

Outstanding



Solent NHS Trust

Community mental health services for people with learning disabilities or autism

Quality Report

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Date of inspection visit: To Be Confirmed
Date of publication: 15/11/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
R1CF2	St James Hospital	Learning Disability Healthcare Services	PO4 8LD

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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated community mental health services for people with learning disabilities as outstanding because:

- Staff truly respected and valued service users as individuals and aimed to empower them to achieve what they wanted to. All staff had a focus on the individual in what they did, with an ethos of enabling service users'. The service was focussed on the needs of the people using it and valued their participation in their care. Leadership within the service drove a positive, valuing and learning culture that staff thrived in.
- The service was innovative in developing new approaches to care and was responsive to the needs of service users. These were developed collaboratively with people using the service.
- Capacity and consent were carefully considered in all interventions. Interventions followed best practice guidance and latest research which the service regularly reviewed.
- Governance arrangements were exemplary. The service had excellent learning from complaints and incidents. The service continually reviewed best practice and national guidance and how it could be applied to the service. The service worked hard to gain feedback from people using the services in different ways and then acted on it.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as good because:

- The service had a strong open learning culture in which staff were committed to reporting and learning from incidents.
- Safeguarding was robust with integrated working with the local authority and good supervision and support for staff to identify and raise concerns.
- Caseloads were of an appropriate size with sufficient staff and low sickness rates.
- Staff considered service users' risks with them and their carers. Crisis and risk management plans were in place and of a very good standard.
- Service users were actively involved in managing their own risks with engagement with carers and other organisations such as supported living.

However:

- Risk assessments were recorded on the generic electronic recording tool and varied in quality.

Good



Are services effective?

We rated effective as outstanding because:

- The consideration of consent and capacity was evident in every intervention staff took. Staff actively sought it using a variety of techniques appropriate for service users' with communication difficulties and impaired functioning. Decisions were not made without the service users' and carers involvement.
- The service actively engaged in activities to monitor and improve quality and outcomes. This included constantly reviewing latest guidance and research and adapting the service intervention in line with it. Staff were proactively supported to acquire new skills and share best practice.
- The service was committed to developing new approaches. This included an evidence-based approach to reduce antipsychotic medication by working collaboratively with families and carers to find the best way to do this and working with volunteer trainers: service users who delivered training to other statutory agencies on learning disabilities.

Outstanding



Summary of findings

- There was a holistic approach to assessing, planning and delivering care and treatment to people using the services. Care plans were comprehensive and innovative in their approach. Clinicians worked in partnership with colleagues in social care to deliver full packages of care.
- Outcomes were routinely measured and demonstrably positive for service users.

Are services caring?

We rated caring as outstanding because:

- Staff truly respected and valued service users as individuals and aimed to empower them to achieve what they wanted to. All staff had a focus on the individual in what they did with an ethos of enabling service users.
- Feedback from service users' families/carers and external stakeholders was continually positive. Service users were effusive in their praise for the staff.
- Staff had detailed knowledge of service users on their caseload and were able to individually tailor packages of care to meet those needs.
- Service users were fully involved in decisions about their care.
- Staff always empowered service users to have a voice and to realise their potential. There was determination and creativity to overcome obstacles to delivering care for service users with communication difficulties and keep them involved in their care. Service user's individual preferences and needs were always reflected in how care is delivered.
- Service users had an active voice in how the service was delivered through a well-run participation group, seeking of service users' views, and service users working in the service as volunteer trainers.

Outstanding



Are services responsive to people's needs?

We rated responsive as outstanding because:

- The service was very responsive to new referrals with quick access times.
- The introduction of the innovative named worker system which provided a named worker from the health team or social workers for all people with learning disabilities in Portsmouth, even if they did not currently need support of services. Carers

Outstanding



Summary of findings

valued this, and external care providers, as it enabled issues to be addressed quickly before they reached crisis. Service users, carers and external stakeholders all said the service responded quickly.

- The service fully understood the needs of the people it worked with and made adjustments to ensure they were accessible. The majority of the care was delivered in service users' own homes. Appointment times were flexible to meet the needs of people. Crisis support was available seven days a week through the intensive support team.
- The Kestrel Centre environment was fully adapted to service users' needs with written, visual and braille signage. The service had consulted with people on the reception area and acted on that response, reducing the stimulus for people with autism and providing a distraction box.
- Complaints were well managed with an open learning culture demonstrated by staff.

Are services well-led?

We rated well-led as outstanding because:

- The leadership, governance and culture all aimed to improve the delivery of high quality person-centred care. The service had a strong leadership team that set high standards. The service manager was respected and valued by staff in the team and external stakeholders.
- The service had an enthusiastic person centred team that was open to learning and innovative in trying new approaches to service users' care. This was driven by the service manager and supported by the team leaders. This culture was totally focussed on the needs of the service user.
- There were high levels of staff satisfaction including the local authority staff in the integrated team. Staff were proud to work in the team and spoke highly of the culture. Staff felt valued in their work. Staff at all levels were actively encouraged to raise concerns and were comfortable to do so.
- Work to develop the service was done collaboratively with the staff team and with people using the service.

Outstanding



Summary of findings

- Governance was exemplary with detailed learning and actions that were owned by the whole team. The service continually reviewed best practice and national guidance and how it applied to the service. Learning from incident and complaints was detailed and openly discussed by all staff.
- The service was committed to quality improvement and development working with national programmes and developing research and best practice approaches.

Summary of findings

Information about the service

The learning disability healthcare services provided by Solent NHS trust are commissioned to provide specialist care to people with a learning disability in the Portsmouth area.

The service comprises of four teams that work in partnership. The four component teams are:

Community Learning Disability Healthcare Team (CLDHT)

Complex Healthcare Team (Intensive Outreach Service)

Intensive Support Team (Intensive Outreach Service)

Learning Disability Hospital Liaison Team. This provides support to people in acute general hospital. We did not visit this service during this inspection.

The service worked with people who had a learning disability aged 18 and over and had healthcare needs, either physical or behavioural, that need support or specialist intervention.

The services are delivered in partnership with staff in the local authority in an integrated team. Social workers in the local authority had come under the management of trust staff in April 2016 to further integrate the services.

The service was last inspected in March 2014 during a comprehensive inspection. The service was inspected with other mental health services and no rating was awarded at that time. There were no requirement notices given for this service.

Our inspection team

The inspection was led by Joyce Frederick, head of hospital inspection, CQC.

The team that inspected this core service comprised of one CQC inspection manager and three specialist advisors including a psychologist, nurse and physiotherapist who all have experience in working in learning disabilities services.

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 service users' needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about this service, and asked the trust for further information.

During the inspection visit, the inspection team:

- visited the Kestrel centre and looked at the quality of the environment and observed how staff interacted with service users
- spoke with four service users who were using the service
- spoke with three family/carers of people using the service
- spoke with three managers in the service
- spoke with 19 staff, including doctors, nurses and other professionals

Summary of findings

- spoke with 16 external stakeholders including social workers and managers in the local authority and managers of local supported living provision
- reviewed seven staff supervision and appraisal records
- held three focus groups
- attended a multidisciplinary meeting
- observed two episodes of care including a home visit
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

People using the service and their carers were all very positive about the service. They told us that staff were responsive and listened to their needs.

Information collected by the service in patient surveys was universally positive.

Good practice

- The service had a team of service users' who were volunteer trainers. This team would deliver training to raise awareness of learning disability issues to other statutory organisations such as hospitals, dentists and the police.
- The complex healthcare team had a learning disability primary link nurse role to GP practices to improve the experiences of people with a learning disability accessing their surgeries. This included providing training, validating learning disability registers and supporting practitioners with individual patients.
- The service was involved in research on dementia in people with learning disability.
- The consultant had been working with the team to introduce interventions that allowed them to rationalise and reduce the use of antipsychotic medication. A consultation had been completed and work was being coproduced with the service user participation group.

Areas for improvement

Action the provider SHOULD take to improve
Action the provider SHOULD take to improve

The provider should review the generic risk assessment template to ensure it meets the service users' needs.

Solent 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
Learning Disability Healthcare Services	St James 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.

All staff had received training in the Mental Health Act but it was rarely used.

One patient had recently been discharged from a community treatment order (CTO). A review of his records found all paperwork had been in order and rights under the Mental Health Act had been given appropriately in a way that met their communication needs. A full review had been completed prior to discharge from the CTO.

Six patients from the area were detained under the Mental Health Act in hospitals outside of the region. The service had an identified clinician who acted as care coordinator for all of them and was actively involved in their reviews with an aim of supporting them to return to the Portsmouth area if possible. The clinician had been recognised in the trust's internal awards for their work with people detained out of area.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act.

Detailed findings

Records showed mental capacity and consent were always considered. Staff described using advocates to help with the process if required.

Staff displayed excellent knowledge and understanding of the Mental Capacity Act and how to apply it in their daily work. They were careful to consider service user wishes and feelings when they lacked capacity. For example, a care plan for a service user who did not have verbal communication described a physical intervention required to help with their additional physical disabilities. Staff had recorded in the capacity assessment that the service user's gestures and eye movement could be considered assent when they explained the procedure whilst completing the intervention and that there was no distress or agitation when it was completed. The capacity assessment also recorded that if the service user showed any agitation or distress during the procedure then staff should stop at

once taking this as the service user refusing consent. The assessment stated when a best interest assessment should occur to determine if the intervention should continue. Other records reviewed also had consent and capacity considered in this way.

The service also worked with other providers to ensure they considered capacity and consent appropriately for people with learning disabilities. For example, a consultant in the local hospital had recommended a surgical procedure for a service user. Following intervention from the complex healthcare team which had looked at the individual's quality of life and ability to manage the procedure and capacity to understand the implications, a less intrusive intervention was agreed with input from a speech and language therapist, dietician and physiotherapist. This achieved a better outcome for the individual.

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

- The Kestrel centre had one interview room with alarms. This had two entrances and was used for new assessments or where there were concerns.
- There was no clinic room. However, one interview room had scales, height rod and a sphygmomanometer to complete non-invasive physical checks.
- The environment of the Kestrel centre was clean and well maintained. There had been a problem with the cleanliness before April 2016 and the service had engaged with the landlord, NHS property services, to address the concerns. This had resulted in a new cleaning contract being awarded which had greatly improved the cleanliness according to staff. The service manager had placed the issue on the risk register until resolved, showing the service was focussed on having a clean environment.

Safe staffing

- The service had 30 whole time equivalent posts with no current vacancies. However, four staff were on maternity leave at the time of inspection. Only one staff member had left the service in the previous 12 months. When a position became vacant, the multidisciplinary team would review the post and the service skill mix dependent on the service need. For example following the departure of a nurse, the team had diverted the funding for the post into an occupational therapy position.
- Caseloads were manageable. Staff had on average 20 active cases per clinicians. Since April 2016, staff also had five people with learning disabilities assigned to them in the role of named professional. The named professional role gave service users' and carers a single point of contact to raise issues with at any time even if they were not receiving an active intervention.
- Managers reviewed caseloads sizes and high-risk cases with clinicians monthly in supervision. Every three months, clinicians would do a detailed discussion on all their cases with a manager.

- Sickness rates were low at 2.4%. There was evidence of active monitoring of two specific periods of sickness with support to staff in the previous 12 months.
- Mandatory training was at 94% for the service. The service manager was able to demonstrate that if maternity leave were accounted for, this would be 100%. Mandatory training compliance was reviewed individually with staff monthly in their supervision.
- The consultant psychiatrist in the team was described as very accessible and responsive by staff within the service, service users and carers. There were clear cover arrangements from the community mental health consultants for when they were on leave. Full briefings of current high-risk cases were provided to the mental health consultants for when they were covering annual leave or out of hours on call.

Assessing and managing risk to patients and staff

- Risk assessments were present in all records but varied in quality. Although risks were all correctly identified and acted on by the staff team, there was a lack of detail recorded in some records. Clinicians used the risk assessment tool on the new electronic record system, but did not use any specialist risk assessment tools. Staff said that the new record system was too generic and did not meet the needs of the population they worked with. Staff said there was less detail than on the previous system.
- Clinicians considered risk at all times in their formulation and we observed this in team meetings. Service user views (or their carers) on their risks were also considered and recorded at review meetings. Service users had copies of their risk assessments.
- Crisis plans were in place, when appropriate, which recorded service users' and carers' views on how to respond. On call doctors from the mental health teams were given briefings on any service users' who were currently having some challenges and where the crisis plan could be found. The service intensive support team would also design a package around people if required. The crisis plans were comprehensive and appropriate.

Are services safe?

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

- The service responded promptly to any deterioration in individual's presentation. Service users, carers, social workers and supported living providers all reported that if people went into crisis there would be an immediate response.
- Managers actively monitored waiting lists at a weekly referral meeting. Patients were assessed and started treatment within six weeks.
- All staff were up to date with safeguarding training. Regular safeguarding supervision was available. Staff displayed excellent awareness of when to raise a concern, the service recorded all referrals as incidents and collated them yearly. Due to being in an integrated service with local authority social workers, concerns were acted on swiftly by members of the integrated team.
- A lone working policy was in place. Staff followed the policy and all had mobile phones.

Track record on safety

- There were no serious incidents reported in the previous 12 months.

Reporting incidents and learning from when things go wrong

- The service recorded 33 incidents in 12 months. The service regularly discussed the incidents and any

learning from them at the monthly clinical governance meetings. The service also reviewed the incidents in its annual report which broke the incidents down into themes of:

- Safeguarding alerts about other services (23)
 - Medication errors within other services (three)
 - IG breaches from other services (one)
 - Verbal Abuse to staff by relative (one)
 - Concerns re carer (one)
 - Mortality Review (four)
- Staff were aware of recent incidents and how to report them.
 - The team had good knowledge of learning from incidents. All staff were able to talk about a data breach in the month before the inspection. The service had received a crisis referral that need immediate action and a staff member had typed the surname into the electronic system and contacted the wrong family. Staff were able to describe the immediate learning from this that they should not enter the electronic system without two pieces of identifiable information. For example, name and date of birth or name and NHS number. The service had contacted the family to apologise showing appropriate application of the duty of candour.
 - Staff received debriefs as appropriate following difficult situations. For example, staff were given a debrief and support after an intensive period supporting someone with palliative care.

Are services effective?

Outstanding



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

- Care records were comprehensive with full assessments.
- Care plans were developed with the service user and their wishes and outcomes were taken into account. Staff recorded how they gained feedback from service users who did not have verbal communication skills through a variety of communication aids. The care plans were personalised, holistic, with clear goals for the intervention recorded.
- Care plans were designed with easy read pictorial versions where needed. Other formats for care plans, such as social stories were also used. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. These could be presented in a variety of visual formats with photographs or graphics.
- Local supported living providers described how they were always consulted on the care plans and asked for any additions.
- Records were all secured on an electronic record system. This was a new system recently introduced and staff were having some difficulty with it. Although staff had received training, they reported it was taking them longer to input their assessments and reviews than previously. This was on the service risk register and regularly discussed at team meetings to find solutions.

Best practice in treatment and care

- The service was able to demonstrate that it followed National Institute for health and care excellence (NICE) guidance and the latest research in its interventions. Each month at the clinical governance meeting, the team would identify any new guidelines or best practice published nationally. Staff would then review and present back to the governance meeting how that guidance applied to their service users' and what changes to practice were required. Fifteen pieces of national guidance were reviewed in the 12 months prior to the inspection, including the NICE guidance

“Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, NQ11, NICE (2015)”.

- The service had regular clinical practice forums with different clinicians reviewing the teams practice in each area. The forums included; forensic practice, challenging behaviour, mental health, autism, supporting culturally aware service delivery, communication, dementia, transition and health promotion.
- The service was working to actively identify best practice in dementia care for people with learning disability and was involved in research. The service had identified with a healthier aging population of people with learning disability that this was an area that needed to be addressed.
- The complex healthcare team had a learning disability primary link nurse role to GP practices to improve the experiences of people with a learning disability accessing their surgeries. This included providing training, validating learning disability registers and supporting practitioners with individual patients.
- The complex healthcare team actively supported service users with complex healthcare needs. This included supporting people in preparing them for hospital admissions or working with them to understand and self manage health conditions that might lead to complications. The team worked practically to address concerns. For example, two nurses were trained in phlebotomy to work with people who required tests but from whom practice nurse in general practices were unable to obtain samples. The nurses had a 93% success rate in getting samples from people who were previously refusing to agree to provide them.
- The service had introduced a system of completing basic observations by nurses of service users before seeing the consultant psychiatrist. This ensured they were able to maximise their time with service users and monitor any physical health changes that might need alerting to the general practitioner or that might be as a result of medication changes.
- The consultant had been working with the team to introduce interventions that allowed them to rationalise and reduce the use of antipsychotic medication. A

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paper had been prepared 'patient safety project report: reducing the use of psychotropic medication in adults with learning disabilities, who present with behaviour that challenges'. This paper had a literature search on best practice in prescribing. A record of facilitation of focus groups to discuss anxieties and potential strategies to reduce anxieties with family carers, paid carers and service users. The identification of resources to be identified sourced and purchased and the development of a care pathway and additional resources for the prescribing of psychotropic medication for people with learning disabilities who present with challenging behaviour. The aim of this paper and work was to be able to introduce the reduction in a way that families and carers were fully involved in. The care pathway was in draft form and had been co-produced with the service user participation group.

- The service actively engaged with local employers. The service, at the time of the inspection, was offering a work placement to an individual in the administration team. Within the service a learning disability champion – funded by the local authority – engaged external stakeholders. For example, following discussions with network rail an 'adopt a railway scheme' was introduced. This led to the service supporting people into voluntary work in the upkeep and presentation of local stations.
- Through the integrated team, clinicians were able to work with social worker colleagues to address housing and benefits issues that might be affecting individuals behaviour and functioning.
- The service regularly used the health of the nation outcome scales for learning disability (HONOS-LD) to objectively evaluate the care provided. This was a key performance indicator set by commissioners. The other was that all patients should have a health action plan. The commissioners had a target of 90% of open cases should have both HONOS-LD and a health action plan in place. The service had achieved 93% for HONOS-LD and 91% for the health action plan.
- The service conducted regular audits of its clinical care. Nine clinical audits were planned for the coming year with lead clinicians assigned for example an audit on healthy eating support for people with a learning disability.

- The trust had engaged in a peer review process with other learning disability services in neighbouring NHS trusts.

Skilled staff to deliver care

- The service had a full range of experienced disciplines to work with service users including a psychiatrist, nurses, occupational therapists, support workers and psychologists. However, at the time of our inspection there was no psychology cover due to maternity leave. This was on the risk register and the service manager monitored this for any impact on care through the weekly multidisciplinary team meeting. The service had a dietician from another trust attached to the service for a day a week and 0.6 speech and language therapy. Due to the service being integrated with the local authority, social workers worked alongside the team to look holistically at service users' needs.
- Staff received regular supervision and appraisals. All seven staff files reviewed had regular supervision records with staff and managers signing a supervision contract setting out the expectations and format of the supervision. This was renewed yearly. Supervision addressed any caseload concerns and included a three monthly full caseload review. We saw in one record the member of staff working through objectives to address concerns raised by someone using the service. This was done in a supportive way, but with clear expectations of what the member of staff should achieve.
- The consultant psychiatrist, as the only doctor in the service was encouraged and supported to access peer support and supervision from learning disability consultants in other trusts.
- All staff in the service had an appraisal in the previous year. Appraisals were individualised and focussed on individual clinician's needs. However, they also incorporated objectives that had been agreed by the whole staff team on an away day.
- Staff were able to access specific training for personal development if it met the service needs. The whole team considered the training needs required for the service and developed a training plan. For example, staff in the intensive support service had all been supported to complete accredited positive behaviour support

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(PBS) courses in line with best practice identified in the transforming care concordat and the recent NICE guidance on challenging behaviour and learning disabilities.

- Students were well supported in the service and positive about the experience. Students included nursing, occupational therapists, psychologists and social workers. However, there was no trainee doctors post which the consultant was hoping to address with the support of the medical director.

Multi-disciplinary and inter-agency team work

- The multidisciplinary team meeting was held weekly, which also considered referrals. The meeting we observed was chaired by one of the clinical nurse managers who was aware of all the new referrals prior to the meeting and able to lead clinical discussion on them. Staff told us it was normal practice for the chair to prepare for the meeting by thoroughly reading the referrals. Staff were respectful about the service users discussed in the meeting and valued each other's clinical knowledge and skills. The minutes were projected on the wall with a team administrator taking minutes and actions and updating them live.
- The local authority worked closely with the service and held commissioning responsibilities under a section 75 agreement. This had led to a fully integrated service with local authority social workers working alongside the trust healthcare staff. In April 2016, this integration was taken a step further with the trust service manager and the band seven team leaders taking over the management of the social workers.
- Staff were positive about the integrated service, with both social workers and clinician's from the trust describing close joint working that helped to develop swift responses to service users' needs, for example in gaining continuing healthcare funding.
- The integrated service had three monthly joint meetings with all trust and local authority staff. This included presentations, shared learning with the agenda set jointly between health and social care. The meetings also had regular workshops to review evidence and develop joint approaches. All staff in the integrated service found this valuable.

- There were good working relationships with GP's. The complex healthcare team provided practical support when primary care services were unsure how to address the complexity of some service users' needs.
- Managers in local third sector supported living provision described the support they received from the service as excellent. They described having clear lines of communication with the service that they could contact if they had any concerns. One provider was appreciative of recent challenging behaviours training that the team gave to all the providers delivered by a nurse and care support worker. Another provider described receiving bespoke person centred training on epilepsy and the medication a service user in their service had been prescribed.
- The service provided training through service user volunteer trainers supported by clinical staff to other agencies. This aimed to promote a better understanding of learning disabilities and the support the service could offer. The trainers had visited police, dentist, GP's and other agencies. The service was working on a project to deliver training in nursing care homes, which it saw as a priority due to an increasingly healthy elderly learning disability population.

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

- All staff had received training in the Mental Health Act but it was rarely used.
- One patient had recently been discharged from a community treatment order (CTO). A review of his records found all paperwork had been in order and rights under the Mental Health Act had been given appropriately in a way that met their communication needs. A full review had been completed prior to discharge from the CTO.
- Six patients from the area were detained under the Mental Health Act in hospitals outside of the region. The service had an identified clinician who acted as care coordinator for all of them and was actively involved in their reviews with the aim of supporting them to return to the Portsmouth area if possible. The clinician had been recognised in the trusts internal awards for their work with people detained out of area.

Are services effective?

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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.

Good practice in applying the Mental Capacity Act

- All staff had received training in the Mental Capacity Act.
- Records showed mental capacity and consent were always considered. Staff described using advocates to help with the process if required.
- Staff displayed excellent knowledge and understanding of the Mental Capacity Act and how to apply it in their daily work. They were careful to consider service user wishes and feelings when they lacked capacity. For example, a care plan for a service user who did not have verbal communication described a physical intervention required to help with their additional physical disabilities. Staff had recorded in the capacity assessment that the service user's gestures and eye movement could be considered assent when they explained the procedure whilst completing the intervention and that there was no distress or agitation when it was completed. The capacity assessment also recorded that if the service user showed any agitation or distress during the procedure then staff should stop at once taking this as the service user refusing consent. The assessment stated when a best interest assessment should occur to determine if the intervention should continue. Other records reviewed also had consent and capacity considered in this way.
- The service also worked with other providers to ensure they considered capacity and consent appropriately for people with learning disabilities when they also had physical health care needs. For example, a consultant in the local hospital had recommended a surgical solution to an individual's health issues but, following intervention from the complex healthcare team that had considered the individual's quality of life and ability to manage following surgery a more conservative management plan was put into place with input from a dietician, speech and language therapist and physiotherapist. This achieved a better outcome for the individual.



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

- All service users and carers we spoke to were extremely positive about the staff in the service. Care was described as excellent.
- Service user's said that staff were supportive and easy to talk to.
- Carers described staff as approachable, helpful and that they found solutions. They told us that staff were always there for support and calmly talked through issues to help solve problems.
- Carers said that interactions were always good and focussed on the service user. For example, one carer said her son was blind and unable to speak but hears and responded using body language and basic sounds. When visiting, staff talked to him straight away upon arrival, he knew their voices and laughs and therefore interacts.
- We observed that staff truly respected and valued service users as individuals and aimed to empower them to achieve reach their potential. All staff had a focus on the individual in what they did with an ethos of enabling service users.
- Interactions between staff and service users were respectful and engaging. During our visit, any service users visiting the service were always acknowledged and given a friendly warm welcome by all staff who encountered them. During episodes of care we observed staff providing practical support which acknowledged service users' emotional vulnerability and was empowering. For example, a service user on a diet plan who was making a sandwich not on their meal plan was encouraged to consider whether they wanted it with praise for the fact that the snack was using healthy options. This enabled the service user to make their own choice which the member of staff respected.
- Feedback collated by the service in the April 2016 carer satisfaction report had 95% of respondents saying that they were "very satisfied" with the professional conduct of staff (out of 28 responses). Ninety three per cent were "very satisfied" with the approachability of staff. The other respondents were all "satisfied" with no negative comments.

- The service also used service user questionnaire feedback. In November 2015, the service changed the format to an accessible version of the friends and families test. There were 91 responses for the year. The results were very positive with a 98% response for services overall being "good" or "alright", and 2% of service users' who responded to the question with "don't know".
- Staff had detailed knowledge of service users on their caseload and were able to individually tailor packages of care to meet those needs.

The involvement of people in the care that they receive

- The service actively promoted the involvement of service users in the running of the service. Service users worked as volunteer trainers who delivered programs on living with a learning disability to health and social care professionals. These were regarded as members of the team and their photographs were alongside the staff pictures in the reception area. An active service user forum helped in service development and the recruitment of staff. On the day of our inspection, a service user was interviewing for new staff. Two service users involved in the participation group told us that they felt part of the team and that they had a voice and were able to negotiate and choose what was best. There were numerous examples of work that the participation group had been involved in and a written summary about each group meeting was made publicly available on the accessible information website and staff intranet. The service and the trust valued the work of these individuals who had recently been nominated and won at the trust recognition awards. The service users who had won told us they felt incredibly valued both by the nomination from the team and that they had won.
- Service users were seen as active partners in their care. Leaders within the service promoted this value. If service users felt they were not fully involved in decisions, they felt able to speak out and say so and we saw an example of managers addressing this to enable staff to work differently.
- We saw that service users' views, individual preferences and choices were recorded in care plans and case records. Staff ensured that the views of individuals who did not have verbal or written communication skills



Are services caring?

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

were also recorded by detailing their views from their communication method. For example, gestures, communication aids, non-verbal sounds or eye movement.

- The service proactively collected feedback from patients to aid in service development. Surveys were sent out regularly and an iPad was available with apps that aided those with communication needs to provide feedback that way.
- Service users and/or carers were encouraged to complete a feedback form after concluding an episode of care or every four months if support was ongoing. This was available in more simplified format, such as using 'talking mats', if required. This was collated into reports with learning for the service detailed and actions discussed at the governance meeting.
- The service also collected service user stories. This involved getting the story of the person's involvement with the service from them or their carers. The lead clinician was also asked to give an account of the service user's time in the service. These were collated and presented to the clinical governance meeting where success was celebrated and lessons learnt from any challenges discussed.
- The service worked with local community advocacy services to ensure service user's voices were heard. Especially independent mental capacity advocates (IMCAs).
- Service user feedback was prominently displayed and acknowledged in the reception area.

Are services responsive to people's needs?

Outstanding 

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

Our findings

Access and discharge

- In the previous 12 months, there was one breach of the 18-week referral to treatment national target, which was due to the service user not responding to contact. The average time between referral and treatment was approximately six weeks. As assessment was carried out within the six-week timescale. However, the service did not record the referral to assessment or assessment to treatment timescales.
- All urgent cases were seen within the 48-hour target set by commissioners.
- The healthcare service had on average 150 active cases open at a time. Seven hundred service users in Portsmouth with a learning disability were in contact to the integrated service. If social workers had a concern, then the service was able to begin work with service users quickly as part of the integrated working.
- The service was seeing an average of 776 contacts per calendar month between April 2015 and September 2015. This was against a target set by commissioners of 650. Figures were unavailable from October 2015 following the introduction of the new electronic record system. This was being addressed with the trusts' information technology department.
- For new referrals not known to the service, joint assessments would be carried out with the social workers in the integrated team to review eligibility for services. If people did not meet the criteria for the service, then they would be referred to more appropriate provision.
- The introduction of a named worker system across both the health and social worker teams had improved access according to staff, carers and supported living providers. This had been introduced in April 2016 following the local authority social workers coming under the health management. All people with a learning disability in Portsmouth were assigned a named worker from the health staff and social workers. The service user, carers and staff in external agencies such as supported living or work placements, would know this named worker. An expectation was created that named workers would have regular three monthly contact with service users even if there were no issues, even if this meant just meeting for a coffee. The named worker would be the first point of call if there were concerns that needed addressing. The named worker was responsible for producing an outcome focussed support plan with the service user. The aim of the initiative was to give consistency to service users' and their carers, as well as addressing issues early before they escalated. Although staff were nervous at the potential workload impact, the majority were positive about the change.
- Carers and external stakeholders said it was easier to get hold of staff since this had been introduced. Eight out of nine social workers who manned the duty crisis line said that the number of crisis calls had reduced since the introduction of the system, with one saying the number of calls had remained the same.
- Staff gave an example of how a service user who was frequently using primary care health services during the day was now supported in both paid and voluntary work since the initiative started. This resulted in better outcomes for the service user and less pressure on inappropriate use of primary care services.
- The carer of a young person who had recently moved from children's services into the adult service said that the transition was excellent and that staff helped it go very smoothly.
- Managers in local supportive living described the service as very responsive. One manager gave an example of when a service user was about to be operated on and the service users' quality of life was in question. The manager contacted the named nurse who was prepared to attend a meeting to immediately address the issues.
- Staff were flexible about appointment times with the main service offering appointments until 18.00 hours to support those in work or college.
- People who did not attend appointments were monitored and if necessary staff took proactive steps to engage them if a risk was identified. The consultant psychiatrist reviewed if any themes emerged from missed appointments. For example, it was noted that several service users living in services supported by one social care provider had missed appointments. The service addressed this with the provider.

Are services responsive to people's needs?

Outstanding



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- Service users that needed more dedicated support were under the care of the intensive support team. This team worked seven days a week between eight in the morning to eight in the evening. The team worked with service users who were at risk of their placement breaking down due to behaviours that were challenging services. The intensive support service had been operating in its current form since the closure of the local inpatient beds for people with learning disability three years ago. There would be a minimum of one staff on duty out of the four team members and manager. However, the team were flexible depending on the interventions being carried out at the time.
- The intensive support service demonstrated its efficacy by the low numbers of people being admitted to inpatient beds. Only six people were in beds out of area; all had a forensic offending history and had been placed in hospital by a court order. The service had a clinician who actively managed the six cases, attending care programme approach meetings and working with local providers to design care packages that would allow them to be discharged back to Portsmouth where that was possible.
- Interview rooms and meeting rooms were all adequately sound proofed to protect confidentiality.
- Information on the service was available in a variety of formats. Staff had a library of 124 easy read leaflets. Easy read is a format that makes information accessible through visual means for people who have communication difficulties. The service ensured there were leaflets to explain the service and also to help people identify and manage health concerns. For example, there was information on cervical screening and even a leaflet explaining the risk volcanic ash following a health warning in the area to stay indoors due to the risk of ash in the air. The leaflets included ones from other sources such as 37 leaflets on different medications service users' in the service might be prescribed. The service created its own with the help of people using the service. A further seven were currently in draft format which included explanations of students in the team and what happens in police custody. A selection of these leaflets was available in the reception and staff would ensure copies were given to service users who needed them. Service users told us these were made available to help them choose treatments.

The facilities promote recovery, comfort, dignity and confidentiality

- The majority of service users' were seen in their own homes or other environments in the community.
- For people who had more complex communication challenges, staff would use a variety of techniques including customised social stories, electronic aids such as talking mats and other tools, to ensure service users have an understanding of the interventions being offered.

- The environment at the Kestrel centre was welcoming and met the needs of people using the service. Artwork completed by service users' was on display through the centre. The service had provided a bench outside the main entrance following feedback from service users.

- The service had actively removed what was described as "needless clutter" in the reception area to reduce the stimulus which could affect and distress some people. The service had previously aimed to provide as much information as possible until feedback showed that this had made the reception a "scary place". Information was now provided on a large television.
- The service had sensory equipment available in reception for service users' who could still find the environment overwhelming. These included ear defenders to cut out noise and 'fidgets', such as stress balls and puzzles to distract service users.

Meeting the needs of all people who use the service

- The service had adapted the environment to meet the needs of the service users who used the service. All paperwork including letters and information leaflets had a stylised symbol of a Kestrel which had been designed by a service user. This symbol was on signage throughout the St James hospital site where the service was based, including on the floor outside the service, to help enable service users who did not have the ability to read to find the service.
- Meeting and interview rooms within the Kestrel centre were all on the ground floor with a marked access ramp leading in. All doorways had signage which described every room's function including a picture and

Are services responsive to people's needs?

Outstanding



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translation in braille for people who were visually impaired. For example, the cleaning cupboard had a picture of someone with a mop and the toilets had a picture of a toilet and braille translation underneath.

- The service was able to adapt its information to other languages as required. For example, their care programme approach documentation had recently been translated to Polish.
- Staff reported that there were no problems with access to interpreters if required.

Listening to and learning from concerns and complaints

- The service reviewed compliments and complaints and learning from these was shared with staff. One complaint and six concerns had been raised in the previous 12 months. Of these one was still being investigated and three were upheld and appropriate action taken.

- Staff saw the value in listening to and learning from complaints, and issues were addressed in a supportive manner. For example, during our records review we saw a complaint from a supported living provider about a member of staffs approach when they visited. There was full communication with the provider by the manager apologising and stating the issues would be addressed. Supervision records showed the staff member was supported to reflect on their approach with that provider and how to engage differently. The member of staff volunteered this example separately to another inspector in a focus group in front of a number of their colleagues, stating managers were supportive in helping address the concerns. This demonstrated an open duty of candour by all staff with shared learning.
- Service users and carers were all confident that they knew how to complain and that the service would respond appropriately if they did.

Are services well-led?

Outstanding



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

- Commissioners described the service manager as service user focussed in everything they did and on achieving good outcomes. They believed that the wider team, due to the leadership that was provided, shared this ethos. This was evident to our inspection team.
- Staff said that senior leaders in the trust were visible and approachable. The medical director had visited the service in the previous month and spent time understanding the service.
- The team discussed trust objectives in the clinical governance meeting and how they applied to their service.

Good governance

- The service had a comprehensive governance structure. A regular, well recorded, monthly governance meeting considered and reviewed all aspects of the service. Forums looking at latest research and best practice guidance reported into the meeting and the service adjusted its clinical practice accordingly. The meeting reviewed incidents and complaints. It also celebrated best practice.
- The governance meeting also reviewed trust policies. Staff were allocated trust policies to review and feedback to the team how the policies would apply to the service.
- The service completed an annual report which detailed themes of learning and development of the service.
- All staff had regular supervision, appraisals and were up to date with required mandatory training.
- Staff reported a no blame culture with learning and support following incidents and complaints from managers. Staff were open and transparent about errors and felt comfortable raising them to managers and our inspectors.
- A comprehensive audit programme was in place with action plans attached to the outcomes that were reviewed in the clinical governance meetings.

- The service collated large amounts of service user feedback through surveys, service user stories and the participation group. This was collated and action plans developed.
- The service key performance indicators were discussed in team meetings and reviewed in the annual report and with commissioners.
- A comprehensive risk register was in place for the service. The service manager identified which risks would be escalated to the trust's risk register and actively reviewed and updated the risk register regularly. The risk register was a standing item at the clinical governance meeting, which also considered any risks on the trust wide register and how they might apply to the service.
- The service manager had autonomy to make decisions about the service and felt supported by senior managers in the trust and local authority.

Leadership, morale and staff engagement

- Staff were all positive about the leadership and management in the service. External stakeholders were also complimentary about how the service was run and confident in the leadership. This was demonstrated by the local authorities' decision to give the service manager the management responsibilities of the local authority social workers in addition to the staff from the trust from April 2016. The service manager was described as a pragmatist and an idealist. The leadership style was collaborative but with clear vision and standards set.
- All 13 social workers we spoke with were positive about the changes and the leadership provided. The service manager was described as supportive, approachable and knowledgeable by all members of the integrated service, both trust and local authority staff. Team leaders were well respected and shared the service managers approach.
- Staff morale was high with evident enthusiasm for the care and ethos of what was delivered. Staff were positive about the integration, shared management and the service having one clear direction. All staff felt part of the service including administration staff.
- There was some anxiety amongst the staff team about the introduction of the named worker system and the

Are services well-led?

Outstanding



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potential impact on individual's workloads. However, this was acknowledged by managers who had actively engaged staff in the reasons for its introduction and explaining the benefits. All staff were able to see the value in the system where all people with a learning disability had a named worker even if they didn't currently need services. Staff were comfortable in raising concerns and contributing to how the initiative was implemented.

- The service manager valued the staff team and recognised high performance. A chocolate bar called a "star bar" was given to staff who excelled by the manager. This was an appreciated token by staff. Staff clearly responded to being valued in this way.
- The service manager and team leaders challenged and addressed any behaviour that did not meet their high standards. Supervision records and personnel files showed this was done in a firm but supportive way. Staff told us that this was the case and were open and receptive to what was described by the team as a learning no blame culture.
- The annual staff survey had a 79% response rate which was significantly higher than the 48% average response rate across the trust. The survey results were significantly better than average on 19 of the survey questions and average on the other 73. There were no areas where the service scored worse than the average. This showed a high level of engagement by the staff team.
- Sickness rates were low at 2.4% and there were no bullying or harassment cases. Staff felt comfortable in raising concerns and felt they would always be listened to by managers in the team.

- Staff felt engaged in the service developments and positive about the future of the service.

Commitment to quality improvement and innovation

- There was a culture of looking at best practice and demonstrating how the service was developing this. For example, an occupational therapist working with the service user trainers was encouraged to write up the work they had achieved for publication. Other clinicians in the service had published articles. For example, another occupational therapist had a published piece of research on sensory integration.
- The service was linked with the learning disabilities mortality review programme (LeDeR) run by the University of Bristol. This programme was to support local areas to review deaths of people with learning disabilities. The service followed the LeDeR review process on any death of a service user on the entire integrated service caseload of 700 people.
- The consultant psychiatrist was supported in recruiting patients with Downs syndrome and dementia for a national project to identify genetic markers for the development of dementia. The trust research department helped support the consultant in his role.
- The service had a panel/working group that was actively engaged with the national transforming care steering group. Working with commissioners, NHS England and the local authority. People who were out of area were reviewed every three months with an active program to try to bring them back to the area.