had no cleaning records in place.
- Staff had not consistently recorded next review dates on all risk assessments and they did not record advanced decisions.
- At the Council house, staff were not consistently recording the room temperature for the room where the medicines was stored.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- Staff did not always carry out assessment of capacity to consent in a consistent way in all teams. Six records where patients had been identified as lacking capacity had no documentation in place.
- Staff did not fully participate in clinical audit. There was some limited evidence of audits taking place in areas such as clinical records and prescribing of anti-psychotic medication.
- Staff did not consistently complete agreed dates of review on care plans and not all patients had a care plan in place. Not all care plans at Amber Valley team fully contained patients' views, strengths and goals.

However:

Summary of findings

- Staff completed comprehensive assessments in a timely manner for all patients referred to the teams. Staff assessed and supported patients with their physical health care needs.
- The teams worked well as a multidisciplinary team and with other external organisations to ensure that patients were given the right support. The teams used a range of outcome measures to monitor patients' progress.
- Staff received regular supervision, attended regular team meetings and had undertaken training relevant to their roles.

Are services caring?

Good

We rated caring as good because:

- Staff in all the teams spoke and behaved in a way that was respectful, kind and polite. Staff were knowledgeable and helpful, and took time with patients.
- Patients and carers told us that they felt able to make choices about their care and treatment. Patients and families were complimentary about the support they received from the staff
- Staff involved patients in their care and treatment planning. The teams involved patients and gathered their views in decisions about their service.
- Patients and their families told us that they could access advocacy services when needed.

However:

- The teams did not give all patients copies of their care plans.

Are services responsive to people's needs?

Requires improvement

We rated responsive as requires improvement because:

- There have been long average waiting lists of 27 weeks for psychology and 41 weeks for speech and language therapists across community learning disabilities teams.
- The Derby City team shared the office with other workers that were not involved in the health team and that could have an effect on maintaining patients' confidentiality.

However:

- Staff rarely cancelled appointments and where there were cancellations patients were seen at the earliest possible opportunity. The teams responded within an hour to patients referred in a crisis.

Summary of findings

- The teams monitored and discussed instances when patients did not attend their appointments and had a variety of methods to promote attendance.
- The teams gave patients information in different languages that were spoken by patients. Information was available in easy read format.
- Patients and carers knew how to complain and felt that staff listened to their concerns. The team teams discussed lessons learnt from complaints and used that to improve the service.

Are services well-led?

Good

We rated well-led as good because:

- Staff reported that morale was good within the teams and that their team managers supported them. The teams were cohesive and supportive of each other.
- Staff told us that they knew how to use the whistle blowing process and felt free to raise any concerns.
- Staff demonstrated a good understanding of duty of candour and gave examples of where and how it could be applied.
- Staff felt confident to raise concerns with managers and that these concerns would be acted upon appropriately. We observed an open culture between staff and team managers.
- The trust used key performance indicators and other measures to gauge the performance of the team.

However:

- Staff told us that senior management rarely visited the teams. Most staff felt there was a gap between frontline staff and the senior management team.
- Monitoring of care plans, Mental Capacity Act and staff participation in a wide range of clinical audits was not robust.

Summary of findings

Information about the service

The community learning disabilities teams provided a specialist health service to people with a learning disability or autism living in Derbyshire. The teams operated between 9am and 5pm weekdays only. The teams consisted of nurses, physiotherapists, occupational therapists, speech and language therapists, doctors and assistant practitioners that supported people to understand their health needs and get the treatment they needed. The Amber Valley team was based at Rivermead in Belper, the Dales South team was based at St Oswald's Hospital in Ashbourne and Derby City team was based at Council House in Derby City.

The assessment and treatment support service was based at St Andrew's House in Derby City and covered South Derbyshire. The team operated flexible hours to meet the needs of the patients and had on call staff out of hours and weekends. It provided extensive support to people assessed as having high needs or risk. The assessment and treatment support service offered crisis and home assessment and treatment services to avoid unnecessary admissions to inpatient services. The team also supported people with challenging behaviours or mental health needs to be assessed and treated at home where ever possible. The teams had not been inspected before.

Our inspection team

Our inspection team was led by:

Chair: Vanessa Ford, Director of Nursing Standards and Governance, South west London & St Georges Mental Health NHS Trust

Team Leader: James Mullins, Head of Hospital Inspection (Mental Health), CQC

The team that inspected this core service comprised two CQC inspectors, one social worker and one learning disabilities specialist nurse.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited Rivermead in Belper, St Oswald's Hospital in Ashbourne and, Resource Centre, Council House and St Andrew's House in Derby City and looked at the quality of the environments.
- visited four patients in their own homes and observed how staff were caring for patients.
- spoke with eight patients who were using the service and eight of their relatives and carers.
- spoke with the two managers.
- spoke with three team leaders.

Summary of findings

- spoke with 26 other staff members; including doctors, nurses, assistant practitioners, psychologists, administrators, physiotherapists, speech and language therapists and occupational therapists.
- interviewed the service lead manager with the responsibility for community learning disabilities teams and assessment and treatment support service.
- attended and observed one referral meeting.
- attended and observed good health group.
- attended two clinical review meetings.
- looked at 29 care records of patients.
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

All patients, carers and relatives gave positive feedback about the staff and the services.

Patients and their relatives told us that staff rarely cancelled appointments.

Patients and carers said they felt support was readily available in the evenings and weekends when needed. One patient told us that they were told to get support from the mainstream mental health services.

Patients told us that they discussed their care and treatment with staff and were able to freely air their views.

Patients told us that they attended their clinical review meetings and were encouraged to involve their relatives if they wished to.

Patients told us that they were given information about the services.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that all patients have care plans in place that contain patients' views, strengths and goals. The care plans must have agreed dates of review.
- The trust must ensure that staff demonstrate and apply good practice in Mental Capacity Act.
- The trust must ensure that the average waiting list times for psychology and speech and language therapy are reduced across community learning disabilities teams.

Action the provider SHOULD take to improve

- The trust should ensure that staff participate in a wide range of clinical audits and use the findings to identify and address changes needed to improve outcomes for patients.
- The trust should ensure that cleaning records are in place at Rivermead and the Resource centre.
- The trust should ensure that staff consistently record next review dates on all risk assessments.
- The trust should ensure that advanced decisions are recorded where appropriate.
- The trust should ensure that staff consistently record the room temperature for the room where the medicines are stored at Council house.
- The trust must ensure that all patients are given copies of their care plans.

The trust should ensure that there is an effective way of maintaining confidentiality at the Council house, Derby City team office environment.

Derbyshire 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
Amber valley CLDT, Rivermead.	Kingsway Hospital, Trust Headquarters, Bramble House
Dales South CLDT, St Oswald's Hospital.	Kingsway Hospital, Trust Headquarters, Bramble House
Derby City CLDT, Council House.	Kingsway Hospital, Trust Headquarters, Bramble House
ATSS, St Andrews House.	Kingsway Hospital, Trust Headquarters, Bramble 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 Provider.

Training records indicated that 100% of staff had received training in Mental Health Act (MHA). Most of the staff told us that they very rarely used the MHA, as they did not come across patients likely to be detained under the MHA. Staff told us they knew where they could get the advice if needed. There were two patients on a Community Treatment Order (CTO). A CTO is a legal order that sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.

The documentation we reviewed for patients on a CTO was up to date, stored appropriately and compliant with the MHA. Consent to treatment and capacity forms were appropriately completed.

Detailed findings

Information on the rights of patients on CTO and independent mental health advocacy services were readily available to support patients. Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed.

Staff carried out an explanation of patients' rights. This ensured that patients understood their legal position and rights in respect of the CTO.

Staff knew how to contact the Mental Health Act administrator for advice when needed and knew where to find information on the intranet. The MHA administrator carried out audits to check that the MHA was being applied correctly.

Mental Capacity Act and Deprivation of Liberty Safeguards

Training records showed that all staff had received training in the Mental Capacity Act (MCA). Staff spoken with demonstrated a good understanding of MCA and they could clearly explain the five principles.

The trust had a detailed policy on how to apply MCA that staff were aware of and could refer to when required.

Staff applied the MCA in an inconsistent way. There were areas of good and poor practice. The way that MCA was applied in practice demonstrated that staff had different levels of knowledge about how they used the MCA. For patients who had impaired capacity we did not consistently see evidence of capacity to consent or refuse treatment being assessed and recorded appropriately. We looked at ten care records related to capacity. We saw that patients were given as much opportunity as possible to make specific decisions for themselves before they were assumed to lack the mental capacity to make that decision. Two records showed that someone had signed for consent to treatment on behalf of the patient who lacked capacity. The people that signed the consent forms had no legal right to do so in accordance to MCA.

Eight records showed that staff had sought consent for treatment. Six patients assessed as lacking capacity had no records documented to show that staff had gone through the process of properly assessing capacity following the four stage assessment. Two records showed staff had carried out and recorded a mental capacity assessment following the four stage assessment process. However, there were no records to indicate that best interests meetings had taken place to provide treatment. This meant that treatment was provided for patients who had been assessed as lacking capacity without a best interests meeting having taken place.

Nevertheless, we saw one very good example for a significant decision. Staff demonstrated good practice on following the MCA process. There was evidence of capacity assessment and a best interest meeting that recognised the importance of wishes, feelings, culture and history.

Staff understood and where appropriate worked within the MCA definition of restraint.

Staff knew where they could ask for help regarding the MCA within the team, but they did not know who the trust's lead for MCA was.

The trust invited an external organisation to carry out an MCA audit in January 2014. In response to this an action plan was developed. However, there were no other arrangements in place for the trust to regularly monitor adherence to the MCA.

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 ward environment

- The St Oswald's hospital had interview rooms fitted with alarms. Staff used hand held alarms at the Resource Centre where doctors mainly saw patients for their clinical reviews. The Rivermead and the Council house did not have fitted alarms but patients were rarely seen there. Staff told us that they did not see any patients assessed as high risk at these places. Most of the patients were seen in their own homes.
- The teams' locations did not have clinic rooms to carry out physical examinations. All patients were examined at GP surgeries.
- All areas we visited were visibly clean and well maintained.
- St Oswald's hospital had up to date cleaning records that were signed and dated to show that the environment was regularly cleaned. However, at Rivermead and the Resource centre there were no cleaning records.
- All teams displayed information on how to follow infection control principles. This was displayed in all key areas. We saw staff using alcohol gel and practising good hand washing hygiene.
- All equipment had stickers to show that it had been checked to ensure that it was safe to use. The stickers had visible dates to show when they were due for another test.

Safe staffing

- All community learning disabilities teams consisted of care coordinators with a range of professional backgrounds such as nurses, physiotherapists, speech and language therapists, psychologists and occupational therapists. All these professionals worked across different teams. The assessment and treatment support service covered the whole of Derbyshire and had more nurses and consisted of one speech and language therapist and assistant, one occupational therapist, one psychologist and higher number of assistant practitioners.
- Across all the community learning disabilities teams there were whole time equivalent of 15 nurses, five nursing assistants with 1.8 vacancies of nurses and none for nursing assistants. The assessment and treatment support service had 6.9 whole time equivalent of nurses and 7.3 for nursing assistants. There were 2.9 vacancies for nurses and 0.8 for nursing assistants. The numbers were safe to meet the needs of patients. The nurses and nursing assistants had 5.1% sickness rate and 8.3% for the community learning disabilities teams. The assessment and treatment support service had 10% sickness rate and 0% turnover rate.
- All the care coordinators in the teams including psychologists, occupational therapists, physiotherapists and speech and language therapists had an average sickness rate of 5% compared to 5.5% trust wide for the period June 2015 to May 2016. The turnover rate was 7.7%. The speech and language therapists had a high turnover rate of 14.3% compared to all professionals, which contributed to the high turnover for the service as a whole.
- Other healthcare professionals in the teams had 11.5 substantive staff and 17% vacancy rate for psychology, 9.5 substantive staff and 16% vacancy rate for physiotherapy, seven substantive staff and 8% vacancy rate for speech and language therapy and 12.5 substantive staff and 6% vacancy rate for occupational therapy.
- There was an action plan to recruit more staff. One psychologist had been recently recruited and was due to start in July. The recruitment plan had changed from targeting band six to band five speech and language therapists. The move to recruit band five was to attract newly qualified as the trust had found it difficult to recruit band six due to shortages of speech and language therapists.

Good

Are services safe?

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

- The trust conducted a skill mix review in October 2015 to assess the capability of staff to meet the needs of patients with learning disabilities. This review estimated the staff and skills required for the teams in line with transforming care.
- The teams told us that they did not use agency or bank but arrangements were in place if the use of bank or agency staff was needed to cover staff sickness, leave and vacant posts to ensure patients' safety. There was one locum doctor in the community learning disabilities team. We saw that the trust was recruiting for this post.
- The average caseload for community learning disabilities team varied between 25 and 35 allocated per care coordinator. The team leaders told us that the caseload depended on the needs of each individual patient. The patients were allocated to a care coordinator with the most appropriate skill set to meet their needs. Psychologists tended to have slightly lower caseloads due to the higher level of complexity of the patients they worked with. Staff told us their caseloads were manageable. The assessment and treatment support service had 27 patients on their caseload and worked as a team to meet the needs of the patients rather than manage individual allocated caseloads.
- The trust was unable to provide detailed information about waiting times for allocation of a care co-ordinator. Staff told us that there were no targets for allocation of a care co-ordinator within the teams. However, a care coordinator would be allocated as soon as the referral had been discussed in the referrals meeting. Therefore there would no patient without a named person to contact. The teams discussed and regularly assessed caseloads and case allocations in staff meetings and in supervision.
- All of the teams told us that there was quick access to a psychiatrist when required between 9am and 5pm. The psychiatrists were available in Derby during working hours. The doctors took part on the on-call psychiatrist rota that was covered by all doctors from the trust. Staff, patients and carers told us they could quickly access a doctor when needed.
- Records showed that the average rate for completed staff mandatory training for the teams was 84%; this was below the trust target of 85%.

Assessing and managing risk to patients and staff

- All teams carried out risk assessments on every patient at the initial assessment. We looked at 29 sets of electronic care records and found that each of these contained a detailed risk assessment. However, the next review dates were not consistently recorded.
- The records reviewed included plans that informed staff, carers and patients on what to do in the event of an emergency. Staff did not record patients' decisions that they could have made beforehand to refuse a specific type of treatment at some time in the future.
- All the teams could respond promptly to sudden deterioration in people's health during working hours from 9am to 5pm on weekdays. The assessment and treatment support service had staff available 24hours a day. They also responded to the 136 suite place of safety if a patient with learning disabilities was there.
- Staff monitored patients on waiting lists and prioritised patients with greater needs. All patients were given information on how to contact the services should any circumstances change. We attended a referrals meeting where the patients on waiting list were discussed.
- Records showed that staff received safeguarding training. Staff showed a good understanding of how to identify and report any abuse and were able to give us examples of how they have responded to safeguarding concerns. Staff knew who the designated lead for safeguarding was and knew how to contact them for support and guidance. Safeguarding issues were shared with the staff team through staff meetings and emails. Information on safeguarding was readily available to inform patients, relatives and staff on how to report abuse. Patients and their relatives told us that they felt safe with staff from all the teams. The trust rolled out "Think Family" training as part of improving their safeguarding training.
- All staff were aware of the lone working policy. The teams had a white board for signing in and out with expected times of return so that staff whereabouts were known at all times. Staff had mobile phones and the team leader kept contact sheets for staff with their personal details. Staff saw patients in pairs where the risk was deemed to be high.
- No medicines were kept at St Oswald's hospital or St Andrew's house. There were very few medicines kept at Rivermead and the Council house. There were

Good

Are services safe?

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

appropriate arrangements for medicines management. Staff transported the medicines in secure locked cases. All medication cards were signed for all medicines given. At the Council house, staff were not consistently recording the room temperature for the room where the medicines was stored.

Track record on safety

- There were 13 serious incidents across all the teams in the 12 month period from June 2015 to May 2016.
- The trust reported a serious incident in April 2016 that involved a death of a patient in the Amber Valley team. The clinical team investigated the incident and came up with lessons learnt that were shared across the service. The action plan developed addressed the key issues from the investigation such as all medication names and doses should be recorded in all assessments. We saw that the trust had changed the way they worked to improve safety as a result of the incident.

Reporting incidents and learning from when things go wrong

- The trust used the electronic system for incident reporting. Staff were able to demonstrate how to use this and gave clear examples of what should be reported.
- Incidents sampled during our inspection showed that staff reported appropriate incidents properly.
- Staff were aware of duty of candour and were able to give us examples of having been open and honest when mistakes had been made. The trust had a duty of candour policy and a standard written letter of apology to send out to patients when needed. Incidents were discussed with patients and their families where appropriate. Patients told us that they were informed and given feedback about things that had gone wrong.
- Staff explained that learning from incidents was discussed in staff meetings, via emails, supervision and through learning lessons post on the trust intranet. All learning disabilities team leaders and managers attended monthly team meetings where lessons learnt from incidents were shared so that they could be circulated to staff in the teams.
- We saw evidence that teams had introduced changes to working practice as a result of feedback from serious incident investigations. For example, the service was on a drive to improve awareness, understanding and identification of sepsis for all staff.
- Staff were offered debrief and support after serious incidents.

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We looked at 29 electronic care records and saw that staff had completed a comprehensive assessment for 28 new patients to the service in a timely manner. These covered all aspects of care as part of a holistic assessment such as social circumstances, finance, safeguarding, physical health, mental health, medication, communication, and personal information and life style factors.
- Across all the teams, we looked at a total of 25 care plans. The care plans did not have an agreed date of review. We looked at 12 care plans at Amber Valley team and saw that two of these did not fully contain patients' views, strengths and goals. At South Dales team, we looked at three care records, of these one did not have a care plan in place. At Derby City team we looked at five care records, two of these did not have a care plan. We looked at five care records at assessment and treatment support service; one did not have a care plan. All other care plans seen were up to date and included patients' views. They also addressed the full range of needs identified in the assessment stage and were recovery orientated.
- All teams stored information and care records securely in locked cupboards and secure computers. The trust used electronic record systems and staff told us that this worked well. Records were well organised and different team members could access patients' records when needed. Patient records could be shared easily with other staff outside of the teams when needed.

Best practice in treatment and care

- The doctors had access to information from National Institute for Health and Care Excellence (NICE) guidance updates. We saw minutes from clinical team meetings, which showed that this information was shared with the wider team. The trust policies about prescribing medication followed the NICE guidance. We saw that patients on depot injections had clear guidelines that followed NICE guidance. For example, patients' physical health was monitored through effective working arrangements with the GPs. The doctors wrote to the GPs a clear plan of what needed to be monitored and the periods for this.
- The teams offered patients a wide range of psychological therapies, such as cognitive behaviour therapy, cognitive analytic therapy, acceptance and commitment therapy, compassion focused therapy, systemic therapy and discovery awareness approach. However, there was a long waiting list to access these therapies.
- The teams had strong links with local colleges and the local authority to support patients with their needs. The occupational therapists worked specifically to assess patients and engage them in meaningful occupation.
- The health facilitators in the teams worked closely with GPs and other health workers to help them understand patients' needs to ensure that they make reasonable adjustments to meet patients' needs. The trust also employed an acute liaison nurse in a local hospital who helped the hospital to adapt to the special needs of individual patients. We looked at letters from the doctors in the teams to GPs; these showed us that physical health needs were routinely monitored. There was a system for ensuring annual health checks were undertaken which included dysphagia assessments, epilepsy and nutrition and hydration where needed. The teams employed a Macmillan nurse, who was a specialist in end of life care and worked with service users to understand their condition and its progress.
- Staff used a range of outcome measures. Staff completed goal attainment scaling, East Kent Outcome System, Model of Human Occupation Screening Tool and Person Centred Outcome to ensure progress and recovery were monitored. Staff monitored progress regularly in care records and recorded data on progress towards agreed goals in each patient's notes.
- Staff told us that they did not participate in clinical audit. There was some limited evidence of audits taking place. We saw evidence of a recent audit and action plan looking at prescribing of anti-psychotic medication for patients; carried out by doctors. There were improvements made following this audit. There was an audit and action plan for MCA carried out by an external organisation in January 2014 and there was no evidence of improvements made from the audit. The clinical records had recommendations with no action plan in place.

Skilled staff to deliver care

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- The teams had a full range of learning disabilities disciplines including psychologists, doctors, speech and language therapists, physiotherapists, nurses, assistant practitioners, and occupational therapists.
- All of the teams had experienced and appropriately qualified staff. The teams were mostly staffed with band six and band seven staff, which reflected the level of experience and skills. The teams had nursing assistants who had attended degree courses to become assistant practitioners.
- New staff received appropriate trust and a local team induction. Unqualified staff were able to complete the care certificate. Staff told us that they received an appropriate induction.
- We saw records that showed the team leaders provided regular and good quality supervision to staff. We saw records that showed that 89% of staff across all teams received managerial supervision and 80% clinical supervision. The teams had access to regular team meetings weekly and monthly.
- Managers carried out annual appraisals; the average rate between June 2015 and May 2016 was 85% across the whole service. However, we noted a low average rate of completion in assessment and treatment support service of 69% and speech and language therapists of 43%.
- The trust supported doctors to attend continuing professional development sessions. Doctors told us they attended different sessions with other medical staff. Non-medical staff told us they had undertaken training relevant to their role. Staff had completed a range of training including: positive approaches to challenging environments, suicide awareness, personality disorder, female genital mutilation, compassion focused therapy, think family, diabetes awareness, epilepsy, clinical risk management and positive behaviour support.
- Managers addressed issues of staff performance in a timely manner through management supervision and they were supported by human resources team when required.

Multi-disciplinary and inter-agency team work

- The teams had regular and effective multidisciplinary team meetings. These meetings involved all different professionals within the teams and sometimes included other external professionals. We attended two multidisciplinary team meetings. We observed in depth discussions that addressed the identified needs of the patients such as risk and safeguarding concerns; they were also patient-centred and respectful. The team appropriately identified pathways and took a holistic approach to patient care.
- We attended an effective multidisciplinary referral team meeting. Staff held detailed holistic discussions and identified the professional responsible for taking lead to address any needs identified. For example, a patient with dysphagia was handed to a speech and language therapist to be assessed another patient with behaviour that challenged was referred to the assessment and treatment support service for intensive support.
- The teams had a good working relationship and shared information well across the teams. We saw that the assessment and treatment support service attended the community learning disabilities team referral meetings and had regular contact with the mental health inpatient wards. They shared information effectively about patients likely to move between services. Patients transferred between teams were discussed in detail before the transfer was made and teams continued to support each other when needed.
- The teams had good working relationships with the external organisations. Staff told us that they had a good relationship with social care and they worked closely with independent social care providers. We saw that the doctor advised the care staff from an independent provider on how to best support a patient with complex needs. The teams worked closely with the acute hospital and the health facilitation nurses had strong links with the GPs, dentists and acute hospitals. They had effective partnership working with GPs, hospitals, local community facilities, local authorities, police, probation and health commissioners.

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

- Training records indicated that 100% of staff had received training in MHA. Most of the staff told us that they very rarely used the Mental Health Act, as they did not come across patients likely to be detained under the MHA. Staff told us they knew where they could get the advice if needed. There were two patients on a Community Treatment Order (CTO). A CTO is a legal

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

order that sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.

- The documentation we reviewed for patients on CTO was up to date, stored appropriately and compliant with the MHA. Consent to treatment and capacity forms were appropriately completed.
- Information on the rights of patients on a CTO and independent mental health advocacy services were readily available to support patients. Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed.
- Staff carried out an explanation of patients' rights. This ensured that patients understood their legal position and rights in respect of the CTO.
- Staff knew how to contact the Mental Health Act administrator for advice when needed and knew where to find information on the intranet. The MHA administrator carried out audits to check that the MHA was being applied correctly.

Good practice in applying the Mental Capacity Act

- Training records showed that all staff had received training in the Mental Capacity Act (MCA). Staff spoken with demonstrated a good understanding of MCA and they could clearly explain the five principles.
- The trust had a detailed policy on how to apply MCA that staff were aware of and could refer to when required.
- Staff applied the MCA in an inconsistent way. There were areas of good and poor practice. The way that MCA was applied in practice demonstrated that staff had different levels of knowledge about how they used the MCA. For patients who had impaired capacity we did not consistently see evidence of capacity to consent or refuse treatment being assessed and recorded appropriately. We looked at ten care records related to capacity. We saw that patients were given as much opportunity as possible to make specific decisions for themselves before they were assumed to lack the mental capacity to make that decision. Two records showed that someone had signed for consent to treatment on behalf of the patient who lacked capacity. The people that signed the consent forms had no legal right to do so.
- Eight records showed that staff had sought consent for treatment. Six patients assessed as lacking capacity had no records documented to show that staff had gone through the process of properly assessing capacity following the four stage assessment. Two records showed staff had carried out and recorded a mental capacity assessment following the four stage assessment process. However, there were no records to indicate that best interests meetings had taken place to provide treatment. This meant that treatment was provided for patients who had been assessed as lacking capacity without a best interests meeting having taken place.
- Nevertheless, we saw one very good example for a significant decision. Staff demonstrated good practice on following the MCA process. There was evidence of capacity assessment and a best interest meeting that recognised the importance of wishes, feelings, culture and history.
- Staff understood and where appropriate worked within the MCA definition of restraint.
- Staff knew where they could ask for help regarding the MCA within the team, but they did not know who the trust's lead for MCA was.
- The trust invited an external organisation to carry out an MCA audit in January 2014. In response to this an action plan was developed. However, there were no other arrangements in place for the trust to regularly monitor adherence to the MCA.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed that staff interacted in a caring and compassionate way with patients in three home visits, one clinic appointment and during telephone calls. Staff interacted with patients in a polite and respectful way; they were kind and willing to support patients. Staff showed that they knew and understood the individual needs of their patients. We observed that they took their time to explain things to patients and engaging them at the level of their understanding. Staff responded in a calm and reassuring manner.
- We spoke with eight patients and eight carers; all gave us a positive feedback about how staff behaved towards them. Patients and families were complimentary about the support they received from the staff and felt staff provided the help they needed. Patients and their families told us that staff treated them with respect and dignity. Staff were polite, kind and encouraged them to make choices about their care and treatment.
- Staff showed a good understanding of how to maintain confidentiality when they held discussions about patients' care and how they protected information when out on visits.

The involvement of people in the care they receive

- Our observation of practice and discussions with patients and their carers confirmed that patients were actively involved in their care programme approach, clinical reviews, care planning and risk assessments. We observed one clinical review and a multidisciplinary team meeting and saw that the patients were involved in making decisions about their care and that they were offered choices. Staff encouraged patients and carers to freely express their views. Patients told us that staff listened to their views. Staff used different methods to give information at a level that patients could understand. Staff made care plans available in easy read format. However, not all patients were given copies of their care plans.
- Staff encouraged patients to maintain and develop independence. For example, staff taught patients activities of daily living skills such as cooking and promoted independent mobility.
- Staff encouraged patients' carers, and relatives to be involved in care planning with the consent of patients. Family members' views were taken into account in care and treatment plans. The service offered support to families and carers in the form of counselling and emotional support and gave advice on taking a break from a caring role, and how to get support from other organisations.
- Staff were aware of how to access advocacy services for patients. Families, carers and patients were given easy read leaflets that contained information about advocacy services. Patients and their families told us that they could access advocacy services when needed. The good health group, that we attended in South Normanton involved advocates. The advocates told us that they were invited to different meetings within the service.
- Patients were involved in decisions about their service. The trust trained people with learning disabilities to take part in interviews for staff recruitment. The trust was in the process of employing a person with learning disabilities to work full time as an assistant health facilitator. This job involved asking others about their health checks, talking about and planning health checks and finding out about the health problems that people with learning disabilities have.
- The teams conducted patient surveys to gather their views. The results were analysed to formulate trends and themes in order to enable staff to make changes to the service where needed. There were forms regularly given to patients when they visited the teams for meetings and to give feedback or raise any issues. The managers addressed any actions and fed back to patients. In addition to this they had service user and carer engagement groups that met monthly to give feedback about how the services were run.

Are services responsive to people's needs?

Requires improvement

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

Our findings

Access & discharge

- The target time from referral to triage was seven days. Target times for referral to assessment were 12 weeks, for urgent referrals were 48 hours and staff responded to crisis referrals immediately. In community learning disabilities team this was Monday to Friday between 9am and 5pm and for assessment and treatment support service this was within one hour at any time 24 hours a day, seven days a week. They also responded to patients in the community teams when in crisis. The target time from referral to treatment was 18 weeks. We saw at the referrals meeting that that the team gave immediate priority to patients with urgent needs.
- Referrals to the teams came from GPs, families, colleges, social services and self-referrals. The multidisciplinary team reviewed all referrals and allocated to the appropriate care pathway. For example, if a patient had high needs in postural care this would be allocated to a physiotherapist to take the lead. The community learning disabilities team saw referrals between 9am and 5pm weekdays. The assessment and treatment support service saw crisis referrals within an hour. The average waiting times for referral to assessment in the 12 month period from June 2015 to May 2016 was 3 weeks for Amber Valley team, two weeks for South Dales team, 15 weeks for Derby City team and in assessment and treatment support service, it was two days. The average waiting times from referral to treatment for same period was six weeks for Amber Valley team, 16 weeks for Derby City team, one week for assessment and treatment support service and there was no waiting time for South Dales team.
- All other professionals were meeting their set targets apart from psychology and speech and language therapy. There had been long average waiting lists of 27 weeks for psychology and 41 weeks for speech and language therapists across all teams. However, they prioritised patients with greater needs such as dysphagia and monitored the waiting list for any urgent requirements.
- The community learning disabilities team saw patients that required crisis care between 9am and 5pm weekdays. The assessment and treatment support service responded promptly and adequately to crisis care to manage complex needs and behaviour out of hours. The out of hours service had learning disabilities skilled staff that were available to respond to patients' needs. The assessment and treatment support service ensured that patients likely to be at increased risk out hours were supported; this work extended to working closely with the community teams, acute mental health inpatient wards, criminal justice system and independent care providers. The team was very flexible in that they could make staff available in the evenings and weekends to ensure that patients' continued to get adequate support when going through difficult times.
- There was a clear inclusion criterion that stated that services would be provided in the community to people with learning disabilities who were over 18 years old, had complex health needs and had difficulties that cannot be fully met within mainstream services. Staff from the learning disabilities teams promoted patients to use mainstream mental health services if they felt their needs could be met within those services. The doctors told us that they were always available to give support to mainstream mental health services.
- The teams took active steps to engage with patients who were reluctant or found it difficult to engage with their services. The teams offered patients opportunities to be seen where they felt most comfortable such as at home, the team base, day services or colleges. These patients were discussed in the referrals meeting and strategies were put in place on how to best engage them. The teams also discussed patients who did not attend appointments and took proactive steps to re-engage with these patients by following up discussions with the referrer.
- Staff set up appointments in a way that was flexible to patients. Appointments were discussed with patients to check the best suitable times for them and they were able to express choices regarding the time of next appointment.
- We looked at the monitoring records of trust cancellation of appointment and saw that appointments were rarely cancelled and where there were cancellations; patients were seen at the earliest possible opportunity. Patients and carers confirmed this. The clinic and home appointments that we observed ran on time.

Are services responsive to people's needs?

Requires improvement

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

- The teams maintained their appointment times and when they were running late; patients were informed. Carers told us that staff were reliable and arrived on time to their appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff mostly saw patients in their home environment. The teams had access to a range of locations to see patients. The resource centre in Derby was used clinical reviews and one to one appointments; there were appropriate clinic rooms and equipment to support treatment. Staff at Amber Valley and the Council house told us that there were sometimes problems with booking rooms at these locations.
- The interview rooms were sound proof at all locations apart from the resource centre. However, staff managed this through relocation of the waiting area so that no one could overhear. At the council house, we observed that the Derby City team office environment could not maintain confidentiality. The team shared the office with other teams who worked for Derby City council who were not involved with learning disabilities patients. Staff told us that they were concerned about information being overheard. In order to maintain confidentiality they tried to make phone calls and discussed patients away from their desks in a quiet room.
- The teams provided patients with accessible information on treatments, local services, patients' rights, advocacy services, carer support, how the services were run and how to complain. All patients and carers told us that they were given information about the services.

Meeting the needs of all people who use the service

- All the areas visited by patients had an environment that had full disabled access.
- The teams had information leaflets in English and were available in easy read and pictorial format. Staff told us that leaflets in other languages could be made available from the communications department when needed. We saw three letters and information leaflets that were written in Polish, Slovak and Punjabi. We saw that information on how to get information in other languages was readily available to staff and patients; this meant that non-English speaking patients could be informed of how the services were run.
- The teams had access to interpreters when needed and staff were able to tell us how they could access interpreting services.

Listening to and learning from concerns and complaints

- There had been one formal complaint in the 12 month period from June 2015 to May 2016 across the teams and it was not upheld. Information about formal complaints was held centrally by the trust. The teams received 79 compliments and were mostly around information, advice and care given.
- The teams had information on how to make a complaint and patients were given this information. Patients could raise concerns formally or direct with staff anytime. Staff told us they tried to resolve patients' and families' concerns informally at the earliest opportunity. We saw that staff recorded any complaints or compliments that were raised face to face or through the telephone.
- Patients and carers told us they knew how to complain. They told us they felt they would be able to raise concerns should they have one and were confident that staff would listen to them. Staff were aware of the formal complaints process and knew how to support patients and their families when needed.
- Our discussion with staff and records reviewed showed that any learning from complaints was shared with the staff team through staff meetings and lessons learnt. We saw an example of changes made to information leaflet to include more details and pictures as a result of learning from a complaint.

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 communicated their vision and values to staff. Most of the staff were able to describe these and agreed with them.
- We looked at the operational policy for the learning disabilities service and found that the objectives reflected the organisation's values and objectives.
- Staff told us that they knew who the most senior managers in the organisations were but that they rarely visited them. Most staff felt there was a gap between frontline staff and the senior management team.

Good governance

- The trust had governance processes to manage quality and safety; the team leaders used these methods to give assurances to senior management in the organisation. There was a clear operational structure and governance arrangements. Managers were experienced and knowledgeable and demonstrated strong leadership of the teams.
- Staff received mandatory training and team leaders had a clear system for monitoring compliance and identifying areas of poor performance against trust training targets.
- All teams received both clinical and management supervision regularly. Medical staff attended continuing professional development sessions.
- The trust encouraged staff to learn lessons from incidents, complaints and patients' feedback. In addition to discussions that took place in staff meetings, the trust circulated incident learning information on the trust intranet and staff discussed with their teams.
- The trust had a safeguarding lead and there was good awareness of safeguarding procedures. Safeguarding was a standing agenda item at multidisciplinary team meetings and clearly documented. The trust had an MHA administrator that ensured staff had the right support to enable them to apply the MHA procedures correctly. Staff had a good awareness of the MHA.
- Staff did not demonstrate that they knew how to properly apply the MCA in their practice. There were no proper arrangements to monitor adherence to the MCA.
- Staff did not regularly participate in clinical audits used to monitor the effectiveness of the service provided. It was not clear that they used the findings to identify and address changes needed to improve outcomes for patients.
- Care plans were not always completed to ensure that staff knew how to support patients. Most of the care plans did not have an agreed review date.
- The trust did not introduce measures within a reasonable timescale to reduce the level of average waiting times for psychology and speech and language therapy.
- The team leaders provided data on performance to the trust consistently. All information provided was analysed at team and directorate level to identify themes and trends. The information was used to improve the quality of service provided. The teams captured data on performance such as caseloads, waiting times, did not attend and cancellations of appointments. The performance indicators were discussed at staff meetings and senior practitioner meetings to gauge the performance of the teams.
- The team leaders felt they were given the freedom to manage the teams and had administration staff to support the teams. They stated where there were concerns, they could be raised and where appropriate placed on the organisation's risk register.

Leadership, morale and staff engagement

- The sickness and absence rate in the 12 month period from June 2015 to May 2016 for learning disabilities service was 5%, this was lower than the trust average rate of 5.45% and higher than the national average of 4.4%.
- The team leaders reported that there were no bullying or harassment cases within the teams.
- Staff knew how to whistle blow and told us they would feel confident in doing so if necessary.
- Staff felt confident to raise concerns with managers and that these concerns would be acted upon appropriately. We observed an open culture between staff and team leaders. All staff spoke very highly of their team managers.

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 reported high morale, they told us that they liked their jobs and felt happy at work. Staff told us that they felt empowered and confident and that their team managers helped them to develop their skills.
- Opportunities for leadership development were available. The team leaders were trained in leadership courses such as leadership events and management skills for senior practitioners. The service had identified the need to develop leaders. They ran a forum for senior practitioners to develop them into future leaders.
- The teams were cohesive and supportive of each other. Staff were respectful of each other's roles and we observed that staff were highly engaged with each other and supported each other's clinical work and shared good practice.
- Staff were aware of duty of candour and were able to give us examples of when this would be applied. Incidents were discussed in staff meetings. We saw a letter template that the team could use for apologising if serious mistakes were made.
- The service lead manager occasionally attended staff meetings to discuss ideas for improvement and feedback on the service provided. Staff in all the teams felt able to take ideas to their managers. Staff were able to give feedback on the service and input into service development through their staff meetings.

Commitment to quality improvement and innovation

- The teams had engaged in trust wide quality visits that assessed the quality of care given. The assessment and treatment support service and Amber Valley team were recently been awarded platinum for this as they had been given gold awards for three years in a row.
- We saw innovative practice in all of the learning disability teams. The clinical psychologists have adapted compassion focused therapy in an accessible format that was easy for patients to understand. The therapy taught the skills and aspects of compassion.
- The trust identified that patients with learning disabilities had a low take up for cancer screening compared to the general population. The trust had recently secured funding to work with patients to improve screening take up.
- The nursing team developed a pilot study for screening patients with learning disabilities for autistic spectrum disorder, attention deficit hyperactivity disorder and traumatic brain injury. They also conducted research into patients with a learning disability who self harm.
- The team was involved in research and piloting an accessible safeguarding initial screening tool. The team identified key indicators and characteristics around the abuse of vulnerable adults and these were translated into a user friendly format for reporting safeguarding.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: Across the all teams, the care plans did not have an agreed date of review. The care plans in Amber Valley team lacked specific goals, strengths and patients' views. In all other teams we saw that four patients did not have a care plan that was completed in place. This was a breach of Regulation 9(3)(a)(b)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: Staff did not always carry out assessment of capacity to consent in a consistent way in all teams. Some records where patients had been identified as lacking capacity had no documentation in place to demonstrate how capacity to consent or refuse care had been sought. Assessments of capacity were not followed with recorded best interests meetings. This was a breach of Regulation 11(1)(3)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There had been long average waiting lists of 27 weeks for psychology and 41 weeks for speech and language therapists across all teams.

This was a breach of Regulation 17(2)(b)