Good

Dorset Healthcare University NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

Sentinel House, 4-6 Nuffield Road
BH17 0RB
Tel: 01202 303400
Website:www.dorsethealthcare.nhs.uk

Date of inspection visit: 23 - 26 June 2015
Date of publication: 16/10/2015

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RDYNM	Sentinel house	Bournemouth Community Team for People with a Learning Disability	BH10 4EU
RDYNM	Sentinel house	Intensive Support services Main office	BH10 4EU
RDYNM	Sentinel house	Borough of Poole Learning Disability Team	BH17 8WG
RDYNM	Sentinel house	Purbeck Area Learning Disability Team	BH20 4HB
RDYNM	Sentinel house	Weymouth Learning Disability Team	DT4 7BG

Summary of findings

RDYNM	Sentinel house	North Dorset Learning Disability Team	DT10 1DR

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

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We rated Community services for people with a learning disability provided by Dorset Healthcare University NHS Foundation Trust as good because:

- Infection control issues were discussed in team meetings and there are named staff to champion infection control.
- Most staff had caseloads within the levels set by the trust. Where staff had caseloads over the amount expected by the trust, this was being addressed.
- We found some examples of positive risk taking with people who use the service to improve their safety. Staff were aware of how to report incidents when they arose and we saw evidence of points of learning being discussed in team meetings.
- The majority of the records we reviewed contained up to date and holistic plans, but there were inconsistencies in the quality and presence of care plans in some care records.
- We observed the use of evidence based models of therapy being used during the inspection.
- Staff were skilled, qualified and worked together within multi-disciplinary teams to provide a caring service to people who use the service.
- We found evidence of staff helping to create resources for other health care providers to enable positive healthcare outcomes for the people who use their service.
- People who use the service and their carers reported that staff were caring and professional and that they felt involved in their care and supported by staff. We found appropriate systems in place to ensure staff could respond effectively to changes in the needs of people who use the service.
- We found leaflets on a variety of relevant topics in the locations we visited as well as access for people with differing mobility needs.
- People we spoke with who used the service felt that they were aware of how to make complaints if necessary and the trust were creating an easy read complaints leaflet.
- Staff reported feeling supported by the local and senior management in their service and incorporated the values of the trust in their everyday work.
- We found examples of innovative practice that the teams were undertaking to help improve the care received by people who used the service within the trust, and with other healthcare providers.

Summary of findings

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

Are services safe?

Good

We rated Safe as good because:

- Community team buildings were clean, well maintained and safe.
- We were satisfied that there were procedures and processes to triage patients based on their need.
- Staff would cover any periods of absence or sickness without use of agency staff.
- 24 out of 29 care records we reviewed contained comprehensive and up to date risk assessments.
- Service users were involved in their own risk assessments and plan.
- We saw measures in place to manage the risks to staff of lone working.

Are services effective?

Good

We rated Effective as good because:

- We were satisfied that people who used the service had access to qualified and experienced staff from a range of disciplines who inputted into their care.
- Systems were in place to help people who use the service access physical healthcare services.
- Staff received regular supervision and there were opportunities for additional training.
- There was evidence of effective partnership working with other care providers, to help ensure more positive health outcomes for people that used the service.

Are services caring?

Good

We rated Caring as good because:

- We observed a caring and respectful approach to supporting people who used the service.
- People who used the service, and the carers, we spoke with described the service as being supportive and caring.
- We also identified examples of people being involved in their own care, and examples of representation of people with learning disabilities at a trust level through partnership boards.

Are services responsive to people's needs?

Good

We rated Responsive as good because:

Summary of findings

- People who used the service were given information that they could understand and the service was developing a range of easy read information.
- Staff had an awareness of how to meet the varying needs of people who used the service. People who used the service had access to specialist services between 8am and 8pm Monday – Sunday and could access the mental health crisis team outside of these hours.
- The vast majority of referrals were seen within the target identified by the trust and there was a policy on how to engage people who did not attend appointments.
- People that used the service told us they were aware of how to raise complaints and felt involved in their care.

Are services well-led?

Good

We rated well led as good because:

- The staff we spoke with were aware of the trusts' values and vision and had looked at how to apply them in their setting.
- We found staff had a forum to feedback on service development and this was reviewed and acted upon by senior managers within the service.
- There were effective systems locally and across the teams to ensure staff received training and supervision.
- We also saw examples of innovative practice that were discussed across the different local teams.

Summary of findings

Information about the service

The trust provides support to adults with learning disabilities to a population of almost 700,000 people across the county of Dorset. The community learning disability teams (CLDTs) provide a range of support to people with learning disabilities as well as support and training for their carers between 9am-5pm, Monday - Friday.

The intensive support team (IST) provide intensive support to people with learning disabilities to reduce the chance of them being admitted to a mental health or learning disability hospital. The IST also helps to manage the care of people who live in Dorset, but are admitted to hospitals outside of the county. The IST are open from 8am – 8pm, Monday – Sunday. The trust does not have any learning disability specific inpatient wards.

The trust provides community learning disability services via eight local teams, of which we visited five of the community teams, and one out of two bases for the intensive support team.

We visited:

- Bournemouth community team for people with a learning disability
- Borough of Poole learning disability team
- Purbeck area learning disability team
- Weymouth learning disability team
- North Dorset learning disability team
- Intensive support services main office

Our inspection team

The inspection team comprised six people:

- One inspector
- One clinical psychologist
- Two learning disability Nurses
- One expert by experience
- One social worker

Why we carried out this inspection

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

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

During the inspection visit, the inspection team:

- Visited six of the team bases across the trusts services.
- Observed 11 community visits and the interactions of staff with people who use the service.
- Spoke with 18 people who were using the service and five carers.
- Spoke with the managers or duty members of staff for each of the locations.
- Spoke with 33 other staff members including: psychiatrists, nurses, physiotherapists, occupational therapists, psychologists, a clinical psychologist trainee, speech and language therapists, and social workers.
- Interviewed the divisional director with responsibility for these services.

Summary of findings

- Attended and observed two multi-disciplinary meetings, one allocation meeting, two patient reviews, one professionals meeting and a therapy group.
- Looked at the treatment records of 29 people who use the service.
- 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

When we spoke with people who used the service, they said they felt staff were caring and that they felt supported by staff. The carers of people who used the service also reported good support from the team and felt the team were providing a good service.

Good practice

We found a number of examples of innovative practice that were discussed between the teams we visited, such as:

- Work around needle phobias helping people who used the service who had a phobia of needles to have injections in a more comfortable setting.
- A transition project (to manage transition from school to adult life) where people could spend time in a bungalow learning skills on how to live more independently in the community.
- The memory clinic that the Bournemouth CLDT had provided to people who used the service who may also have had dementia. Staff had written a publication about this in a peer reviewed journal.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure greater consistency in the quality of its care plans. We found examples of very good care plans, but some that were missing or incomplete.
- The trust should ensure timely uploading of care information to the electronic record system. Although we mainly found records were updated in a timely way, we found an example in the Weymouth CLDT where a variety of documentation for one person who uses the service had been waiting to be uploaded for 20 days and an example where information had not been uploaded to the trust's record system (although it had been on the system used by the council)
- The trust should ensure that staff pass on information about how to access advocates in an accessible way. We found some evidence that people who use the service were given information on how to access advocacy services when they first came into the service (via a welcome pack), staff told us this information was always not given as standard.
- The trust should ensure that mental capacity assessments are documented and should take steps to ensure that consent to treatment is not only sought, but also documented. We saw some evidence of appropriate mental capacity assessments and best interest decisions, but we also saw care records where this was not documented.

Dorset Healthcare University NHS Foundation 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
Bournemouth community team for people with a learning disability	Sentinel house
Intensive support services main office	Sentinel house
Borough of Poole learning disability team	Sentinel house
Purbeck area learning disability team	Sentinel house
North Dorset learning disability team	Sentinel house
Weymouth Learning Disability Team	Sentinel house

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.

- Staff reported that people who use the service were given information on how to contact advocates when the staff identify that they might benefit, but that this information is not given as a standard.
- We reviewed the care records of three people who use the service who were detained under the Mental Health Act (1983). We found the Mental Health Act documentation to be complete in two of the records. The other record was partially complete but lacking a risk assessment. We found that the percentage for staff trained in the Mental Health Act was 57% across all the teams, although there was a lot of difference between teams. No clinical psychologists within the community

Detailed findings

learning disability teams (CLDTs) had undertaken training in the Mental Health Act, whereas all of the nursing staff at the Weymouth team had, the Poole CLDT had 92% participation, and the intensive support team (IST) had 75% of staff up to date with training. The trust had not identified Mental Health Act training as a core training for staff within learning disability services. However, induction training contains the provisions under the Act relating to people with a learning disability.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Across all teams we inspected 88% of staff were up to date with Mental Capacity Act training. This ranged from 100% of the clinical psychology staff, Poole CLDT, and the nursing staff at Weymouth, to 75% for the staff at the East Dorset CLDT and the non nursing staff at Weymouth CLDT.
- Staff we interviewed were able to demonstrate an understanding of how to assess capacity and sent referrals to the psychologists working in the teams to assess capacity when they are in doubt.
- The care records we reviewed showed varying evidence that a persons' consent to treatment and mental capacity had been assessed. Of the five care records we reviewed at Bournemouth CLDT, all had completed mental capacity assessments and there was evidence of consent being sought. At North Dorset CLDT out of seven relevant records we reviewed, we found six had assessments of mental capacity and five had evidence that consent had been sought. However in Poole CLDT of the records we observed, two did not have evidence of capacity assessments being made, nor consent being sought. At Weymouth, out of the two records we reviewed, one did not have evidence of mental capacity being assessed or consent being obtained. At Purbeck CLDT we observed three out of five records not having evidence of capacity and all of the records did not contain information around consent . However, we observed discussion of mental capacity at a weekly allocation meeting at Purbeck CLDT where staff identified how a person's capacity to make a decision impacts their care.
- We saw evidence of care plans to help a person who used the service to make decisions using least restrictive practice. For example, educating an individual about potential health risks so they could make an informed choice.

Good

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

Are community mental health services for people with learning disabilities 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**

We rated Safe as good because:

- Community team buildings were clean, well maintained and safe.
- We were satisfied that there were procedures and processes to triage patients based on their need.
- Staff would cover any periods of absence or sickness without use of agency staff.
- 24 out of 29 care records we reviewed contained comprehensive and up to date risk assessments.
- Service users were involved in their own risk assessments and plan.
- We saw measures in place to manage the risks to staff of lone working.

Our findings

Safe and clean environment

- Interview rooms had alarms present
- Interview rooms and the therapy room at Hillcrest (base of the Bournemouth community learning disability team) had scales for measuring weight, including scales to accommodate a wheel chair. We saw evidence of the environment of the bases we visited being audited at the beginning of the year.
- Areas were visibly clean and maintained in the main. The therapy room at Hillcrest was cluttered with therapy equipment. A clear space was left near the entrance to the room. Further one of the consulting rooms at Hillcrest had a clock that had a broken frame. The clock was not mentioned on the audit the trust had provided for us, although there was not an appropriate section on that form that this would have fit into.
- There were two named infection control champions across the trusts community learning disability teams (CLDTs) and we found evidence of infection control issues were discussed in team meeting minutes. Staff told us that the nurses in the teams participate in hand hygiene audits, which we saw records of.
- None of the teams we inspected stored medications onsite at their bases.

Safe staffing

- The established levels of nursing staff were;10.2 (in the intensive support team or IST), 8.1 WTE (Bournemouth CLDT), 5.8 WTE (East Dorset CLDT), and 2.7 WTE (Weymouth and Portland CLDT). The established levels of nursing assistants were 1.6 WT (Bournemouth CLDT), 0.6 WTE (Weymouth and Portland CLDT) and 0 in the IST and in East Dorset CLDT.
- Vacancy rates varied across the teams. There were 2 WTE nursing vacancies in East Dorset CLDT, 0.8 WTE nursing vacancy in in Bournemouth CLDT and 0.2 WTE nursing vacancy in the IST. There were no nursing assistant vacancies.
- Staff sickness rates in the last 12 months also varied across the teams. The sickness rate in the last 12 months was 5.3% in the East Dorset CLDT, 4.5% in the Bournemouth CLDT, 2.8% in the IST and 2.2 in the Weymouth and Portland CLDT.
- Staff turnover rate in the last 12 months was highest in the Bournemouth CLDT (31%), and was 19% in the East Dorset CLDT, and 8% in the IST. There was no staff turnover in the Weymouth and Portland CLDT.
- Bank and agency staff were not used and staff reported they feel the team pulls together to cover leave and sickness in some cases, this caused an increase in caseload. This could have caused an impact on quality of care. Staff we spoke with said they felt able to discuss their caseload and have their concerns addressed. People who used the service that we spoke with felt they were well supported by the team.
- Caseloads were set as 1 person per hour worked in East and West Dorset CLDTs, so someone who worked 22

Good

Are services safe?

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

hours would have a caseload size of 22. However, in the Poole CLDT the caseload was set at 6 per day worked, so someone who worked 5 days would have a caseload of 30. Caseloads were weighted and cases allocated according to staff experience and were managed in clinical supervision. The average caseload for the IST was 16.2. All the teams we inspected, apart from Poole CLDT (which had two), had one member of staff with a caseload higher than the recommended level. In some cases this was agreed between staff and their supervisor, in two cases it was due to a vacancy. Recruitment was underway. In one case this was being addressed and balanced within the team.

- The team had access to a consultant learning disability psychiatrist during working hours, and the trust operated a trust wide on call psychiatry service out of hours.
- Staff received mandatory training. None of the services we inspected had a less than 91% completion rate of mandatory training. In Bournemouth CLDT it was 91%, in the IST it was 96%, and in the East Dorset and Weymouth CLDTs it was 97%.

Assessing and managing risk to patients and staff

- We reviewed the care records of 29 people who used the service. 24 were found to have up to date and complete risk assessments, two had risk assessments that were complete but were not up to date to reflect either time since admission or identified risks. two had a risk assessment that were not fully complete or up to date (one was missing a risk identified in progress notes).
- People who used the service had their risks assessed either by the learning disability teams or the crisis team depending on point of access. People who used the service who required more intensive interventions were referred to the intensive treatment team, who worked alongside the learning disability community teams.
- Staff had annual safeguarding training as a mandatory requirement. When questioned, staff were able to outline cases where they would raise an alert and were familiar with how to do this. The trust reported that in all but two of the teams we inspected, completion rate for annual safeguarding level two training was 100%. In the Bournemouth CLDT it was 88.9%, and in the Intensive support team it was 92.3%.
- The trust had developed a lone working policy. We observed staff following this procedure. The admin support staff at the Purbeck team were aware of the code phrase and how to proceed should the phrase be used. We observed staff contacting the senior member of staff present to update them on their whereabouts at other teams we visited. The trust also supplied us with a copy of the emergency procedure used at the Poole team. Notice boards were used to log staff whereabouts, including location and estimated time of return.

Track record on safety

- The trust had identified one serious incident in the Poole CLDT in the last 12 months. This incident was still under on-going investigation and so the learning points had yet to be established. Overall, CLDTs had raised other 57 incident reports over the past 12 months, 44 of which were classed as no harm incidents, 12 low harm incidents, and 1 moderate harm incident.

Reporting incidents and learning from when things go wrong

- Staff reported incidents via an electronic reporting tool. Staff reported feeling confident in how to report incidents.
- Staff were encouraged to discuss incidents with a senior member of staff. The reports of incidents made were sent to the senior levels of the trust for review. Learning points were then distributed back through the risk and operational governance meeting.
- Points of learning from incidents were also emailed to staff. These were also discussed at team meetings. We observed the discussion of an incident that had happened in another care provider that was discussed in team meeting notes.
- Staff identified that a serious incident in another service provided by the trust had been discussed at the operational governance meeting. We saw evidence that this had been discussed at a team meeting from review of the minutes of these meetings. These included how the learning from this incident would affect practice in the CLDTs.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

Are Community mental health services for people with learning disabilities effective?

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.

We rated Effective as good because:

- We were satisfied that people who used the service had access to qualified and experienced staff from a range of disciplines who inputted into their care.
- Systems were in place to help people who use the service access physical healthcare services.
- Staff received regular supervision and there were opportunities for additional training.
- There was evidence of effective partnership working with other care providers, to help ensure more positive health outcomes for people that used the service.

However:

- although we found the mental capacity of people who used the service to make decisions was discussed at meetings, we noticed that this was not always documented in their care records.
- although we found some evidence that people who used the service were given information about advocacy services, staff told us that this was not always given as standard.

Our findings

Assessment of needs and planning of care

- We reviewed the care records of 29 people who used the service. Of these, 19 contained up to date and holistic care plans. One care record had a present and up to date care plan, but did not recognise the varying needs of the person who used the service. Nine of the records reviewed did not have up to date and holistic care plans. Three records of the nine without up to date and holistic care plans were for people detained under the Mental Health Act out of area. Their care plans were being held and updated by the hospitals they are residing in. One of the nine records was for someone who was accessing the service for a specific intervention and only this part of the care plan was updated.
- Whilst reviewing care records of people who used the service, we found evidence of a variety of easy read information on managing health conditions such as epilepsy and diabetes.
- We found evidence that people who use the service had a 'Yellow Health book' which was a patient held record to facilitate their care when accessing different services.
- All of the community learning disability teams (CLDTs) we inspected were integrated teams. This means that they included staff employed by the trust and those employed by Dorset County Council. There were two different electronic note systems used by the trust and the county council and we found evidence that one care record reviewed had information missing on the trust systems, although this was present on the system used by the council.
- Staff mitigated this risk of using two electronic records systems by consulting with their colleagues with access to the other system they might need. Administration staff at the Purbeck team that could access the system used by the council liaised with the trust staff. The trust was in the process of ensuring access to their system for members of the council staff. Staff reported that some of the council staff had access cards. However, staff stated that the cards can become inactive after three months of not being used and that this meant at times that access may not be available.
- One care record from the Weymouth team was not complete, upon further investigation the information was present, although it was in paper format and had not been put onto the system. The shortest time one of the documents had been waiting to be scanned onto the system was 20 days. This meant that staff did not always have up to date information. Staff reported that this was not uncommon at this location. We raised this with the trust who responded by assuring us that extra administrative cover would be put into place.
- Staff identified an issue with the IT system, where accessing the system can be slow or not work after moving between bases. During the inspection we observed a loading time of 30 minutes to log into the system. This delay causes staff to be delayed in accessing and updating notes. Staff reported delaying updating notes until later that day until they could be at

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

a location where they knew there was better access to systems. The staff we interviewed stated that the trust had investigated the difficulties in accessing the system at some of the bases but were unable to determine the cause of the problem.

Best practice in treatment and care

- Three of the teams (Bournemouth , Poole and Weymouth CLDTs) used evidence based models to understand the individual needs of people who used their service and plan their care. During the inspection we observed a meeting where this structure was used in the Weymouth team. This meeting demonstrated input from different professionals to help meet the needs of the people who uses the service. This model was being discussed and/or trialled at other CLDTs within the trust.
- A number of different outcome measures and assessment tools were used by staff of different professions within the teams. For example we observed the use of the mood, interests and pleasure questionnaire during a visit to someone who uses the service. Staff also utilised the health of the nation outcome scales - learning disability.
- Staff engaged in peer review of case records. When we reviewed six audits, we saw staff reviewed the quality of care plans and had checked that activities relate to the goals set. We also saw a comparison of audits between August 2014 and June 2015 comparing the quality of records reviewed then and at the time of inspection showing improvement in all aspects audited. Staff reported that they contributed to an audit of the metabolic action of antipsychotic medication.
- Staff at Bournemouth CLDT had started a 'fitness Friday' group where people who used the service could attend to participate in gentle exercise. Staff had liaised with local GPs in order to create resource packs for them to use with people with a learning disability. A member of staff had conducted work on helping people who used the service with managing a phobia of needles.

Skilled staff to deliver care

- People who used the service had access to physiotherapists, occupational therapists, speech and language therapists, nursing staff and psychologists. Whilst there were some vacancies that the trust were recruiting too. Some staff from different professions worked across the county in order to ensure people who use the service would have access to them.
- Staff received clinical supervision monthly. This was more frequent than the trust policy, which stated a 3 monthly minimum frequency. Staff reported that their supervision was valuable.
- Some staff had received training in delivering Dialectical Behavioural Therapy. This is a therapy that is designed to help people who may have borderline personality disorder. The staff utilised this training to deliver a group therapy for people who used the service.
- Some staff had received training on managing sexual relationships pathways. Staff had access to SotSec training looking at working with males with learning disabilities who may be at risk of sexual offending. Staff with interests in specialist areas also cascaded training to other members of the team, for example training in relationship work with people with learning disabilities.
- We found evidence in staff files (containing supervision notes and management notes) that poor staff performance had been addressed successfully in the past.

Multi-disciplinary and inter-agency team work

- We observed two multi-disciplinary team meetings. Staff told us that they were held fortnightly. During these meetings we observed staff discussing the mental capacity of people who used the service. An update on the people who used the service was given as well as discussion of risk. Staff in the Weymouth CLDT held weekly formulation meetings. These included input from staff with different professions. These formulation meetings were designed to help identify the varying needs of someone who used the service. They also decided upon what actions would be taken (and by whom) to help meet these needs.
- Staff from the intensive treatment team attended team meetings of the community learning disability teams. This helped to ensure the teams work together to meet the needs of the people who used the service.
- The trust's community learning disability teams we inspected are integrated with the council. This helped to ensure joint working between the council and the trust.
- Staff at the Bournemouth team had been actively building links with local GP surgeries (including offering training in learning disability awareness). They had also built links with the learning disabilities nurse in the local hospital.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Teams had systems in place to communicate with external agencies. This allowed the passing on information about the care of people who use the service. It also facilitated addressing any concerns that staff within the teams may have. For example, we saw evidence at the Weymouth team of liaising with a local residential home for people with learning disabilities. This ensured that peoples individual needs were being met by all agencies.

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

- Staff reported that people who use the service were given information on how to contact advocates when the staff identify that they might benefit, but that this information is not given as a standard.
- We reviewed the care records of three people who use the service who were detained under the Mental Health Act (1983). We found the Mental Health Act documentation to be complete in two of the records. The other record was partially complete but lacking a risk assessment. We found that the percentage for staff trained in the Mental Health Act was 57% across all the teams, although there was a lot of difference between teams. No clinical psychologists within the CLDTs had undertaken training in the Mental Health Act, whereas all of the nursing staff at the Weymouth team had, the Poole CLDT had 92% participation, and the IST had 75% of staff up to date with training. The trust had not identified Mental Health Act training as a core training for staff within learning disability services. However, induction training contains the provisions under the Act relating to people with a learning disability.

Good practice in applying the Mental Capacity Act

- Across all teams we inspected 88% of staff were up to date with Mental Capacity Act training. This ranged from 100% of the clinical psychology staff, Poole CLDT, and the nursing staff at Weymouth, to 75% for the staff at the East Dorset CLDT and the non nursing staff at Weymouth CLDT.
- Staff we interviewed were able to demonstrate an understanding of how to assess capacity and sent referrals to the psychologists working in the teams to assess capacity when they are in doubt.
- The care records we reviewed showed varying evidence that a persons' consent to treatment and mental capacity had been assessed. Of the five care records we reviewed at Bournemouth CLDT, all had completed mental capacity assessments and there was evidence of consent being sought. At North Dorset CLDT out of seven relevant records we reviewed, we found six had assessments of mental capacity and five had evidence that consent had been sought. However in Poole CLDT of the records we observed, two did not have evidence of capacity assessments being made, nor consent being sought. At Weymouth, out of the two records we reviewed, one did not have evidence of mental capacity being assessed or consent being obtained. At Purbeck CLDT we observed three out of five records not having evidence of capacity and all of the records did not contain information around consent . However, we observed discussion of mental capacity at a weekly allocation meeting at Purbeck CLDT where staff identified how a person's capacity to make a decision impacts their care.
- We saw evidence of care plans to help a person who used the service to make decisions using least restrictive practice. For example, educating an individual about potential health risks so they could make an informed choice.

Good

Are services caring?

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

Summary of findings

Are community mental health services for people with learning disabilities caring?

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

We rated Caring as good because:

- We observed a caring and respectful approach to supporting people who used the service.
- People who used the service, and the carers, we spoke with described the service as being supportive and caring.
- We also identified examples of people being involved in their own care, and examples of representation of people with learning disabilities at a trust level through partnership boards.

Our findings

Kindness, dignity, respect and support

- We observed 11 visits and saw staff interacting with people using the service in a respectful and caring manner.
- We spoke with 18 people who used the service and they reported that the staff were caring and professional.
- We spoke with six carers of people who use the service. They reported feeling confident in the staff and felt supported and included in planning the person who used the services care.
- Staff demonstrated a good understanding of confidentiality of people who used the service and their carers.
- Staff used easy read forms to gain consent to store information which in some cases were uploaded onto the care records of people that use the service.

The involvement of people in the care that they receive

- We saw evidence of people who used the service being involved in their care plans (titled 'my plan').
- Staff and people who used the service agreed a plan to manage the risk of a person who used the service to themselves and to staff by using a rating system. This rating system has red, amber and green levels. The signs that a person who used the service is at a given stage (red, amber or green) were decided jointly between staff and people who used the service. The steps to be taken by both members of staff and the people who used the service in order to reduce the rating were also jointly decided . The people who used the service were given the tools to communicate to staff which level of the rating they felt they were currently at depending on what method was easiest for them.
- Staff reported that involvement of people who use the service and their carers could be improved although we found Bournemouth community learning disability team (CLDT) had a designated member of staff to represent carers. Staff at Bournemouth CLDT reported that they had asked people who used the service to be involved in the staff recruitment process in the past, but this had not always been guaranteed due to the needs of the people who used the service who had been asked to participate.
- Some of the teams engaged with local support groups and carers groups. For example, staff at the Bournemouth team showed us an engagement plan of local support groups, carer groups and advocacy groups in the area that helped to ensure that the relationship needs of people who use the service in this area were being met. Further, a member of the Purbeck team had engaged with work to help people who use the service engage in social activities in the local area and now is volunteering outside of work hours to do this.
- People with learning disabilities were represented on partnership boards within the trust.
- People who used the service were asked to complete a friends and family survey when they were discharged from the service the results of which were fed back to the teams. The people who used the service that we spoke with said they felt they were able to give feedback to the teams during their care, as did their carers.
- We observed a suggestions box present at the Hillcrest site (where the main intensive support team office and Bournemouth CLDT were based).

Are services responsive to people's needs?

Good

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

Summary of findings

Are community mental health services for people with learning disabilities responsive to people's needs?

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

We rated Responsive as good because:

- People who used the service were given information that they could understand and the service was developing a range of easy read information.
- Staff had an awareness of how to meet the varying needs of people who used the service. People who used the service had access to specialist services between 8am and 8pm Monday – Sunday and could access the mental health crisis team outside of these hours.
- The vast majority of referrals were seen within the target identified by the trust and there was a policy on how to engage people who did not attend appointments.
- People that used the service told us they were aware of how to raise complaints and felt involved in their care.

Our findings

Access and discharge

- Most of the people who used the service received prompt access to the team. The target for seeing routine referrals for community teams was 28 days and the average was 11 days (95% of routine referrals were seen within the target set by the trust). The target for the intensive support team (IST) was five days and the average wait was two days (82% of routine referrals were seen within the target set by the trust). 100% of urgent referrals for the IST were seen within 48 hours and the average was six hours waiting time. We observed staff on the IST team at Hillcrest responding to a call from a person who used the service in distress and arranging a visit to them that day.
- Referrals for the service could be via self-referral or via a professional to a central referral point. This was either via the adult access team or via care direct which triaged referrals and allocated them to the most appropriate team.
- Staff reported prioritising people on the waiting list for psychological therapies according to the urgency of the referral. Staff informed us that the waiting time for psychological therapies within the team was 6-7 weeks on average. People who used the service were able to receive support from the IST or the trust's mental health crisis team (outside the IST's working hours). The IST was a team that was available for contact between the hours of 8am and 8pm to provide support. We observed them receiving a call and scheduling a prompt visit. Where staff from the CLDTs had identified that a person who used the service may have needed further support from the IST, they discussed this with members of the IST at weekly meetings, and as necessary in-between these meetings.
- The trust had a policy of re-engaging a person who did not attend an appointment. This process started with a multidisciplinary team review of the information held about the person, with more information being gathered from the referrer as needed. The team would then decide whether to refer back to primary care or whether to agree a set plan of multiple attempts to visit/contact the person. If this did not lead to the person engaging with the service, another meeting would be held to decide whether to refer back to primary care, or if the person was decided to present a moderate to high risk, a multiagency meeting may have been held.

The facilities promote recovery, comfort, dignity and confidentiality

- We observed leaflets and posters in the waiting area of Bournemouth community learning disability team (CLDT) and Purbeck CLDT advising people who used the service of how to access support, local services and support groups in the area. The waiting areas seemed light and clean as did the therapy rooms we observed.
- Interview rooms had adequate soundproofing when windows were closed. Windows backed out onto the path to the entrance at the Bournemouth CLDT site (Hillcrest) which when open may have posed a risk to the confidentiality of people who used the service.

Are services responsive to people's needs?

Good

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

Meeting the needs of all people who use the service

- We observed either lift access or ground floor consulting rooms at Poole, Purbeck, Weymouth and Bournemouth CLDTs. This allowed access for people with differing mobility needs.
- The service was designing an easy read complaint form at the time of inspection, but they had an easy read form to gain consent to gather information. We saw some evidence of easy read, individualised care plans, although staff informed us some people who used the service did not currently have this. The people who used the service that we spoke with were able to demonstrate they were aware of and involved in their care, and felt they were able to raise any concerns they had about their care with staff.
- Staff reported piloting a form for measuring the financial awareness of people who use the service. We observed evidence of the use of individualised, easy read information about this.
- Staff could access an interpreter via the trust .

Listening to and learning from concerns and complaints

- In the year 2014/2015, there were 10 complaints about the Poole CLDT, and two about the IST (one of which was upheld). There were no complaints about the West or East Dorset CLDT.
- We observed one instance where a complaint by a person who used the service was noted in the progress notes but not raised as a complaint.
- The people who used the service that we spoke with told us they were aware of how to make complaints and were in the majority satisfied with the service.
- Staff told us that people who used the service received written responses to verbal complaints, as well as a verbal response at the time the complaint was raised and that these complaints were discussed with their team manager.

Are services well-led?

Good

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

Summary of findings

Are community mental health services for people with learning disabilities well-led?

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.

We rated well led as good because:

- The staff we spoke with were aware of the trusts' values and vision and had looked at how to apply them in their setting.
- We found staff had a forum to feedback on service development and this was reviewed and acted upon by senior managers within the service.
- There were effective systems locally and across the teams to ensure staff received training and supervision.
- We also saw examples of innovative practice that were discussed across the different local teams

However:

- We found on some occasions that systems were not in place to ensure care records were updated in a timely manner and that mental capacity assessments were not always documented

Our findings

Vision and values

- Staff we spoke with were aware of the trust's vision and values (of being better every day) and had looked at adapting them to their care setting. The Poole Team had written a vision statement for their service that reflected the trust's values.
- Staff we spoke with identified their senior management were supportive and present within the teams.

Good governance

- There were effective systems in place to ensure staff receive supervision, appraisals and mandatory training. These systems were held at a trust level and information about how many staff were up to date was fed back to local managers to help ensure staff were up to date with their training.
- The managers and senior members of staff we spoke with told us that they felt supported by the senior management. They felt supported to carry out their roles in leading and developing their teams.
- There was a system to ensure learning from incidents is shared. For example we saw evidence that learning from an incident occurring in another service was taken on board and distributed to staff on the front line of this service via a team meeting.

Leadership, morale and staff engagement

- Overall, staff in all of the teams reported feeling supported and felt comfortable raising a concern or whistleblowing if they encountered anything that concerned them.
- Staff feedback was gathered from a conference held for staff. We observed discussion at a senior level on how to act on the suggestions the staff raised.

Commitment to quality improvement and innovation

- We found a number of examples of innovative practice that were discussed between the teams we visited, such as:
  - Liaison with GPs in order to provide training and resources to help them support people with a learning disability.
  - Work around needle phobias helping people who used the service who had a phobia of needles to have injections in a more comfortable setting.
  - A dialectical behavioural therapy group to help meet the needs of some of the people who used the service and give them skills to manage their emotions productively.
  - Life skills groups (which staff had trained staff outside the trust to deliver) to help the people who use the service in their daily lives.
  - A transition project (to manage transition from school to adult life) where people could spend time in a bungalow learning skills on how to live more independently in the community.

Are services well-led?

Good

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

- The memory clinic (that the Bournemouth CLDT had written a publication about in a peer reviewed journal) to help meet the needs of people who used the service who may also have had dementia.
- Staff told us that the service was taking part in the Prescribing Observatory for Mental Health – UK (POMH-UK) audit conducted by the Royal College of Psychiatrists. We saw the report of their participation in the audit of prescribing of antipsychotic medication for people with learning disabilities, where they performed better than the average of the services that were part of the audit.