Good

Devon Partnership NHS Trust

Community mental health services for people with learning disabilities or autism

Quality Report

Devon Partnership NHS Trust
Wonford House
Dryden Road
Exeter
Devon
EX2 5AF
Tel: 01392 403433
Website: www.devonpartnership.nhs.uk

Date of inspection visit: 27 - 31 July 2015
Date of publication: 18/01/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWV62	Wonford House Hospital	LD North and Mid Intensive Assessment and Treatment Team 01392 383000	EX31 1EA
RWV62	Wonford House Hospital	LD Exeter and East Intensive Assessment and Treatment Team 01392 208373	EX2 9HS
RWV62	Wonford House Hospital	Devon Autism and ADHD Service 01392 674250	EX2 7HU

Summary of findings

RWV62	Wonford House Hospital	LD West Intensive Assessment and Treatment Team 01392 385103	TQ9 5NE
RWV62	Wonford House Hospital	LD South and Torbay Intensive Assessment and Treatment Team 01392 388338	TQ12 4PH

This report describes our judgement of the quality of care provided within this core service by Devon 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 Devon Partnership NHS Trust and these are brought together to inform our overall judgement of Devon 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?	Good
Are services well-led?	Good

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We rated community mental health services for people with learning disabilities and/or autism as good because:

- There were safe levels of staffing. Staff turnover was low and vacancies in the teams were well managed. With the exception of one long term administrative vacancy.
- People using the service were supported in environments which were clean and fitted with safety alarms. Accessible information about relevant services was clearly displayed on the walls.
- Caseloads were low and people could access a psychiatrist on the same day.
- Within the past 12 months, teams averaged over 90% compliance with mandatory training including safeguarding adults, basic life support, infection control and fire training.
- Care and treatment was delivered in a person-centred, kind, respectful and considerate way.
- People who use services and their carers said that staff treated them with kindness, dignity and respect.
- Staff completed detailed assessments and care plans which were up to date and person centred.
- Staff followed NICE guidelines and people using the service used a wide range of psychological therapies. Primary care liaison nurses prioritised physical health checks and used imaginative approaches to support people to access primary health care services.
- Teams worked well with each other and shared best practice via regular multidisciplinary meetings.
- Feedback from people using the service, their families and external services was positive about staff attitudes and involving them in their own care planning.
- Locations were accessible for people who required disabled access.
- Staff spoke highly of their managers and teams knew who their senior management team were.
- Staff were confident about raising any concerns and understood the procedures around whistleblowing.

However:

- A long term vacancy for a full time administrative post in Exeter and east intensive assessment and treatment team (IATT) placed additional pressure on the clinical staff. Responding to phone calls and addressing paperwork put extra strain on the team.
- The management team in Exeter and east had not implemented a lone working risk assessment. Lone working procedures were not consistent or effective in the east, north and mid services.
- Staff were using two separate recording systems. There was a risk that information about people would be lost or not updated because the two systems did not interact with each other.
- Technical delays in setting up remote access to internal data systems for recording information was an issue in the intensive assessment and treatment teams. For example, some staff could not update records in a timely manner.
- Training records showed that staff had not had training in the new mental health code of practice.
- Supervision records in the Exeter and east IATT were handwritten and filed together, meaning confidential information was not stored according to the Data Protection Act.
- The Devon Autism and attention deficit hyperactivity disorder (ADHD) service had waiting times averaging seven months for an ADHD assessment and 22 months for an ASC assessment.
- There was a lack of evidence for measuring service delivery outcomes via key performance indicators in the intensive assessment and treatment teams where the manager post was vacant or newer managers were in post.

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 safe levels of staffing. Staff turnover was low and vacancies in the teams were well managed. With the exception of one long term administrative vacancy.
- Caseloads were manageable, averaging between four and five people in the intensive assessment and treatment team in the west and up to 12 in the Exeter and east IATT.
- People using the service and families told us that they could access a psychiatrist quickly, with two teams having a psychiatrist on site.
- Within the past 12 months, teams averaged over 90% compliance with mandatory training including safeguarding adults, basic life support, infection control and fire training.
- Duty workers prioritised new referrals weekly and people had full situational risk assessments completed and reviewed regularly.
- Staff knew safeguarding procedures and could raise an alert quickly with their safeguarding teams.

However:

- A long term vacancy for a full time administrative post in Exeter and east intensive assessment and treatment team (IATT) placed additional pressure on the clinical staff. Responding to phone calls and addressing paperwork put extra strain on the team. The lone-working policy required staff to contact the administrator in case of emergency, but the vacancy meant that staff could not follow the policy.
- The management team in Exeter and east had not implemented a lone working risk assessment. Lone working procedures were not consistent or effective in the east, north and mid services.

Are services effective?

Good

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

- There were detailed assessments and up-to-date care plans in place.
- Staff followed NICE guidelines and people could access psychological therapies.
- Nursing staff measured and recorded physical health checks using recognised tools.

Summary of findings

- The teams included professionals such as liaison nurses, physiotherapists, qualified dialectical behaviour therapy nurses, community social workers, psychologists, speech and language therapists, as well as occupational therapists, learning disability nurses and support workers.
- Teams followed the Mental Capacity Act in their practice, regularly assessed their practice and recorded when patients used independent mental capacity advocates (IMCAs). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live, finances and about serious medical treatment. IMCAs are mainly instructed to represent people where there is no one else, independent of services, such as a family member or friend, who is able to represent the person.

However:

- Using two separate internal data systems, RiO and Care First 6, was a risk to people using the service if information was not cross checked or updated on both systems. Technical delays in setting up remote access to internal data systems for recording information such as incidents, staff vacancies and sickness levels, (Daisy, Orbit and Electronic Staff Registers), was an issue in the intensive assessment and treatment teams (IATT). Staff said they struggled to update and access shared information. We saw these difficulties when we asked staff to show us information on their teams and the people they supported.
- Training records showed that staff had not had training in the new Mental Health Code of Practice. The manager and staff confirmed that MHA update training had not been completed yet.
- Supervision records in the Exeter and east IATT were handwritten and filed together, meaning confidential information was not stored according to the Data Protection Act.

Are services caring?

Good

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

- Staff had a caring approach and understood people's needs.
- People using the service, their families and external services, gave positive feedback.
- People had up to date positive behaviour support plans.
- The service had easy read information for people using the service and their families.

Summary of findings

Are services responsive to people's needs?

Good

We rated "responsive" as **good** because:

- All services, except the autism and ADHD service, had low waiting times to access psychological therapies.
- All teams had a daily duty response worker allocated to assess all new referrals.
- Teams used innovative approaches, such as the use of smart pads or tablets, to encourage people who were finding it difficult to engage with services.
- Appointment options were flexible to allow people to choose where they were seen and when.
- Locations were accessible for people who required disabled access.
- Staff actively encouraged feedback from people about their services via easy read feedback forms and 'forum feedback forms' following best practice meetings.
- Managers acted upon complaints appropriately, such as reducing the wait times for the autism and ADHD service from two years to nine months.

However:

- The Devon Autism and ADHD service had waiting times averaging seven months for ADHD assessments and 22 months for ASC assessments. The provider had reduced waiting times considerably at the time of inspection; however, waiting times were still lengthy and should be reduced further.

Are services well-led?

Good

We rated "well-led" as **good** because:

- Staff spoke highly of their managers and teams knew who their senior management team were.
- All of the staff we spoke to had been given the opportunity to be consulted in the recent redesign of learning disability services.
- Members of the staff union could collate opinions and share them with the board of directors.
- Teams had displayed what they were doing well and where they needed to improve in the communal areas.
- There was high morale and a positive approach from staff.
- Staff were confident about raising any concerns and understood the procedures around whistleblowing.

However:

- Issues around staff not being able to access IT systems impacted on some service delivery.

Summary of findings

- There was a lack of evidence for measuring service delivery outcomes via key performance indicators in the intensive assessment and treatment teams where the manager post was vacant or newer managers were in post. These managers or teams reflected that due to these services having only been set up in April, they were not yet at a stage of reflection where outcomes would be measured.

Summary of findings

Information about the service

The Devon autism and ADHD Service provide a diagnostic and advisory role for assessing people with high functioning autism/Asperger's syndrome and attention deficit hyperactivity disorder (ADHD).

The service supplements existing services and provides training and support to Devon Partnership NHS Trust staff to enable them to have sufficient skills and knowledge to support this client group.

The services they offer include:

• diagnosis of autism/ADHD

• treatment options for those with ADHD

• advice for staff currently managing a person with autism/ADHD

• training for staff in understanding and working with people with autism/ADHD.

Referrals are accepted from GPs and from Devon Partnership NHS Trust recovery coordinators.

The intensive assessment and treatment teams are multidisciplinary teams comprising of nursing, physiotherapy, occupational therapy, speech and language therapy, psychiatry and psychology. These teams support people who have a learning disability and a mental health problem who are severely distressed.

The intensive assessment and treatment teams are all new services following the trust's learning disability redesign referred to as 'changing directions', which came into effect in April 2015.

The primary care liaison team supports people with a learning disability to access mainstream services. This can either be for a planned admission, as an emergency, or as an outpatient. The liaison nurse will support with consent issues, and follow the person from admission to discharge ensuring their needs are met and that they understand information given to them.

This core service had not been inspected previously by the Care Quality Commission.

Our inspection team

Inspection Chair – Caroline Donovan, chief executive, North Staffordshire Combined Healthcare NHS Trust

Head of Inspection - Pauline Carpenter, Care Quality Commission

Team Leader- Michelle McLeavy, Care Quality commission

The team that inspected Devon Partnership NHS Trust community mental health services for people with learning disabilities and/or autism included: two CQC inspectors, one community mental health clinical psychologist, three senior nurses, one physical health and wellbeing lead, one learning disability and autism mental health service manager, one mental health and learning disability services operations director, one expert by experience, one student social worker and one senior manager from Monitor. The team was split into two to facilitate a total of five community team visits over three days. A CQC manager led one inspection visit.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

Summary of findings

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 visiting, we reviewed a range of information we held about the community mental health services for people with learning disabilities and/or autism. We asked other organisations and local people to share what they knew about the mental health services provided by the trust. We reviewed information that we held about these services and sought feedback from people using services, families and carers via our comment card box and by telephone interviews.

During the inspection visit, the inspection team:

- Visited four intensive assessment and treatment teams, one autism and attention deficit hyperactivity disorder service and spoke to primary care liaison teams, at five separate locations.
- Where there were clinical areas, we looked at the quality of these environments and saw how staff were caring for people.
- Spoke with nine carers of people who were using the service and collected feedback from nine carers using comment cards.
- Interviewed the divisional director with responsibility for some of these services.
- Attended and observed eight clinical appointments.
- Saw three hand-over meetings and three multidisciplinary meetings.
- Accompanied one speech and language assessment visit.
- Made telephone contact with three providers of care external to Devon Partnership NHS Trust, two parents of a person using services and one person using services.
- Spoke directly with six people using the service.
- Spoke with five managers or team leaders.
- Spoke with 53 other staff members; including doctors, nurses and other clinicians.
- Attended one focus group.
- Looked at 42 treatment records of people who were using the service.
- Looked at policies, procedures and other documents about the running of the services.
- Asked other organisations and local people to share what they knew about the mental health services provided by the trust.

What people who use the provider's services say

We spoke to six people who used the service. All six people were extremely positive about community mental health services for people with a learning disability. People told us they look forward to their sessions with the intensive assessment and treatment teams. People using the Devon autism and ADHD service were positive about the way clinicians explained things to them in their own preferred method of communication. People told us staff gave them time to ask questions and understand things. People using community mental health services were positive about the responsiveness, professionalism and helpfulness of the service. People told us that the teams have a sound working knowledge of the issues people with learning disabilities face.

Good practice

- The Devon ADHD service recognised that people may struggle post-diagnosis. As a result, they ran workshops and groups, which we heard had good results, for people after their assessment and diagnosis. These workshops covered topics to help people, such as establishing and maintaining positive relationships with family, friends and partners.

Summary of findings

- Intensive assessment and treatment teams innovatively used 'talking mats' to establish consent for treatment for people with limited communication. A 'talking mat', designed by speech and language therapists, uses specially designed picture communication symbols representing concepts and decision-making language.
- The intensive assessment and treatment service in the west used a highly person centred tool called 'guide to a good day', which detailed people's preferences, communication methods, triggers to behaviours and recovery plans. This was in place for people from their initial referral and assessment.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should continue to actively reduce the lengthy waiting lists for people using the Devon autism and ADHD service.
- The trust should ensure the lone working policy and risk assessments are effective and up to date in the intensive assessment and treatment teams in Exeter and east, north and mid.
- The trust should ensure all locations have access to internal shared data systems such as Daisy, ORBIT and electronic staff registers to ensure information regarding people using their services and their staff is updated and accessible.
- The trust should ensure the management team in the Exeter and east intensive assessment and treatment service store supervision and appraisal records confidentially in line with the service policies and the Data Protection Act.
- The trust should roll out training in the new Mental Health Act Code of practice to all teams.
- The trust should ensure staff are measuring and documenting outcomes for people using the intensive assessment and treatment service in Exeter and East.

Devon 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
LD North and Mid Intensive Assessment and Treatment Team	Wonford House Hospital
LD Exeter and East Intensive Assessment and Treatment Team	Wonford House Hospital
Devon Autism and ADHD Service	Wonford House Hospital
LD West Intensive Assessment and Treatment Team	Wonford House Hospital
LD South and Torbay Intensive Assessment and Treatment Team	Wonford House 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.

- The ADHD service offered diagnosis, initial advice, support, and signposting. The consultants were trained in the Mental Health Act and looked at comorbidities as part of assessment, referring on to community mental health services if they found issues other than ADHD.
- Mental Health Act documentation for the intensive assessment and treatment teams was present, dated and correct. All staff in this team had Mental Health Act training. They had access to support from the trust Mental Health Act team if required, as well as from the adult community health mental health team, who in most locations shared offices. None of the services supported anyone on a community treatment order.

Detailed findings

- Staff in all teams had training in section 117 of the Mental Health Act, meaning they could support people following discharge from hospital or from a community treatment order.
- Training records showed that staff had not been trained in the new Mental Health Act code of practice. Managers and staff confirmed this.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Intensive assessment and treatment teams in the north and mid, Exeter and east and south had 100% of their staff up to date with the Mental Capacity Act (MCA) training. In the west team, 90% of staff had this training.
- Staff at the intensive assessment and treatment teams told us that the MCA was integral to their work. Staff showed us mental capacity assessments in care records and we saw evidence of best interest meetings. Best interests meetings are likely to be required where decisions facing a person who lacks capacity are complex and cannot be easily made by the decision-maker and immediate colleagues.
- Care plans showed staff completed capacity assessments and sought people's informed consent for treatment.
- The intensive assessment and treatment teams had capacity assessments and consent to treatment forms in all records. Staff knew how to get support on any issues concerning the Mental Capacity Act. Staff understood capacity issues and best interests. We saw detailed records of best interest decisions. We saw examples of Mental Capacity Act assessments on RiO, including a recent consent to a risk care plan where the five statutory principles were recorded. A consent-to-a-referral document was in place, where the person had been involved and contributed to the capacity assessment. We saw evidence of input from family members. Consultant psychiatrists told us that asking for consent is embedded in the team's practice.
- The intensive assessment and treatment teams used 'talking mats' to establish consent for treatment for people with limited communication. A 'talking mat', designed by speech and language therapists, uses specially designed picture communication symbols representing concepts and decision making language.
- We saw the use of an independent mental capacity advocate (IMCA) during one assessment with a person using intensive assessment and treatment services in the west. The IMCA had been asked to support this person with an important life decision. We saw evidence of multidisciplinary meetings that had taken place around this issue with the aim of acting in the person's best interests.
- On a home visit we observed a group meeting with a person who used alternative communication methods; this consisted of an advocate being present to watch and interpret this person's body language and behaviours. We saw that the staff team involved this person as much as possible in decision making.

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

Please see summary at the beginning of this report.

Our findings

Safe environment

- Interview rooms at the east IATT in Honiton had alarms fitted in the interview rooms. When activated these were seen in the day centre and in the communal Devon County Council administrative area. This meant that help could be accessed promptly if there was an emergency.
- Staff carried personal alarms.
- At the Exeter and east IATT, we saw that teams had displayed health and safety executive notices which were up to date. Fire exits were clearly labelled and the environment was clean.
- The manager at the west IATT told us about an issue regarding infection control in a shared office environment that had been raised on the locality's risk register. Staff had noticed that there were poor standards of hand washing and infection control within their shared office environment.

Safe staffing

- All teams were well staffed with a wide range of professional disciplines across all teams, including psychologists, qualified nurses, physiotherapists, physiotherapy assistants, psychiatrists, occupational therapists and speech and language therapists. Staff turnover was low and vacancies in the teams were well managed. With the exception of one long term administrative vacancy.
- The Devon Autism and ADHD service was predominantly an assessment service and consisted primarily of psychologists. There were two occupational therapists, a learning disability nurse, a prescribing nurse, and a team leader. There was a high turnover of assistant psychologists because this was a standard career pathway for them, with an average stay of 18 months. The psychologists had all been there for over two years. There were no vacancies. The sickness rate in the past 12-months was 17%. This was due to two staff on long term sick leave, one of which was a planned absence.
- Services had the correct number and grade of staff according to the trust's live budget report.
- The north and mid, Exeter and east IATT averaged a caseload of eight to 12 people per worker. Physiotherapists carried larger caseloads due to the nature of their service and in Exeter and east, all caseloads were checked in weekly supervisions to ensure they were manageable. When we spoke to primary care liaison nurses across Devon, we found that their caseloads were slightly higher, averaging 16 to 20 people per nurse. The west IATT had the lowest average caseloads at four people per full-time worker, although caseloads for speech and language therapists were higher at between 16 to 20 people. Psychiatrists at all locations held the highest caseloads; however some had been decreased due to reducing the reliance on medication and increasing the use of psychological therapies. The psychiatrist at the west IATT held a caseload of 52 people.
- The allocation of a care co-ordinator was decided in weekly referral hub meetings by all IATTs inspected.
- People accessing the IATTs could access a psychiatrist promptly. Documentation showed same day responses to such requests. There were no waiting lists. We heard from parents and carers of people using the service who told us that access to a psychiatrist was quick.. Some services, such as the west IATT had a psychiatrist on site.
- All mandatory training for the community teams was recorded and up to date with teams averaging 90% compliance in some courses including fire training, infection control, basic life support and safeguarding adults. Staff told us that they received an email when a training course was due and could book on to this training independently of their manager, who was also sent a reminder. Team managers had scheduled in training that had gone overdue.

Assessing and managing risk to persons and staff

Good

Are services safe?

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

- Referrals to the Devon autism and ADHD service were triaged so that urgent cases were seen more promptly. Priority was given to those people who may pose a risk to themselves or others.
- Staff in the south IATT assessed and reviewed people regularly, based on identified risk factors. This could be weekly or quarterly dependant on the level of risk. Those seen as 'high risk' were reviewed at weekly team meetings.
- The Exeter and east team used a situational background assessment record decision (SBARD) to assess risk at the initial assessment. An SBARD is a technique that can be used to facilitate prompt and appropriate communication between healthcare professionals and allows for important information to be transferred accurately. RiO records showed that this formed the basis of a risk summary which included more detail around challenging behaviour.
- In the primary care liaison team, staff raised risk issues during weekly referral meetings. Nurses documented this within progress notes on RiO.
- Staff in the north and mid IATTs had completed and reviewed risk assessments; all four reviewed were up to date.
- At the west IATT, the manager told us that risk assessing begins during the initial phone call and that they completed SBARDS as much as possible before the Monday morning referral hub meeting. During these multi-disciplinary meetings, information about the person and any associated risk was discussed with everyone including the social care team.
- Following lessons learned from a death in the community the year before, staff completed a dysphagia check list during this initial risk assessment. We saw a member of staff complete a dysphagia assessment where current eating and drinking recommendations were reviewed and discussed with the person using the service.
- A 'referral and work task prioritisation' guidance tool was used by the primary care liaison team in the west, which showed the staff how to prioritise people.
- At the west IATT we saw a 'duty pathway' flowchart created for the duty advisor which showed the correct procedure to follow when receiving a new referral.
- A risk assessment was sent through to the IATT, highlighting an increased risk of choking. This was analysed by a speech and language therapist using the dysphagia screening tool, choking indicators were identified and a support plan was devised for the person.
- The Devon ADHD and autism service had raised six safeguarding alerts in the past 12 months. Staff could detail recent safeguarding examples, showing they operated expected procedures to ensure relevant agencies were alerted and to minimise risk to vulnerable people.
- Staff in all teams were trained in safeguarding procedures and could explain how they would raise alerts.
- Safeguarding issues were checked during initial referrals at the west IATT where the team followed a 'blue light protocol' via a conference call with the relevant clinicians. A representative from Devon county council attended weekly referral meetings and provided information about safeguarding to the team.
- The primary care liaison services held weekly safeguarding meetings.
- Staff were trained in personal safety and de-escalation techniques.
- There was inconsistency in following the lone working policy across the services. There were safe lone working practices in place at the IATT south, west and the primary care liaison teams. This included 'buddy' systems, if staff did not phone in at the end of a visit, an alert would be raised. There was use of an "in-out board" to monitor whereabouts. The primary care liaison teams had a lone working risk assessment in place. However, in the north, mid, Exeter and east teams, the lone worker policy was not being effectively implemented. The automated telephone system at the Civic Centre (the base for the north and mid team) did not allow for ease of access to emergency help for staff. For example staff were not able to use a pre-determined safe word if in need of support. This had potential to cause delays in receiving urgent help .
- In Exeter and east we saw that there was no lone working risk assessment and the use of the policy was not effective. For example, staff told us if there is an incident and they needed help, they would phone the office and give a safe word. However, due to the administrative post being vacant, there was no-one around to respond to this call. Staff described a backup plan which was to use the duty on-call number and we were told about plans to implement a buddy system.

Good

Are services safe?

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

- With all community teams there was an issue with lack of mobile phone signal in some rural areas.

Track record on safety

- There had been no serious incidents in the past twelve months in the Devon autism and ADHD service or the Exeter and east IATT. The manager of the south IATT told us about one adverse event where two people using the service were held in police custody for two days before a suitable bed could be found for them. The team held a serious untoward incident (SUI) review, which highlighted the lack of suitable psychiatric intensive care unit (PICU) beds for people with learning disabilities.
- Following heightened awareness about people with learning disabilities being at risk of choking, staff completed dysphagia assessments throughout a person's stay with the IATTs.

Reporting incidents and learning from when things go wrong

- Incident reporting was inconsistent across the teams. IATT managers recognised that incident reporting was low for the core service and the trust as a whole. The trust was in the bottom 25% of national reporting and learning system (NRLS) reporting. The managers for IATT recognised the need to train staff in identifying and reporting incidents and conducting lessons learned exercises post incidents.
- There was one incident reported at the Exeter and east team, the manager told us that incidents would be recorded by the care provider. Entries were made by the IATT on clinical notes and not on a separate incident report form.
- There had been one incident in the Devon autism and ADHD service where a document had been sent to the wrong person. It had been picked up and returned by the person's carer. In this incident, it was agreed at a best interests meeting that the error would not be revealed to the person as this would have been likely to have distressed them. This was agreed with the person's carer. This had resulted in extra checks in administrative processes to ensure letters and reports were correctly addressed.
- No incidents had been reported in the past 12 months at the west IATT. The manager told us that due to robust risk assessments, incidents were minimised.
- Teams shared incident reports written by providers through core group meetings with social care teams.
- Staff were clear on what to report and how to report incidents in the Devon autism and ADHD service.
- The primary care liaison team in the west could access the trust's incident reporting system remotely so could report incidents easily. They discussed information from incidents at multidisciplinary team meetings and in clinical supervision.
- The Devon autism and ADHD service received safety briefings from the trust. Those that were relevant to the service, such as incidents with community services or related client groups, were discussed in team meetings. The manager of the south IATT gave examples of incidents where learning was shared in the team and fed back to providers.
- The west IATT shared safety briefings from Devon Partnership Trust in their team meetings.

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

Please see summary at the beginning of this report.

Our findings

Assessment of needs and planning of care

- Staff completed ASC assessments in an initial appointment of four hours and involved looking at the person's background and developmental history, in accordance with NICE guidelines.
- Primary care liaison nurses described risk-based initial assessments completed within the expected timeframe of a week of a referral from the GP. The primary care liaison team held weekly referral meetings where people referred to the service by their GPs were seen within a week. Staff assessed people on waiting lists using the SBARD assessment tool during weekly referral meetings, allowing for important information to be transferred accurately. Staff at the Exeter and east IATT commented on their positive working relationships with GPs at the referral stage. We saw four examples of preliminary assessments at the west IATT. These included person centred assessments on communication, frequency and duration of behaviours linked with risk assessments and intervention techniques. Antecedent behavioural analysis (ABC) forms had been completed. It also detailed environmental analyses, financial capabilities, relationship information, occupation information, sensory abilities, severity of learning disability, function, person centred tools such as 'guide to a good day', health action plans, safeguarding information and had staff checklists, i.e. had RiO been updated, behaviours and intensity,
- The south IATT included education and finance components in its assessment and support.
- We looked at 11 care records in the Devon autism and ADHD service. They were all up to date, included the person's views, and showed evidence of consent and assessment of capacity. A copy of the care plan had been given to people using the service. Risk assessments were up to date. We noted documentation was clear, concise and detailed throughout the records.
- We looked at 31 care records in the IATTs. These were all up to date, personalised and holistic. All had thorough risk assessments in place. They showed evidence of people's involvement, consent and assessments of capacity. Easy read care plans were completed using the 'good life' model. The west IATT used a planning tool called 'guide to a good day'. This included information on what people liked or disliked and information written in the first person about 'what I understand' and 'how I respond'. The manager told us that all staff were asked to complete their own 'guide to a good day' before working with a person using the service, so they could understand how it worked. Accessible wellness and recovery action plans were completed using photos and symbols.
- Care plans were stored securely and accessed electronically. Some staff who worked jointly for the trust and Devon County Council (DCC) stored paper copies of files, to fulfil the DCC audit process. These were filed away in locked drawers.
- The IATTs were using two IT systems to access information and were having to ensure information was available on both systems. Due to the geographical location of some services along with delays in IT set ups, some people had limited access to RiO and were recording notes on the trust's older shared data system (Care First 6). We saw that this potentially impacted on the safety of people using the services; for example, some staff were recording people's notes on Care First 6, meaning that staff who only had access to RiO, did not have access to this current information. When we checked people's care plans, some staff were unable to show us information on one system as they were accustomed to using the other. The administrative teams for these services told us that they were reliant on good staff communication to ensure that scanning and uploading between the two systems was accurate. The managers of these services were aware of this issue and informed us that both systems would be replaced by Care Notes, a new shared information system, in August 2015.

Best practice in treatment and care

- In the north and mid IATT, the speech and language therapists (SALT) were using guidelines set by the royal college of speech and language therapists to prioritise referrals through the triage system. Staff used SALT assessments to appropriately assess needs and inform care plans.

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.

- The Devon autism and ADHD service recognised that people may struggle following a diagnosis. They ran workshops/groups for people after their diagnosis/ assessment. This covered topics to help people, such as family, friends, and relationships. The team had positive feedback from this, mostly in the form of unsolicited letters and emails.
- The south IATT gave examples of the national institute for health and care excellence (NICE) guidelines regarding challenging behaviour and how they were being followed by staff.
- At Exeter and east IATT, individuals could access a wide range of psychological therapies such as cognitive behavioural therapy, cognitive analytical therapy and systemic family therapy accompanied by positive behavioural support plans. Easy read information was provided on these therapies via access to an easy read website. The team would make their own easy read information tailored for the individual if it was not available on the website. There were baseline dementia assessment programmes in place for people with Down's Syndrome and NICE guidelines for challenging behaviour (May 2015) were in support plans on RiO.
- The west IATT shared NICE articles in their monthly business meetings. The latest guidance of supporting people with autism was shared in the last meeting to inform practice. The team had working lunches to share best practice guidance; leaflets from the last working lunch showed a 'philosophy of approach' for treatment planning and interventions that were discussed amongst the team.
- Primary care liaison nurses were able to access NICE guidelines remotely. We saw evidence of a nurse accessing NICE guidelines on narcolepsy and an evidence-based sleep chart.
- Physical health monitoring was very positive in all of the teams. GP surgeries in the area had signed up to an enhanced scheme which ensured annual health checks took place for people with learning disabilities.
- The Exeter and east IATT conducted two audits every year on anti-psychotic medication for people with learning disabilities. The south IATT conducted audits around the use of anti-psychotic medications to ensure that all prescribing was in line with NICE guidelines.
- In the north and mid IATT, the team were using recognised assessment and outcome monitoring tools, these included the model of human occupation screening tool (MOHOST) and occupational circumstances assessment interview and rating scale (OCAIRS). Staff used both MOHOST and OCAIRS at assessment. However, we did not see any evidence of these recognised rating scales being repeated at reviews or at case closure. This meant that we were not able to see documented evidence of the effectiveness of the interventions offered by the team. Managers acknowledged that they did not formally measure outcomes and this had been identified as an area for improvement within the teams. Carers advised us that they felt the team communicated well with them and this enabled them to be a part of the care plan approach and influence positive outcomes for their family member.
- All of the IATTs used health of the nation outcome scales assessment forms at the beginning of interventions and treatment period and prior to discharge so they can demonstrate and monitor progress and outcomes. Antecedent behaviour consequence forms were used among these teams to help identify any triggers around behaviour and monitor improvements in behaviour.

Skilled staff to deliver care

- There was a wide range of professionals to meet the needs of people using Devon autism and ADHD service. The service employed sufficient psychologists, psychiatrists and nurses to ensure people were properly assessed, diagnosed and treated.
- The IATTs included liaison nurses, physiotherapists, qualified dialectical behaviour therapy nurses, community social workers, psychologists, speech and language therapists, as well as occupational therapists and learning disability nurses and support workers.
- We observed a best practice support group at the Exeter and east IATT which provided an opportunity for the multidisciplinary team to share ideas and develop new approaches. During the meeting, a best practice forum action plan was completed, uploaded onto RiO and photocopies given to the team. A best practice feedback form was given out to all members following the meeting with the intention that issues are discussed and followed up in each meeting. Meeting minutes demonstrated that these follow up discussions occurred.
- The learning disability teams' redesign of the service, aimed to increase the amount of access people had to mainstream services. The teams we visited were made

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.

up of social care and mental health teams working together, this enabled staff to share knowledge and information and provide a holistic approach to people receiving services.

- There was a range of training available to staff across all disciplines and teams, this included; learning disability awareness, MOHOST training, hydrotherapy training, postural management training, clinical risk awareness and specific induction programmes for ADHD specialist staff.
- We spoke to primary care liaison nurses who told us that they receive specialist training in personal development, clinical risk, and continence. There was a practice nurse course available to all new starters.
- Records showed management and clinical supervision took place monthly in the Devon autism and ADHD service. Team meetings took place weekly. Staff in the IATTs had monthly supervisions and annual appraisals, and took part in weekly referral meetings and monthly business meetings. Clinical staff had both managerial and clinical supervision and professional supervision provided on a group basis. Some records seen in Exeter and east were not separated into individual files. This was a breach of the Data Protection Act.
- Psychology meetings were held every other month for psychologists and learning disability service teams across Devon. These were referred to as learning disability psychology business meetings. We saw samples of meeting minutes where placements were discussed for students. There was small scale evaluation on project ideas, models of consultation were discussed and there was evidence of feedback from recent conferences.
- There were no performance issues with staff in the Devon autism and ADHD service or in the IATTs.

Multidisciplinary and inter-agency team work

- Within the IATTs, multidisciplinary team (MDT) meetings happened weekly. This included a triage process to enable cases to be allocated within the team to the most appropriate discipline to lead on the area of need identified as a priority for the person. The MDT included occupational therapists, physiotherapists, speech and language therapists and consultant psychiatrists. Community based nurses and professionals were invited to attend as required. Meetings that we saw were comprehensive and discussed current risks and clinical and business issues. Staff from the west IATT worked well with social care staff and had good links with a local day centre which acted as a community hub for people using the service.
- We spoke to staff who told us they regularly attended networking and sharing good practice events across Devon. Physiotherapy staff reported good working relationships with other services. These included orthotics and wheelchair services and they also told us about partnership working with occupational therapists, learning disability nurses and primary care services.
- In the north and mid IATT we saw evidence of positive engagement with primary medical services and pro-active engagement with GPs and community nurses to ensure that physical health needs were met. Photographs of staff were used with people requiring primary care support ahead of appointments to reduce anxiety of meeting new staff at health appointments. Staff logged physical health issues and treatments clearly in case notes on RiO.
- The manager of an external care team told us that their team felt involved in the care planning for a person in supported living. They had access to the team as required and their views were sought and acted upon in the recovery process.
- The Devon autism and ADHD service liaised regularly with GPs, did some training with them and held workshops within the trust for staff working with people with ADHD and autism.
- The south IATT had liaison nurses who were based within the team but worked at the general hospital and alongside GPs. We were told that one benefit of this approach had been an increase in people with learning disabilities having health screen tests such as breast screening and cervical screening.
- The Exeter and east and west IATTs demonstrated strong working links with social care services, primary care services and other teams external to theirs. For example, good communication between teams who were working alongside each other in an open office environment, about people who were using services.

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

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.

- The ADHD service offered diagnosis, initial advice, support, and signposting. The consultants were trained in the Mental Health Act and looked at comorbidities as part of assessment, referring on to community mental health services if they found issues other than ADHD.
- Mental Health Act documentation for the intensive assessment and treatment teams was present, dated and correct. All staff in this team had Mental Health Act training. They had access to support from the trust Mental Health Act team if required, as well as from the adult community health mental health team, who in most locations shared offices. None of the services supported anyone on a community treatment order.
- Staff in all teams had training in section 117 of the Mental Health Act, meaning they could support people following discharge from hospital or from a community treatment order.
- Training records showed that staff had not been trained in the new Mental Health Act code of practice. Managers and staff confirmed this.

Good practice in applying the Mental Capacity Act

- Intensive assessment and treatment teams in the north and mid, Exeter and east and south had 100% of their staff up to date with the Mental Capacity Act (MCA) training. In the west team, 90% of staff had this training.
- Staff at the intensive assessment and treatment teams told us that the MCA was integral to their work. Staff showed us mental capacity assessments in care records and we saw evidence of best interest meetings. Best interests meetings are likely to be required where decisions facing a person who lacks capacity are complex and cannot be easily made by the decision-maker and immediate colleagues.
- Care plans showed staff completed capacity assessments and sought people's informed consent for treatment.
- The intensive assessment and treatment teams had capacity assessments and consent to treatment forms in all records. Staff knew how to get support on any issues concerning the Mental Capacity Act. Staff understood capacity issues and best interests. We saw detailed records of best interest decisions. We saw examples of Mental Capacity Act assessments on RiO, including a recent consent to a risk care plan where the five statutory principles were recorded. A consent-to-a-referral document was in place, where the person had been involved and contributed to the capacity assessment. We saw evidence of input from family members. Consultant psychiatrists told us that asking for consent is embedded in the team's practice.
- The intensive assessment and treatment teams used 'talking mats' to establish consent for treatment for people with limited communication. A 'talking mat', designed by speech and language therapists, uses specially designed picture communication symbols representing concepts and decision making language.
- We saw the use of an independent mental capacity advocate (IMCA) during one assessment with a person using intensive assessment and treatment services in the west. The IMCA had been asked to support this person with an important life decision. We saw evidence of multidisciplinary meetings that had taken place around this issue with the aim of acting in the person's best interests.
- On a home visit we observed a group meeting with a person who used alternative communication methods; this consisted of an advocate being present to watch and interpret this person's body language and behaviours. We saw that the staff team involved this person as much as possible in decision making.

Good

Are services caring?

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

Summary of findings

Please see summary at the beginning of this report.

Our findings

Kindness, dignity, respect and compassion

- Staff spoken to at all levels and across all disciplines demonstrated a caring approach to people using services. Staff demonstrated good knowledge of the needs of the individuals. Feedback from partner agencies and carers was positive; staff within the team were described as hard working and positively engaged in the recovery of people using services.
- We observed two clinic appointments at the Devon autism and ADHD service. Interviews were well-conducted. The clinician frequently summarised and checked the person understood and gave clear information on what was to happen, including follow-up actions. The clinician showed a warm and receptive manner.
- Staff working with other teams noted that the staff at the IATTs were respectful and polite when working within their services.
- People who used services and carers described learning disability teams as caring in their approach. We spoke to people using services who said that they are always treated with respect and that staff are friendly. People said that staff were kind, helpful and supportive, and they felt listened to.
- People we spoke with were extremely positive about the Devon autism and ADHD service. They told us that the clinician helped them understand their conditions, and listened to them.
- We spoke with people using the service at Exeter and east who told us that they look forward to their sessions with the psychologist. During an observation of such a meeting we saw easy read picture cards being used during the appointment to assess recognition of specific scenarios involving groups of people in social situations.
- We saw that people with limited communication reacted positively to the staff at the west IATT, who utilised advocates to ensure that the person had their preferences around communication met.
- Devon autism and ADHD service staff showed a good understanding of people using the service both in group discussions of their needs and in personal interactions with them during appointments. We heard from one carer who told us that the west IATT team have a sound working knowledge of the issues that people with learning disabilities face, especially the occupational therapists and the speech and language therapists.
- The west IATT gave people a leaflet containing everyone's photographs next to their job role so that the carers can show the person who will be seeing them beforehand. These leaflets also explained what the team does in easy read format.

The involvement of people in the care they receive

- One person using the service told us that they felt supported by the team. They were living in supported accommodation, had regular meetings and were fully involved in planning for their recovery.
- Teams had collated information packs and made them available for people using the Devon autism and ADHD service. Families could attend assessments and were encouraged to provide supporting information. There was a family and friends support group. People were informed and fully involved during their assessments.
- At Exeter and east IATT we saw a positive behaviour support plan detailing aspirations and goals and the aim of the plan. Staff had documented in the plan evidence of what the person enjoyed and did not enjoy, their history and family tree, 'important to and important for', triggers to behaviours and ways in which to prevent distress, all of which was largely written by the person using services. These were referred to as 'in a place of wellness recovery plan' or a 'crisis contingency plan'.
- The west IATT showed us a document called 'guide to a good day' which was offered to everyone using the service and demonstrated person led planning and involvement. We saw a formulation meeting where a tool called 'my communication' was utilised so the team knew how to interact with the person according to their preferences. During this meeting we also saw a home vision assessment called 'how I use my functional vision', compiled with the person using the service. The work completed by the person and the team was

Good

Are services caring?

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

identified through the formulation plan and carried out during the months before the next formulation meeting. In this team, care plans were accessible to people using services via smart pads or tablets.

- We spoke to people using services who told us that their learning disability nurse put their care plan into easy read and that they now had a copy at home. People we spoke to felt that they had been involved in creating their care plans. We saw accessible health action plans using photo symbols to ensure the information was pictorial and meaningful for the individual.
- We spoke with seven relatives of people using the south IATT . They were all complimentary about the service. They said it was informative, person-led and very responsive.
- We spoke to carers and parents of people using services in Exeter and east IATT who described the service as excellent because staff were responsive and they never had to ask for things twice. They told us about involvement in meetings with their family member and said there was a good range of information available to them. Parents and carers said they felt fully involved in care planning and that communication was regular and they are prepared in advance for any meetings. One parent described the team as having a holistic approach, working with them and GPs, healthcare professionals, hospice care and the learning disability team. They told us they felt the team worked well together and were very supportive and inclusive of families
- We spoke to one carer who told us the team had provided them with 'a lot of information' from psychologists about behaviours. The carer said that the team had provided training about understanding autism, gentle teaching approaches, dealing with distressing behaviours and total communication. The carer told us that this training, delivered to carers in team sessions, had helped support carers to support the person using services in a more person centred way.
- Users of the Devon autism and ADHD service had access to advocacy through the trust, or through the National Autistic Society. People who were not happy with their diagnosis could be supported by an advocate if they wished. There was both local advocacy and trust wide advocacy services available for users of the IATT. In the Exeter and east IATT, people who used the service told us about a dedicated 'men's' group' where they discussed issues such as hate crime, illnesses and alcohol. People told us that within this group they have gained confidence to speak out for themselves and have 'come out of their shell'.
- We saw how people were informed and fully involved during their assessments. Production of video reports by the south IATT for people using services and carers showed excellent involvement of people receiving a service.
- During one observed visit, a person fed back to their team who had no verbal communication using a tool called 'creating narratives not labels', which asked the person how they felt their sessions were going using accessible resources and through careful observations of body language.
- The Devon autism and ADHD service advised us they had very little response to surveys. They had used mass mailings, and 'survey monkeys' (on line surveys) but had only received 2 responses out of approximately 100 surveys sent out. They were now using the 'family and friends' surveys used by the trust, but again, were having very low responses.

Are services responsive to people's needs?

Good

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

Summary of findings

Please see summary at the beginning of this report.

Our findings

Access, discharge and transfer

- Within the IATT, there were some discrepancies between data held by the trust on referral and waiting times and their actual wait times. This was due to errors in inputting data since the services started up in April. The data gathered in reference to waiting times has been seen via sampling RiO records at each location.
- IATTs had a daily duty worker who assessed new referrals on the phone, risk assessed the known information and brought this to weekly hub referral meetings. A care coordinator was allocated during this meeting and need for referral to psychological therapies assessed. Average wait time for speech and language therapy varied from two weeks for a person in urgent need to 18 weeks for a person with less urgent needs. All waiting lists we saw were flexible and regularly prioritised.
- Primary care liaison teams saw people within a week of referral from their GP. The IATTs were meeting their two week referral to treatment targets. A screening tool was in place, seen daily by the duty worker who checked if the new referral was appropriate for the service. There were no delays to access psychological therapies.
- The Devon autism and ADHD service had lengthy waiting lists. The autism service had a waiting list of 22 months, with 260 people on the waiting list. The trust was negotiating with the clinical commissioning group for additional resources to help reduce this to 18 weeks. At present, it was accepting an average of 14 referrals a month. The manager advised that the service was able to see people at a rate that matched the rate of referrals, but because the service had a large number of referrals when it was first created, it had struggled to make an impact on the subsequent backlog. The ADHD service had a waiting list of seven months where there was no pre-existing diagnosis and twelve weeks where there was a previous diagnosis. A key point from experiences that have been received by Healthwatch Devon about Devon Partnership NHS Trust during year two (2014/15) was 'the wait for care co-ordinators, autism services and mental health treatments are over a year long and that people are giving up'.
- The Devon autism and ADHD team triaged referrals so that more urgent ones could be seen earlier. Any new information received had the potential to change risk assessments of referrals. We saw examples of where people had been seen earlier because of risk factors.
- In other teams, duty workers are able to prioritise urgent referrals during working hours and during weekly referral meetings Any increased risk about new referrals is raised and people are prioritised appropriately.
- For the Devon autism and ADHD service, people were referred primarily via GPs, with some referrals from other Devon partnership trust teams.
- The south IATT triaged and responded to calls within one working day during office hours Monday to Friday. Users of the service were positive about the responsiveness of the service. One person who used the service said the service was flexible and there was always someone to help them.
- The staff at the west IATT told us that their duty response system worked well especially as the duty worker was responsible for screening new referrals.
- The issues around lack of administrative support in the Exeter and east IATT reception office had caused some delays in responding to people calling in. However this was rectified by calls being redirected to the on-call duty worker.
- Learning disability community services were piloting the use of smart pads or tablets to engage people in their treatment. This was a result of a grant being awarded by NHS England. We saw this being used with a person in a community centre. They interacted well with an application to express their likes and dislikes through pictures. The person expressed a preference for using the iPad during the session and the speech and language therapist (SALT) engaged with them to ensure that their preferences for the activities undertaken were met. This person was given a choice about the type of activity they engaged in, and where this took place in the building they sat in. They told us that they were seeing the SALT to help them to understand things better and they could communicate with others more clearly as a result of their sessions with the SALT.

Are services responsive to people's needs?

Good

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

- Interactive apps were being used with pictures and photos used in wellness recovery action plans. We saw a total communication tool ('TC Now'), being used as part of the Google sensory specific apps available to team, working with people using the service.
- There were numerous interventions being used across the multidisciplinary team to engage people using the services and carers, this included the use of sign language, pictorial care plans and verbal communication of care plans as required. This ensured that people and carers could engage fully in the multidisciplinary team approach.
- Staff at the north and mid IATT had adopted a positive approach to supporting a person using services to access primary health services. The person had expressed anxiety about accepting physical health interventions. The nurse co-ordinating the care plan engaged with the person to enable them to access primary care services, this included taking photographs of key personnel within primary care team to share with the person, visits to the primary care services without engaging in a medical intervention in order to reduce anxieties. The person using services successfully attended appointments for physical health care concerns.
- Clinical audits were being conducted in the ADHD service to look at why one third of clients did not attend appointments. Strategies such as text messages and re-imbursement of expenses were in place to try to improve access to the service. To ease any anxieties of those awaiting an autism assessment, the assistant psychologist would ring them prior to the appointment to explain the process.
- We saw evidence of and heard from carers and people using the service that flexibility of appointment times and locations for appointments was offered, this included community venues and home visits. It was established practice for different disciplines within the team to see people in different settings to inform the assessment process and provide a holistic assessment. Carers and people using the service told us that appointments were flexible both for location and time of appointments. If needs changed between appointments the team was responsive. One paid carer described the consultant psychiatrist as being available to provide support as required.
- For the Devon autism and ADHD service, there was flexibility in appointment times. Appointments allowed for people having to travel from different parts of the county.

The facilities promote recovery, dignity and confidentiality

- During our observations we saw that all interview rooms were clean, had appropriate furnishings and were well maintained.
- People using the north and mid IATT were referred into appropriate external resources as required, for example, there was access to a social communication group at St Petroc College. The observed session we attended was held in a community venue which specialises in arts and crafts activities for people with learning disabilities, the person had the opportunity to join in with activities if they wanted to.
- We spoke to one person using services who told us that the door was always shut during appointments and they were held in private to protect their dignity and maintain confidentiality.
- There were easy read information leaflets on safeguarding, activities, personal health, hospital passports and we also saw a poster displaying everyday Makaton signs. There were also easy read leaflets regarding physical health issues, mental health, learning disabilities and advocacy services. Staff could access a website about information on learning disabilities where there was advice about best practice and easy read information that could be down loaded.
- At the west IATT, there were easy read accessible leaflets about the role and function of the team, including photographs of the staff members alongside their job roles. We saw easy read information leaflets about the speech and language therapy service, the staff of which confirmed that care and treatment plans were available in easy read for people using the service and their carers.

Meeting the needs of all people who use the service

- There was access for disabled people at the Devon autism and ADHD service. One person using the service told us they had "no trouble finding the venue, offices, consulting rooms". However, because it was a county wide service, some people had to travel extensive

Are services responsive to people's needs?

Good

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

distances across the county to attend a diagnostic clinic, which only took place at the one site in Exeter. People living in the north of the county for example, could face journeys of 70 miles to attend the diagnostic clinic.

- At both locations for Exeter and east IATTs we found disabled toilets and accessible ramps at the front of the building.
- At Exeter and east IATT we saw a pre-check questionnaire written out in easy read. It included information about doctors, dentists, had a men-only and a women-only section. We saw that the person using services was aided to complete this prior to attending their appointment.
- The IATTs gave examples of when interpreters had been used. However, staff said they were sometimes difficult to get. The Devon autism and ADHD service gave an example of one person's relative who spoke different language, so the information leaflet was translated into that language. More commonly, staff booked sign language interpreters for people who were deaf.

Listening to and learning from concerns and complaints

- There were eight complaints for learning disability and autism community services in the past 12 months; none were referred to the Ombudsman. Half of those complaints related to long waiting times for the autism and ADHD community service. There were three complaints about care received and one about staff attitude. The complaints about waiting times for the autism and ADHD service were upheld and we saw evidence that the service had reduced waiting times from 20 months to seven months for ADHD assessment and from 30 months to 22 months for ASC assessment.
- There were eight compliments received within the past 12 months. Seven were compliments about the Devon autism and ADHD service and one for the learning disability primary care team. Compliments praised the level of effort the staff put into assessments and how staff positively treat the people using the service.
- People and relatives we spoke to from all of the teams told us they knew how to complain. At the west IATT, people using services were given feedback forms following discharge from the service to enable people to give anonymous feedback about the service.
- One service manager told us they received limited feedback to the service from the complaints department and patient advice liaison service about the findings of the complaint, if the investigating officer was not based within the service. They said they had to ask for details of complaints made, and then found one complaint had been wrongly attributed to their service.
- We saw one complaint at the west IATT office about risk assessments on RiO not being up to standard. The service had responded in a timely manner and asked the person how they should improve. We saw the updated risk assessment following a meeting about the complaint.

Are services well-led?

Good

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

Summary of findings

Please see summary at the beginning of this report.

Our findings

Vision and values

- The IATTs were established in April 2015 and areas of practice were still embedding at the time of our inspection. Staff felt that the changes were positive, had felt involved and listened to in the redesign and felt they understood the changes being made within the trust.
- A manager told us that they attended monthly senior management meetings and forums where the trust's slogan, 'is it good enough for my family' was raised and discussed in an open forum. The manager told us these values are reinforced and assessed during staff performance meetings.
- We saw posters displayed at Exeter and east IATT evidencing work completed within team meetings about where their strengths and weaknesses were when answering the five questions that the Care Quality Commission (CQC) asks of services - are they safe, caring, effective, responsive to people's needs and well-led. Under each heading, teams had recorded areas where they were doing well and areas that they needed to improve upon. Staff they told us that these topics had been discussed in team meetings and were open about how they planned to improve.
- We heard staff talk positively about their team leaders. Staff told us that the managers lead them well and bring diversity and different perspectives to team discussions.
- We spoke with a member of the staff union group, called Staffside, who worked closely with the senior management team during the consultation process. Staff told us that the process was well planned and did not feel rushed. Staff could meet with the chief executive and directors and told us they felt listened to.
- Staff that we interviewed told us they had been invited to the trust's feedback forum, 'Our Journey'. Managers told us that directors do come and spend time with the teams and attend meetings.

Good governance

- Staff received mandatory training, and took part in clinical audits. They reported and learned from incidents and complaints and followed safeguarding procedures.
- We saw that staff supervision and appraisal records were up to date and staff told us that they were regularly supervised, receiving both managerial and clinical supervision when appropriate.
- During our inspection we could see staff alternating between going out to appointments and writing up notes. The use of smart pads or tablets enabled staff to work on admin tasks remotely.
- Incident reporting was low in all services inspected. Staff told us that incidents were mainly logged by other providers, such as care homes, where the person using the service spent the majority of their time.
- Clinical staff participated in clinical audits across the services we inspected.
- Following the complaints logged, staff were working to address long waiting lists and times in the Devon autism and ADHD service.
- We saw from training records that staff had not been trained in the new Mental Health Act code of practice.
- We saw key performance indicators for supervision and training for the Devon autism and ADHD service, these were being met.
- There was a team manager vacancy in the north and mid IATT but staff told us that this had not impacted on the functioning of the team as the support provided by the service manager had been sufficient to meet their needs.
- Managers said they had submitted items to the trust risk register, such as different electronic systems in use that were not compatible with each other. The manager of the Devon autism and ADHD service gave an example of an issue that had been put on the trust risk register regarding the support and resourcing of the social care side of the service that was moving to another provider. They said this was likely to come off the register when there had been agreement on its future support and funding.

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.

- The manager at west IATT told us they could access the trust's risk register during external meetings but not from the service location as they cannot access the system.
- Issues around staff not being able to access IT systems impacted on some service delivery. For example, occupational therapists were not able to access RiO remotely to update information. When they returned to the base, they had to record the information separately on two different systems because the social care team and mental health team were on separate systems. The team at the west IATT were reliant on information being sent to them by the trust rather than being able to access information on shared data systems.
- Staff at the west IATT they told us that lack of access to IT systems was an issue as it slowed down the process of updating care plans and risk assessments.
- There was inconsistent outcome monitoring across the community services. Staff relied on carers and people using services telling them of improvements. One manager was aware of the trust's aspirational plan for the coming year and was involved in monthly development groups and performance meetings. At the west IATT, outcome data was sent to the manager for performance measuring, as the location was unable to access the shared internal data systems (Orbit, Electronic Staff Records and Daisy)

Leadership, morale and staff engagement

- Staff were aware of whistleblowing in the south IATT. It was a positive and supportive team. Our observations indicated they worked well together.
- Staff at all IATTs commented on the open and honest nature of the senior management team during the service redesign. People felt safe to raise concerns.
- In all the IATTs, there was a positive approach from staff, who demonstrated high morale and motivation for their jobs. They were aware of and able to take advantage of training, development and career opportunities and enjoyed working within a multidisciplinary team.
- The Exeter and east IATT had recently organised a team away day to engage the team in reflective practice following the redesign of learning disability services. The team had also taken part in staff listening events

Commitment to quality improvement and innovation

- The use of smart pads and tablets demonstrated a cost saving exercise. One member of staff told us how they had won a nurses' grant to purchase smart pads. This person told us how positive this was as instead of making staff redundant, the trust could save money by selling buildings and asking people to work from home as part of their agile working policy.
- The Devon Autism and ADHD Service was a recruiter site for PHD research studying experiences of those with ADHD transitioning from children's services to adult services.
- Staff within the service had been commended for the development of Facebook groups for those with ADHD and their supporters.
- The Exeter and east IATT held monthly best practice meetings which discussed individuals and then invited the multidisciplinary team to work together to facilitate problem solving, share knowledge and expertise. An action plan was created in the meeting which was updated on RiO. Staff reflected that they valued this opportunity to collaborate as the teams are still very new and links are still being formed. Staff completed feedback forms following these meetings so issues are followed up at the next meeting. The group was formed following the service redesign to ensure that adults with a learning disability have equal access to services by creating a multidisciplinary team approach.