

London Borough of Merton

Merton Team for People with Learning Disabilities and Complex Needs

Inspection report

Merton Civic Centre
London Road
Morden
Surrey
SM4 5DX

Date of inspection visit:
01 November 2016

Date of publication:
13 December 2016

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 1 November 2016 and was announced. At the last inspection of the service in January 2014 we found the service was meeting the regulations we looked at.

Merton Team for People with Learning Disabilities is an integrated health and social care team consisting of staff from a number of disciplines including community nurses, social workers, occupational therapists, psychologists, physiotherapists and speech and language therapists. The team specialises in providing health care, support and advice to adults with a learning disability living in the London Borough of Merton. The team also retains a responsibility for people who are placed by them in out of borough residential care placements. At the time of our inspection approximately 500 people with a learning disability and their carers were using the service.

The service was required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. Following a reorganisation of the service, a new manager was appointed in June 2016. They confirmed they were in the process of submitting their application to CQC to become the registered manager for the service.

Staff were trained and supported to protect people from abuse or risk of harm from discrimination. They worked with other professionals when they had concerns about people to ensure they were sufficiently protected. They provided advice and support to healthcare professionals to ensure people were not discriminated against because of their learning disability.

Staff prioritised people's safety and welfare when planning the support they required. Staff worked together to assess how people's specific needs could put them at risk. They developed plans for people and their carers to follow to manage identified risks to prevent injury or harm to people. Staff regularly reviewed these plans to check these continued to prioritise people's safety and welfare. More frequent reviews were undertaken on people who were deemed as at high risk to check that intended outcomes to reduce risks to them were being achieved.

The provider ensured staff were suitable and fit to work at the service by carrying out employment and criminal records checks before they could start work. Staff received appropriate training to help them meet people's needs. They were supported with their continuous professional development and kept up to date with best practice in their professional disciplines.

People and their carers were involved in planning their care, support and treatment. Staff carried out assessments to determine what support people needed and used a range of screening tools to do this. They developed health care and support plans that set out how people's identified needs should be met. These reflected people's personal goals and objectives for how care, treatment and support should improve the

quality of their lives. There was clear information for staff about people's life histories, likes and dislikes and what was important to them when being supported by the service. Staff reviewed progress against people's goals and objectives and made changes to the support planned, when this was needed.

Staff supported people and their carers to manage people's health conditions and to access the services they needed to promote and maintain their physical and mental health. People were supported to attend appointments at a range of healthcare services. Where people needed additional specialist support with their healthcare needs, staff helped them to access this. Staff had good links with local hospitals, GP practices and residential care homes and supported them to improve health outcomes for people using this service.

People and their carers spoke positively about the staff that supported them and said they were kind, caring and professional. Staff supported people to communicate their needs and wishes to all involved in the provision of their care, treatment and support. They worked with people to design communication systems specific to their needs so they could inform their carers and other health care professionals how they wished to receive support. Staff ensured the needs of people in hospital were well communicated to all staff involved in their treatment and care. Information about people in their health care and support plans were available in easy to read pictorial formats which people could understand.

Support was designed to enable people to learn or regain the skills they needed for independent living. Staff worked with people and their carers to build the confidence they needed to travel independently in the community. They encouraged people and their carers, when planning support, to identify activities and interests they wanted to pursue and then helped people to take these up. They helped to reduce risks to people's physical and mental health from social isolation.

People and their carers were satisfied with the support they received from the service. They were comfortable raising any issues and concerns they had with staff. They knew what to do if they wished to make a complaint about the service. Information was provided to them in a pictorial, easy to understand format which explained how they could make a complaint. The provider had arrangements in place to deal with people's complaints appropriately.

The provider had clearly stated aims about what people and their carers should expect from the service to support their physical and mental health and wellbeing. Senior staff ensured staff's individual work priorities and objectives reflected the service's aims. They reviewed through supervision and team meetings how these were being achieved. Staff were clear about how their roles supported people to experience good outcomes in relation to their physical and mental health and wellbeing.

Senior staff demonstrated clear leadership and management of the service. They monitored the performance of the team through performance indicators. They also monitored complaints and used this to measure quality and inform learning. They promoted an open and inclusive culture in which people, their carers and staff could express their views about the quality of support people experienced. Staff felt well supported by senior managers and were confident that they would act on their suggestions and make improvements when needed.

Staff worked with a wide range of health and social care services and providers to provide advice, guidance, and training to support them in meeting people's needs. Staff also supported commissioners to help design and shape services for people with a learning disability in the local community. They provided advice and support that would enable commissioners to take account of the specific needs of people.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 2005. All staff were required to have knowledge and oversight of the MCA and DoLS and had received relevant training in these areas.

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. Staff supported people and their carers to identify and manage known risks to their health, safety and welfare to keep people safe from injury and harm.

Staff knew what action to take to protect people from abuse or harm from discrimination. They worked proactively with others to ensure people were protected.

The provider checked staff's suitability and fitness to work at the service. They ensured staff had the right skills and experience to support people and their carers.

Is the service effective?

Good ●

The service was effective. Staff received training to help them meet people's needs. They were supported in their roles by senior staff. Staff were aware of their responsibilities in relation to the MCA and DoLS.

Staff supported people and their carers to manage their health conditions. They helped them to access the services they needed to promote and maintain their physical and mental health.

Staff had good links with local hospitals, GP practices and residential care homes and supported them to improve health outcomes for people.

Is the service caring?

Good ●

The service was caring. People and their carers spoke positively about the staff that supported them and said they were kind and caring.

Staff supported people to communicate their needs and wishes to all involved in the provision of their care, treatment and support.

Staff supported people to build and maintain the skills they needed to carry out activities and tasks important to independent living.

Is the service responsive?

Good 

The service was responsive. People and their carers were involved in the planning of their support. Plans reflected people's individual choices and preferences and focused on giving people as much independence as possible. These were reviewed regularly by staff.

People were supported to live an active life and pursue their interests. They were encouraged to build and maintain social relationships to help reduce risks to them from social isolation.

People were satisfied with the support they received. The provider had appropriate arrangements in place to deal with any concerns or complaints people had about the support they received.

Is the service well-led?

Good 

The service was well led. Senior staff were approachable, accessible and supportive. They promoted an open and inclusive culture. People, their carers and staff were asked for their views about the quality of care and support provided and how this could be improved.

Staff had work objectives that were focused on improving health outcomes for people. Progress against these was checked by senior staff through supervision and appraisal.

Senior staff monitored the quality of care and support provided. They reviewed performance and monitored complaints.

Staff provided advice and training to other professionals to support them in meeting people's needs. Staff also helped commissioners to help design and shape services for people with a learning disability in the local community.

Merton Team for People with Learning Disabilities and Complex Needs

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 checked 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.

This inspection was announced and took place on 1 November 2016. We gave the provider a week's notice of the inspection because we needed to be sure that the staff managing and working for the service would be available for us to speak with at their offices. The inspection was carried out by two inspectors.

Before the inspection we reviewed information such as statutory notifications about events or incidents that have occurred within the service, and which the provider is required to submit to the Commission.

During our inspection we spoke with the senior management team, which comprised the manager for the service, the Head of Service and the Director of Community and Housing. We also spoke with two community nurses, a clinical psychologist, a speech and language therapist, an occupational therapist and a social worker. We looked at care records for 10 people, 12 records relating to staff training, supervision and recruitment and other records related to the management of the service.

After the inspection we spoke with two people using the service, four family carers and one professional live in carer. We also spoke with three social care providers. These were providers of residential care services in the local community who provided care and support to people using this service. We asked everyone for their feedback and experiences of using this service.

Is the service safe?

Our findings

People's carers told us staff prioritised people's safety and welfare when planning the support they required. A family carer gave us examples of how staff had supported them over a number of years to improve their understanding of the risks posed by their family member's specific needs and how these could be managed to keep them safe. A social care provider told us staff gave them practical advice, training and support to identify risks to people and how to manage these when planning care and support.

The assessment and management of identified risks was an integrated core function of the service to ensure people were protected from harm or injury. Staff from the different disciplines within the team worked together to support people and their carers to take appropriate action to reduce risks posed to and by people, due to their specific needs. As part of the assessment of people's needs, staff identified specific risks to people and others and then used this information to develop plans to help people and their carers to manage these.

We saw examples of this coordinated approach. The clinical psychologists and speech and language therapists worked with people and their carers to understand the risks posed when people displayed behaviour that challenged others. Using this information they developed positive behaviour support plans for people and their carers to follow. Positive behaviour support (PBS) is an approach used to help people learn positive behaviour responses in a variety of settings and situations to reduce instances of behaviour that challenges others. Information in people's positive behavioural support plans included what could trigger behaviour that challenges and the positive actions their carers should take in order to prevent or deescalate a potentially hazardous situation, to keep people safe. The plans helped people and their carers manage and reduce these risks and prevent restrictive practices, such as restraint or seclusion, being applied. A family carer told us by following the advice set out in their family member's positive behaviour support plan they felt this had led to a reduction in the number of incidents when their behaviour had challenged others.

In other examples we saw the clinical psychologists worked with people and their carers to undertake psychological assessments and interventions for people who were at risk from poor and/or deteriorating mental health. Following these assessments they put in place plans for people and their carers to follow to reduce the risk of further deterioration and the impact this could have on people's wellbeing. Plans included offering advice, guidance and training to carers aimed at promoting positive mental health.

Staff regularly reviewed the plans put in place to help people and their carers manage identified risks. They checked with people and their carers that these plans continued to prioritise people's safety and wellbeing. In addition, more frequent reviews were undertaken on people who were deemed as at high risk of hospitalisation to check that intended outcomes to reduce this risk were being achieved.

The provider ensured staff recruited to work for the service were suitable to support people and their carers. The provider followed robust recruitment arrangements through which security checks were undertaken of each member of staff's identity, right to work in the UK, and criminal records information. Staff members'

skills and experience were assessed through checks of their previous work history which included employment references. Staff also completed a health questionnaire which was used to assess their fitness to work.

Staff were provided training and support to ensure people were protected from abuse or harm. They were trained in safeguarding adults at risk and told us how they would safeguard the people they supported. We were provided examples by staff of the steps they had taken to protect people who they suspected had been at risk of abuse. The provider had a well-established procedure for staff to follow which set how any concerns they had about people should be dealt with. Staff worked proactively with others, such as the local authority's safeguarding team, when concerns about people had been raised. The team's social work staff assisted with investigations into allegations of abuse and developed protection plans to safeguard people from on-going or future risks. Safeguarding was a standing agenda item in supervision (one to one) and team meetings. This ensured all staff supporting people were aware of on-going concerns or risks about people and the action being taken to protect them.

Staff also received equality and diversity training. This helped them to identify risk of harm associated with potentially discriminatory practices or behaviours from others so that appropriate action could be taken to protect people. For example, the community nurses provided education and training to healthcare professionals such as GPs in the community, to improve their understanding of the specific needs of people with a learning disability. This helped to reduce risks, such as from diagnostic overshadowing, when people were unwell and needed medical support and attention. Diagnostic overshadowing occurs when a healthcare professional such as a GP mistakenly attributes a symptom or behaviour to a person's learning disability or to a mental health/behavioural problem rather than investigate this further as a symptom of an underlying health or medical issue.

The service was not responsible for managing people's medicines. However community nurses did provide support and guidance to people's carers, when this was needed, in how to monitor and administer medicines safely to people.

Is the service effective?

Our findings

People's carers told us the advice, guidance and support received from staff had a positive effect on the quality of their lives. One family carer told us, "I felt like all hope was lost until [the service] came along. It gave me hope and I can work harder with my [family member]. Too many things have improved. [Family member] used to be quiet and uncommunicative and now [they] talk all the time." Another family carer said, "The support has made a big difference to [family member's] life. It allows us both to have quality of life." A social care provider told us how the mobility of a person they supported had significantly improved to the point they no longer required assistance to walk as they could do this themselves with the use of a walking aid provided by the service.

Staff supported people and their carers to manage people's health conditions. For example, physiotherapists worked closely with people who experienced difficulty mobilising and walking. They carried out mobility assessments and used this information to plan specific programmes of exercise designed to improve people's functional skills. Where people needed additional specialist support to help with their mobility staff supported them to access this, such as referrals to gait and orthotics services. Two staff told us how they had worked closely with a person with diabetes and their GP and developed a support plan which was focused on improving their diet and their fitness by encouraging them to attend a local gym. Staff also provided advice and support to people and their carers on how to manage people's nutritional needs. This ensured people were supported to eat and drink enough to maintain a balanced diet.

Staff worked proactively with people and their carers to access the support and services they needed to promote and maintain their physical and mental health. For example, community nurses supported people to attend their health appointments at a range of services including the hospital, their GP, family planning clinics, the dentist or optician. Community nurses had links with local hospitals, GP practices and residential care homes and supported them to improve health outcomes for people who used this service. A social care provider told us their link nurse worked with them on people's individual health action plans to identify the personalised support people required with their healthcare needs. The nurse then reviewed the plan to check this was provided. The speech and language therapists supported people to access specialist health services in the community when they needed this, such as the audiology clinic for adults with learning disabilities and the dysphagia team for people with learning disabilities.

People were supported by staff that were trained and experienced in their fields of expertise. All staff working at the service had a personal training plan and record, which detailed their specific learning and development needs. Training was focused on staff being able to support people effectively to meet their specific needs. All staff were supported with their continuous professional development requirements. For example, workshops had been arranged for the community nurses to attend, to support them through the process of revalidation. Revalidation is the process that nurses have to follow to maintain their registration with the Nursing and Midwifery Council (NMC) so that they can continue to practice nursing.

Staff told us they kept up to date with best practice in their professional disciplines by connecting with professionally relevant networks and forums. For example, a clinical psychologist told us they attended

quarterly meetings with other clinical psychologists in South East England. Another member of staff told us they had been on an external training course to learn about sensory difficulties experienced by people with a learning disability. Staff also attended annual conferences with other professionals from their own discipline. The manager told us the provider paid for staff's professional registrations to support them to retain and manage their skills and competence in their field of expertise.

Staff were supported by senior staff to ensure their priorities were focused on meeting people's specific needs effectively. Through the provider's appraisal scheme, senior staff agreed with staff their work priorities and objectives which we saw were focused on achieving positive outcomes for people supported by the service. Staff were provided regular opportunities to discuss and review their clinical practice and progress against agreed work priorities and objectives through a mix of clinical and operational supervision meetings. One member of staff told us, "The managers are very supportive here. We have team meetings with our colleagues once a week and clinical supervision sessions with our managers every six to eight weeks, so there are plenty of opportunities to discuss, reflect and share best practice."

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. Any application to do so for people living in their own homes must be made to the Court of Protection. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

All staff were required to have knowledge and oversight of the MCA and DoLS and had received relevant training in these areas. Where this was appropriate to their role, training had been provided to staff to enable them to carry out independent mental capacity and best interests assessments to ensure people's rights were protected when there was a doubt about their capacity to consent or make a decision about what happened to them in specific situations. Using the information obtained through this process staff supported care providers and others involved in people's care to make specific decisions in people's best interests when they did not have capacity to do so themselves. One of the community nurses told us how they provided training to staff in GP practices after staff had identified a gap in their knowledge and understanding of mental capacity and consent issues specific to people with a learning disability.

Is the service caring?

Our findings

People and their carers spoke positively about the staff that supported them. One person said, "They're very nice." A family carer told us, "They are someone to talk to and they come to your aid." A social care provider said, "They're very kind and caring." People's carers said staff were professional, accessible and committed to supporting people achieve good outcomes in relation to their health care needs and overall wellbeing. One family carer said, "I know all they want is for [family member] to be happy and that's all I care about." Another told us, "They don't give up easily. They will persevere because they know they can do some good." A social care provider told us, "They are very professional yet very caring." People's carers told us many staff had worked with people for a long time and as a result knew them and their needs well. A social care provider said, "The link nurse has been coming to the home for years. They know all the people so well and what they need."

Staff supported people to communicate their needs and wishes to all involved in the provision of their care, treatment and support. For example, the speech and language therapists worked with people to design communication systems specific to their needs that they could inform their carers and other health care professionals how they wished to receive support. They also supported people's carers to improve their understanding of people's communication needs. This helped to ensure that people got the support they wanted. A social care provider said, "The service is brilliant. The speech and language therapists came in and provided us with training and how to use Makaton. This has really made a difference in understanding what people need." Makaton is a language programme using signs and symbols to help people to communicate.

Community nurses, when supporting people with healthcare appointments, worked with those services to educate and raise awareness of people's specific communication needs. This was to ensure people's views were heard and that they were treated fairly and appropriately. They also ensured the needs of people in hospital were well communicated to all staff involved in their treatment and care. They used tools such as personalised healthcare passports to inform hospital staff about people's personal care and health needs and preferences. We saw healthcare passports were included in people's healthcare plans. Other records such as people's health care and support plans were available in easy to read pictorial formats which people receiving a service could understand.

One of the service's main stated aims was to enhance the independence of people with a learning disability through the support provided by staff. People and their carers discussed with staff, when planning their care, support and treatment, how this would be designed to enable them to learn, regain and maintain the skills they needed for independent living. For example, some people had been referred to the service with reduced mobility which was impacting on their ability to carry out activities at home or in the community without support. The team's occupational therapists and physiotherapists developed support plans and provided aids and equipment to help people undertake activities with minimal support.

Community nurses worked with people and their carers to build the confidence they needed to go to their healthcare appointments independently. They also worked with the psychologists and occupational

therapists to support people with travel training, to build their confidence to travel independently in the community. A family carer told us how their relative had been supported with travel training to go to college and now they could do this with minimal support. They said this had a beneficial effect on their family member's health and wellbeing as they were happier, calmer and looking forward to undertaking new challenges to take them forward. A member of staff told us how they successfully supported another person to travel independently on public transport in their local community, to go shopping for food and prepare a three course meal for their family and friends. This had helped boost this person's confidence and independent living skills, as well as reducing the risk of them becoming socially isolated.

Is the service responsive?

Our findings

People and their carers were satisfied with the support they received from the service. One person said, "I love it! It's great!" They told us they looked forward to visits from staff and enjoyed their company. A family carer said, "I feel quite satisfied with [staff]. I've got no complaints." Another family carer told us, "I'm very happy with the service and everything they have to offer." A social care provider said, "I've been working with the team for years and I would rate them 10 out of 10. They respond very quickly and the service they give makes a difference."

People and their carers said they were involved in planning the support they needed from the service. One person said, "Yes, they'll ask me what I want. It's all about me isn't it, and what I want." A family carer told us, "We were put in touch with the team and had a series of meetings with [staff]. We went through a big long list with them and they did an assessment. They were quite supportive and suggested things that [family member] could do, that [they] was interested in." Another family carer said, "They like to listen to me and to [family member] and always looking to help us."

Records showed staff from the team met with people and their carers to discuss their needs. They carried out assessments to determine what support people needed. Staff used a range of screening tools to support the assessment process, which helped them to determine the specific type and level of support required. For example, occupational therapists used a standardised screening tool to assess the extent of people's ability to engage in various activities in familiar environments. This helped them to evaluate the quality of people's skills and what further support maybe required to help people improve these, for example specialist aids or equipment to support them with their mobility. Staff used other tools to evaluate people's ability to carry out activities associated with daily living, for example self-care skills, accessing the community and building social relationships and networks. This helped them to identify the appropriate level of support people required if they needed help with these activities. For example, when staff identified people needed help with washing and dressing each day, they supported people to access support from care providers who could support them with this aspect of their personal care. The psychologists undertook assessments, observations and interviews with people and their carers to evaluate people's mental health and wellbeing. This helped them identify the appropriate support people needed to improve and maintain their mental health, for example through counselling, therapy and the development of coping strategies.

Following these assessments, staff developed health care and support plans that set out how people's identified needs should be met. These reflected people's personal goals and objectives for how the care, treatment and support should improve the quality of their lives. There was clear information for staff about people's life histories, likes and dislikes and what was important to them when being supported by the service. Staff reviewed with people and their carer's progress against their goals and objectives to discuss what was working well and what could be improved. They took on board people's feedback and views and made changes to the support planned, when this was needed.

Staff supported people to reduce risks to their physical and mental health from social isolation. They encouraged people and their carers, when planning support, to identify activities and interests they wanted

to pursue and then helped people to take these up. For example, they identified college courses or work place opportunities that suited people's interests and then worked with people on plans for how they would undertake these. They regularly reviewed with people and their carers how these activities were supporting people to meet their goals and objectives and improving their overall physical and mental health. Staff also used their links with networks and forums in the community that supported people with a learning disability, to encourage people to make and maintain social relationships that would benefit their overall health and wellbeing. A family carer told us, "[Family member] always used to stay indoors. But now [family member] has made new friends and goes out with them all the time. They are happy and life is so much better at home for both of us."

People and their carers said they were comfortable raising any issues and concerns they had with staff. People and their carers had been informed about the provider's complaints procedure so that they knew what to do if they wish to make a complaint about the service. Staff ensured this was provided in a pictorial, easy to understand format, to signpost people in how to make a complaint. The complaints procedure set out how people's complaints would be dealt with and by whom. The provider undertook to ensure that people's complaints would be fully investigated and that people received a satisfactory response to the concerns they raised. This included offering people an appropriate apology when the service did not meet their expectations. This meant people and their carers could be assured any concerns or issues they had would be dealt with appropriately.

Is the service well-led?

Our findings

The service was required to have a registered manager in post as part of a condition for the provider to be registered with the CQC. Following a reorganisation of the service, a new manager for the service was appointed in June 2016. They confirmed they were in the process of submitting their application to CQC to become the registered manager for the service.

Senior staff demonstrated clear leadership and management of the service. They monitored the performance of the team through performance indicators. These measured, for example, the speed with which referrals to the team were dealt with, so that they could assess how long people had to wait to be seen by a member of staff. The manager told us at the time of our inspection the service was not operating waiting lists which indicated people did not wait long to have their needs assessed. Senior managers also monitored complaints and used this to measure quality and inform learning. The Head of Service told us that, following a review of complaints received, staff had worked with people and their carers to improve their understanding and manage their expectations about the level of support they could expect to receive from the team.

Senior staff promoted an open and inclusive culture in which people, their carers and staff could freely express their views about the quality of support people experienced. For example, people and their carers were sent an annual survey through which their views about the service were sought as well as their suggestions for any improvements that could be made. Through regular reviews of people's health care and support plans, staff sought people and carers' views about the quality of support provided and what improvements they felt were needed to this.

Staff told us they were well supported by senior managers. They said they were able to express their views about how the service could be improved in their individual supervision meetings or at staff team meetings. They told us senior managers listened to what they had to say and felt confident that they would act on suggestions and make improvements when needed. Comments we received from staff included, "We have an excellent team spirit," "I think we have a brilliant team here. We're so multidisciplinary which means we can learn from each other" and "It's amazing how well all the health staff have integrated so well with the social workers. It's a health and social care model that actually works".

Senior staff were accessible and approachable to people and their carers and attended events and forums in the local community, to raise the profile of the service and seek people's views about how the service could be improved. For example the Director of Community and Housing recently attended a meeting of the 'Adults First' forum which was arranged by a local learning disability organisation and attended by people and their carers. They told us they had a good discussion with people about the provision of adult education and how this could be made more accessible and appropriate, particularly for people with a learning disability. The Head of Service also attended meetings with the Merton Centre for Independent Living and discussed with members of this group how people could overcome barriers they faced in accessing services and assessments they needed to support them in their health and wellbeing.

The provider had clear, stated aims about what people and their carers should expect from the service to support their physical and mental health and wellbeing. These were set out in the service's statement of purpose and were focused on the multi-disciplinary team working together to; support people to gain fair and equal access to the services they required to maintain their physical and mental health, access support from specialist health services when needed, receive education, support and advice focused on promoting positive health and wellbeing and supporting people to take control of their lives and maintain their independence. Senior staff ensured staff's individual work priorities and objectives reflected the service's aims. They reviewed through supervision and team meetings how these were being achieved. Staff were clear about how their roles supported people to experience good outcomes in relation to their physical and mental health and wellbeing.

Staff worked together as a team and with others to ensure people experienced a joined up approach to the provision of their care, treatment and support. For example, the occupational therapists and social workers worked together to ensure planned support and packages of care were appropriate and able to meet people's healthcare needs. The team worked with a wide range of health and social care services and providers to provide advice, guidance, and training to support them in meeting people's needs. For example, staff worked with social care providers to adapt their communication into an appropriate format to enable people to express their needs, wishes and choices about their care, treatment and support.

Community nurses prepared and delivered training to carers and healthcare professionals in the community to raise their awareness and understanding of the specific health needs associated with learning disability. The community nurses also worked with specialist services such as end of life/palliative care, podiatry, epilepsy services, sexual health and family planning to raise awareness and understanding amongst staff about the specific needs of people with a learning disability and how they could be supported to access these specific services.

Staff also supported commissioners to help design and shape services for people with a learning disability in the local community. Staff were providing specialist advice and support to a project commissioned by the local authority and clinical commissioning group (CCG), to build a new supported living scheme in the borough that would provide much needed specialist accommodation and support for people with a learning disability, with severe and complex high end needs and who may be at risk of hospitalisation. This advice and support would enable commissioners to take account of the specific needs of people to ensure the planned accommodation and support provision would prioritise and promote their health, safety and welfare.