Care Quality Commission

Good 🟢

Oxleas NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

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Date of inspection visit: 25 - 28 April 2016
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RPGAE	Queen Elizabeth Hospital	Bexley Community Mental Health Team	**DA15 8LH**
RPGAE	Queen Elizabeth Hospital	Bromley Community Mental Health Team	**SE20 7TS**
RPGAE	Queen Elizabeth Hospital	Greenwich Community Mental Health Team	**SE18 6QR**

This report describes our judgement of the quality of care provided within this core service by Oxleas 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.

Summary of findings

Where applicable, we have reported on each core service provided by Oxleas NHS Foundation Trust and these are brought together to inform our overall judgement of Oxleas 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?	Outstanding ☆
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

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Summary of findings

Overall summary

We rated Oxleas NHS Foundation Trust community mental health service for people with learning disabilities or autism as good because:

Staff worked in innovative and creative ways to provide people, their families and carers with support, care and treatment that made a positive difference to people's lives. Staff assessed in detail the personal needs of individuals and provided them with care and treatment plans that were holistic and addressed their needs. As well as a wide range of psychosocial and psychological interventions the service also provided innovative support to people living with anxiety and depression.

People who use servcies, their families and carers consistently told us that the standard of care they received was very high and that it had made a positive difference to the lives of all those who used the service.

The service empowered people to contribute to the development of services giving them the opportunity to formally review staff practices, materials, premises and to actively participate in the recruitment of staff to ensure the service met people's needs.

Systems were in place to ensure that staff continuously delivered services according to best practice and staff liaised and worked with external agencies to share knowledge of best practice methods and ideas.

We observed that staff treated people with care and respect in every aspect of their work and demonstrated patience and concern about all aspects of their mental and physical health.

Staff ensured that they continuously obtained the feedback of people, their families and carers, providing numerous opportunities for them to give their comments and concerns.

The service was well led with a clear commitment from senior management to ensure that staff were well supported, their ideas encouraged and opportunities provided for their professional development. As a consequence staff morale was high and staff were committed to mutually supporting each other to maintain high standards of care.

Summary of findings

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

Are services safe?

Good ●

We rated safe as good for community mental health service for people with learning disabilities or autism because:

- The service provided appropriately designed clinics for people, their families and carers that were clean, safe and supported people's dignity and privacy.
- Staff always undertook appropriate assessment of risk for all people using the service, that were sufficiently detailed and staff then reviewed people's risk assessments and had plans in place to manage those risks.
- All the teams were staffed with experienced, skilled and suitably qualified professionals.
- All staff knew how to report incidents and raise safeguarding concerns and systems were in place to ensure that staff discussed any learning from incidents and incorporated that learning into practice.
- Average caseloads were at manageable levels and staff regularly reviewed them, ensuring that they staff could deliver care safely and that staff were not overworked.
- Staff undertook positive risk taking, measuring the benefits of any activity against any identified risk, ensuring that they safely supported people to participate in a range of therapeutic activities.

Are services effective?

Good ●

We rated effective as good for community mental health service for people with learning disabilities or autism because:

- The approach of staff to the assessment, planning and delivering of people's care was always holistic.
- Staff were committed to working collaboratively with people, their families and carers and external agencies to provide joined up care that addressed their health needs in innovative ways.
- Staff developed innovative therapies to support and empower people to positively interact with others around them in their everyday lives, rather than treating individuals as unwell.
- Staff developed innovative support for people living with anxiety and depression.
- Systems were place to ensure that staff continuously kept up to date with best practice and that they incorporated this into their everyday work.

Summary of findings

- Staff continuously demonstrated a commitment to support the physical health of people.
- Staff provided innovative support for young people in transition, working closely with external agencies including local schools to ensure that they received support to access services.
- Staff met frequently within their professional groups to share best practice as well as with external agencies to educate other professionals regarding people's needs.
- There was a commitment to developing the skills of staff, their competence and knowledge and to share best practice both within teams and external agencies to support people's needs.

Are services caring?   Outstanding ☆

We rated caring as outstanding for community mental health service for people with learning disabilities or autism because:

- The feedback from people, their families and carers was positive.They told us that the service they received was of a high quality and that staff went out of their way to make a positive difference to people's lives.
- We observed a culture within the teams that was always person-centred, with highly motivated staff delivering care that empowered people through relationships with people who used services that were supportive and nurturing.
- We observed numerous interactions between staff and people who used services that demonstrated how staff focussed on supporting the dignity, independence and wellbeing of people, doing so with patience and care.
- Staff supported people in innovative ways to be active and equal partners in their care. People who used services were able to review and advise on improvements and amendments as well as to take part in the recruitment process for staff.
- Staff always took the needs of people who used services into account, including needs that were personal, emotional, cultural and social.
- Staff developed new and innovative ways for people, their families and carers to feedback on the services they had received and to educate others on their experiences.

Are services responsive to people's needs?   Good ●

We rated responsive as good for community mental health service for people with learning disabilities or autism because:

Summary of findings

- Staff provided information, support and encouragement for people, their families and carers on how to make complaints and responded to them when people made them. This included regular meetings for people to attend to give feedback.
- Staff met the needs of young people using services who were moving to adulthood by working with schools and adult services to ensure they continued to receive support they needed.
- Staff supported people to access healthcare services and to attend appointments to ensure that they received the physical health care they needed.
- Staff supported people to complete personal profiles that they carried with them in order to help other professionals understand their needs, to remind them of their appointments and to provide them with important health information.
- Systems were in place to ensure that staff managed referrals to the service effectively, with weekly referral meetings for staff to prioritise cases and allocate them to the relevant professional team.
- A wide range of information on a variety of services, activities and legal rights was available in easy read at each of the locations.
- Effective systems were in place to ensure that staff responded to people in crisis promptly and effectively.

Are services well-led?

We well led as good for community mental health service for people with learning disabilities or autism because:

- Robust systems were in place to ensure that staff from all the teams had regular access to the senior leaders of the trust to discuss their work, ideas and how they could collaborate in making improvements to the service. This gave all staff a clear sense of shared purpose and staff at all levels demonstrated pride in working in their teams and for the trust as a whole.
- There was a systematic approach to working with external agencies in order to share best practice, improve outcomes for people who used services and to ensure joined up care that made the best use of resources.
- Staff continuously told us that they felt valued and supported by their managers and the senior leaders of the trust. This helped maintain good morale among staff and ensured that they continued to deliver quality services for people.

Good ●

Summary of findings

- There were innovative approaches to ensure that people who used services were fully involved in their care and staff supported and empowered them to make decisions service delivery and the recruitment of staff.
- Staff welcomed the input of all those who used services and always encouraged and supported them to make complaints and give feedback in innovative ways.
- Managers supported staff with their training and professional development and encouraged individual staff members to develop their knowledge and skills.
- Staff demonstrated a commitment to quality and innovation and created an environment where staff were keen to share ideas with each other and external agencies

Summary of findings

Information about the service

The Oxleas NHS Foundation Trust provided a community mental health service for people over the age of 18 with learning disabilities or autism living in the London boroughs of Bexley, Bromley and Greenwich. The service comprises three multi-disciplinary community teams which each cover a specific London borough.

The teams provided specific mental health assessments and interventions for people with learning disabilities. Each team worked closely with statutory health and social care providers and voluntary and private organisations in the designated borough. In addition, the community team in the borough of Greenwich was fully integrated with social care staff from the local authority, who worked alongside them.

The service aimed to engage with people's individual support networks, in order to enhance mental wellbeing, independence and quality of life.

Our inspection team

The comprehensive inspection was led by:

Chair: Joe Rafferty, Chief Executive, Mersey Care NHS Trust

Head of Inspection: Pauline Carpenter, Care Quality Commission

Inspection managers: Peter Johnson and Shaun Marten Care Quality Commission

The team that inspected Oxleas NHS Foundation Trust's community mental health services for people with learning disabilities or autism comprised of: a CQC inspector and four specialist advisors. Three specialist advisors were nurses and one specialist advisor was a social worker. All of the specialist advisors had experience of working in services similar to these.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- Visited all three community teams that provide a mental health service for people with learning disabilities
- met with 25 people using the service
- spoke with 12 relatives and carers of people using the service
- interviewed the managers responsible for each of the teams
- spoke with 26 staff members, including nurses, psychologists, psychiatrists, speech and language therapists and administrative staff

Summary of findings

- observed and attended five multi-disciplinary team meetings, six home visits, one physical health clinic, three support groups for people who use services and one challenging behaviour supervision group for staff
- interviewed the divisional director with responsibility for these services
- reviewed in detail 18 patient treatment and care records
- examined 18 staff supervision and training records
- 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

Staff provided services for those with learning disabilities as well as their families and carers. We spoke with 25 people who use services across the three teams and with 12 relatives and carers of people who use services.

People who used the service all spoke very positively about the it, saying that the quality of the support they received from staff was very high, that they felt listened to, cared for and respected. They described staff as very friendly and kind and that they took care to understand their individual needs, showing patience to fully involving them in the planning and delivery of their care and treatment. One person said that the service had changed their life. Another commented that the kindness and care that staff always showed to them made them very happy.

The carers and families of people who use the service also highly praised the service. Three family members said that staff continually went above and beyond what was expected of staff in order to help their relatives. One carer said the service had greatly transformed their son's care, while another said that they would recommend the service to anyone.

Good practice

- The teams offered a range of highly developed psychological interventions and activities to support the needs of people. This included treatment focussed on helping people to live and interact successfully in their personal environments, rather than treating them as unwell.

- Innovative services were provided to support people who lived with anxiety and depression. Such services were rarely provided for people living with a learning disability and demonstrated the extent to which staff worked to meet their needs.

- The service provided valuable support for young people with special educational needs who were moving into adulthood. This involved the service working collaboratively with schools and other external agencies to assess the needs of young people and to support them to access adult services. Staff also worked with educational staff to understand how to meet young people's communication needs.

- Staff in each of the teams demonstrated care and attention to detail in the materials that they designed for people, which were responsive to their needs and those of their families and carers. These included pre-interview sheets for patients to describe how they were feeling and how their week had been, information sheets for discussion groups using carefully designed images to dicuss complex themes such as relationships and a fat suit made by a nurse for someone using the service to illustrate the consequences of over-eating.

- The trust had developed systems for people who had used services to be highly involved in the development of services. This was done through their monitoring and review of services and the advice they were able to give on how staff could improve those services. Staff then followed this advice. Staff also supported people to be actively involvement in staff recruitment.

![CareQuality Commission logo]

Oxleas 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
Bexley Community Mental Health Team	Queen Elizabeth Hospital
Bromley Community Mental Health Team	Queen Elizabeth Hospital
Greenwich Community Mental Health Team	Queen Elizabeth Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Staff told us that they received training in the Mental Health Act as part of their mandatory induction to working in the trust. This was because the people they supported were occasionally treated in the community under the Act, although at the time of our visit no people were receiving treatment in this way.

If staff needed advice and guidance about the Act they were able to access this from a centrally located Mental Health Act office within the trust.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed mandatory training in the Mental Capacity Act and the use of Deprivation of Liberty Safeguards (DoLS) under the Act. DoLS are a set of checks that ensure that any care which restricts a person's liberty is appropriate, the least restrictive option and in their best interests.

Detailed findings

We looked at the care records staff had completed about people and these showed that they understood how to properly assess and document people's capacity in relation to specific decisions and that they had supported people to make their own decisions, wherever possible.

Staff explained that they worked with people to maximise their understanding of their rights and to fully involve them in decisions regarding their care and treatment. Our observations of staff engagement supported this. Staff regularly showed a commitment and demonstrated patience in explaining people's rights and options to them, repeating information and using a variety of communication techniques to check people's understanding.

Are services safe?

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

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

Our findings

Safe and clean environment

- All three community teams had access to appropriate clinic spaces and facilities. The interview rooms for people in each location were fitted with call alarms.
- All areas we visited at each of the locations were visibly clean and well maintained. Cleaning records were up to date and showed that staff regularly checked the environment. Where fridges were present in clinic rooms, staff recorded the temperatures daily. Clinic rooms had appropriate equipment for staff to examine people as well as up-to-date summaries of when people next required physical examinations.
- Staff adhered to infection control principles and notices were visible throughout the services reminding staff and visitors about the principles of hand washing.

Safe staffing

- Staffing levels at the Bromley and Bexley teams met the staffing establishment set by the trust. At the Greenwich team there were six vacancies for different professions that had been successfully recruited for and the newly appointed staff were due to start shortly. During the recruitment process appropriate locum staff were in place to cover four of the vacant positions, but the positions for one psychologist and one physiotherapist were not covered. In order to cover this shortfall, psychologists had increased their caseloads and physiotherapists had increased the size of some of their group activities. There was no evidence that these temporary, unfilled vacancies had any negative effect upon the service being provided in Greenwich.
- Each community learning disability team was divided into separate sub-teams covering different specialisms, including psychology, occupational therapy, nursing and speech and language therapy. We spoke to members of all the different sub-teams within each community team. Staff in all teams said that their caseloads were manageable and that they were at a level that allowed them to spend an appropriate

amount of time with each service user. The data provided by the teams confirmed that caseloads were at a moderate level with an average caseload across each team of 22.

- Staff frequently reviewed caseloads, including during the weekly allocation meeting at each team where managers decided how new cases should be allocated according to the need of people and the caseload of staff members. Managers also reviewed the caseloads of staff at regular supervision meetings.
- Staff, people who use servcies and their families and carers stated that generally staffing levels at each of the locations was very stable, with many members of staff working in their roles for many years, helping to ensure continuity of care.
- The use of bank and agency cover was infrequent. Cover for staff temporarily absent due to sickness or annual leave was provided by staff working in learning disabilities in other parts of the trust. Staff commented that because the trust team for learning disabilities for a whole was quite small this meant that staff across the trust knew each other and therefore easily integrated with each other when providing cover.
- There was access for all teams to an out of hours psychiatrist if needed.

Assessing and managing risk to patients and staff

- Staff undertook an initial risk assessment of all new people, which identified any risks to the person, staff or the public. We reviewed 18 risk assessments over the three locations and saw that staff regularly updated them in order to reflect the changing needs and circumstances of people. For example, staff had updated a risk assessment of one person who had been hospitalised following a fall to reflect the fact that they were vulnerable to fractures.
- The risk assessments identified factors that could in certain circumstances trigger a crisis in the mental health of a person as well as protective factors that could help assist a service in remaining calm and feeling safe. We frequently observed staff discussing these factors, whether in team meetings, or in meetings with people, their families and carers to help manage the

potential risks. For example, in one team meeting where staff identified that someone was potentially at risk from becoming unwell they planned an immediate home visit to ensure they were safe.

- Where necessary, staff had drawn up crisis plans that detailed how people had stated they wished to be supported in a moment of crisis. For example, one plan detailed which family members should be contacted when their health deteriorated. Another stated which staff member the person felt most comfortable with and reassured by, when they became unwell.

- Staff frequently took steps to monitor people on waiting lists to check whether they were at risk of harm. For example, the Greenwich occupational therapy team had recently called the people on its waiting list to ask whether any of them had experienced a change in circumstances.

- Staff across all teams demonstrated a positive approach towards risk taking. This meant in practice that when staff planned therapies and activities with people they always measured the benefits of doing that activity against any identified risk. This also meant that staff did not decide against doing an activity unless and identified risk outweighed those benefits. For example, staff undertook 'walk-and-talk' therapies with people with physical disabilities, where they accompanied them on walks in public spaces, such as parks and talked with them on a variety of subjects. Staff always assessed the risks to people of this activity, such as a risk of someone falling, but unless that risk was significant and staff decided it could not be safely managed, they usually decided the benefits of the activity outweighed any risk.

- Staff across all the community teams demonstrated a good understanding of safeguarding procedures and safeguarding was a standing item on the agenda at weekly team meetings so that staff could discuss safeguarding policy, procedure and concerns. Records showed that all staff, from clinicians to administrators understood and promptly followed safeguarding protocols to keep people safe. For example, a member of the administrative team at one location was concerned about the way a person heard their carer speaking to them. They immediately raised the matter as a safeguarding concern and the matter was investigated.

- The policies and procedures for staff supported the safety of staff and people who use services. For example, the lone working policy gave advice and guidance for all staff, including administrators, as to how to respond to a potential emergency when staff were undertaking community visits in people's homes. Each team kept a list of key questions for office-based staff to ask their colleagues who had contacted them to raise a possible emergency to identify the nature of that situation and how best to respond.

Reporting incidents and learning from when things go wrong

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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.

Our findings

Assessment of needs and planning of care

- Staff at all locations completed timely assessments for people upon their admission to the service to determine their mental and physical health needs, as well as any trigger points of challenging behaviour.

- We looked at 18 care records across the three community services. These demonstrated a holistic approach to the care of people and included their views and those of their families and carers. Plans frequently included the direct quotes of people stating their preferences and goals for their care plans. The carers and families were very positive about how well staff planned care for service users. One parent at the Greenwich team said that staff had undertaken comprehensive assessments of their son's care. A family member with the Bexley team praised the commitment and attention to detail of staff when planning their son's care commenting that they felt as if he was the only person they looked after.

- Records showed that staff had completed multiple care plans for people covering all aspects of their health. These ranged from crisis plans, plans to meet people's communication and physical health needs, including those with difficulty swallowing, and how to support people, their families and carers to manage challenging behaviour. Staff also completed care plans aimed at supporting positive behaviour as well as improving the quality of people's lives.

- The records showed that staff fully involved carers and families in the planning of care so that they properly understood people's needs. For example, care plans detailed how carers and family members would monitor the mood and behaviour of people and which member of staff they should report any concerns to. Plans also demonstrated that staff worked with other agencies in order to provide support for people. For example, plans showed staff supporting people to meet with local GPs to plan how to meet physical health needs, such as diabetes, and meeting with social services to plan how to address their care and housing requirements. In another example, we attended a meeting in a care home to discuss the planning of a person's care needs. A psychologist was there to support the person, but they did not arrive. So instead the psychologist changed the focus of the meeting to help the care home manager better understand how to engage with the person. The psychologist also made an immediate appointment with the social care team, who had frequently worked with the person, to help find out why they had not attended the meeting.

- Staff gave people their care plans in easy read to ensure that they fully understood them.

- Staff regularly reviewed the care plans of people, including when they met with them, their families and carers, as well as at multidisciplinary team meetings to discuss their progress. We observed one discussion involving the Bexley team focussed on how to support the positive behaviour of people which was detailed and fully involved all team members.

- Staff ensured that information related to the delivery of care was stored securely, both electronic and paper based and all relevant service user information was accessible to staff in the different community teams.

Best practice in treatment and care

- Staff in all teams were able to access pharmacy services, when required, for advice regarding people's medicines. Staff said, in accordance with best practice, they were committed to the minimal use of medicines and instead fully advocated the use of behavioural interventions for people with a learning disability who behaved in challenging ways.

- Teams of psychologists worked at all three locations to provide a range of therapies for people. One of the principal therapy types developed by the service involved a 'systemic' approach to the care and treatment of people. This approach was based identifying the challenges and problems in each person's environment and working out what psychological therapies and interventions could address those problems. A psychologist explained that the purpose of this approach was to move away from the more traditional view that a person's learning disability was a problem and instead to focus on how their environment challenged them. For example, where staff assessed that a person's challenges lay in their interactions with their family then therapies and interventions would involve meeting with them and their family together. If, on the other hand, the challenges for a person with a learning disability

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involved difficulties in communicating with staff in a care home then psychologists would meet together with the person and those staff to work out communication strategies. Another principal therapy that staff employed involved supporting the positive behaviour of people through identifying ways to improve their quality of life.

- A notable example of good and innovative practice providing effective psychological therapy was a service delivered by the Greenwich team to support people with anxiety and depression called 'Time to Talk'. This was part of the national programme to improve access to psychological therapies (IAPT.) We noted that IAPT services for a user group for people with a learning disability were rare and innovative and staff commented that it was proving very supportive to people's needs.

- Systems were also in place at each of the teams to ensure that staff kept up to date with developments in best practice in care and treatment. For example, the trust had developed a system of 'Positive Practice Prompts' which was a regularly updated summary of best practice for staff taken from nationwide guidance issued by the National Institute for Clinical Excellence (NICE). Staff kept the prompts on their desks to remind them of best practice. The prompts summarised guidance on matters including challenging behaviour, for example asking staff questions whether they had given information to the service user in an appropriate form of language. A psychologist said that although such guidance addressed the fundamental aspects of their work that all psychologists should know it was still very useful, ensuring that staff maintained the best standards of care and treatment. A clinical effectiveness group at the trust, chaired by the head of learning disabilities, regularly audited the prompts and communicated all NICE updates to staff.

- Staff undertook physical health assessments of people and regularly reviewed their physical health needs. They supported them to attend appointments at a range of other health services, including GPs and dentists, as well as attend physical health checks in the community.

- We observed many interactions between staff and people that demonstrated the commitment of staff to support the good physical health of people who use services. For example, during one community visit we observed a nurse taking great care to discuss a person's physical health, including their self-care and diet.

Another nurse, in order to support a person's understanding of the risks of putting on too much weight had made them a 'fat suit' so that they could get an idea of how being overweight would feel.

- Staff had used three separate and recognised outcome measures in order to best understand the effectiveness of the support they gave to people. Staff used these measuring tools when they first supported people and then a second time when this support was complete. The first measure they employed was the Health of the Nation Outcome Scales (HoNOS). The tool required staff to regularly rate people's health in relation to 12 key indicators; the second tool was called 'my targets' which asked people to identify their treatment goals; the third was the 'Quality of Life Measure' where they rated their quality of life in answer to nine questions.

- Clinical staff in all teams participated in a range of clinical audits, covering work in relation to care plans, caseloads and physical health checks. The results of these audits were then discussed in regular quality assurance meetings attended by senior trust staff whose role was to act upon any problems identified in the audits.

Skilled staff to deliver care

- Staff had met the trust's targets in respect of the completion of mandatory training, this included training in safeguarding, the Mental Capacity Act and infection control. Staff across all teams were also very experienced, and many had chosen to remain working in the trust's LD community teams for several years.

- Full time staff in the teams received three days' induction and temporary staff received a day induction, covering key areas of work including record-keeping and health and safety.

- Staff in all teams received both clinical and managerial supervision approximately every four to six weeks. We looked at 12 supervision records. These showed that supervision meetings discussed a range of topics, including staff members' caseloads and issues arising from challenging cases. Staff also received a yearly professional development review, which was an appraisal of each staff member's training and

Are services effective?   **Good** 🟢

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development needs. Staff were positive about the supervision they received. One psychologist said that the trust provided the best support to staff of any trust they had ever worked in.

- Staff attended a range of meetings to discuss people's needs, the development of services and best practice. These meetings included a monthly meeting of each community team, weekly referral meetings of multidisciplinary teams to allocate complex cases and discuss caseloads, monthly meetings of professionals working in mental health and learning disabilities and quarterly meetings where staff across the trust presented their work to the board of directors.

- Staff received a variety of specialist training to help them perform their roles. This included in speech and language therapy, psychology and communication with those with challenging behaviour.

Multi-disciplinary and inter-agency team work

- The learning disability teams at Bexley, Bromley and Greenwich employed a diverse range of specialists, including psychiatrists, psychologists, nurses, occupational therapists and speech and language therapists.

- Multidisciplinary (MDT) team meetings took place every week at each of the locations to discuss and allocate complex cases, as well as on a monthly basis for case and reflective practice discussions. We observed one MDT meeting and witnessed detailed discussion about people's needs including how to support their positive behaviour.

- The three teams liaised and worked with social services from local authorities (LA) to support people's needs. In some cases staff from the LD community teams and the social care teams from the LAs were integrated and worked alongside each other. In the Greenwich team there was full integration between staff, who worked next to each other in the same building. In the case of Bexley the teams were not integrated. In the case of the Bromley LD team staff said the trust was about to sign a contract to bring social workers from the LA into the LD team, although information was not available as to when this would begin. Staff mostly spoke positively about the benefits of working closely with social care teams and they reported that such collaboration helped

to support people's needs. However, one member of the Bexley team said that challenges still remained in coordinating their work with social care team from the LA.

- There was evidence of effective team working between the staff at in each of the community teams and external agencies, both to directly support the needs of people as well as to share learning and best practice with other professionals. For example, the different professional groups in each of the teams, including psychologists, occupational therapists and nurses attended meetings every three months with their fellow professionals from across London to discuss best practice. In another example, the leader of the Greenwich speech and language therapy team also worked as an adviser to the Royal College of Nursing on the needs of people with a learning disability. This team leader also worked for at NHS England to help develop national policies concerning people with speech and language problems and choking. The community teams also met the complex care teams from local social services every two months to exchange ideas and information on best practice in supporting people.

- Staff from the teams also attended external agencies to provide training on the needs of people with a learning disability. For example, staff from the team in Greenwich attended an organisation called 'shared lives', which provided carers for people with a learning disability in the borough in order to give training regarding speech and language problems, risks of choking and the communication.

- A member of staff was responsible for liaising with local hospitals so that where people were admitted to hospital, the teams could promptly provide information to hospital staff regarding that person's needs and how best to communicate with them

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

- Staff undertook training in the MHA and codes of practice as part of their mandatory induction. Staff said that they rarely came into contact with people who were receiving care and treatment under the MHA, but advice and guidance was available on the MHA was available from the trust MHA office if they needed it. No people who used services were receiving treatment under the Act in the community at the time of our inspection.

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.

Good practice in applying the Mental Capacity Act

- Training in the MCA and Deprivation of Liberty Safeguards was mandatory for all staff and the completion rate was 100% for staff in each of the teams. Staff from all areas of work that we spoke to showed that they understood the five main, statutory principles of the MCA.

- There was a trust-wide policy in relation to the MCA to which all staff had access. The policy was detailed and recently updated to include references to important changes in the law regarding the definition of restraint. This meant that the policy accurately told staff in what situations they would have to apply for legal safeguards to protect restrained patients.

- We reviewed 18 care records of people who used the service. These all showed that staff understood how to complete mental capacity assessments in accordance with the MCA and codes of practice. For example, they demonstrated that staff always took appropriate steps to ensure that service were involved in decisions about their care and given every opportunity to make a decision for themselves. Where staff assessed that person did not have mental capacity to make a specific decision, staff made decisions in the best interests of an person, in consultation with their families and carers.

- Staff in all teams showed a commitment to working patiently with people to understand their needs and preferences and to support them to make their own decisions concerning their treatment and care, as required under the Act. For example, we observed one staff member in the Bexley team during a home visit using various tools and methods, including 'Talking Mats' to help a service user communicate their wishes. Talking Mats is a communication tool that facilitates interaction through the use of pictures and symbols. Staff also provided people with copies of their plans in easy read to support their understanding and involvement in their care.

- Staff were able to obtain advice and guidance relating to the MCA from the trust legal team.

- Senior staff undertook audits to monitor the use of MCA in each of the teams.

Are services caring?

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

Outstanding ☆

Our findings

Kindness, dignity, respect and support

- We observed numerous interactions between people and staff from all disciplines within the teams that demonstrated a respectful and supportive attitude from staff towards those they were caring for. For example, we observed one nurse during a visit to a service taking a great deal of time to ensure that person understood their medicines, when to take them, their possible side effects and how to discuss any problems about them with their doctor. In another example we observed a psychologist during a person's appointment using very simple, clear and non-patronising language, patiently reviewing each point of discussion to ensure the person understood the issues. During a physical health clinic at Greenwich, we observed very kind and respectful interactions, for example a nurse always asked if it was okay to touch someone before examining them.

- People who used services spoke very positively about the way staff treated them. One person who attended the Bexley team said that staff always went out of their way to help them. We attended a 'Friends and More' group at the Bexley team where people and their families and carers met and worked with staff to discuss different subjects and issues. Afterwards the service users told us what they thought of the team, praising the staff and saying that they were all very caring. One person was particularly positive about the care they received from a doctor in the team, commenting that they always listened to them and took time to patiently understand their needs. People at the Bromley and Greenwich teams were equally enthusiastic. One said that the Greenwich team had changed their life. Another spoke very positively about how the team had supported them and how happy this made them. People also demonstrated also demonstrated how well supported and comfortable they felt with staff without being asked. For example, one staff member arriving at a day centre being warmly greeted by numerous people present, who showed how happy they were that the staff member had arrived. In another example, people at the Greenwich team greeted the inspector who was observing their meeting with their doctor with an enthusiastic description of all the work they had done with the doctor, their aims and achievements.

- Staff showed a commitment to developing new and innovative materials to support the needs of people. For example, the staff organising the Friends and More group developed a pictorial timetable showing the time and content of sessions, including 'marriage', 'keeping safe' and naming parts of the body. Themes covered a wide range of subjects, both fun but also adult, including human and sexual relationships. In another example, a clinician at the Bexley team had developed a form for people to complete before their doctor's appointment in order to describe how they were feeling physically and mentally. The form was in easy read and titled 'how have I been this week' and asked questions about worries, sleep and the person's quality of life. This helped staff understand the changing circumstances and needs of people to help get the most benefit from meeting with them.

- Records showed that staff were patient and took time to understand people's needs. For example, many records that staff met with them on several different occasions in order to complete their recovery and support plans.

The involvement of people in the care that they receive

- We looked at 18 care plans. These showed a significant level of people's involvement, expressing clear wishes, preferences and objectives for their care and treatment.

- There was much evidence of the team supporting the families and carers. All teams had events for people that their carers were able to attend. In addition, each community team had a family consultation team, which offered support for families and carers in the care they gave to service users. In the Greenwich team staff supported the carer of a person who had two family members with challenging behaviour to develop coping strategies and to better understand their health.

- In all the teams the people's families and carers said that staff regularly encouraged them, with people's consent, to attend clinical meetings and have joint meetings with psychologists so that they could fully contribute to the planning of care. Staff and carers said that this was particularly important where it was necessary to understand the complex needs of each case and develop plans and strategies to manage such behaviour and avoid the triggers for it. Staff employed a 'systemic' approach to psychological intervention, which meant meeting with people in situations where

Are services caring?

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staff assessed people found the environment most challenging. Through this method staff developed group psychological therapies so that people, such as family members, could fully contribute to planning how to reduce challenging behaviour and, at the same time, understand the needs and perspective of the person. People, carers, family members and staff were very positive about this inclusive approach, saying that it was proving effective.

- People and their families and carers had access to independent advocacy services to support them to raise issues regarding their care and treatment. Staff also made referrals to advocacy where they identified a potential need for support.

- Staff regularly supported people to sit on recruitment panels for new staff members as part of a trust initiative to involve service users in the selection and hiring of staff. We spoke to two people who had sat on a recruitment panel at the time of our visit. They spoke very positively their experience and said that staff had supported them through the process, including in preparing questions and understanding the criteria the recruitment panels used to evaluate the interviewees.

- To support the involvement of people in making decisions about services the trust had also developed a group for them to join called the 'can you understand it?' group. Its purpose was to give people the responsibility to assess and review a range of facilities, processes and information relating to the community teams to see if they were sufficiently user-friendly and whether staff could improve them. As a result of the work done by the group staff had followed their

recommendations and changed how things were done. For example, following a review by the group, staff made changes to an epilepsy survey that they sent to people so that it included more helpful visual information. In another example, the group also asked for staff to amend an information leaflet about the LD transition team so that it gave more specific information on team members' roles. Both staff and people were positive about the role the group played in supporting the development of services and how it empowered people in the process.

- There were a variety of ways that people, their carers and families could give feedback about the services they received. At each community service boxes were available for people to post their comments and each month staff reviewed their contents and reported the findings to senior trust management. Staff also sent out a family and friends test questionnaire to every person every six months in easy read in order to obtain feedback and again then fed the comments back to senior staff in the trust.

- Another notable example of how people and their families and carers could give feedback and help develop services was a trust wide initiative called 'ResearchNet'. This was a network of people, carers, volunteers and staff who worked collaboratively to develop mental health services. As part of this work people met to talk about their personal experiences and then wrote material and made films to describe them. The people then presented this work to the teams to help staff understand their needs and how they could improve services to meet them.

Are services responsive to people's needs?

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

Our findings

Access and discharge

- The teams each assessed new referrals as they came in to see if they met the eligibility criteria for someone to use the service. If staff were not able to immediately allocate them owing to the complex needs of the case, or the immediate availability of staff, then the multidisciplinary team discussed and allocated the referral at a weekly allocation meeting. Staff from the social care teams for each local authority also attended these meetings so that where people required support from both teams this could be easily facilitated.

- The teams all operated a maximum waiting time of four weeks from referral to assessment. The length of this period allowed staff, if necessary, to obtain more information about a person's circumstances to determine their needs and eligibility to access the service. The service operated a maximum of 18 weeks from referral to treatment. None of the sub-teams within the Bexley or Bromley community LD teams had breached this limit in the past six months. In the Greenwich team this limit had been exceeded nine times in previous six months. These referrals were spread across various sub-teams the majority of the delays caused by a vacancy in the occupational therapy team which staff had now filled. Staff said that they had triaged all of these referrals and none were non-urgent and all outstanding referrals were shortly to be finally allocated. Senior trust managers also monitored the progress of waiting lists and send reminders to team managers when a person on a waiting list was approaching the 18 week limit.

- The teams did not provide a 24 hour service. Instead, where necessary, staff provided people in the care and support plans with information on how to access emergency services in the event of a crisis.

- The teams responded to people in crisis, such as those with multiple mental health needs, by immediately allocating such referrals to ensure that staff saw that person immediately. Staff in Greenwich explained that staff were usually alerted to someone being in crisis through close working with people and maintaining good contacts with external agencies such as hospitals and GPs. Staff said that early identification that someone may be in crisis meant that they could respond quickly in terms of referring that person to a

team specialist for support. Such early intervention had reduced the need to find a bed for someone who had become very unwell. Although the team had capacity for seven beds they had only needed to provide four beds for people in the previous six months.

- The criteria for each team focused on the complexity of each case. The teams also accepted referrals for the psychology service alone. However, a worker at a support group in Greenwich for families living with autism told us that the community team did not support many young people with autism who had asked for help from their service. They said that they spoke for many families who used the support group who had not beenable to meet the criteria to access the service. A parent of a person in Greenwich also told us that the Greenwich team 'is not good at accepting people with autism'. In response, a team manager explained that the service was not commissioned to provide support for those affected only by autism. They added that it was common for the admission criteria for community LD services not to include eligibility on the basis of a diagnosis for autism alone.

- Teams took steps to make it easier to engage with people who found it difficult to engage with services. For example, records showed that staff worked to identify which staff members people felt most comfortable with so that they could be allocated to work with that service user, including when the returned to using the service. Staff, where possible, also undertook home visits to people who felt anxious or uncomfortable visiting the service.

- Attendance rates at appointments were very good. People rarely missed their appointments with staff. When this did happen staff immediately contacted the person, their family, carer or members of their social network by phone to check that they were not in crisis and needed any help.

- People and their carers said that staff were very flexible when arranging appointment times and rarely cancelled any appointments. We observed that staff were very punctual with their appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- There were a range of rooms for a variety of purposes at each of the locations, including interview rooms and rooms where staff could conduct physical examinations

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of people. In addition, the Bromley and Bexley teams were due to moving to new, shared premises in a couple of months' time. Staff at both teams were enthusiastic about the move, saying that the new combined location would provide them with more space and facilities, including a sensory room.

- The rooms at the Greenwich team had adequate sound proofing to ensure that it was not possible to hear conversations taking place in them from the outside. The rooms at both the Bexley and Bromley teams did not have additional sound-proofing, so staff played music in the reception areas beside these rooms to help prevent conversations in them being heard. We tested the effectiveness of this method of keeping conversations private and found that it worked.

- There was a wide range of information leaflets available for people, their families and carers. They ranged from information relating to physical health, including how to give up smoking, advocacy services, the Mental Capacity Act, people's rights, how to complain and housing and welfare information.

Meeting the needs of all people who use the service

- All three community teams had made reasonable adjustments to meet the needs of people with a physical disability. These included a lift at the Bromley and Greenwich teams to access the floor where the LD were located, ramps at the Bexley team to assist with wheelchair access and disabled toilet facilities at all sites.
- Information leaflets at the three teams was available in easy read. All leaflets were in English, although none in other languages were visible. Staff at each of the teams explained that it was rare for anyone to require printed information in a language other than English, but that they could provide this when needed. Staff in each of the teams had access to interpreting services to help anyone access services whose first language was not English. Staff also changed information they provided to meet the needs of people from different cultures and beliefs. For example, the Greenwich team amended eating and drinking guidelines for people with difficulty in swallowing, whose diet was different for these reasons.
- To help meet the needs of people the trust had developed a personal health profile that each person

carried with them. The purpose of this profile was to help those working with the person understand their needs and wishes as well as their current care and treatment. The profiles also contained general information to support good mental and physical health, including a good food guide, as well as reminders of dates and times for appointments. People and staff said that the profiles were especially valuable helping professionals from other services, such as doctors and dentists understand and meet individuals' needs. For example, the profiles included a section called 'About Me' which listed those people important to individual, their support plans and how they preferred to communicate. Another section entitled 'My mental health and physical health' outlined a person's personal health needs, including what caused them anxiety, what health conditions they had and the help they were receiving for them.

- A notable example of how the service met people's needs was the trust LD transition health team. The purpose of the team was to support local children's and adult health services to ensure they worked together to meet the needs of young people with a diagnosed learning disability in transition to adult LD services. In practice this involved staff going into schools to meet with young people to discuss with them, their families and carers their LD needs and how they could eventually access adult LD services. This was important work because young people receiving services in school do not always get continued support in the community when they become adults. Inspectors noted that this service was unusual and did important work to meet the needs of young people.The transition team in Bexley also worked in partnership with the local authority to support the Local College First Programme. The authority set up this programme to support young people with a range of health and social care needs, including epilepsy, autism and cerebral palsy. Support from the Bexley team included speech and language therapists undertaking communication assessments with individual people.
- Staff supported people with their housing and benefit needs, regularly attending welfare and housing meetings with them to ensure that they fully understood their rights and communicated their needs. Staff also supported people to attend meetings regarding their employment, as well as providing paid work

Are services responsive to people's needs?

Good 🟢

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opportunities as part of their therapeutic support. For example, staff at the Bexley team provided paid employment for a person who assisted them with their administration work.

- Staff showed that they were responsive to people's physical health needs to ensure they received the care they required. For example, in order to address the anxieties caused to a person who attended their GP for regular treatment, staff at one team obtained training so that they could provide the treatment themselves and so reduce that person's stress.

Listening to and learning from concerns and complaints

- People, their families and carers made very few complaints regarding each of the three community teams. In the previous six months the Bexley team and Greenwich team had received two complaints each and the Bromley team had received none. People told us that they knew how to make complaints, although all that we spoke to said they were very happy with the services they received and had no complaints they wished to make.

- There were a variety of ways that people who use services, their families and carers could make complaints. These included a regular event that staff held at each of the teams called 'It's Good to Complain', where staff supported service users to raise their concerns. Posters were also visible at each of the teams asking people who use services to staff what they thought of the service, encouraging them to complete forms detailing any concerns and showing them how to make a complaint. Staff reviewed any complaints received and then fed them back to senior trust staff responsible for quality control.

- Staff responded to complaints made by people. For example, one person at the Bexley team had complained that the team never played the music of their favourite artist in the communal area. Having supported the person to make this complaint staff then made sure that the team were aware of the person's preference and ensured, where possible, that they played this music when the person attended the service.

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.

Our findings

Vision and values

- The values of the trust were clearly displayed at each of the community teams and staff said that they were familiar with those values and that they guided the work they did. Staff demonstrated that they were proud to deliver these values and proud to work for the their teams and for the trust as a whole.
- Staff in each of the teams said that they knew who the senior managers of the trust were and that these managers had visited the community teams to learn about their work. One staff member in the Bexley team commented that the senior management were always open to new ideas. A staff member in the Bromley team praised the accessibility of the senior trust managers saying that every staff member had access to them both formally through scheduled meetings and informally though direct contact.

- There was a clear shared purpose among all levels of staff to work together to deliver quality services and to ensure that improvements were collectively made. Staff across the teams commented that they were encouraged to communicate their views, ideas and opinions to senior trust leaders and not to think of them as remote. Staff delivered presentations about the work of the teams to members of the trust board of directors at quarterly planning meetings. Managers encouraged all levels of staff to participate in these presentations. Staff spoke positively about their value, explaining that they supported all levels of the organisation to have a common focus on improving people's care and that the meetings helped staff to inform the leaders about their achievements, challenges and ideas.

Good governance

- Managers ensured that staff were competent, well trained and experienced and that they received regular supervision to support them in their work. Staff delivered services in environments that were safe and well maintained. Staff undertook a wide range of audits according to a trust timetable in order to monitor the standards of service delivery throughout the teams. Audits covered areas of work such as caseloads, the physical health checks of people and their crisis plans. Audit outcomes were effectively addressed. Staff

demonstrated that they properly recorded any incidents and that they learned the lessons from those incidents. Staff also showed that they understood the law which applied to their work, including the Mental Capacity Act.
- Staff developed innovative systems to support and encourage people who used services, including families and carers to give their feedback on services. Staff also encouraged people to make complaints and made sure that all comments on services were regularly reviewed and responded to.

- There was a systematic approach to working with other organisations to improve care outcomes for people who used the service, including with local hospitals, GPs and social services.

- Managers used key performance indicators (KPIs) that the trust had determined in order to measure the effectiveness of the work of their teams. These indicators related to such issues as staff training, supervision, staffing levels and staff sickness. Data provided by the trust showed that the teams were meeting all these key indicators.

- Managers told us that they had the authority to manage their teams as required and had sufficient administrative support to complete their work.

- Managers regularly reviewed staff performance through the use of supervision and professional development meetings. In addition the team managers also regularly reviewed staff completion of training and supervision and received alerts when either of these were overdue.

Leadership, morale and staff engagement

- There were no concerns relating to staff absence or sickness, or any allegations of bullying among the staff. Staff raised no concerns with inspectors regarding their working conditions and staff said they were happy to work in their teams.
- Staff told us that they knew how to raise issues and concerns with their managers and understood the trust's whistleblowing process in case of serious concerns.
- The morale of the staff teams was high. Staff told us that they felt well supported by their managers and that they had the resources, including the necessary contact time with people, to deliver effective services that supported peoples' needs.

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.

- Staff said that, in addition to regular supervision and professional development, there were many available opportunities in the form of various staff meetings for them to raise issues, as well as ideas and suggestions for service development. Staff also said that managers showed concern about their welfare and awareness of their stress levels. Managers were supportive of flexible working and monitored caseloads carefully to ensure staff did not become overworked.
- Staff at each of the teams spoke positively about the opportunities for professional development that were available to them. For example, staff told us about the external courses that their managers had supported them to apply for and undertake to support their work and professional development. These courses included a nurse undertaking a degree in mental health, a therapist studying management development and a nurse qualifying to prescribe medicines. In the Greenwich team managers also supported a temporary staff member to develop the service by developing an audit to see if there were still unmet needs in the community that the service could reach. There were opportunities for staff for leadership development. For example, in the Greenwich team the trust had promoted an experienced therapist as team leader

- Staff said that the division of each team into sub-teams focussed on each professional specialism, such as physiotherapy and psychology, helped them to develop highly efficient ways of working and best practice, through mutual support and meeting with other similar professionals across London. Equally, staff in each of the teams told us that the mutual support and cooperation, both within the sub-teams and between the professions across each team as a whole was one of the most positive aspects of working in the trust.

Commitment to quality improvement and innovation

- During the inspection there were many examples of the commitment of staff to innovation and the improvement of quality of services. Notable to inspectors was the talking therapy group to support people with anxiety and depression, which was unusual for those in a LD service user group and demonstrated the commitment of staff to meet people's needs. Another example was the highly developed transitional support for young people with special educational needs. This was an unusual and innovative service designed to ensure that young people who received support to meet their needs in school continued to receive support when making the transition to adult services.
- The collaborative working that the team undertook with local schools and the local authority was also a good example of the service's commitment to improving people's lives through joined up care. In addition, staff empowered those using services to have an influential voice in how the service was run. They supported people to participate in recruitment and to advice on necessary changes to the materials staff used and the environments in which they worked. This involvement was far from tokenistic and demonstrated that the service was committed to involving people in their care in the fullest possible way. The service also encouraged and supported people who used the service, their families and carers to give feedback to which staff promptly responded.
- Finally, there was a clear systemic approach to ensure that best practice was embedded into every aspect of work and that staff at all levels worked collaboratively to ensure the quality of the service was maintained.