Requires improvement

Norfolk and Suffolk NHS Foundation Trust

# Community mental health services for people with learning disabilities or autism

## Quality Report

Hellesdon Hospital
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Norwich
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Date of publication: 14/10/2016

## Locations inspected

| Location ID | Name of CQC registered location | Name of service (e.g. ward/ unit/team) | Postcode of service (ward/ unit/ team) |
|---|---|---|---|
| RMY01 | Trust Headquarters Hellesdon Hospital | Learning Disability Service (CAMHS) Waveney | NR32 3JQ |
| RMY01 | Trust Headquarters Hellesdon Hospital | Adult Learning Disability Service Great Yarmouth & Waveney | NR32 3JW |
| RMY01 | Trust Headquarters Hellesdon Hospital | Learning Disability Service (CAMHS) Suffolk | IP1 2GA |
| RMY01 | Trust Headquarters Hellesdon Hospital | Ipswich Integrated Delivery Team (IDT) | IP1 2DG |

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

# Summary of findings

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 Norfolk and Suffolk NHS Foundation Trust and these are brought together to inform our overall judgement of Norfolk and Suffolk 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? | **Good**  |
| Are services caring? | **Good**  |
| Are services responsive? | **Requires improvement**  |
| Are services well-led? | **Requires improvement**  |

**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 findings

## Overall summary

Overall we rated community mental health services for people with learning disabilities and autism as 'requires improvement' because:

- Leadership across this core service was disjointed. Effective governance systems were not in place as consistent key performance indicators were not used by the trust to monitor performance across all teams. A uniform process for managing caseloads and identifying changes in risk or need for patients held on waiting lists was not in place across different teams.
- Some patients had long waits to access some specialist services such as speech and language therapy and psychology.
- Appropriate staffing levels had not been maintained within some teams, for example Adults Learning Disability Service Great Yarmouth and Waveney and Learning Disability Service (CAMHS) Waveney teams.
- Patients placed on waiting lists at Adults Learning Disability Service Great Yarmouth and Waveney were not regularly reviewed to ensure that changes in risk and need were identified and responded to.
- At Adult Learning Disability Service Great Yarmouth and Waveney, robust procedures relating to lone working when visiting patients at home were not in place.
- Some staff were not confident in carrying out decision specific mental capacity assessments where they identified this need and deferred to psychologists or psychiatrists within the teams to undertake these assessments.
- A minority of care plans were not person centred or holistic. Leaflets were not widely available at the adult and CAMHS community teams in easy read formats or in languages other than English.
- Systems to establish and maintain effective working relationships with all GPs within geographical teams had not been developed. Staff morale had been impacted by prolonged service reconfiguration discussions. Some staff did not feel listened to or consulted with by the senior management team in relation to proposed service changes.

However:

- Services were provided in safe, clean environments that were appropriately maintained. Staff had manageable caseloads. There was rapid access to a consultant psychiatrist when required and there was good joint working with primary and social care services to meet individual patient needs.
- Staff were experienced and skilled; they received regular supervision, were appraised and attended regular team meetings. Staff were mostly up to date with mandatory training; where this had expired refresher training had been booked. Staff were trained in and had a good understanding of the Mental Health Act. Within (CAMHS) teams staff were aware of and considered Gillick competency when considering mental capacity issues for children and young people. Patients were given appropriate support and assistance to make decisions for themselves before they were assumed to lack capacity. Staff were responsive and respectful when interacting with patients and carers and understood patient and carer needs.
- Comprehensive initial and risk assessments were completed at initial assessment and regularly reviewed and updated. Where required, detailed behaviour support plans had been developed in collaboration with patients and their carers. Patients physical healthcare needs were assessed and addressed. Patients and carers gave very positive feedback of their experience with staff. Patients and carers knew how to complain and received feedback.
- Staff followed NICE guidance when prescribing medicines and a full range of psychological therapies were available. Urgent referrals were seen quickly and non urgent referrals within two to four weeks. Staff were able to submit items to the trust risk register and knew how to whistleblow. All incidents that should be reported were reported and staff received feedback on the investigation of incidents.

# 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:**

- Services were provided in safe, clean environments that were appropriately managed.
- Staff had manageable caseloads.
- There was rapid access to a consultant when required and there was good joint working with primary and social care services to meet individual patient needs.
- Staff were mostly up to date with mandatory training; where this had expired refresher training had been booked.
- Comprehensive risk assessments were completed at initial assessment and regularly reviewed and updated.
- All incidents that should be reported were reported and staff received feedback on the investigation of incidents.

However,

- Appropriate staffing levels had not been maintained within some teams, for example Adults Learning Disability Service Great Yarmouth and Waveney and Learning Disability Service (CAMHS) Waveney teams. The trust had recently increased staffing establishments within these teams and had plans in place to fill these posts with redeployed staff.
- As a result of staffing levels within the Adults Learning Disability Service Great Yarmouth and Waveney and Learning Disability Services (CAMHS) Waveney waiting lists had been introduced. Patients placed on waiting lists at Adults Learning Disability Service Great Yarmouth and Waveney were not regularly reviewed to ensure that changes in risk and need were identified and responded to.
- At the same team, robust procedures relating to lone working when visiting patients at home were not in place.

### Are services effective?

Good

**We rated effective as 'good' because:**

- Comprehensive assessments were completed in a timely manner.
- Where required, detailed behaviour support plans had been developed in collaboration with patients and their carers.
- Staff followed NICE guidance when prescribing medicines and a full range of psychological therapies were available.
- Staff were experienced and skilled and considered patients' physical health needs.

# Summary of findings

- Staff were supervised and appraised and attended regular team meetings.
- Staff were trained in and had a good understanding of the Mental Health Act.

However:

- Some staff were not confident in carrying out decision specific mental capacity assessments, and where they identified this need, deferred the assessment to psychologist and consultant psychiatrist colleagues.
- Staff did not receive specialist training to their role, including mental health awareness and substance misuse.
- A minority of care plans were not person centred or holistic.
- Systems to establish and maintain effective working relationships with all GPs within geographical teams had not been developed.

## Are services caring?

Good 

**We rated caring as 'good' because:**

- Patients and carers gave very positive feedback of their experience with staff
- Staff demonstrated an understanding of individual patient needs. When speaking about patients and when observed during episodes of care, staff were responsive, respectful, and provided appropriate practical and emotional support.

## Are services responsive to people's needs?

Requires improvement 

**We rated responsive as 'requires improvement' because:**

- Some patients had long waits for allocation of a care co-ordinator, or to access specialist services such as speech and language therapy and psychology.
- Within the Adult Learning Disability Services Great Yarmouth and Waveney referral to treatment targets were not in place and this outcome was not measured by the trust.
- Leaflets were not widely available at the adult and CAMHS community teams in easy read formats or in languages other than English.

However,

- Target times from referral to assessment and referral to treatment had been set and were being met within Learning Disability Service (CAMHS) Waveney.
- Urgent referrals were seen quickly and non urgent referrals within two to four weeks.

# Summary of findings

- Teams took a proactive approach to dealing with patients who did not attend and with patients who were difficult to engage.
- Patients and carers knew how to complain and received feedback.

**Are services well-led?**

**We rated well-led as 'requires improvement' because:**

- Leadership across this core service was disjointed. Effective governance systems were not in place as consistent key performance indicators were not used by the trust to monitor performance across all teams. A uniform process for managing caseloads and identifying changes in risk or need for patients held on waiting lists was not in place across different teams.
- Staff morale had been impacted by prolonged service reconfiguration discussions.
- Some staff did not feel listened to or consulted with by the senior management team in relation to proposed service changes.

However,

- Staff knew and agreed with the trust's values.
- Staff were able to submit items to the trust risk register and knew how to whistleblow.

**Requires improvement**

# Summary of findings

## Information about the service

Norfolk and Suffolk NHS Foundation Trust provide community mental health services for children, young people and adults with learning disabilities and autism through a variety of community based teams. In Norfolk, adult learning disability services are provided through a specialist team in Great Yarmouth and Waveney and through Integrated Delivery Teams in Suffolk. Services for children with learning disabilities are commissioned differently in Norfolk and Suffolk. In Norfolk these services are provided primarily through the Learning Disability Service (CAMHS) Waveney. In Suffolk a smaller CAMHS team is commissioned. Additional community services for children are provided at the Child Family and Young Person Service Great Yarmouth & Waveney. An ageless autism diagnostic service is provided in Suffolk.

Learning Disability Services (CAMHS) Waveney and Adult Learning Disability Services Great Yarmouth and Waveney were previously inspected between 20 and 24 October 2014 and were compliant with regulations.

## Our inspection team

Our inspection team was led by:

**Chair:** Paul Lelliott, Deputy Chief Inspector, Mental Health, CQC

**Head of Inspection:** Julie Meikle, Head of Hospital Inspection, Mental Health, Central East, CQC

**Lead Inspection Manager:** Lyn Critchley: Inspection Manager, Mental Health, Central East, CQC

The inspection team for this core service consisted of two CQC inspection managers, a CQC assistant inspector and three nurse specialist advisers

## 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 a range of information we hold about Norfolk and Suffolk NHS Foundation Trust and asked other organisations to share what they knew. We carried out an announced visit from 19 to 20 July 2016.

During the inspection visit, the inspection team:

- Visited the Learning Disability Service (CAMHS) Waveney, Adult Learning Disability Service Great Yarmouth and Waveney and Ipswich Integrated Delivery Team. Met with staff from the Learning Disability Service (CAMHS) Suffolk
- Spoke with one patient and seven carers of patients who were using the service
- Interviewed two team managers with responsibility for these services
- Spoke with 17 other staff members including doctors, psychiatrists, psychologists, nurses, healthcare assistants and administrators

# Summary of findings

- Attended a multi-disciplinary meeting
- Looked at 13 patient care and treatment records
- Observed two episodes of care
- 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

- Feedback was obtained from seven carers and one patient as part of this inspection.
- Carers and patients spoke positively of the staff and the service they received. Staff were described as very caring and understanding.
- Staff demonstrated an understanding of individual patient needs. When speaking about patients and when observed during episodes of care, staff were responsive, respectful, and provided appropriate practical and emotional support.

## Areas for improvement

### Action the provider MUST take to improve

- The trust must ensure that leadership across this core service is joined up and consistent.
- The trust must ensure that effective governance systems are implemented across this core service that promote a uniform and consistent approach in managing caseloads and waiting lists to access services.
- The trust must ensure that patients do not have excessive waits for allocation of a care co-ordinator or to access services such as speech and language therapy and psychology.

### Action the provider SHOULD take to improve

- The trust should ensure that patients placed on waiting lists awaiting allocation are regularly reviewed to make sure that changes in risk and need are identified and responded to.
- The trust should ensure all teams have robust lone working procedures in place for staff, when visiting all patients at home.
- The trust should ensure that appropriate staffing levels are attained by implementing their plans to fill recently established posts and by recruiting to a long standing speech and language therapist vacancy within the Adult Learning Disability Service Great Yarmouth and Waveney.
- The trust should ensure that staff are capable and confident in applying the Mental Capacity Act (MCA) to ensure that patients who require decision specific capacity assessments under the act are assessed by the most appropriate person and not routinely referred to a Psychologist or Psychiatrist for these assessments.
- The trust should ensure that within the Adult Learning Disability Services Great Yarmouth and Waveney referral to treatment times for patients are set and monitored.
- The trust should ensure that staff receive specialist training appropriate for their role, for example mental health awareness and substance misuse training.
- The trust should ensure that all care plans are person centred and holistic and are made available to patients in an easy read format.
- The trust should ensure that all teams establish and maintain effective systems to network with all GP practises within their geographical area.
- The trust should ensure that information leaflets are available in easy read formats and in languages other than English.
- The trust should promote staff morale and ensure that staff are included in discussions regarding service reconfigurations.

Norfolk and Suffolk 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 |
|---|---|
| Learning Disability Service (CAMHS) Waveney | Trust Headquarters Hellesdon Hospital |
| Adult Learning Disability Service Great Yarmouth & Waveney | Trust Headquarters Hellesdon Hospital |
| Learning Disability Service (CAMHS) Suffolk | Trust Headquarters Hellesdon Hospital |
| Ipswich Integrated Delivery Team (IDT) | Trust Headquarters Hellesdon Hospital |

## 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.

- Mental Health Act (MHA) training was mandatory and staff demonstrated a sound understanding of the Act applicable to their role.
- Administrative support and legal advice on implementation of the MHA and its Code of Practice was available from a central team and staff knew how to access this.
- Patients subject to community treatment orders were able to access an Independent Mental Health Act Advocate (IMHA) and staff were able to describe how they would support patients to access and engage with the IMHA.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act 2005 (MCA) training was mandatory. Staff demonstrated a good understanding of the MCA and its principles.Within CAMHS teams staff were aware of and considered Gillick competency when considering capacity issues for children and young people. Patients were given appropriate support and assistance to make decisions for themselves before they were assumed to lack capacity. However, some staff were not confident in carrying out decision specific capacity assessments where they identified this need and deferred to psychologists or psychiatrists within the teams to undertake these assessments which was not in line with the requirements of the MCA.
- Deprivation of Liberty Safeguards can only be applied for in hospitals and residential care settings.

Good

# Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- At some sites, for example Learning Disability Service (CAMHS) Waveney, interview rooms to meet with patients were available. These rooms were not fitted with alarms; however staff had access to personal alarms that could be used to summon assistance if required.
- At the Adult Learning Disability Service Great Yarmouth and Waveney meetings with patients and carers were not carried out at the team base. Meetings with patients were mostly carried out at the patient's home.
- Each of the premises visited was clean, tidy and appropriately maintained.
- The Learning Disability Service (CAMHS) Waveney and Adult Learning Disability Service Great Yarmouth and Waveney, did not have access to clinic rooms on site. The Learning Disability Service (CAMHS) Waveney referred all patients to their GP for routine physical health checks. Adult Learning Disability Service Great Yarmouth and Waveney had access to a clinic room at trust premises located nearby. Emergency medical equipment for both services could be accessed at adjacent trust premises. Staff were aware of this and information signposting staff to the location of the nearest emergency medical equipment was clearly displayed at these services.

### Safe staffing

- Whilst there were low staff vacancy rates across this core service and within the teams visited, past service expansions had not led to a review of staffing levels and within some teams a small number of vacant posts had not been fully covered for extended periods. This has led to the introduction of waiting lists to access some services and showed that appropriate staffing levels had not been consistently maintained at Adult Learning Disability Service Great Yarmouth and Waveney and Learning Disability Service (CAMHS) Waveney. A further review of service configuaration within these teams had been completed prior to this inspection and as a result additional posts had been added to each teams establishment. The trust planned that these additional posts would be filled through the redeployment of staff from decommissioned inpatient services. Whilst individual staff had been identified and allocated to these new posts, no date had been fixed for their transfer. Team managers anticipated that waiting lists would not be necessary once staff came into vacant posts.
- Information provided by the trust showed average vacancy rates across the core service for the period between 1 January to 31 March 2016 of 2.69 whole time equivalent for health care assistants to 3.01 whole time equivalent for qualified nurses. However, a reconfiguration within Learning Disability Service (CAMHS) Waveney, 18 months prior to this inspection, had led to the expansion of the service, to include patients aged 18-25, with no additional staffing. This had led to the introduction of a waiting list.
- Within Adult Learning Disability Service Great Yarmouth and Waveney a whole time nursing post and a half time speech and language therapy post were vacant with no additional cover which had also led to the introduction of waiting lists. Within this team the manager held a case load to support the team in covering the nurse vacancy. A speech and language therapist from another team within the trust provided cover for urgent speech and language therapy referrals. Plans to recruit to the nurse post were in hand through staff redeployment. However, recruitment to the speech and language therapy post had not commenced.
- At the Learning Disability Service (CAMHS) Suffolk one band six nurse was employed through an agency. A regular locum was in post which promoted consistency of care.
- A futher review of CAMHS and adult services in Great Yarmouth and Waveney had recently concluded. This had resulted in further planned reconfiguration of services. The staffing establishment at both the Learning Disability Service (CAMHS) Waveney and Adult Learning Disability Service Great Yarmouth and Waveney had planned increases in their health care assistant and nurse establishments as a result of this review. This

Good

# Are services safe?

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would enable the teams to provide intensive support to patients and address waiting times. Reconfigured services were due to be in place from September 2016. To fill the additional nursing and health care assistant posts associated with this reconfiguration, suitably skilled and experienced staff were being redeployed from learning disability inpatient services that were due to close. Team managers had made contact with staff due to be redeployed and they had also been included in team away days and team email distribution lists. However, no date had been fixed for staff to take up these posts.

- At Learning Disability Service (CAMHS) Suffolk, services were commissioned differently. This was a smaller team consisting of a team manager, two nurses and a consultant psychiatrist, a total whole time equivalent of 2.2 staff. A review of staffing within this team had been completed by the trust and shared with commissioners.
- Caseloads were manageable and reviewed regularly. At Learning Disability Service (CAMHS) Waveney the manager had developed a workload management tool which reflected patient complexity, frequency of contact and travel time to and from home visits. Staff stated that this caseload management approach accurately reflected the work they were undertaking and any capacity they had. Caseloads within this service ranged between 13 to 18. At Adult Learning Disability Services Great Yarmouth and Waveney, caseloads ranged between six and 20, with the physiotherapist holding a higher caseload of 35. At Learning Disability Service (CAMHS) Suffolk, a caseload of 65 patients was managed across the whole team. Staff within this service said that they were working to their maximum capacity.
- Appropriate cover arrangements were in place within each team. Within larger services such as the Learning Disability Service (CAMHS) Waveney, a duty worker was able to provide cover during staff absence. In smaller teams such as Learning Disability Service (CAMHS) Suffolk, staff buddied up to provide cover for each other during planned and unplanned absence.
- For new referrals and existing patients a consultant psychiatrist was available for urgent consultations.
- A variety of mandatory training was available for staff and team managers retained an overview of compliance levels. At Learning Disability Service (CAMHS) Waveney and Adult Learning Disability Service Great Yarmouth and Waveney these were below the trust's target of 90%. At Learning Disability Service (CAMHS) Waveney overall compliance with mandatory training within the team was 75%. Two staff within the team had adversely impacted the overall compliance rate. The manager was aware of this and had taken appropriate steps to ensure that these staff were booked onto upcoming mandatory training sessions. At Adult Learning Disability Service Great Yarmouth & Waveney, the overall compliance with mandatory training was 74%; however, 13 mandatory training courses were showing as having achieved 100% compliance. Similarly, within this team the manager had oversight of staff that were not up to date with mandatory training courses and had taken appropriate steps to address this. Managers commented that delays in accessing mandatory training courses could occur because of the limited availability of some training courses.

### Assessing and managing risk to patients and staff

- Staff undertook a risk assessment of every patient at initial assessment and updated this regularly. Risk events were recorded in clinical notes as well as the risk assessment. We found an example at Learning Disability Service (CAMHS) Waveney where recent risk events had been recorded in the patients progress notes, but had not been updated to the risk assessment as the care co-ordinator had been absent from work. Staff unfamiliar with the patient may have been unaware of the change in risk as the relevant information was not reflected in the risk assessment.
- Staff created and made good use of crisis plans. Each of the care and treatment records we examined included a crisis plan that had been developed and shared with the patient and where appropriate, their family or carer.
- Services responded promptly to sudden deteriorations in patients' health. For example, at Adult Learning Disability Service Great Yarmouth & Waveney care and treatment records showed that staff had responded to changes in a patients physical health by liaising promptly and appropriately with the patients GP and district nurse and engaged in ongoing joint work with them to address the patients deteriorating physical health.

Good

# Are services safe?

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- Advanced directives were not used to document the patient's wishes should they become unwell or not be able to express their wishes.
- Waiting lists for allocation to a member of the multi-disciplinary team following initial assessment were in use at Learning Disability Service (CAMHS) Waveney and at Adult Learning Disability Service Great Yarmouth & Waveney. At the CAMHS service robust measures to monitor changes in risk and need for patients awaiting allocation were in place, however at the adult service robust systems to monitor changes in risk or need for patients waiting allocation were not in place.
- At Learning Disability Service (CAMHS) Waveney at the time of the inspection, 17 young people were on a waiting list for care co-ordination. The longest wait dated back to January 2016. Patients on the waiting list were prioritised and allocated in accordance when capacity became available. When patients were placed on the wait list they received a letter advising them to contact the service if there was a change in their circumstances. In addition, the triage nurse, who completed the majority of initial assessments, ran a regular drop in group. This was open to all patients on the waiting list. This provided an additional measure by which the service could assess and respond to changes in need and risk for patients waiting for allocation.
- At Adult Learning Disability Service Great Yarmouth and Waveney, patients who had been initially assessed could be added to a wait list for allocation of a care co-ordinator or for specialist input from a particular professional. Once added to the waiting list patients received an initial letter advising them of this. This letter did not clearly advise patients what to do if there was a change in their circumstances or need, or what to do in a crisis. Once on the waiting list patients did not receive any further communication updating them on their progress towards allocation. With the exception of patients waiting for psychology, patients held on a waiting list at this service were not prioritised according to need or risk and allocated in accordance with this.
- Staff completed mandatory training relating to safeguarding. Staff knew how to make a safeguarding alert and did this when appropriate. Staff valued the trust safeguarding team which provided advice and support relating to any safeguarding concern. Within each team an overview of current safeguarding concerns was shared at multi-disciplinary team meetings. For example, at Adult Learning Disability Service Great Yarmouth and Waveney, the safeguarding champion maintained a register of all current safeguarding within the team. There had been four safeguarding alerts made in the current year. The safeguarding champion was aware of the progress and status of each alert and provided updates to the wider team at multi-disciplinary team meetings. Where safeguarding concerns had been identified, these were appropriately reflected in patients' care and treatment records.
- The trust had developed lone working policies. Staff were aware of these and teams developed local protocols to implement them. All services had robust lone working protocols in place when meeting with new patients, including risk assessment, consideration of working in pairs and consideration of the most suitable place to meet patients. However, when staff were visiting known patients at home local protocols were not robust. For example, at Adult Learning Disability Services Great Yarmouth and Waveney, when visiting known patients at home, where no risk had been identified, staff had no system to advise the team base when a home visit had been safely completed. This meant that if any difficulties occurred during the home visit staff at the team base would not pick this up promptly and take appropriate action.
- Medicines were not stored on site at any of the community services visited.

### Track record on safety

- There had been no serious incidents within this core service in the past 12 months.
- The trust had systems in place for sharing information about incidents across the trust. Information about incidents was shared with managers at monthly meetings. This was cascaded by them to staff within their team at local multi-disciplinary meetings.

Good

# Are services safe?

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

### Reporting incidents and learning from when things go wrong

- All staff had access to the trusts electronic system to report and record incidents. Staff knew what to report and how to report it. Few incidents that required reporting had occurred within the services visited. Staff were debriefed when an incident occurred.
- Incidents from other parts of the trust were discussed at multi-disciplinary team meetings. Staff discussions focussed on what the team could learn or apply to their setting from the incident, however, staff and managers were not able to give examples of changes in systems or practice as a result of learning from incidents.
- Staff understood that they should be open and transparent with patients and their families should an incident occur.

# Are services effective?

Good

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

## Our findings

### Assessment of needs and planning of care

- Comprehensive assessments were completed in a timely manner and personal behaviour support plans were in place where required. Within children and young person services a specialist initial assessment – child and adolescent psychiatric assessment schedule (ChAPAS) - was completed where mental health issues were identified in addition to a learning disability.
- Care plans were developed with each patient. Where appropriate they included the views of family and carers. The majority of care plans were holistic, person centred and recovery orientated. Care plans included goals the patient wished to achieve and were regularly reviewed. At Learning Disability Services (CAMHS) Waveney, staff used social stories and personalised these with pictures of the people who used the service. However, care plans were not routinely produced in easy read formats.
- All information needed to deliver care was stored securely and was available to staff when they needed it. Teams used the trusts electronic records system which supported their access to information when patients moved between services.
- Staff within the services we visited did not report significant issues in being able to access the trusts electronic records system and during the course of the inspection were able to locate the records requested on the electronic records system. However, a directorate records audit indicated that CPA documentation was not up to date within the electronic records system. Action plans to address this had been developed and were being implemented .

### Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medication and teams were able to offer psychological therapies recommended by NICE such as systemic therapy, cognitive behavioural therapy (CBT) and dialectical behaviour therapy (DBT). Therapy was adapted to meet patient need by using drawings, diagrams and visual aids.
- No patients were prescribed ongoing psychiatric medicines at the services we visited at the time of our inspection. Where a patient had been prescribed ongoing psychiatric medicines in the past, these had been administered through the trusts depot clinics, which were managed and staffed by community mental health teams. Staff within learning disability services demonstrated that they understood these arrangements and knew how to access these services if required.
- Teams had developed links with other agencies to provide support with housing, benefits and employment. Patients could be referred to these agencies by staff as required.
- Physical health needs were addressed and reviewed. At Ipswich IDT, Learning Disability Services (CAMHS) Waveney and Adult Learning Disability Services Great Yarmouth and Waveney, physical health care needs were addressed at initial assessment and regularly reviewed. In addition, these teams worked collaboratively with the patients GP and other healthcare professionals to ensure that required physical health tests were undertaken.
- A range of outcome measures and other approaches were used to rate severity and outcomes.The Waveney CAMHS team used self-assessment tools including a goal-based outcomes record sheet, strengths and difficulties questionnaire and experience of service questionnaire. The team regularly submitted Child Outcomes Research Consortium (CORC) forms for analysis; however, there was insufficient data set from the small client group to be able to benchmark outcome measurements.
- Staff engaged in clinical audit. Recently completed audits included the care programme approach (CPA) and lone working. An action plan had been developed as a result of the CPA audit and its implementation was being monitored.

### Skilled staff to deliver care

- The Learning Disability Service (CAMHS) Waveney and Adult Learning Disability Service Great Yarmouth and Waveney teams comprised of, or had access to, the full range of disciplines required to care for the patient group. This included band 4 assistant practioners and healthcare assistants, band 5 and 6 nurses, band 7

# 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.

nurses, art therapy, clinical psychology, assistant psychology and consultant psychiatrists. There were no speech and language therapists (SALT) or occupational therapists (OT) in the teams, although these could be accessed.

- Trust data indicated that appraisal rates across community learning disability services had an average compliance rate of 53%, however, staff appraisals were completed and up to date at Learning Disability Services (CAMHS) Waveney and Adult Learning Disability Services Great Yarmouth and Waveney.
- Staff were regularly supervised and all staff received monthly supervision from their manager. Where their manager was from a different professional discipline additional clinical supervision from a professional from the same discipline was available to them. In addition all staff attended monthly peer supervision which included reflective practice from a clinical psychologist. Team managers monitored frequency of management and clinical supervision to ensure that this occurred every four to six weeks.
- Since the expansion to include 18-25s at Learning Disability Services (CAMHS) Waveney, no additional training had been providedthat addressed the potential needs of this patient group, for example personality disorder or substance misuse training. At Adult Learning Disability Services Great Yarmouth and Waveney, one staff member was funded to complete Autistic Spectrum Disorder (ASD) diagnostic training.

### Multi-disciplinary and inter-agency team work

- There were regular and effective multi-disciplinary meetings. Each multi-disciplinary team met formally several times each month. New referrals and review of patients on the team caseload took place during these meetings. Staff stated that they felt their contributions to multi-disciplinary discussions were listened to and valued.
- Handovers both within the team and between teams within the organisation, were carried out effectively. For example, within the Learning Disability Service (CAMHS) Waveney, the triage nurse from the Adult Learning Disability Service Great Yarmouth and Waveney, attended regularly to review new referrals within the 18-25 age group to support joint decision making as to which team could most appropriately meet their needs.
- Relationships with other stakeholders had been established. Joint working with primary care services and social care services was evident from discussions with staff and patient care and treatment records. Within CAMHS services, good links had been established with schools within their geographical area. However, within some teams, for example Adult Learning Disability Services Great Yarmouth and Waveney, links between staff and GP practises and regular networking meetings between the teams and the GPs in their geographical patch had not been established.

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

- At the time of this inspection, no patients within the teams visited were subject to community treatment orders (CTO). Mental Health Act (MHA) training was mandatory and staff demonstrated a sound understanding of the Act applicable to their role.
- Administrative support and legal advice on implementation of the MHA and its code of Practice was available from a central team and staff knew how to access this.
- Patients subject to CTO's were able to access an independent Mental Health Act advocate (IMHA) and staff were able to describe how they would support patients to access and engage with the IMHA

### Good practice in applying the Mental Capacity Act

- Mental Capacity Act 2005 (MCA) training was mandatory. Staff demonstrated understanding of the MCA and its principles and were aware of trust policy and guidance relating to the MCA. Within Learning Disability (CAMHS) teams staff were aware of and considered Gillick competency when considering capacity issues for children and young people under the age of 16 years. There was access to independent mental capacity advocates.
- Patients were given appropriate support and assistance to make decisions for themselves before they were assumed to lack capacity. However, some staff were not confident in carrying out decision specific capacity assessments where they identified this need. For example, within the Adult Learning Disability Service Great Yarmouth and Waveney, one patient had been identified as requiring a capacity assessment by their

# 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.

care co-ordinator following their refusal to consent to physical health checks. The assessment to establish capacity had been referred to the team's psychologist for completion by the care co-ordinator as they were not confident to complete this. Discussions with staff in other teams indicated that where MCA assessments were identified these were also referred to psychologists or psychiatrists within the team for completion.

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

- Feedback was obtained from seven carers and one patient as part of this inspection. Carers and patients spoke positively of the staff and the service they received. Staff were described as very caring and understanding. One carer spoke particularly highly of work undertaken with their child relating to positive behaviour support.
- Staff demonstrated an understanding of individual patient needs. When speaking about patients and when observed during episodes of care, staff were responsive, respectful, and provided appropriate practical and emotional support.
- Appropriate confidentiality was maintained when discussing patients within the team, with carers or other agencies.

### The involvement of people in the care that they receive

- Patients were involved in developing their care plans and in reviewing their care at care programme approach (CPA) meetings. Copies of care plans were made available to patients and where appropriate their families and other agencies involved in delivering their care. For example, for patients living in supported accommodation detailed care plans addressing a variety of daily living activities were kept at the patients' home for all staff delivering their care to follow.
- Patients were encouraged to develop and maintain independence, whilst patients' families were appropriately included and involved in the care and treatment of their relatives. At the Learning Disability Service (CAMHS) Waveney, a group aimed at supporting patients siblings had been developed and implemented.
- Staff knew how to access advocacy services and supported patients and families to do this. Patient care and treatment records showed that advocates had been appropriately involved in supporting patients where required.
- Carers were able to give feedback on the care they received through CPA meetings and during ongoing contact with professionals from the team. Carers felt confident giving feedback on the service provided in these forums. There were no patient or carer surveys in use, although the NHS Friends and Family Test was available when patients were discharged from the service. Feedback was provided to the team manager from the trust with a summary of comments received. Within some teams, for example Learning Disability Services (CAMHS) Waveney, carers forums were also held each quarter that families and carers could use to give feedback and receive updates regarding the service. Within Learning Disability (CAMHS) Waveney, an additional group focussing on social issues had been developed in response to feedback from young people using the service.

# 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 and discharge

- Trust or local targets were in place within each team for referral to assessment times and were being met. Team managers had oversight of referrals and monitored performance against targets. Robust initial screening procedures were in place. Within Learning Disability Services (CAMHS) Waveney and Adult Learning Disability Service Great Yarmouth and Waveney, band 5 nurses carried out initial assessments. Patients in crisis were referred, where appropriate, to the Crisis Resolution and Home Treatment Team.
- Within Learning Disability Services (CAMHS) Waveney target times for urgent referrals to be seen within 72 hours and non urgent referrals within 28 days had been set and were being met. A target time for referral to commencement of treatment had been set at 56 days. Where patients within this service were placed on a waiting list for allocation of a care co-ordinator, their treatment needs were initially addressed through allocation to another discipline within the multi-disciplinary team to provide a specific intervention, or through group work interventions. This meant that the referral to commencement of treatment target was also being met.
- Adult Learning Disability Services Great Yarmouth and Waveney did not have trust target times; however local targets were in effect within the team. Urgent referrals were assessed within two days and non urgent referrals within approximately two weeks. This team did not have a local target to measure referral to treatment times.
- When required teams were able to see urgent referrals on the same or the next day. Team members responded promptly and appropriately when patients phoned in.
- Waiting lists were in operation at the Learning Disability Service (CAMHS) Waveney and Adult Learning Disability Services Great Yarmouth and Waveney. At the CAMHS service patient waits were shorter, 17 patients were awaiting allocation of a care co-ordinator with the longest wait dating to January 2016. Waiting times for psychology at this service were longer and dated back to September 2015. Fourteen patients were awaiting psychology input. An action plan to address waiting lists within this team was being developed, but was not in operation at the time of this inspection. Systems to prioritise allocation according to patient need were in place within this team.
- At the Adults Learning Disability Service Great Yarmouth and Waveney, the number of patients waiting and the length of time they waited was longer. Forty two patients were waiting for Speech and Language therapy (SALT) input. This post was vacant and SALT cover for urgent referrals was provided by another team within the trust. However, some non urgent patients had been held on this wait list for several years, a small number since 2011. Ten patients were waiting for occupational therapy input, the longest since November 2015. Three patients were waiting allocation to a nurse, one patient required allocation to a male nurse and had been waiting for this to happen since November 2015. Seventeen patients within this team were waiting for psychology input, the longest wait dated back to March 2014. No action plan to address waiting lists within this team had been developed. With the exception of the psychology wait list, systems were not in place within this team to prioritise allocation according to patient need.
- Each service had clear referral criteria identifying patients who would be offered a service, which did not exclude people who required treatment and would benefit.
- Teams followed trust policies and procedures for patients who did not attend appointments. Patients who did not attend were followed up and offered alternative appointments. Where patients were discharged from the service as a result of failing to engage, a review of risk was completed prior to discharge and the professional who made the initial referral was advised of the discharge. Records showed welfare checks had taken place when patients had disengaged from their family and concerns regarding this had been raised with staff.
- Patients were offered flexibility in appointment times. Appointments ran on time and were only cancelled when absolutely necessary. When an appointment had to be cancelled patients received an explanation and were given follow up appointments promptly.

# 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 facilities promote recovery, comfort, dignity and confidentiality

- Teams had access to a full range of rooms and equipment to support care and treatment. Interview rooms were adequately sound proofed.
- Information was displayed in public areas for patients relating to the trusts recovery college, physical health and the carers forum. This information was not available in easy read formats.

### Meeting the needs of all people who use the service

- Adjustments had been made for people requiring disabled access, for example a ramp had been installed at the Learning Disability Service (CAMHS) Waveney team base to facilitate wheelchair access.
- Easy read information on how to make a complaint was displayed in public areas at team bases. However, a range of general information leaflets, for example, information relating to treatment, medicines or local resources, was not available in either easy read formats or other languages at team bases.
- Interpreters and signers could be arranged for patients or carers whose first language was not English or were hearing impaired.

### Listening to and learning from concerns and complaints

- Patients and their families knew how to complain and received feedback.
- Trust data showed that there had been four complaints within this core service in the year prior to 30 April 2016, two of which had been fully upheld. Staff were aware of and understood the trusts complaints policy and procedure. Team managers fed back the outcome of complaints investigations to the complainant and staff team and acted on the findings.

# Are services well-led?

Requires improvement

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

- Staff were aware of the vision and values of the trust. Some staff had recently completed awareness training relating to the trust's values.
- Staff knew who the most senior managers in the trust were. However, some commented that the executive management team were not visible.

### Good governance

- Overall, effective governance systems were not in place as consistent key performance indicators were not in place across all teams to monitor and improve performance. For example, previous service configurations had not resulted in reviews of staffing levels, despite the reconfiguration resulting in an increased workload. A uniform process for managing caseloads and managing changes in risk or need for patients held on waiting lists was not in place across different teams.
- However, staff had access to regular supervision and were annually appraised. Mandatory training was monitored with appropriate steps taken when this had expired. Systems were in place within teams to learn from incidents within their directorate and across the trust. Teams received feedback from complaints and patient and carer feedback was used to develop some services at a local level. Robust safeguarding procedures were in place, however some staff were not confident in conducting capacity assessments required under the Mental Capacity Act (2005)
- Team managers had sufficient authority and administration support to lead the team effectively.
- A directorate wide risk register was in place and items from this could be fed into the trust wide risk register. Team managers were familiar with the directorate risk register and could submit items to this. The directorate wide risk register identified the electronic care records system as a risk as care programme approach (CPA) documentation had not been updated. An action plan had been put in place to address and monitor this.

### Leadership, morale and staff engagement

- Trust data showed that across the core service sickness rates were 4.5% which was slightly lower than the trust average of 4.6%.
- No bullying or harassment concerns were raised with us during this inspection. Staff were aware of and knew how to access the trusts whistleblowing policy and procedure should they have any concerns.
- Staff felt part of a team and received support from each other and their manager. There was a positive working culture within the services we visited; staff reported good job satisfaction, teamwork and mutual support.
- Overall, morale across the core service was good, although prolonged service reconfiguration had impacted on staff morale. Some staff did not feel listened to or consulted with by the senior management team in relation to proposed service changes.

### Commitment to quality improvement and innovation

- At the time of our inspection the provider was not using improvement methodologies within the services visited. There was no participation in national quality improvement programmes, for example the Quality Network for Community CAMHS (QNCC) within community learning disability CAMHS services.

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<br><br>Treatment of disease, disorder or injury | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care<br>**Some patients experienced excessive waits after their initial assessment to access the specialist services they needed, including psychology and speech and language therapy.**<br><br>This was a breach of Regulation 9. |

| Regulated activity | Regulation |
|---|---|
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**Leadership across this core service was disjointed. Effective governance systems were not in place as consistent key performance indicators were not used by the trust to monitor performance across all teams. A uniform process for managing caseloads and identifying changes in risk or need for patients held on waiting lists was not in place across different teams.**<br><br>This was a breach of Regulation 17. |