Care Quality Commission

Good

South Essex Partnership University NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

Trust Head Office
The Lodge
The Chase
Wickford
Essex SS11 7XX
Tel: 03001230808
Website: www.sept.nhs.uk

Date of inspection visit: 29 June to 3 July 2015
Date of publication: 19/11/2015

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWN20	Trust Head Office	Community mental health services with learning disabilities	CM12 9NW

This report describes our judgement of the quality of care provided within this core service by South Essex Partnership University 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 South Essex Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of South Essex Partnership University NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the provider's services say	8
Good practice	8
Areas for improvement	8

Detailed findings from this inspection

Locations inspected	9
Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Findings by our five questions	11
Action we have told the provider to take	18

Summary of findings

Overall summary

We rated community learning disability services as good overall because:

- Safeguarding procedures were in place to protect people from potential abuse.
- Risk assessments were completed with people and plans were put in place to minimise risk to people who use the service.
- Staffing levels were good within the team. This mean that people had regular access to staff for support.
- Staff were up to date with mandatory training and were also able to access specialist training for their role.
- There were good working relationships with other agencies such as social services.
- The team had a variety of skills, experience and professional training. This meant that people were able to access support from people with a variety of skills and expertise.
- Staff worked with people who use the service in a caring and compassionate way.
- The service offered appointments to people at a variety of different times and at a variety of different locations to facilitate people attending appointments.
- Staff received regular supervision and appraisal from the management team.
- Incidents were reported and managed appropriately and there was a good system in place to share learning throughout the team.

However:

- People could wait up to two years for psychological interventions.
- Referrals to psychological interventions were managed by date. This meant that individual risk profile was not taken into consideration.
- Care plans did not always demonstrate that people were involved in the care planning process.
- There were delays in processing HR issues such as grievances and sickness management when they were handed over to managers outside of the team.

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:

- There were good safeguarding procedures in place to protect people from abuse and staff showed good understanding of safeguarding policies.
- Staffing levels were good.
- Staff were up to date with mandatory training.
- There were good safety protocols in place and we saw examples of staff using the lone working policy.
- Incidents were reported regularly and appropriately through the electronic system DATIX. Investigations took place to identify learning.
- Lesson learnt meetings took place with staff so learning from incidents could be shared amongst the team.

However:

- The waiting list for psychological services was not managed by risk.

Are services effective?

Good

We rated effective as good because:

- When people were able to access psychological interventions they were based on recent NICE guidance.
- There was a multi-disciplinary team in place including occupational therapists, behaviour therapists and nurses.
- There were good working links with other agencies, such as social services.

Are services caring?

Good

We rated caring as good because:

- We observed staff interactions during one to one appointments and saw that staff treated people with respect.
- Staff had a good knowledge of people's preferences and individual needs.
- People who use the service told us that they liked staff and they were treated well.

However:

- Care plans did not always demonstrate that people were involved in the care planning process.

Summary of findings

Are services responsive to people's needs?

Requires improvement

We rated responsive as requires improvement because:

- People who use the service had to wait up to two years to access psychological therapy.
- Staff managed the waiting list for psychological therapy by date. They did not prioritise the people at most risk.

However:

- Appointments were flexible and available at a variety of locations to support people in attending.
- A complaints procedure was in place and people were aware of how they could complain.

Are services well-led?

Good

We rated well led as good because:

- Staff knew the senior members of the management team and the associate director was based on the main site.
- There were good governance structures in place that monitored training compliance and the frequency of supervision.
- Incidents were managed effectively and there was evidence of learning being shared within the team.
- Staff reported very good morale and told us that they were well supported in their roles.

Summary of findings

Information about the service

The community learning disability service provides specialist healthcare services to adults who have a learning disability.

The service is separated into four small teams:

- Intensive support: the team aimed to treat people who were suffering from a mental disorder and were experiencing crisis in their home. The aim was to prevent people from requiring admission to a mental health hospital.
- Health facilitation: the team aimed to increase accessibility to mainstream services for people who have a learning disability. This was achieved through training and education.
- Community therapy: the team provided assessment and treatment for functional difficulties associated with a learning disability diagnosis.
- Medical: the team worked alongside the rest of the service to assess, diagnose and treat mental health problems. The medical team also worked within the learning disability inpatient service.

Our inspection team

Our inspection team was led by:

Chair: Karen Dowman, Chief Executive Officer, Black Country Partnership NHS Foundation Trust.

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC

Inspection Manager: Lyn Critchley, Inspection Manager (mental health) Hospitals CQC

The team that inspected this core service comprised two CQC Inspectors and four specialist advisors including a doctor, an occupational therapist and two nurses.

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

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, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- spoke with 11 staff across all the teams within the community service.
- spoke with three people who were using the service
- spoke with the managers of the service
- attended and observed three community appointments

Summary of findings

- looked at seven treatment records
- examined supervision files for staff working within the team.

What people who use the provider's services say

People who use the service told us that they felt supported by staff. They said that staff were friendly and approachable and listened to them.

People said that they were treated with respect and that staff would help them when they had a problem.

People said they liked that they could be seen at home as this made them feel comfortable.

Good practice

The teams took an active part in the community to promote and make people aware of their services. This included leading roles in big health days with the next being planned for September 2015 in conjunction with Public Health England.

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The provider must work with commissioners to address the psychology waiting list to ensure people are able to access psychological interventions in an appropriate time frame.

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should involve people in the care planning process to ensure that the goals in care plans reflect the wishes of the people who use the service. This should be evidenced in care records.
- Access to treatment should ensure that individual risk is considered to reduce the likelihood of people's condition worsening

Care Quality Commission

South Essex Partnership University 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
Community mental health services with learning disabilities	Trust Head Office

Mental Health Act responsibilities

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

- All staff were trained in the Mental Health Act. (MHA)
- Training was undertaken by the trust's MHA Act office staff when requested or identified. This was not recorded centrally by the trust but held locally by the managers of the service.
- Staff were able to describe the basic principles of the MHA and told us that they would seek support from senior members of the team if they felt necessary.
- Staff had access to the MHA trust policy for further guidance.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff were trained in the Mental Capacity Act. MCA and Deprivation of Liberty Safeguards training featured as part of the safeguarding training package until June 2015.
- Evidence in all care records demonstrated that people's capacity to consent was being assessed and regularly updated. Decision specific examples were recorded.

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

Summary of findings

We rated safe as good because:

- There were good safeguarding procedures in place to protect people from abuse and staff showed good understanding of safeguarding policies.
- Staffing levels were good.
- Staff were up to date with mandatory training.
- There were good safety protocols in place and we saw examples of staff using the lone working policy.
- Incidents were reported regularly and appropriately through the electronic system DATIX. Investigations took place to identify learning.
- Lesson learnt meetings took place with staff so learning from incidents could be shared amongst the team.

However:

- The waiting list for psychological services was not managed by risk.

Our findings

Safe staffing

- The established level of nursing staff set by the service was 16.6 whole time equivalent (WTE) and the level for nursing assistants was set at 6.4 WTE. There was one nursing vacancy and 2.3 vacancies for nursing assistants.
- Caseload numbers were different across the teams. This ranged from full time staff having a caseload of eight up to 50. Caseload analysis did not take place to determine the amount of people staff would work with. This meant that some staff were supporting high numbers of people with complex needs.
- Agency and bank staff were used to cover staff absences to ensure people were supported. In the last six months 28 shifts were filled by agency or bank staff. No shifts had been left unfilled.
- The medical team were able to see people in an emergency.
- All staff were compliant with mandatory training.

Assessing and managing risk to patients and staff

- Seven care records were examined and this showed that risk assessments were completed with people at the beginning of treatment. Risk management plans identified ways to reduce risk to people where possible. These were updated following meetings with the person and as necessary.
- Crisis plans referred people to accident and emergency because there was no out of hour's service available.
- A key role of the intensive support team was to respond to deterioration in people's mental health. The team worked with people throughout an admission if this was required.
- The waiting list for psychological services was not managed by risk. The list was addressed in date order. This meant that the risk profile of people waiting for treatment was not considered when prioritising assessments and treatment.
- All staff were trained in safeguarding and were able to describe the different types of abuse people may be subjected to. Staff were aware of the safeguarding policy and the criteria for referring people to safeguarding for support.
- There was a lone working policy in place and staff were able to describe the process used to ensure the safety of staff whilst working alone.

Track record on safety

- There were no serious incidents in the last 12 months relating to the community service

Reporting incidents and learning from when things go wrong

- All staff we spoke with were able to describe the types of event that would be reported as an incident.
- We looked at the electronic incident reporting system DATIX and saw a variety of incidents were reported when appropriate. Incidents were then investigated by the management team to identify learning and to prevent future occurrences.

Good

Are services safe?

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

- 'Lessons learnt' meetings were held with staff to share learning from incidents and we also saw evidence of incidents being discussed with individual staff during supervision.
- Most staff told us that de-briefs were offered after an adverse event. However, we were told of an example where a staff member felt this was not completed appropriately.

Are services effective?

Good

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

Summary of findings

We rated effective as good because:

- When people were able to access psychological interventions they were based on recent NICE guidance.
- There was a multi-disciplinary team in place including occupational therapists, behaviour therapists and nurses.
- There were good working links with other agencies, such as social services.

Our findings

Assessment of needs and planning of care

- We reviewed seven records and comprehensive assessments were completed at the beginning of treatment. People's needs were identified and transferred into a care plan.
- Care records were kept electronically on a central system. All staff within the learning disability service could access this information. The learning disability service was waiting to transfer to a trust wide electronic case management system.

Best practice in treatment and care

- Psychological interventions offered by the service were based upon National Institute for Health and Care Excellence (NICE) recommended therapies. This included cognitive behavioural therapy and talking therapies.
- The service contributed to NICE guidelines relating to challenging behaviour. The medical team and management team contributed to research and development which was included in published guidance.
- We saw evidence of occupational therapists supporting people with a variety of holistic goals, including: financial management, personal interests and independent living skills.
- The health facilitation service was responsible for supporting GP practises to ensure all people with a learning disability access an annual health check.
- All staff contributed to the POMH (Prescribing Observatory for Mental Health) anti psychotics in learning disabilities audit. The most recent results showed compliance against all outcomes measured and the trust maintain membership to the observatory.

Skilled staff to deliver care

- The teams consisted of nurses, occupational therapists, doctors, support workers and psychologists. This meant that people who use the service had access to a variety of skills and experience for support.
- All staff had access to the trust induction when commencing their employment. This was then supported by an on the job induction held within the teams.
- Staff had access to regular supervision and the service was 100% compliant with the frequency of supervision.
- 100% of staff had been appraised in the last 12 months. This meant that staff were being given the opportunity to discuss their personal development.
- Staff told us that they were able to access specialist training for their roles by making formal requests in supervision.
- We saw evidence of performance issues being addressed by local managers. However, there were delays in completing the process for sickness absence and grievance issues when the case was handed over to the management level above and HR.

Multi-disciplinary and inter-agency team work

- There were regular team meetings within the community teams which allowed time and space for staff to discuss the care of people using the service.
- The teams worked in an integrated way and we saw evidence of care plans involving all aspects of the service. The team were located at the same base as the inpatient service and we saw that this worked well for people who were sectioned as there was effective handover between teams.
- We saw evidence in care records that the teams liaised with other agencies such as social workers in order to access further support for people who use the service.
- There were positive working relationships with the end of life team for people at the end of life stage who suffered from dysphagia.

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.

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

- All staff were trained in the Mental Health Act.
- Training was undertaken by the trust's MHA Act office staff when requested or identified. This was not recorded centrally by the trust but held locally by the managers of the service.
- Staff were able to describe the basic principles of the MHA and told us that they would seek support from senior members of the team if they felt necessary.
- Staff had access to the MHA trust policy for further guidance.

Good practice in applying the Mental Capacity Act

- All staff were trained in the Mental Capacity Act. MCA and Deprivation of Liberty Safeguards training featured as part of the safeguarding training package until June 2015.
- Evidence in care records showed people's capacity to consent was being assessed and regularly updated. Decision specific examples were recorded.

Good

Are services caring?

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

Summary of findings

We rated caring as good because:

- We observed staff interactions during one to one appointments and saw that staff treated people with respect.
- Staff had a good knowledge of people's preferences and individual needs.
- People who use the service told us that they liked staff and they were treated well.

However:

- Care plans did not always demonstrate that people were involved in the care planning process.

Our findings

Kindness, dignity, respect and support

- We observed staff interactions with people and saw that they were respectful and responsive to people's needs. Staff demonstrated that they had a good understanding of individual's preferences.
- People told us that they had good relationships with staff and felt well supported by them.
- We observed staff explaining confidentiality to people so they understood what this meant and when it might be broken.

The involvement of people in the care that they receive

- Evidence in seven care records did not demonstrate that people were involved in their treatment. Care plans were not signed by people who use the service. The language used in the care plan was clinical and suggested it was written by staff. However, we saw staff involving people appropriately in forming their plans.
- People who use the service were invited to meetings to discuss their care but this was not reflected in the care plans. Family members were also invited to meetings when it was appropriate.
- People were able to use the complaints procedure to give feedback.

Are services responsive to people's needs?

Requires improvement

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

Summary of findings

We rated responsive as requires improvement because:

- People who use the service had to wait up to two years to access psychological therapy.
- Staff managed the waiting list for psychological therapy by date. They did not prioritise the people at most risk.

However:

- Appointments were flexible and available at a variety of locations to support people in attending.
- A complaints procedure was in place and people were aware of how they could complain.

Our findings

Access and discharge

- Waiting times for referral to initial triage were not available. Waiting times for triage to onset of treatment for routine referrals were 5 days for intensive support, 3 days for specialist medical support, 5 days for occupational therapy, 4 days for physiotherapy, 5 days for psychological assessment and 2 days for speech and language therapy.
- There were no key performance targets in place for waiting times for the service.
- People who needed to access psychological interventions from psychologists could wait up to two years.
- A duty system was in place across the teams to ensure a timely response to referrals and as a system to manage crisis for people who use the service.
- Each element of the service had clear criteria for access to the service. For example occupational therapy services stated that: the person must be over 18, the person must have a learning disability and the primary reason for referral relates to the impact of the learning disability upon a person's function.
- The teams worked out of a variety of locations based in the community. They also saw people at home. This was to provide a choice of venues for people to increase accessibility to the service.
- Services were available to people from 08:00 – 20:00.

Meeting the needs of all people who use the service

- People were seen at home if this was deemed appropriate by the team. We saw one example of where this was appropriate due to an individual's anxiety. Seeing the person at home kept them engaged with the service.
- Easy read information was available to people if they required it.
- Staff told us they were able to access interpreters as and when required.

Listening to and learning from concerns and complaints

- There was one complaint received by the service in the last 12 months which, after investigation, was partially upheld.
- People told us that they knew how to complain and they felt they would be supported to do this by staff. Staff were aware of the complaints procedure.
- We saw evidence of feedback, complaints and incidents being discussed in team meetings.

Are services well-led?

Good

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

Summary of findings

We rated well led as good because:

- Staff knew the senior members of the management team and the associate director was based on the main site.
- There were good governance structures in place that monitored training compliance and the frequency of supervision.
- Incidents were managed effectively and there was evidence of learning being shared within the team.
- Staff reported very good morale and told us that they were well supported in their roles.

Our findings

Vision and values

- Staff were aware of the visions and values of the organisation.
- Staff were able to tell us who the senior members of the trust were although responses were mixed when we asked if they felt board level managers were visible.

Good governance

- Staff received regular supervision from the management team. There was evidence of actions in supervision being followed through and allocated tasks being met.
- There were concerns raised regarding the capacity of the psychology team and the management and development of that service as they could not provide a responsive service to patients. All staff felt the capacity of the team was an issue.
- Staff were up to date with mandatory training and there was evidence of compliance being monitored in supervision.
- Staffing levels were appropriate and caseloads were not excessive, other than the waiting list to access psychological interventions.
- Incidents were reported appropriately and investigated by managers in the service. There was evidence that learning was disseminated in meetings and through supervision.
- The management team were supported with an administrator. The senior clinical staff raised concerns that a lack of administration support impacted on clinical time with people who use the service.

Leadership, morale and staff engagement

- Staff reported no issues with bullying and harassment.
- Staff were aware of the whistleblowing policy and there was evidence that staff had used this policy and the management team had acted appropriately and in line with the trust policy.
- Staff reported good morale within the team. Concerns were raised about the morale of the psychology team.

Commitment to quality improvement and innovation

- The service completed regular periodic service reviews that measure clinical time compliance.
- The service had formed a Sports 4 confidence group that meant sport was adapted to different levels and was able to meet a variety of different needs. The group was very popular with people and had received very positive feedback.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider must work with commissioners to address the psychology waiting list to ensure people are able to access psychological interventions in an appropriate time frame. Regulation 9(1)