

London Borough of Sutton

The Specialist Health Team for People with Learning Disabilities

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 20, 21, 25 and 26 October 2016 and was announced. The last Care Quality Commission (CQC) inspection of the London Borough of Sutton's Specialist Health Team for People with Learning Disabilities was carried out on 30 and 31 October 2013, where we found the service was meeting all the regulations we looked at.

Sutton's specialist clinical health team is multi-disciplinary and is made up of staff from a range of health care professionals, including nurses, speech and language, physio and occupational therapists, psychologists, behavioural analysts and music and drama therapists.

The principal aim of the service is to reduce health inequalities for local people with learning disabilities. The provider achieves this by supporting and advising people with learning disabilities and their families about how to access mainstream health care services, reducing hospital admissions and unnecessary GP appointments, empowering people to take greater control over their lives, promoting independence and enabling people to make informed decisions and by reducing social isolation.

The clinical health team also works closely with local care homes for people with learning disabilities, GP practices and NHS Hospital Trusts to raise health and social care providers' awareness about the specific health care related needs and issues people with learning disabilities face. In addition, the team works in partnership with local mental health and learning disability services through the use of positive behavioural support (A way of supporting people who display behaviours that challenge services) and training to provide effective responses where challenging behaviour arises. At the time of our inspection approximately 270 adults with learning disabilities and their families/informal carers received a service from Sutton's clinical health team.

The service had a registered manager in post. A new manager was appointed in April 2015 and they were in the process of applying to become the service's registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback we received from staff about the impact of the new service manager and their leadership style was positive. However, the provider does not have a clear vision for the service and staff still do not know or understand what the clinical health team will look like in the future. Managers advised us that funding for the team from the Clinical Commissioning Group (CCG) has been agreed, although the future role of the service remains uncertain which continues to adversely affect staff morale and the high levels of staff turnover the team has experienced in the last two years. We discussed these issues with the team's management who were confident a CCG decision about what the new organisational structure of the clinical health team will look like in the future is pending.

People told us overall they were happy with the support they received from Sutton's clinical health team for people with learning disabilities. People were provided with the support and interventions they required to take greater control of their lives and become more independent, reduce social isolation, make informed decisions and have greater access to health care services. Our discussions with people receiving a service, their relatives and community based health and social care professionals supported this.

The team appropriately safeguarded people from abuse. Managers and staff knew what constituted abuse and who to report it to if they suspected people were at risk. They had all received up to date training in safeguarding adults at risk. Risks to people's safety were identified and health care plans were in place to minimise those risks. The provider had checked the suitability and fitness of staff to work for the service. Staff knew how to help other health and social care professionals, such as staff who worked in care homes for people with learning disabilities, manage medicines safely.

Staff supported people in line with their preferences and ensured they were involved in decisions about the support and health care interventions they received. Where appropriate, staff liaised with people's relatives and involved them in discussions about people's health care needs. Managers and staff were aware of when they needed to assess people's capacity to make decisions.

Staff had developed good working and professional relationships with people they supported. The multidisciplinary clinical health team had a good mix of knowledge, skills and experience to support and signpost people receiving a service from the team, their families and other health and social care professionals working in the local community. Staff training was on-going, which included professional development for specific disciplines of staff. Staff were also supported by their managers through a programme of regular team and clinical meetings, one-to-one supervision sessions and annual appraisals.

Management used feedback from people the team supported, their families and other health and social care providers to adjust the service and improve its delivery so they continued to meet the health care needs of local people with learning disabilities. People felt comfortable raising any issues they might have about the service with managers and staff. Complaints or concerns raised about the service were investigated and, where necessary, appropriate action taken to resolve the issue.

The service had governance systems in place. The team worked closely with local care homes for people with learning disabilities, GP practices and two hospital trusts by providing them with training, advice and guidance about how to support people with learning disabilities and to help reduce barriers to accessing mainstream health care services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People felt safe receiving support and health care interventions. Staff were aware of their responsibilities to safeguard people from abuse and harm.

Risks to people of injury or harm had been assessed and where applicable, plans were in place to minimise these.

The provider had checked the suitability and fitness of staff to work for the service.

Is the service effective?

Good ●

The service was effective. Staff were suitably trained and supported to meet the health care needs of local people with learning disabilities.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Managers and staff were aware of their responsibilities in relation to the MCA. Information was included in people's health care records if they needed additional support to make decisions about their care.

The service supported people with learning disabilities to reduce the health inequalities they experienced. Training on learning disability awareness given to people, their families and other health and social care providers, including staff working in care homes, GP practices and hospitals.

Is the service caring?

Good ●

The service was caring. Staff treated people with dignity and respect. Staff had built good working relationships with people they supported and their families. They ensured people were involved in decisions about their care and provided support in line with people's preferences.

People were provided with the support they required in line with their health care plan, which included enabling people to gain greater control over their lives, make informed decisions and become more independent.

<p>Is the service responsive?</p> <p>The service was responsive. People were involved in discussions about their health care needs. Care plans were reviewed regularly.</p> <p>People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led. The provider regularly sought the views of people receiving a service, their families, health and social care professionals in the community and staff working for the clinical health team. Managers and senior staff used this information along with other checks to assess and review the quality of service people experienced.</p> <p>The team regularly conducted performance reviews to identify ways to further improve service delivery.</p> <p>The service worked closely with local care homes for people with learning disabilities, GP practices and local NHS hospital Trusts to ensure people's physical and health care needs were met.</p>	<p>Good ●</p>

The Specialist Health Team for People with Learning Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20, 21, 25 and 26 October 2016 and was announced. The provider was given 48 hours' notice because we needed to be sure that people managing and working for Sutton's clinical health team for people with learning disabilities would be available in their offices. The inspection was carried out by two inspectors.

Before the inspection we reviewed information we held about the service, including statutory notifications we had received from the provider. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before and after visiting the provider's offices we spoke on the telephone with two people who received a service from the clinical health team, three family members of other people and a volunteer health facilitator. We also talked with six health and social care professionals, including a GP practice manager, a clinical nurse specialist, a senior manager from the London Borough of Sutton's commissioning team, two managers of care homes for adults with learning disabilities in Sutton whose staff had been supported by the clinical health team and a self-advocacy supporter who helped facilitate the 'Speak up Sutton' group. The 'Speak up Sutton' is a forum where adults with learning disabilities living in Sutton can share and

discuss their views about local social, health and educational services.

On the second and last day of our inspection we visited the provider's offices and spoke with the management team, which included the service's manager, community nurse specialist manager/joint interim team manager and the speech and language lead/joint interim team manager. We also talked to three community nurses, including St Helier Hospital's liaison nurse for patients with learning disabilities, a primary care liaison nurse and a locum nurse, a behavioural analyst and a locum speech and language therapist. We looked at various records that related to the support and health care interventions people received, staff files and the overall management and governance of the service. This included six health care plans, two Positive Behavioural Support (PBS) plans, and six staff recruitment, training and supervision records.

Is the service safe?

Our findings

People said they felt safe when being supported by staff from Sutton's clinical health team. Staff spoke about their duty to safeguard the people they supported. They knew how to recognise signs or symptoms that a person was at risk or being abused, when to report their concerns and to whom. Staff were aware of the local authority's safeguarding adult's procedure, which set out how these concerns would be dealt with by the service. Two staff gave us examples of safeguarding alerts they had recently raised with Sutton's safeguarding adults team when they had suspected people they were supporting were at risk of abuse and their involvement in the subsequent safeguarding strategy and case conference meetings.

Records showed staff attended annual safeguarding adults and equality and diversity training. This helped staff to ensure people's rights were respected and they did not suffer harm from discriminatory practices and behaviours from others. A member of staff told us in their role as a hospital liaison nurse they had trained 20 staff at St Helier Hospital to be safeguarding champions for people with learning disabilities. This meant these hospital staff knew when and how to report abuse. Managers confirmed safeguarding matters were regularly discussed at team meetings where it was a standard item on the agenda.

The provider assessed risks appropriately. People's Health Care Plans primarily identified risks that people with learning disabilities could face if they did not receive any support from Sutton's clinical health team. Staff told us risk assessments relating to any physical therapy people received were stored on people's health care plan and shared with all staff working with that person to help mitigate any risks they might face. The service also had a risk register which identified people with learning disabilities and/or mental ill health who they believed to be at risk of hospitalisation. Managers told us they met weekly to review people on the risk register so the team could identify who may be at high risk of being admitted to hospital and to consider what additional support the team could offer them to prevent or reduce this risk of hospitalisation. The reviews looked at the stability of the person's environment and their current of mental health, as well as obtaining feedback about the individual's current physical health from their care coordinator.

The team had a behavioural analyst whose primary role was to help reduce risks and enhance the quality of life for people whose behaviour challenged the service. We saw the behavioural analyst used specialist assessments and interventions, based on the positive behavioural support (PBS) model, for people who display behaviour that challenges. Information in people's PBS plans included what may trigger behaviour that challenges and what positive action family members or informal and/or paid care staff should take in order to prevent or deescalate a potentially hazardous situation and keep people safe.

The provider had appropriate arrangements in place when recruiting staff to work for the clinical health team. Although the service had not recruited many permanent staff since our last inspection they had employed a number of locum staff. Records showed managers followed the London Borough of Sutton's staff recruitment policy and procedures which involved them carrying out a range of checks to assure themselves of the suitability and fitness of candidates to work for the service, including locum staff. These checks included obtaining and verifying evidence of people's identity, their right to work in the UK, training and experience, character and previous work references and criminal records checks.

Managers told us how they worked in close partnership with local mental health services to develop joint working protocols to reduce psychotropic behavioural medicines (drugs that affect a person's mental state) being overly prescribed to people with learning disabilities. A manager said they hoped these joint working protocols would help ensure the use of this type of medicines were more closely monitored including greater consideration given to the impact they were having on people and what alternative approaches were available.

Is the service effective?

Our findings

People were supported by competent staff who were suitably qualified and experienced. People told us staff were familiar with their health related issues and had the right knowledge and skills to meet their needs. One person told us, "The staff who support me are fantastic. I think they must have a lot of qualifications to do their job." Another person's relative said, "The staff are genuinely caring and all so professional."

All new members of staff, including locums, were required to successfully complete an induction programme and managers reviewed progress as part of their probationary period. Staff regularly attended training to ensure they had the right knowledge and skills to undertake their roles. Staff told us they had a lot of training and could access additional training whenever they needed it. Staff told us they had continuous professional development requirements. Two members of staff gave examples of how they had kept up to date with best practice in their professional disciplines by connecting with professionally relevant networks and forums, attending conferences for adults with learning disabilities, getting involved as a stakeholder for the National Institute for Health and Care Excellence (NICE) guidelines, reading articles and journals and using tools and guidance to help develop the methodology they used. A manager gave us another good example of how they had helped the clinical health team's psychologist with their professional development by approving for them to attend positive behavioural support training. One member of staff told us about how the London Borough of Sutton had supported them to do a post graduate qualification.

Staff felt supported by their managers. One member of staff told us, "Supervision has been great. We have plenty of opportunities to reflect on our practice." Another member of staff said, "Although everyone is busy you can talk to the managers here whenever you need to." Staff confirmed they had clinical supervision every six weeks and organisational supervision once a quarter, which focussed on caseloads and work priorities. Staff also confirmed they had midyear and annual appraisals. Through this process staff had agreed with managers their work goals and objectives for the coming year and how these would be met through training and other methods of learning.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Records showed all staff had received training in the MCA and Deprivation of Liberty Safeguards (DoLS). Staff said they were actively involved in 'best interests' meetings as part of their roles and felt able to contribute their knowledge about the people they supported in these situations. A 'best interests' meeting is held for those involved in a person's care to discuss whether decisions being made on their behalf are done in their best interests. Staff confirmed mental capacity matters were routinely discussed in team and supervision meetings.

The service was not involved in the preparation and provision of meals to people. However, where people needed advice with nutrition this could be provided by the healthcare professionals who worked within the team.

The service helped people with learning disabilities improve their communication skills to reduce the effects of their communication difficulties and reduce their social isolation. The clinical health team's speech and language therapist told us they regularly supported people with learning disabilities who had communication difficulties to improve their communication skills by teaching them Makaton (a signing system created specifically for people with learning disabilities to aid verbal communication).

The service supported local people with learning disabilities improve their physical and emotional health by helping them access mainstream health care appointments and by reducing hospital admissions. One person told us, "They [staff] come with me to my appointments with my GP. I feel more confident with staff there." We saw health care plans contained important information about the support people required to manage their health conditions.

We spoke to a volunteer health facilitator who told us about a person with learning disabilities they supported to regularly attend health care appointments with their GP and other mainstream health services. A relative told us without the support from Sutton's clinical health team their family member would be unable to attend any of their health care appointments to the detriment of their physical health.

Staff confirmed new protocols had been agreed to improve the working relationship between the clinical health team and the local mental health and learning disability team who they meet on a monthly basis to discuss any new referrals and share best practice ideas.

Is the service caring?

Our findings

People spoke positively about the service they received from Sutton's clinical health team. One person told us, "The service has been really good for me. The support I get from them has helped me explore my feelings and given me more confidence." Another person's relative said, "I don't know what our family would do without the support we get from this team." Feedback we received from community health and social care managers was equally complimentary about this team. One community health care professional told us, "The on-going training and advice we received from the nurses on the team to improve the way we support our patients with learning disabilities has been outstanding." Another manager from the London Borough of Sutton also felt the service was making a real difference to people's lives in the area and said, "If the service didn't exist this would mean no accessible support in Sutton for providers which could lead to deterioration in people's health and wellbeing and an increase in challenging behaviour."

The provider encouraged people with learning disabilities to be active members of self-advocacy groups, such as 'Speak up Sutton' and 'The Speak up Partnership'. These focus groups are run by and for local people with learning disabilities with the help of a self-advocacy supporter and various members of Sutton's clinical health team. The 'Speak up Sutton' group meets weekly and 'The speak up partnership' once a quarter. A person who regularly attends these forums told us, "I find the groups really good because we can talk about what we want. I've learnt more Makaton signs lately, how to look after my eyes, get a job and use public transport."

The provider supported and enabled people to make informed decisions. Members of the clinical health team often accompanied people to appointments with their GP or to meetings at the local council. This meant a health care professional was always on hand to help explain anything people might not understand. One person gave us several examples of how community nurses from the clinical health team had translated what had been said at a meeting they had attended at Sutton Council recently so they had a better understanding about what had been discussed. People told us the information they received from the service was always clear, which helped them understand the care and support choices that were available to them. We saw consent forms the service used, their complaints procedure and the minutes of all the self-advocacy meetings that had been held in the past 12 months were all available in easy to understand pictorial formats. A speech and language therapist told us they provided training and advice to staff who work with people with learning disabilities in care homes and mainstream health services to raise their awareness of the communication difficulties people with learning disabilities may face and how this impacts upon their day-to-day interactions.

The service focused on what people could do for themselves and actively encouraged and supported people to be as independent as they possibly could. One person told us how community nurses and therapists had helped them talk about their fears, which had given them the confidence they needed to get out and about in their local community. This meant this person was less socially isolated in their local community. A community nurse gave us another example of how they had promoted the independent living skills of a person they had supported through their hospital discharge by helping them learn to prepare their own meals at home. In people's health care plans there was clear information about people's level of

dependency. This helped staff to avoid doing things for people that they could do for themselves, which supported their independence.

Is the service responsive?

Our findings

One of the team's key roles was to help people with their Health Care Plan. People with a learning disability have a Health Care Plan to coordinate input into their care and promote their health. Health Care Plan we looked identified the outcomes people had agreed they would like to try and achieve through health care interventions from Sutton's clinical health team. These plans also identified the communication skills and needs of the person for whom the Health Care Plan had been developed.

People, and where applicable their relatives, told us they had been given a copy of the individual's Health Care Plan and regularly met with staff from the clinical health team to discuss its content. Staff told us they felt the plans helped them or other agencies involved in the support of the person identify the interventions they needed to provide care for and support to the person. Health Care Plan were continually reviewed to ensure they remained current. Managers and staff told us these plans helped them measure whether or not the outcomes and goals agreed for each person were being achieved.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they knew how to make a complaint if they were unhappy with the service they had received from Sutton's clinical health team. One person told us, "I know I can talk to the staff if I was unhappy about something." Managers told us the team's complaints leaflet was given to all new referrals to the service. The complaints procedure, which applied to the LB of Sutton provision of care services, was also available on their website and in an easy to read format. We saw the procedure set out clearly what people needed to do if they wished to make a complaint. Staff told us they worked with people to address any concerns before they escalated to a complaint. All complaints were reviewed by a member of the management team to ensure the complaint was investigated appropriately and action was taken to address the concerns raised.

There was evidence that learning from incidents and complaints took place and where appropriate changes were implemented. Records of incidents and complaints were reviewed quarterly by the service's managers and included an analysis of what had happened and improvement that could be made to mitigate the risk of similar events reoccurring. Where any issues had been found, an action plan was put in place which stated what the service needed to do to improve. Managers gave us an example of an innovative approach they had taken to recruit a health facilitator volunteer to ensure this service would still be available to a family who relied on it, despite resources for this role being cut.

Is the service well-led?

Our findings

A new manager was appointed in April 2015 and they were in the process of applying to become the service's new registered manager. All the feedback we received from interim managers and staff about the impact of the new service manager and their leadership style was positive. One member of staff told us, "They have definitely had a much needed steadying influence on the team, which was very much needed after the uncertainty we continue to face regarding the team's funding and organisational structure." Most staff also described the service's permanent and interim managers as supportive and approachable. One member of staff said they felt there was a good ethos across the team and they generally worked well together.

The provider promoted an open and inclusive culture and took account of people's views. People and their families told us the provider had asked them for their views about the service they received from the clinical health team. Methods used by the provider to capture feedback from stakeholders included satisfaction surveys and attendance at forums specifically designed for people with learning disabilities. We saw the results of the provider's last satisfaction survey had been analysed and fed back to staff during team and supervision meetings. Managers gave us an example of changes they had made to health care plans in response to feedback they had received so it was clearer how people were supported to understand their care and treatment. A person who regularly attended the 'Speak up Sutton' group gave us an example of how the clinical health team had encouraged them to become an active member of the team's staff selection and recruitment process. They told us about the questions they had asked a candidate in the past during their interview and how other members of the interview panel had respected their views about the suitability of a prospective new member of staff. The provider had also introduced a new system to gather feedback from partner agencies in relation to the quality of the service they provide, which will be reviewed quarterly.

The management team encouraged staff to share their ideas and there was open information sharing amongst the team. We saw the minutes of the team's most recent meetings which was well attended. Staff told us they had plenty of opportunities to share their views about the service during individual and team meetings.

Governance systems were in place to oversee and monitor the clinical health team's performance, as well as to review their future role. We saw copies of performance reports compiled by the clinical health team and various reviews of the service. This included a performance review conducted by the clinical health team and local hospital, which focused specifically on the learning disability liaison nurse services. The findings of these reviews had been used to analyse what the team did well and what they could do better. We saw an action plan had been produced which made it clear what the service needed to do to improve in 2017. This included recruiting new staff to fill vacant posts, reviewing staff inductions, agreeing core skills for all the team members, developing initial referral assessments forms and identifying a lead nurse at each GP practice.

The service worked in partnership with other health and social care providers. The clinical health team

delivered a range of training opportunities to other health and social care professionals in the community around learning disability awareness and specific health care issues people with learning disabilities might face. For example, to enable GP practice staff to understand how best to support their patients with learning disabilities the clinical health team's community nurses regularly provide these staff with learning disability and autistic spectrum disorder awareness training. The clinical health team also provided specialist psychological advice and training to other health and social care professionals who are contributing directly to people's care plans, such as staff working in care homes in Sutton for adults with learning disabilities.

The provider had introduced a new way of working in partnership with GP practices. Since 2015 the team's primary care liaison nurses had worked with 26 GP practices in Sutton to ensure they each had an up to date learning disabilities register, patients with learning disabilities who had missed their Annual Health Checks were chased up and training needs of staff working in GP practices were identified and addressed. A GP practice manager told us, "The support, advice and training with have received from our community nurse has made us acutely aware of the specific needs and issues patients with learning disabilities face when they access our GP practice." The GP manager gave us some examples of changes the GP practice had made as a result of input from the clinical health team's community nurses, such as ensuring patients with learning disabilities had longer and more flexible appointment times. A community nurse also gave us some examples of the work they had been doing with local GP practices in relation to raising their awareness about learning disabilities. This included distributing a learning disability resources pack that contained information about how to effectively communicate with people with learning disabilities and training their staff could receive from the clinical health team to improve their learning disability awareness.

The provider also worked closely with the local hospital NHS Trust. The role of the learning disability hospital liaison nurse was to improve the experiences of people with learning disabilities in hospital by coordinating their hospital admission and discharge with all the relevant family members, carers and nurses. Ward staff received advice and information relating to the specific needs, choices and preferences of a patient admitted to hospital with learning disabilities. In addition, the hospital liaison nurse told us they ensured all patients with learning disabilities had an up to date hospital passport. A hospital passport is a document that provides hospital staff with essential information they should know about the personal care and health needs and preferences of a patient with learning disabilities.