Good

Leicestershire Partnership NHS Trust

Community mental health services for people with learning disabilities or autism

Quality Report

Trust Headquarters
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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)
RT5X1	Trust Headquarters	The City Community Learning Disability Team	LE3 1PB
RT5X1	Trust Headquarters	East Community Learning Disability Team	LE18 4PE
RT5X1	Trust Headquarters	West Community Learning Disability Team	LE4 8BL
RT5X1	Trust Headquarters	Learning Disability Outreach Team	LE7 7GL

Summary of findings

RT5X1	Trust Headquarters	Autism Team	LE4 8BL
RT5X1	Trust Headquarters	CAMHS Learning Disability Team	LE2 2PL

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

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Summary of findings

Overall summary

We rated community based services for people with learning disabilities or autism as good because:

- Staff worked well as a team and morale was high. Multi-disciplinary team meetings took place on a regular basis. 89% of staff had attended their mandatory training; 92% of appropriate staff had received training in safeguarding adults and 90% of staff had completed safeguarding children training.
- There were good systems for lone-working which included a code word that staff used when they required assistance. Staff said this made them feel safe whilst visiting patients at home or whilst undertaking activities with patients in the community.
- Staff undertook comprehensive assessments and developed high quality care plans. The assessment and resulting care plans were personalised, holistic and recovery focussed. Staff made individualised risk assessments which were regularly updated and followed best clinical practice. Staff managed their caseloads effectively; they discussed their caseloads during multi-disciplinary team meetings as well as in supervision. The teams did not have waiting lists for care coordinators at the time of inspection.
- Staff treated patients with kindness, dignity, and respect. Staff allowed patients time to respond to questions and did not try to hurry them. We spoke with six patients who all told us that the staff were very kind and looked after them well.
- The teams were able to respond quickly when patients or carers telephoned with problems. We spoke with carers; they all stated that staff responded well when they contacted the service.
- Staff were given opportunities to expand their knowledge and develop their roles. They could undertake both internal and external training and were able to give feedback on service development.

However:

- Three out of 18 staff interviewed said that supervision was irregular.
- All the team leaders we interviewed said there were internal waiting lists for patients who had been initially assessed to access profession specific treatments.
- The service had not met the six week target for initial assessment, on average patients were seen six days over the target date.
- Access to rooms to undertake activities in the community for people with autism had been reduced.
- Patients were not always involved in the planning of their care. Five out of 25 care records showed that patient involvement had not been recorded.
- The walls in patient areas at the child and adolescent mental health team were visibly dirty in places and rooms were sparsely furnished.

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:

- The average number of patients on a full time nurses' caseload was 20. Staff said that their caseloads were manageable,
- There had been no use of bank or agency over the last 12 months, a member of nursing staff had been seconded into the city team to cover maternity leave.
- Ninety two percent of appropriate staff had received training in safeguarding adults and 90% of staff had completed safeguarding children training. Staff had a good knowledge of safeguarding processes and received mandatory training in safeguarding practices;
- There were good systems for lone-working which included a code word that staff used when they required assistance.

However:

- The walls in patient areas at the child and adolescent mental health team were visibly dirty in places and rooms were sparsely furnished.

Are services effective?

Good

We rated effective as good because:

- We reviewed 25 care records, all records were up-to-date, holistic and person centred. Staff had developed care plans for patients that explained their treatment in pictures as well as words.
- Information about the outcomes of people's care and treatment were routinely collected and monitored using Health of the Nation Outcome Scales (HoNOS) and Patient Reported Outcome Measures (PROMs).
- The service had a full range of disciplines required to care for patients. This included input from nurses, occupational therapists, physiotherapists, speech and language therapists, social workers, psychologists and psychiatrists.
- Seventy nine per cent of staff had been trained in the Mental Health Act, 1983 (MHA). Ninety five per cent of community staff had received the trust's mandatory training on the Mental Capacity Act (2005).

However:

- Three out of 18 staff interviewed said they had not received regular supervision.

Summary of findings

Are services caring?

Good

We rated caring as good because:

- Staff treated patients with kindness, dignity, and respect. When interacting with patients' staff spoke without using jargon and in a way that was appropriate to the individual patient.
- Staff maintained confidential secondary paper records of patient's care which were kept securely at the team office in locked filing cabinets within a locked room.
- Carers told us that they felt supported by staff. Staff discussed the patients' needs with them regularly and they were involved in review meetings where decisions regarding patients care were discussed.
- Patients were involved in delivering training to junior medical staff before they started working in the learning disability services.

However:

- Five out of 25 care records showed that patient involvement in care planning had not been recorded.

Are services responsive to people's needs?

Requires improvement

We rated responsive as requires improvement because:

- The service had not met the six week target for initial assessment, on average patients were seen six days over the target date**.**
- Access to rooms to undertake activities in the community for people with autism had been reduced.
- Staff said there were internal waiting lists for patients to access profession specific treatments.

However:

- Referrals were reviewed by a referral management team and allocated to the most appropriate team.
- The teams were able to respond quickly when patients or carers telephoned with problems.
- Patients told us that staff were very flexible in times of appointments. They always gave patients choice regarding when and where they were seen.
- Staff had access to interpreter services. Interpreters supported staff with contact at patients' homes and support patients in care reviews and doctor's appointments.

Are services well-led?

Good

We rated well-led as good because:

Summary of findings

- The staff were aware of the trust's visions and values. These were displayed on posters in office and reception areas, staff were able to refer to them.
- Staff knew who most of the senior managers were in the trust and said the senior managers occasionally visited the teams.
- The staff sickness rate was 3% for the past 12 months.
- Team leaders received monthly reports of key performance indicators and were able to develop plans to address any issues identified in the report.

Summary of findings

Information about the service

Leicestershire Partnership NHS Trust provides mental health, learning disability service and community health services across Leicester, Leicestershire and Rutland.

We inspected the following services:

- The City Community Learning Disability Team
- East Community Learning Disability Team
- West Community Learning Disability Team
- Learning Disabilities Outreach Team
- Autism Team
- CAMHS Learning Disabilities Team

Community mental health services for people with learning disabilities or autism were inspected in March 2015. There were no compliance actions associated with this core service.

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett

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

Inspection Manager: Sarah Duncanson, Inspection Manager, mental health hospitals, CQC

We visited the learning disability and autism community services with two inspectors, a psychologist, social worker and an occupational therapist.

The team would like to thank all those who met and spoke to inspectors during the inspection who shared their experiences and 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.

During the inspection visit, the inspection team:

- visited six services
- undertook one home visit with staff to observe care and treatment
- spoke with six patients who were using the service
- observed two clinical review meetings
- spoke with eight carers of people who were using the service
- observed two out-patient appointments
- spoke with eight team leaders
- attended three multi-disciplinary meetings

Summary of findings

- spoke with 18 other staff members; including, nurses, support workers, administrators, speech and language therapist, physiotherapist, occupational therapist and doctors
- reviewed 25 care records of patients
- Reviewed a range of policies, procedures and other documents relating to the running of the services.

What people who use the provider's services say

We spoke with six patients who used services and eight carers. Patients said that staff were very kind and that they felt listened to. They were very complimentary about the flexibility of appointments which meant that they were able to attend college and day centres.

Carers said that the staff were always available. Parents of young people in the CAMHS service said staff went above and beyond their expectations by visiting at night to help young people in achieving a positive sleep pattern.

Good practice

Staff had developed care plans for patients that explained their treatment in pictures as well as words.

Patients were supported by staff to attend GP appointments.

The city team ran “stop and think” coping group for people with traits of emotionally unstable personality disorder.

Patients were involved in delivering training to junior medical staff before they started working in the learning disability services.

The services offered assessments of behaviour that challenges, including functional analyses and other methods of assessing behavioural functions

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure staff receive and record regular supervision.
- The trust should ensure in CAMHS Learning Disability services that patient areas are clean and well maintained and that there is sufficient furniture available.
- The trust should ensure that where appropriate, patients are involved in care planning and that this is recorded.
- The trust should ensure that people with autism have access to community facilities to undertake activities.
- The trust should ensure that the six week target for referral to assessment times are achieved.
- The trust should ensure that length of internal waiting lists for patients waiting for profession specific treatments are monitored effectively.

Leicestershire Partnership NHS 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
The City Community Learning Disability Team	Trust Headquarters
East Community Learning Disability Team	Trust Headquarters
West Learning Disability Team	Trust Headquarters
Learning Disability Outreach Team	Trust Headquarters
Autism Team	Trust Headquarters
CAMHS Learning Disabilities Team	Trust Headquarters

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.

- We did not monitor responsibilities under the MHA 1983 within this core service as none of the people using this service were detained, however staff demonstrated a good understanding of the MHA 1983.
- Seventy nine per cent of staff had been trained in the Mental Health Act, 1983 (MHA).
- Staff said that they rarely supported someone on a Community Treatment Order. A Community Treatment Order (CTO) A CTO allows a patient to receive treatment, with certain conditions, in the community rather than in hospital. It 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 service was not supporting any patients subject to the MHA within the service when we inspected.

Detailed findings

- Staff said they had access to Independent Mental Health advocates if they had patients subject to the MHA. The trust used a local advocacy services that provided this service.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Training records showed that 92% of staff had attended training in the Mental Capacity Act 2005.
- The staff we spoke with demonstrated a clear understanding of their responsibilities in relation to the Mental Capacity Act 2005. Staff assessed capacity but referred to they would a best interest assessor if they needed further expertise or a best interests meeting. Capacity was recorded appropriately in all the care records we reviewed.

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

- Patients were seen on the premises by the city, outreach and CAMHS teams. Staff carried alarms to summon assistance if required.
- The CAMHS team were the only service that had a clinic room. The room was child friendly, equipment for carrying out physical examinations was checked regularly and this was recorded.
- The city, east, west, outreach and autism bases were clean and well maintained. However, the walls in patient areas at the Child and adolescent mental Health Team were visibly dirty in places and rooms were sparsely furnished. The trust reported that lack of furniture in some rooms was in order for staff to clean the rooms easily for infection control purposes or after individual sessions. For example 'messy' therapeutic activities.
- Hand washing posters were displayed at the city, outreach and CAMHS offices and reception areas.

Safe staffing

- The overall establishment whole time equivalent of qualified staff across the services was 35. The overall whole time equivalent establishment of unqualified staff was 24. There were three vacancies for qualified staff and three for unqualified staff. All vacant posts had been advertised and interviews were planned.
- Staff sickness rates across the teams over the last 12 months were three per cent.
- Staff turnover over the last 12 months was 12%.
- The average number of patients on a full time nurses' caseload was 20, they said they were able to offer sufficient time to care for their patients and would be able to respond to a patient in crisis in a timely manner. Staff said that their caseloads were manageable,
- Staff managed their caseloads effectively; they discussed their caseloads during multi-disciplinary team meetings and in supervision. The teams did not have waiting lists for care coordinators at the time of inspection.
- There had been no use of bank or agency over the last 12 months. We were told that a member of nursing staff had been seconded into the city team to cover maternity leave.
- Staff said that they could easily access the psychiatrist via telephone when required, this included out of hours.
- The overall compliance rate for staff attending mandatory training was 89%.

Assessing and managing risk to patients and staff

- Staff undertook a risk assessment for every person who used services and updated them regularly.
- Where applicable crisis plans were present and up to date and there were local systems to manage risks out of hours.
- Ninety two percent of appropriate staff had received training in safeguarding adults and 90% of staff had completed safeguarding children training. Staff had a good knowledge of safeguarding processes and received mandatory training in safeguarding practices;
- There were good systems for lone-working which included a code word that staff used when they required assistance. Staff said this made them feel safe whilst visiting patients at home or whilst undertaking activities with patients in the community.
- Medication was not kept on the premises. Patients collected their own medication from their local pharmacy. Staff administered depot injections.

Track record on safety

- The trust reported in their provider information that there had been no serious incidents requiring investigation between 1 July 2015 and 30 June 2016.

Reporting incidents and learning from when things go wrong

Good

Are services safe?

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

- Staff knew how to report incidents. They were aware of the duty of candour placed on them to inform people who use the services of any incident affecting them.
- The services used an online recording system for incident reporting.
- Team meetings and supervision were used to discuss incidents and to learn from them. We attended a team meeting where learning from incidents was a standing agenda item and learning was recorded and shared.
- Senior managers shared a 'lessons learnt' bulletin with staff which included reviews and learning from incidents across the organisation.
- Staff were offered a debrief after incidents. Staff told us this could be done individually or in a group depending on the incident.

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

- We looked at 25 care records. All of these had up-to-date, personalised assessments.20 of the plans included patient and carers views and were holistic and recovery focussed. In order to aid understanding, staff had developed care plans for patients that explained their treatment in pictures as well as words.
- All teams used the trust's computerised records system ensuring greater accessibility of information. Secondary paper records were kept securely in locked filing cabinets behind a locked door.

Best practice in treatment and care

- Staff told us they were following guidance from the National Institute of Clinical Health Excellence (NICE) and the Department of Health when prescribing medication. They also included the guidelines about epilepsy, attention deficit hyperactivity disorder (ADHD) and challenging behaviour. The services offered assessments of behaviour that challenges, including functional analyses and other methods of assessing behavioural functions.
- Staff said that the patients' GP completed annual physical health checks. Patients were supported by staff to attend these appointments. All care plans we reviewed included health action plans to support patients to manage their physical health needs.
- Information about the outcomes of people's care and treatment were routinely collected and monitored using Health of the Nation Outcome Scales (HoNOS) and Patient Reported Outcome Measures (PROMs).
- Clinical staff had participated in audits of the care programme approach and record keeping.
- The city team ran "stop and think" coping group for people with traits of emotionally unstable personality disorder.

Skilled staff to deliver care

- The service consisted of a full range of disciplines required to care for patients. This included input from nurses, occupational therapists, physiotherapists, speech and language therapists, social workers, psychologists and psychiatrists.
- Data provided by the trust showed that average supervision rates were 60%. We spoke with 18 members of staff, 15 said they had regular supervision; three said that supervision was irregular.
- All staff said they had had their annual appraisal. The appraisal rate across the service was 83%.
- Staff said there were opportunities within the trust and externally for development opportunities these included epilepsy, autism, mental health and communication skills.
- Team managers said they had sufficient support to deal with poor performance and staffing issues.

Multi-disciplinary and inter-agency team work

- Teams held weekly multi-disciplinary meetings where issues were discussed and information was shared.
- Patient care was handed over in a planned way between the inpatient and community teams; this allowed the patient to get to know their care co-ordinator before discharge.
- Staff worked closely with community providers to support patients in residential accommodation. Staff spoke of good working relationships with the local authority and the care commissioning groups when trying to arrange packages of care. This helped to speed up the process which meant that patients received the care and support they needed in a timely manner.

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

- Seventy nine percent of staff had been trained in the Mental Health Act, 1983 (MHA).
- Staff said that they rarely supported someone on a Community Treatment Order. A Community Treatment Order (CTO) A CTO allows a patient to receive treatment, with certain conditions, in the community rather than in hospital. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while

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.

living in the community. The service was not supporting any patients subject to the MHA within the service when we inspected however staff demonstrated a good understanding of the MHA 1983.

- Staff said they had access to Independent Mental Health advocates if they had patients subject to the MHA. The trust used a local advocacy services that provided this service.

Good practice in applying the Mental Capacity Act

- Ninety five per cent of community staff had received the trust's mandatory training on the Mental Capacity Act (2005).
- All the staff we spoke with referred to the trust policy and had a good knowledge of the MCA and said they would use a best interest assessor if capacity was an issue.
- Capacity was recorded appropriately in all the care records we reviewed.

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

- Staff treated patients with kindness, dignity, and respect. We visited one patient with staff and attended two clinic appointments. When interacting with patient's staff spoke without using jargon and in a way that was appropriate to the individual patient. Staff allowed patients time to respond to questions and did not try to hurry them. We spoke with eight patients who all told us that the staff were very kind and looked after them well.
- The inspection team attended a clinical meeting where patients' individual needs were discussed and care was planned taking these into consideration.
- Staff maintained confidential records of patients care which were kept securely at the team office in locked filing cabinets within a locked room. Staff also used the trust's electronic records system.

The involvement of people in the care that they receive

- Patients were not always involved in the planning of their care. Five out of 25 care records showed that patient involvement had not been recorded.
- We spoke with eight carers. They told us that they felt supported by staff. They said that staff discussed the patients' needs with them regularly and they were involved in review meetings where decisions regarding patients care were discussed.
- Staff supported patients to access advocacy; posters were displayed in waiting areas.
- Patients were involved in delivering training to junior medical staff before they started working in the learning disability services.

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

- The service had not met the six week target for initial assessment, on average it was six days over.
- Referrals are reviewed by a referral management team where they are reviewed and allocated to the most appropriate team. Staff said following the initial assessment some patients were placed on internal waiting lists for treatment from specific professionals. The maximum waiting time for treatment was 12 weeks. The patients on the internal waiting lists were reviewed weekly by the team manager to assess if risks had changed.
- The teams had a duty system where a nominated member of staff was able to respond quickly when patients or carers telephoned with problems.
- We spoke with carers; they all stated that staff responded well when they contacted the service.
- Patients told us that staff were very flexible in times of appointments. They always gave patients choice regarding when and where they were seen. If either staff or patients cancelled appointments staff re-arranged in a timely manner. Patients told us that if staff were running late they contacted to let them know when they were likely to arrive.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients were seen at the city, outreach and children's and adolescent (CAMHS) team bases. Group and activity rooms were available. The walls in patient areas at the child and adolescent mental health team were visibly dirty in places and rooms were sparsely furnished. The trust reported that lack of furniture in some rooms was in order for staff to clean the rooms easily for infection control purposes or after individual sessions. For example 'messy' therapeutic activities.
- Access to rooms to undertake activities in the community for people with autism had been reduced. Staff said that activities were very limited and gave an example of where a patient had become agitated and they had no access to a quiet area. After completing a risk assessment staff resorted to driving the patient around in the trust car to calm him down.
- Interview rooms were adequately sound-proofed to ensure dignity and confidentiality for people who used services and were pleasantly furnished. Staff carried alarms and some rooms also had alarms.
- Patients had access to a range of information on treatments, local services, patients' rights and how to complain. This information was available in a variety of formats including easy read versions which enabled patients to understand and be involved in their care and treatment. Staff showed us some information leaflets they had made in easy read format to tell patients about the community service. We also saw information staff gave patients on advocacy and how to complain.

Meeting the needs of all people who use the service

- All team bases had facilities that were suitable for people with mobility problems.
- Staff had access to interpreter services. Interpreters supported staff, this included access to signers to support patients who used sign language. Staff we spoke with knew how to access this service should they need to. Staff also told us they could get information in different languages, but we did not see any examples of this. Staff told us they would have to request this when needed and it would be sent to them.

Listening to and learning from concerns and complaints

- The service had received eight complaints in the last 12 months, six of which had been upheld and none had been referred to the ombudsman.
- The patients we spoke with said they knew how to complain, they said if they were not happy with anything then they would feel comfortable speaking to staff to raise any concerns. If they could not speak to their care coordinator they said they would phone the office to speak with another member of staff.

Are services responsive to people's needs?

Requires improvement

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

- Staff knew how to manage complaints in line with trust policy. Staff said how they would manage complaints and had information on the patient advice and liaison service that they could give to patients.

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 staff we spoke with were aware of the trust's visions and values. These were displayed on posters in office and reception areas, staff were able to refer to them.
- Staff knew who most of the senior managers were in the trust and said the senior managers occasionally visited the teams.

Good governance

- There were governance arrangements in place to monitor performance, clinical care and treatment.
- Minutes of monthly staff meetings showed discussion of learning from incidents and complaints relative to the team at local level.
- Team leads reviewed staff mandatory training needs and supported staff to attend training in specialist areas.
- Staff maximised shift time on direct patient care activities. Care plans and risk assessments were kept up to date.
- Team leaders received monthly reports of key performance indicators and were able to develop plans to address any issues identified in the report.
- Staff told us that they would inform managers if they had any risk concerns that needed to be updated on the trusts internal risk register. Managers would then update the register accordingly.

Leadership, morale and staff engagement

- Staff told us that communications within the service was good. They received regular information via email, which contained information on new or updated policies and guidelines. Staff worked collaboratively and communicated well amongst the team. They had meetings each week and staff we spoke with said they felt very happy in their roles.
- Staff sickness rates were three per cent which is below the national average of four percent.
- The service had no ongoing bullying and harassment cases. Staff told us that they knew how to raise a whistleblowing concern.
- Staff were given opportunities to expand their knowledge and develop their roles by undertaking both internal and external training.
- Staff were able to give feedback on service development; the city team had invited the chief executive to discuss proposed changes to the team base and were awaiting a decision at the time of writing of this report.