Cambridgeshire County Council

Fenland Learning Disability Partnership

Inspection report

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Date of inspection visit: 12 and 13 July
Date of publication: 09/01/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Good
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

- The service did not meet the target time of 18 weeks for seeing people from referral to assessment and assessment to treatment. The referral to assessment waiting time was 46 weeks. The waiting time for referral to treatment was 50 weeks.
- The service did not ensure that all appropriate staff received regular supervision and annual appraisals in accordance with their own policy.
- Managers did not receive sufficient up to date information to have oversight of specific performance areas.

However:

- People were protected from abuse and poor care. The service had sufficient, appropriately skilled staff to meet people's needs and keep them safe.
- People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.
- People were involved in managing their own risks whenever possible. Staff developed positive behaviour support plans with people who used the service so that they were aware of any risks they posed to themselves, others or their environment.
- Staff were aware of what strategies to use to minimise and manage risks. Staff anticipated and managed risk. They had a high degree of understanding of peoples' needs.
- People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs. People made choices and took part in activities which were part of their planned care and support. Staff supported them to achieve their goals.
- People who used services and those close to them were active partners in their care. We reviewed four care records and saw staff were fully committed to working in partnership with people and making this a reality for each person.
- Staff empowered people who use the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care.
- Patients could give feedback on the service and their treatment and staff supported them to do this. People were empowered to feedback on their care and support. We saw examples where staff had encouraged feedback using an easy read "we welcome your feedback" form. We saw evidence that staff had acted on this feedback.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Leadership was good, and governance processes helped the service to keep people safe, protect their human rights and provide good care, support and treatment.
- Staff worked with social care providers to ensure care was line with best practice and national guidance. For example, quality standard 101, behaviour that challenges National Institute for Heath and Care Excellence (NICE).

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community mental health services for people with a learning disability or autism	Requires Improvement 	• The service did not meet the target time of 18 weeks for seeing people from referral to assessment and assessment to treatment. The referral to assessment waiting time was 46 weeks. The waiting time for referral to treatment was 50 weeks. • The service did not ensure that all appropriate staff received regular supervision and annual appraisals in accordance with their own policy. • Managers did not receive sufficient up to date information to have oversight of specific performance areas. However: • People were protected from abuse and poor care. The service had sufficient, appropriately skilled staff to meet people's needs and keep them safe. • People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood. • People were involved in managing their own risks whenever possible. Staff developed positive behaviour support plans with people who used the service so that they were aware of any risks they posed to themselves, others or their environment. • Staff were aware of what strategies to use to minimise and manage risks. Staff anticipated and managed risk. They had a high degree of understanding of peoples' needs. • People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs. People made choices and took part in activities which were part of their planned care and support. Staff supported them to achieve their goals.

Summary of findings

- People who used services and those close to them were active partners in their care. We reviewed four care records and saw staff were fully committed to working in partnership with people and making this a reality for each person.
- Staff empowered people who use the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care.
- Patients could give feedback on the service and their treatment and staff supported them to do this. People were empowered to feedback on their care and support. We saw examples where staff had encouraged feedback using an easy read “we welcome your feedback” form. We saw evidence that staff had acted on this feedback.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Leadership was good, and governance processes helped the service to keep people safe, protect their human rights and provide good care, support and treatment.
- Staff worked with social care providers to ensure care was line with best practice and national guidance. For example, quality standard 101, behaviour that challenges National Institute for Heath and Care Excellence (NICE).

Summary of findings

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Summary of this inspection

Background to Fenland Learning Disability Partnership

Cambridgeshire Learning Disability Partnership has been registered with the Care Quality Commission since November 2016, provides regulated activities for treatment of disease, disorder or injury and had never been inspected. The Cambridgeshire Learning Disability Partnership brings together specialist health and social care services for people with a learning disability.

The LDP is responsible for commissioning and providing these services on behalf of Cambridgeshire and Peterborough Integrated Care Board (Previously the CCG), and Cambridgeshire County Council. Social Care staff are employed by the County Council, and health staff are employed by Cambridgeshire and Peterborough Foundation Trust. There is a Formal Management Agreement between both organisations for the Integrated service and all staff are part of the LDP.

The LDP directly provides access to specialist nurses, psychiatrists, psychologists, therapists, allied health professionals, Social Workers and Social Care staff through its integrated community teams, which cover the county from four locations:

- Huntingdon
- East Cambridgeshire
- Fenland
- South Cambridgeshire and City

This report relates to our inspection of Fenland Learning Disability Partnership. Reports for the other three learning disability partnerships services are available on the providers website. The LDP in-house provider services directly provide daytime support, respite care and some supported living accommodation in various locations across Cambridgeshire. The in-house services referred to are registered with the CQC individually and separately from the community teams referred to in this inspection The majority of daytime support, respite care, domiciliary care and supported living accommodation were commissioned by the LDP from a wide range of independent and voluntary sector care providers, acting in partnership with the LDP to deliver high-quality care options for people with a learning disability. Their aim is to enable people to live as independently as possible in their local communities, accessing mainstream services wherever possible.

What people who use the service say

We spoke with three people using the service and six carers over the phone and reviewed comments and feedback from surveys, speak out forums and local partnership board. All the people we spoke with said staff were respectful and polite.

We saw evidence in care records that staff used a variety of communication tools to engage with people and their supporters and carers.

One carer told us of the strategies that were put in place by the nurses from the Learning Disability Partnership to improve their relative's physical activity levels.

One carer told us about the positive response to the concerns they raised with the Learning Disability Partnership about their relative's medicines and the side effects this caused them. Their relative's medicine was subsequently discontinued which resulted in an improvement to their well-being.

Summary of this inspection

One person told us they had regular contact with staff from the service and they were supportive.

All three people using the service were able to tell us that they had a support plan in place.

One person with dysphagia needs, told us they regularly saw their speech and language therapist who taught them how to prepare and eat their food safely.

One person told us they regularly saw their community nurse and art therapist where they completed projects that they enjoyed.

One carer told us there had been a best interest meeting which led to the person accessing a specialist dentist.

How we carried out this inspection

How we carried out this inspection

Our inspection team was led by an inspector.

The team included one inspector and one specialist advisor on site and an expert by experience working remotely.

To get to the heart of people who use services' experience of care, 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 we held about the location.

During the inspection visit, the inspection team:

- spoke with three people using the service and six carers over the phone;
- visited the service and looked at the quality of the environment;
- spoke with the head of service, service manager and registered manager;
- spoke with seven other staff members including; nurses, social workers, support co-ordinators, occupational therapists, and an art therapist;
- attended and observed a home visit of a person using the service;
- reviewed four care and treatment records of people;
- reviewed a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Summary of this inspection

Areas for improvement

Action the service MUST take to improve:

- The service must ensure that there is a plan to reduce waiting times to within the 18-week target. Regulation 17 Good Governance
- Managers did not receive sufficient up to date information to have oversight of specific performance areas. Regulation 17 Good Governance
- The service must ensure that all appropriate staff receive regular supervision and annual appraisal in accordance with their own policy. Regulation 18 Staffing

Action the service SHOULD take to improve:

- The service should ensure all appropriate staff have full access to the two electronic record systems.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community mental health services for people with a learning disability or autism	Good	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Good	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

Community mental health services for people with a learning disability or autism

Requires Improvement

Safe	Good
Effective	Requires Improvement
Caring	Good
Responsive	Requires Improvement
Well-led	Requires Improvement

Are Community mental health services for people with a learning disability or autism safe?

Good

Safe and clean care environments

The service did not see people for clinic appointments on the premises at this location. They visited people at a location suitable to the persons needs and preferences.

Safe staffing

The service had enough staff, who knew people on their caseload and received basic training to keep them safe from avoidable harm. The number of people on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each person the time they needed.

The Fenland team had enough nursing, therapy and support staff to keep people safe.

The service had no qualified staff vacancies at the time of the inspection.

The team did not currently use any bank or agency nurses. When they did use agency staff, they were booked for long term contracts so that they were familiar with the service and people who used the service.

Managers made arrangements to cover staff sickness and absence. We saw that the team were supported when staff were on sick leave.

Managers supported staff who needed time off for ill health, staff were supported to access occupational health services. We spoke with a member of staff who accessed this support.

Sickness levels across the countywide Learning Disability Partnership teams was 6%, managers did not receive a specific breakdown of sickness for their team. However, local team managers knew their staff and managed absences with individual staff.

Community mental health services for people with a learning disability or autism

Requires Improvement

The service did not provide data on turnover rates for the Fenland service.

The number and grade of staff matched the provider's staffing plan.

Medical staff

The service had enough medical staff. There was one part time learning disability consultant psychiatrist and access to additional psychiatrists to cover staff sickness or absence

Mandatory training

Staff completed and kept up-to-date with their mandatory training. Mandatory compliance was at 96%. The mandatory training programme was comprehensive and met the needs of people and staff and included; treating people with respect, safeguarding adults' level two and children level three, infection prevention, good governance and control and working safely.

The partnership had identified that Oliver McGowan training was now a legal requirement within the Health and Social Care Act 2022 and had begun to scope how this would be rolled out.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk

Assessing and managing risk to people and staff

Staff assessed and managed risks to people and themselves well. When necessary, staff worked with people and their families and carers to develop crisis plans. Staff monitored people on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.

Assessment of risk

Staff completed risk assessments for each person, using a recognised tool, and reviewed this regularly, including after any incidents or significant events such as hospital admission. The team supported staff from care services to look after people living in various community settings including supported housing and their own homes to update and manage risks. Staff supported staff at other services to complete and update positive behaviour support plans for people using the service so that staff were aware of the triggers and strategies to use to support people. Staff supported family members in dealing with and managing risk if presented by people using the service.

Staff used the care programme approach risk assessment tool. They also used risk assessment tools within the integrated care record with adult services.

Staff could recognise when to develop and use crisis plans and advanced decisions according to patient need. We saw examples in care records of crisis plans for people using services and attended a home visit for a person using the service who had recently been discharged from hospital with a crisis plan in place. Staff were clear on the plan and supported the person's new care provider to understand the care and support needs for this person.

Community mental health services for people with a learning disability or autism

Requires Improvement

Management of risk

Staff responded promptly to any sudden deterioration in a patient's health. Staff increased the level of input they provided to support a person when they were deteriorating or in crisis.

Staff continually monitored people on waiting lists for changes in their level of risk and responded when risk increased. Managers held weekly multi-disciplinary meetings to assess the level of risk and any changes in circumstances to people on the waiting list for services. Staff prioritised any people whose risks were considered urgent.

Staff followed clear personal safety protocols, including for lone working. The service had a lone working policy, staff we spoke with told us how this was used.

People were involved in managing their own risks whenever possible. Staff developed positive behaviour support plans with people who used the service so that they were aware of any risks they posed to themselves, others or their environment. Staff were aware of what strategies to use to minimise and manage risks. Staff anticipated and managed risk. They had a high degree of understanding of peoples' needs. People's care and support was provided in line with care plans.

Staff identified and responded to any changes in risks to, or posed by, people using the service. We reviewed four people's records which showed staff completed risk assessments on admission to the service and updated them regularly, including after incidents. Staff attended daily safety huddle meetings where those people known to be currently posing the most risk were discussed, and mitigation implemented where appropriate.

Safeguarding

Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff told us how they protected people from abuse and the service worked well with other agencies to do so. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff had training on how to recognise and report abuse and they knew how to apply it. Compliance rates for adults' level two training was 100% and level three children was 76%.

The service was fully integrated and co-located with the local authority and were involved in safeguarding investigations. Managers ensured staff reported potential abuse and ensured they reported to CQC and the police when appropriate.

Staff could give clear examples of how to protect people using the service from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff access to essential information

Staff kept detailed records of peoples' care and treatment. Records were up to date however they were not available to all members of the integrated team and staff told us they were not easy to use.

Community mental health services for people with a learning disability or autism

Requires Improvement

Under a formal management agreement for the delivery of the Integrated Service, the sole and primary case management electronic recording system is hosted via the Adult Social Care system . All staff have access and have been fully trained to use this electronic system for the recording of service user information.

Each locality team had read only access to the NHS system.

Staff we spoke with said the local authority system was difficult to navigate and had limited functionality with regard to mental and physical health and wellbeing. Staff told us they adapted the system to ensure there was a location for this information.

Records were stored securely.

Medicines management

The service did not hold medicines, the consultant psychiatrist held a review with the person and then wrote to their GP suggesting which medicine should be prescribed.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave people honest information and suitable support.

The service kept people and staff safe. The service had a good track record on safety and managed safety incidents well.

Staff accurately described what incidents to report and how to report them.

Managers investigated incidents appropriately in line with the provider's policy. Managers maintained safety to people using the service and investigated incidents and shared lessons learned with the whole team and the wider integrated service via bulletins, email and safety alerts.

Managers held weekly business meetings and monthly clinical governance meetings, during which they discussed recent incidents. Staff completing investigations were trained in route cause analysis.

Managers shared learning from incidents that had occurred in other services who supported people with a learning disability and/or autism. We saw examples of sharing information from LeDeR (Learning Disabilities Mortality Review) and from the county council.

The partnership held monthly complex case huddle meetings which is a multi-disciplinary panel to review and guide complex learning disability and/or autism cases.

Community mental health services for people with a learning disability or autism

Requires Improvement

Are Community mental health services for people with a learning disability or autism effective?

Requires Improvement

Assessment of needs and planning of care

Staff undertook functional assessments when assessing the needs of people who would benefit. They worked with people and with families and carers to develop individual care and support plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and strengths based.

We reviewed four care records. Staff completed a comprehensive mental health assessment of each patient. The assessment recognised strengths and abilities as well as difficulties faced by the person, it identified short and long-term goals considering the levels of support required to facilitate independence, based on the progression model. Staff considered resources available to the individual, including their support networks and local community.

Staff developed a comprehensive care plan for each person that met their mental and physical health needs, however staff told us the adult services record system had limited functionality regarding physical and mental wellbeing. Staff told us they adapted the system to ensure there was a location for this information.

Positive behaviour support plans were present where appropriate and were developed following a comprehensive assessment, plans focused on people's quality of life outcomes and met best practice.

Staff regularly reviewed and updated care plans and positive behaviour support plans when people needs changed.

All care plans were personalised, holistic, recorded the persons' and relative's voice and were strengths-based.

People had an up-to-date hospital passport where identified as required.

Best practice in treatment and care

Staff provided a range of treatment and care for people based on national guidance and best practice. They ensured that people had good access to physical healthcare and supported them to live healthier lives.

Staff understood and applied NICE guidelines in relation to behaviour that challenges.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for people in the service.

Community mental health services for people with a learning disability or autism

Requires Improvement

Staff supported people to attend their annual physical health assessment and provided training to GP practices. The training included communication, reasonable adjustments and health inequalities for people with learning disabilities. We saw the team had recently alerted GP's of an NHS report highlighting constipation and poor bowel care as a leading cause of premature death in adults with a learning disability. We also saw staff had participated in a learning disability awareness day.

Managers sought alternative approaches to providing physiotherapy provision to people who use the service due to unsuccessful attempts to recruit into physiotherapy positions across the learning disability partnership. To manage immediate needs, an independent learning disability specialist was commissioned to undertake case management for patients with complex needs that cannot be managed under mainstream services.

Managers made interim redeployment changes to improve the psychology provision across the partnership and had recently recruited into a vacant post and created a new lead post.

Occupational therapy staff provided sensory assessments for people using the service who were considered to require these. We saw examples of where these assessments had resulted in interventions to improve people's quality of lives.

People's outcomes were monitored using recognised rating scales. For example, occupational therapists used the model of human occupational screening tool and the model of human exploratory level outcome ratings to record peoples' progress. Speech and language therapists used the therapy outcome measure tool. Staff also completed the Health of the Nation Outcome Score – learning disability (HoNOS – LD).

Staff worked with social care providers to ensure care was line with best practice and national guidance. For example, quality standard 101, behaviour that challenges National Institute for Heath and Care Excellence (NICE).

Staff used technology to support people. They told us they used talking mats, symbolic understanding tools and accessed tablets and laptops.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. We saw staff had undertaken a supervision and case notes audit. People were supported to attend a speak out day to discuss how people with learning disabilities felt during the pandemic.

The service took part in the NHS research project people with a learning disability and autistic people Learning Disability Mortality Review (LeDeR) and shared national learning across the localities.

The team had also implemented system for maintaining a structured activity routine during the pandemic. It was designed to offer suggestions for activities support people to think of new and different activities to offer the individuals in supported living.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of people under their care. Managers made sure that staff had the range of skills needed to provide high quality care. Staff did not always receive regular appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Community mental health services for people with a learning disability or autism

Requires Improvement

People received care, support and treatment from staff and specialists who received relevant training. Managers ensured staff had the right skills, qualifications and experience to meet the needs of the people in their care, this included learning disability, autism and positive behaviour support training along with, trauma-informed care, sensory integration training, human rights and carer awareness. The team included art, music, occupational and speech and language therapists. There were also nurses and a consultant psychiatrist. There were no healthcare support workers in the team, however there was a vacancy for an Associate Practitioner.

Managers gave each new member of staff a full induction to the service before they started work.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service recently trained all occupational therapy staff in sensory integration.

Managers had not ensured staff received an annual appraisal, the appraisal across the countywide learning disability partnership was 49%, managers did not routinely receive a specific breakdown of appraisals for their team, however this information was available upon request. There was an organisation agreement that appraisals be suspended during the COVID-19 pandemic. We saw all staff had an appraisal booked within the forthcoming three months, however there was a lack of local team oversight.

Managers had not ensured that supervision across the partnership was regularly received. The figures month on month had dropped from 68% in April, 54% in May to 38% in June 2022. Managers had an action plan in place to address this issue and we saw all staff had supervision booked.

Managers made sure staff attended regular team meetings or gave information from those that could not attend. We looked at six months of team meeting minutes, there was a standard agenda which included quality, performance and governance.

Managers recognised poor performance, could identify the reasons and dealt with these with support from the trust human resource team.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure people had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss people who used the service and improve their care.

Speech and language therapists supported other professionals to use different methods of communication with people based on their individual needs. Staff made sure they shared clear information about people who used the service and any changes in their care. The learning disability partnership had effective working relationships with other teams both inside and external to the organisation, these included advocacy, acute and mental health hospitals, housing, education and vocational training and community groups.

Staff made sure they shared clear information about people and any changes in their care, including during transfer of care. We saw a variety of easy read leaflets and videos which were available to people and their families. Staff supported people and their families to participate in care and treatment reviews.

Community mental health services for people with a learning disability or autism

Requires Improvement

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.

Staff received and kept up to date with training on the Mental Health Act (MHA) and the Mental Health Act (MCA) Code of Practice and could describe the Code of Practice guiding principles. Compliance rates were at 92%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

As this was a community service, the application of the mental health act applied to community orders, emergency assessment and Section 117 aftercare arrangements.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for people who might have impaired mental capacity. Staff worked with the people's support networks to ensure best interest decisions were made when relevant.

Staff made applications for deprivation of liberty safeguards for people that required this in the community. We saw examples where people were deprived of their liberty and staff had appropriate deprivation of liberty safeguards and capacity assessments in place.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Compliance rates at the time of the inspection was 90%.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed capacity to consent clearly each time a person needed to make an important decision. This was then recorded in the electronic record.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We reviewed three capacity assessments for various decisions for people using the service.

When staff assessed patients as not having capacity, they made decisions in the best interest of people and considered the person's wishes, communication needs, feelings, culture and history. We reviewed capacity assessments where staff had to make best interest decisions for people. Staff recorded the rationale for their decisions which were made in the best interest and safety of people using the services.

Staff said they involved families where appropriate and tried different ways to communicate with the person to assess capacity. Records demonstrated in all cases where family were involved that discussions took place regularly.

Community mental health services for people with a learning disability or autism

Requires Improvement

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

Are Community mental health services for people with a learning disability or autism caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

People who used services and those close to them were active partners in their care. We reviewed four care records and saw staff were fully committed to working in partnership with people and making this a reality for each person. Staff empowered people who used the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles in delivering care.

We conducted a home visit with a staff visiting a person at home. We observed the staff to be kind, supportive and compassionate towards the person receiving care and the staff knew the person's needs well. Staff supported the person using the service and their care provider with their care and treatment plan.

Clinical records demonstrated that people's individual preferences and needs were always reflected in how care was delivered. Staff recognised that people needed to have access to, and links with, their advocacy and support networks in the community and they supported people to do this. They ensured that people's communication needs were understood and promoted the wider health and social care to access communication aids if required.

Involvement in care

Staff informed and involved families and carers fully in assessments and in the design of care and treatment interventions.

Staff informed and involved families and carers appropriately.

Staff involved patients and gave them access to their care plans. We reviewed four care records and saw people, and those important to them, took part in making decisions and planning of their care. Staff involved people and gave them access to their care planning and risk assessments and supported them to make decisions about their care. Staff made sure people understood their care and treatment and found ways to communicate with people who had communication difficulties.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Staff used translators, sign language and easy read versions of care plans and records to enable people to understand, be involved in their care.

Community mental health services for people with a learning disability or autism

Requires Improvement

People were empowered to feedback on their care and support. We saw examples where staff had encouraged feedback using an easy read "we welcome your feedback" form. We also saw an easy read version of "our learning disability vision, making a better future together" that had been co-produced and set out agreed next steps for enabling people to live happy, safe and healthy lives, and to have the same life opportunities as anyone else.

Staff made sure patients could access advocacy services. People using the service could access advocacy service and we saw evidence of this in care records.

Involvement of families and carers

Staff supported, informed and involved families or carers. Staff told us of occasions where staff from the service worked with care providers and families and we saw examples of this in care records for people using the service.

Staff helped families to give feedback on the service. We spoke with six carers and/or relatives over the phone, five said staff were respectful, polite and interested in their loved one's wellbeing. They said staff shared information and provided support when needed. One carer said they would like to have been kept up to date more often.

We were told about the speak out council which was a person-led consultative forum that provided people with a learning disability and their families the opportunity to have their voice heard. They had several speak out leaders who worked in specific localities across the county. The speak out leaders participated in the learning disability partnership board to express the views of people with a learning disability.

The service also encouraged people and families to take part in the annual survey that provided a route for suggestions for future service development.

Are Community mental health services for people with a learning disability or autism responsive?

Requires Improvement

Access and waiting times

The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and patients who did not require urgent care did not wait too long to start treatment. Staff followed up patients who missed appointments.

The service had clear criteria to describe which patients they would offer services to and offered patients a place on waiting lists.

The service did not meet the target time of 18 weeks for seeing people from referral to assessment and assessment to treatment. The referral to assessment waiting time was 46 weeks. The waiting time for referral to treatment was 50 weeks. There were 39 people on the waiting list at the time of the inspection. This did not include any high priority referrals. The service reviewed all new referrals in the weekly multi- disciplinary meeting where high priority referrals were allocated immediately.

Community mental health services for people with a learning disability or autism

Requires Improvement

Staff saw urgent referrals quickly. The service reviewed all new referrals in the fortnightly multi- disciplinary meeting where high priority referrals were allocated immediately. Dysphagia referrals did not get placed on a waiting list and were screened within two working days.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. Staff gave examples of how they engaged with people who found it difficult, or were reluctant, to seek support from mental health services, they told us people were encouraged and supported to access the local speak out council where they were able to voice their concerns and opinions.

Staff tried to contact people who did not attend appointments and offer support. Staff gave examples of the different ways in which they would work with people to try and engage with them. This included virtual calls and using various approaches from several members of the multi-disciplinary team.

Patients had some flexibility and choice in the appointment times available. People had flexibility and choice in the appointment times and were offered a choice of venue where appropriate. Staff worked hard to avoid cancelling appointments and when they had to, they gave people clear explanations and offered new appointments as soon as possible. Staff liaised well with services that provided care in supported living settings, so people received the right care and support.

Staff worked hard to avoid cancelling appointments and when they had to, they gave patients clear explanations and offered new appointments as soon as possible.

Staff supported people when they were referred, transferred between services, or needed physical health care. We saw examples where people had been supported by the team to be able to attend hospital appointments.

The organisation had some commissioning responsibilities to identify appropriate support and accommodation to people who used the service. Where an appropriate placement could not be found, this would then be escalated to the national team for their action.

The facilities promote comfort, dignity and privacy

The service did not see people for appointments at the site.

People's engagement with the wider community

The team supported people to access "shared lives" which was an initiative whereby people were helped and supported by a carer who shared their home with them.

We were told about Care Network Cambridgeshire which provided information and guidance, practical support to help people stay at home and to connect with or support their local community.

Staff made sure people had access to opportunities for education and work, and supported people. However, staff told us that during the pandemic they had been limited in their ability to provide these opportunities due to the COVID-19 restrictions and were dependant on the services reintroducing their services which was starting to happen.

Meeting the needs of all people who use the service

Community mental health services for people with a learning disability or autism

Requires Improvement

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

Staff had the skills, or access to people with the skills, to communicate in the way that suited the patient.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The service had a policy in place to meet the information accessibility standard. The service had accessible information available in different prints, symbols, photos and images. People were provided with communication information cards if required.

Speech and language therapy staff developed a library of accessible information for staff to use with people using the service. Staff told us of an example where a rare form of sign language was being used by a person at the service. Managers were able find a member of staff who was able to use this form of sign language so that they could communicate with the person using the service.

Staff conducted sensory integration assessments for people that required these.

Art therapists supported people to understand and express any physical health concerns.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Staff provided this information in accessible formats including easy read versions.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get hold of interpreters or signers when needed.

People's human rights were upheld by staff who supported them to be independent and have control over their own lives.

The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with advocacy, cultural and spiritual support.

Staff made sure people could access information on treatment, local service, their rights and how to complain. The service had information leaflets available in languages spoken by the people and local community.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service. People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.

The service had two formal complaints in the 12 months prior to the inspection. These were both partially upheld and relate to information being given in a timely manner.

Community mental health services for people with a learning disability or autism

Requires Improvement

Managers ensured lessons learned from complaints in other localities were shared via the governance meetings. Staff protected people who raised concerns or complaints from discrimination and harassment. Staff described to us how to acknowledge complaints.

The service had one compliment in the last 12 months prior to the inspection.

Are Community mental health services for people with a learning disability or autism well-led?

Requires Improvement

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding and were passionate and proud of the services they managed. Staff told us managers and leaders were visible in the service and approachable for people using the service and staff.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

Staff knew and understood the vision and values of the service and how they were applied in the work of their team. They had a mission, vision and strategy and we saw an easy read version of "our learning disability vision, making a better future together". This had been co-produced and set out plans for enabling people to live happy, safe and healthy lives, and to have the same life opportunities as anyone else.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff told us they felt respected, supported and valued. They reported the service promoted equality and diversity in its day-to-day work and provided opportunities for career progression. They felt able to raise concerns without fear of retribution.

Managers told us they actively worked alongside staff to ensure they were aware of the values of the service, knowing how to advocate for people, raised the profile of reporting concerns, ensuring senior management staff had a presence in the service.

Staff were very motivated by and proud of the service. We saw examples of constructive engagement with people and families, at planned events, through face to face meetings and in care records. Managers had developed their leadership skills and those of others, to ensure they were empowered to make positive changes.

Managers arranged and held nurse forums to enable nurses to meet and share practice issues, concerns, information and to support each other.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The learning disability partnership had governance structures in place to monitor safety and risk.

The service held monthly governance meetings which had an agenda including; safeguarding, health promotion, lessons learned and risk.

Under a formal management agreement for the delivery of the Integrated Service, the sole and primary case management electronic recording system is hosted via the Adult Social Care system . All staff have access and have been fully trained to use this electronic system for the recording of service user information. Staff we spoke with said the local authority system was difficult to navigate and had limited functionality with regard to mental and physical health and wellbeing. Staff told us they adapted the system to ensure there was a location for this information.

Managers had limited oversight of performance that were team specific unless requested. Reports were produced regarding sickness and appraisal; however, these were service wide and not location specific. Managers did not receive sufficient up to date information to have oversight of specific performance areas.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Effective multi-disciplinary and multi-agency meetings across the service helped to reduce people's risks and keep people and staff safe.

Staff notified and shared information with external organisations, for example the local authority and Clinical Commissioning Groups (CCGs).

We saw staff were offered the opportunity to give feedback and input into service development. Staff did this through regular team and governance meetings.

The service had business continuity plans for emergencies for example, adverse weather or a flu outbreak.

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities for example Health of the Nation Outcome Scores.

Staff made notifications to external bodies as needed.

Information management

Community mental health services for people with a learning disability or autism

Requires Improvement

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Engagement

Managers engaged actively with other local and national health and social care providers to ensure the integrated health and care system was commissioned and provided to meet the needs of the local population.

Staff and people using the service had access to up-to-date information about the work of the provider and the services they used, through the intranet, bulletins and newsletters.

The team were very active partners in promoting and increasing awareness of learning disability and the support services available locally.

Learning, continuous improvement and innovation

The Learning Disability Partnership (LDP) produced a virtual exhibition to display the art and music inspired during the first national COVID-19 lockdown.

The art and music therapies team, within the Learning Disability Partnership, invited people with learning disabilities, and their supporters, to create art and music to illustrate their experiences of lockdown; including what they worried about and what brought them joy during this difficult period. The work provided a record of learning-disabled people's experience during the pandemic.

The art therapy team created a film with people and staff who previously resided or worked at the Ida Darwin site which was Cambridgeshire's long stay institutional hospital for adults with a learning disability. The site is now demolished. The film took four years to make and is a powerful and emotive social history film capturing people's stories. The Learning Disability Partnership plan to use this film as part of all staff inductions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have a plan to reduce waiting times to within the 18-week target. Managers did not receive sufficient up to date information to have oversight of specific performance areas. Regulation 17. (1) (2) (a) (b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service must ensure that all appropriate staff receive regular supervision and annual appraisal in accordance with their own policy. Regulation 18 (1) (2) (a)