Requires improvement

Rotherham Doncaster and South Humber NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

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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)
RXE	Trust Headquarters	The Community Health Team, Onyx Centre	DN4 8QN
RXE	Trust Headquarters	The Solar Centre	DN4 8QN
RXE	Trust Headquarters	Clinical Psychology and Counselling Service	DN4 8QN
RXE	Trust Headquarters	Ironstone Centre	DN15 6HX
RXE	Trust Headquarters	Intensive Support Services	S65 2QU

Summary of findings

RXE	Trust Headquarters	Community Integrated Services	S65 2QU
RXE	Trust Headquarters	Health Support Team	S65 2QU

This report describes our judgement of the quality of care provided within this core service by Rotherham Doncaster and South Humber Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Rotherham Doncaster and South Humber Foundation Trust and these are brought together to inform our overall judgement of Rotherham Doncaster and South Humber 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	Requires improvement 
Are services safe?	**Inadequate** 
Are services effective?	**Requires improvement** 
Are services caring?	**Good** 
Are services responsive?	**Good** 
Are services well-led?	**Requires improvement** 

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 community mental health services for people with learning disabilities and autism as requires improvement because:

- Staffing levels at the Ironstone Centre were not adequate to meet the needs of people who used the service.
- Risk assessments had not always been completed or updated at the Ironstone Centre and Rotherham community learning disability team (CLDT).
- Care plans and physical health checks were not always reviewed and updated at the Ironstone Centre.
- Clinic rooms at Rotherham CLDT presented a risk to staff and service users. Psychiatrists only had access to personal alarms across all the locations. There was no environmental risk assessment at the Rotherham CLDT.
- Staff understood the mental capacity act but people's care files did not contain mental capacity assessments.
- Responsibility for ensuring mandatory training was up to date was held by staff, and there were systems in place to ensure managers at location level monitored this.
- Not all risks identified locally were recorded on the learning disability business division risk register
- Staff morale was not consistently good across the CLDTs.
- Issues raised during our inspection had not been identified by senior managers of the trust.
- Governance was not effective and robust with regard to the Ironstone Centre

However:

- Staff were able to confidently describe safeguarding policies and procedures and knew how to report any concerns. Incidents were recorded and actioned appropriately.
- Care planning was carried out in conjunction with people who used the service. Recruitment of staff involved people. Services either had staff trained as best interest assessors or had good access to best interest assessors.
- Multi-disciplinary teams worked cohesively and consisted of qualified nurses, psychiatrists, psychologists and various allied health professionals involved in people's care.
- People we spoke with told us staff were kind and respectful. The confidentiality of people using the service was maintained and respected.
- People who used the service and their carers told us they knew how to complain and felt their concerns would be taken seriously.
- There were a range of facilities available to people requiring disabled access and where facilities were not available, reasonable adjustments had been made.
- The trust's vision and values were displayed on notice boards and staff understood the vision and values and how to implement them.
- A dedicated 117 service had been piloted in the community.

Summary of findings

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

Are services safe?

Inadequate

We rated safe as inadequate because:

- Staffing levels at the Ironstone Centre were not adequate to meet the needs of people who used the service.
- People's risk assessments had not always been completed or updated at the Ironstone Centre and Rotherham CLDT.
- Clinic rooms at Rotherham CLDT presented a risk to staff and service users and there were no environmental risk assessments.
- Only Psychiatrists had access to personal alarms across all the locations.

However:

- Staff were able to confidently describe safeguarding policies and procedures and knew how to report any concerns.
- Incidents were recorded and actioned appropriately.
- Responsibility for ensuring mandatory training was up to date was held by staff.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- Some care records did not contain mental capacity assessments.
- Physical health checks had not been carried out for some people at the Ironstone Centre.
- Files of some people who were prescribed anti-psychotic medication contained no evidence of regular monitoring of side effects one of which included Lithium.

However:

- Services either had staff trained as best interest assessors or had good access to best interest assessors. Staff understood the mental capacity act.
- Multi-disciplinary teams worked cohesively and consisted of qualified nurses, psychiatrists, psychologists and various allied health professionals involved in people's care.

Are services caring?

Good

We rated caring as good because:

Summary of findings

- People we spoke with told us staff were kind and respectful.
- People who used the services were involved with their care planning.
- Recruitment of staff involved people who used services.
- The confidentiality of people using the service was maintained and respected.
- People told us they knew how to access advocacy services and we saw information about advocacy displayed on notice boards.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- People who used the service and their carers told us they knew how to complain and felt their concerns would be taken seriously.
- Referrals for the CLDTs came in through a single point of access and were discussed on a weekly basis.
- Waiting lists were monitored by the trust and people were told what to do should they require assistance prior to being allocated a caseworker.

However:

- Inadequate staffing levels at the Ironstone Centre had meant that routine appointments had been cancelled for some people who used the service.
- Risk assessments for some people who used the service were not reviewed and updated.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- Not all risks identified locally were recorded on the learning disability business division risk register.
- Staff morale was not consistently good across the CLDTs.
- Issues raised during our inspection had not been identified by senior managers of the trust.
- Governance was not effective and robust with regard to the Ironstone Centre.

However:

Summary of findings

- The trust's vision and values were displayed on notice boards and staff understood the vision and values and how to implement them.
- A dedicated 117 service had been piloted in the community.

Summary of findings

Information about the service

Rotherham Doncaster and South Humber NHS Foundation Trust provide community mental health services to for people with learning disabilities and autism in Doncaster, Rotherham and North Lincolnshire.

The service consists of acute liaison nurses, behavioural therapists, clinical psychologists, community nurses, learning disabilities nurses, physiotherapists, primary liaison nurses, psychiatrists, occupational therapists, speech and language therapists, social workers, and support workers. The service is split into three localities operating from four sites:

- In Doncaster, community mental health services for people with learning disabilities and autism operate from the Solar Centre and the Onyx Centre at the Tickhill Road hospital. There is a clinical psychology and counselling service team, joint community homes service and day services team and a community health team.
- In Rotherham community mental health services for people with learning disabilities and autism operate from 220 Badsley Moor Lane. There is a community integrated team, a health support team and an intensive support team.
- In North Lincolnshire community mental health services for people with learning disabilities and autism operates from the Ironstone Centre in Scunthorpe. There is an integrated health and social care learning disability team.

Our inspection team

Our inspection team was led by:

Chair: Phil Confue, Chief Executive, Cornwall Partnerships NHS Foundation Trust

Head of Hospital Inspection: Jenny Wilkes, Care Quality Commission

Team Leaders: Jonathan Hepworth (Mental Health), Care Quality Commission

Cathy Winn (Community Health services), Care Quality Commission

Caroline Mitchell (Adult Social Care), Care Quality Commission

The core service team was comprised of two CQC inspectors, two experts by experience, two learning disability nurses and a psychiatrist with learning disability experience.

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 people.

Summary of findings

During the inspection visit, the inspection team:

- visited each learning disability service, and looked at the environment of each of the locations
- spoke with 21 people who used the services and 10 carers of people who were using services
- spoke with managers or acting managers at each location
- spoke with 25 other staff members; including psychiatrists, nurses and support workers
- attended and observed a psychology clinic, a psychiatry clinic, two activity sessions and one multi-disciplinary meeting
- reviewed 23 care treatment records of people who used the service
- looked at a range of policies, procedures and audits which related to the running of the service
- shadowed staff on six visits

What people who use the provider's services say

We spoke with 21 people who used the service and 10 carers of people who used the service. Everyone we spoke with told us they were very happy with the care they received and in some cases could not manage without it.

People told us they had nothing but praise for staff and the facilities offered by the CLDTs.

Carers felt supported by staff and felt there was always someone they could speak with.

Good practice

People we spoke with particularly commended the service provided at the Solar Centre. We observed people using the service and saw regardless of their abilities everyone was included in all the activities on offer. It was clear the activities were enjoyed by everyone.

Funding had been obtained to enable a 12 month Section 117 project which was providing intensive support to people subject to a section117 under the Mental Health Act. As a result of this project a new 'weighting and rating' tool had been developed across the service.

Areas for improvement

Action the provider MUST take to improve

The trust must ensure staffing at the Ironstone Centre is maintained at the establishment level to ensure people receiving services are safe.

The trust must ensure risk assessments are completed and updated within given timescales or where a change in risk is identified.

The trust must complete environmental risk assessments for all locations to ensure the safety of people who use services and staff.

The trust must make consulting rooms used by psychiatrists at Rotherham CLDT safe for staff and people who use services.

The trust must ensure all staff are protected from potential harm by having access to audible alarms.

Action the provider SHOULD take to improve

The trust should ensure care records reflect people's capacity to make decisions where mental capacity is in question.

The trust should ensure care records are updated within given timescales.

The trust should deliver Mental Health Act training to all appropriate staff.

Rotherham Doncaster and South Humber 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
Community Health Team, Onyx Centre	Trust Headquarters
The Solar Centre	Trust Headquarters
Clinical Psychology and Counselling Service	Trust Headquarters
Ironstone Centre	Trust Headquarters
Intensive Support Services	Trust Headquarters
Community Integrated Services	Trust Headquarters
Health Support Team	Trust Headquarters

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.

At the Ironstone Centre we reviewed one care record for a person subject to a community treatment order (CTO). We found the CTO paperwork was not correctly completed as it contained the details of two responsible clinicians. Under the Mental Health Act 1983 there should only be one. We saw that consent to treatment documentation was in place.

Detailed findings

Information supplied by the trust showed there were 21 members of CLDT staff trained in the Mental Health Act between April 2015 and September 2015. We were unable to ascertain how many members of staff still required Mental Health Act training.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke with demonstrated awareness of the Mental Capacity Act (2005) and were very clear about people's capacity to consent to treatment. The Onyx Centre had nine members of staff trained as best interest assessors. We were told by managers of each of the locations we visited all staff had received up to date training in the Mental Capacity Act. Information provided by the trust showed 97% of CLDT staff had completed and were up to date with their Mental Capacity Act and DoLS training.

Inadequate

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

Each of the locations we visited looked visibly clean and well maintained.

During our visit to the CLDT at Rotherham we found psychiatrists' offices were also being used as their clinic rooms. We saw in each of the offices various objects which could be dangerous if thrown. For example in one office we saw an electric kettle, microwave and fridge. Another office was laid out in such a way that would leave the psychiatrist susceptible to a hostage situation. We were told psychiatrists had access to personal alarms at the Doncaster and Rotherham locations. However, should it become necessary to activate the alarm we were concerned these would not be heard by other members of staff in the building. We were told at the Rotherham location that there was also an alarm that could be activated on the SystemOne computer system which would send an alert through the information technology system to other staff members.

We asked to see the environmental risk assessment for the Rotherham service and were told there was no service specific risk assessment completed. The only environmental risk assessment we were provided with was a generic health and safety document which had been completed by the landlords of the building.

The Ironstone Centre had dedicated clinic rooms for the use of psychiatrists, psychologists and nurses.

Safe staffing

We asked the managers for each of the locations we visited to provide us with details of their staffing establishment and we were told the following.

The Onyx Centre reported one vacancy within their team and very low levels of sickness and staff turnover.

The reported establishment was:

- Service delivery manager covering Doncaster and North Lincolnshire
- Nurse team manager
- Qualified nurses 16.5 WTE
- Support worker 4 WTE
- One occupational therapist
- Two speech and language therapists
- One physiotherapist
- One consultant psychologist (vacant post) and one clinical psychologist who also provided 1.5 days per week to the Rotherham service
- Two psychology assistants
- 1.5 wte Consultant psychiatrists

Ironstone Centre reported one vacancy within their team with one person who had just returned from long term planned sick leave.

The reported establishment was:

- One nurse team manager
- Qualified nurses 4.4 WTE (.4 does not carry a caseload)
- Senior support worker 1 WTE
- .5 psychiatrist

Solar Centre reported one member of staff long term sick.

The reported establishment was:

- Qualified nurses 4.8 WTE (1 WTE on long term sick)
- Support workers 12.96 WTE

Rotherham reported no vacancies with one person on planned long term sick.

The reported establishment was:

- Service manager who covered Rotherham and Sapphire Lodge
- Team manager (Intensive support team)
- Intensive support team qualified nurses 5 WTE (6 WTE as reported by the trust)
- Intensive support team support workers 3 WTE (6 WTE as reported by the trust)
- Integrated team qualified nurse 4 WTE(7 WTE as reported by the trust)
- Integrated team support workers 2 WTE
- Health support team manager
- Health support team qualified nurses 2.5 WTE
- Health support team support worker 1 WTE (1.5 WTE as reported by the trust)

Information provided by the trust conflicted with information provided at Rotherham.

Inadequate

Are services safe?

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

During our inspection we found some locations had the required levels of staffing. However, staff at the Ironstone Centre told us they had been working below their establishment levels for some considerable time. We spoke with three members of staff who told us they had serious concerns about their ability to provide safe and effective care to people who used the service. We were told efforts had been made to recruit to the vacant nursing post. Requests had been made to senior managers to cover the planned long term sick; however, this had been refused. We spoke with senior managers who confirmed a request had been made and they had been unable to supply a member of staff to cover the sick leave. This meant the two remaining qualified nurses had carried caseloads of 52 people and 65 people. The qualified nurse who had returned from long term sick on a phased return of one day per week held a caseload of 29 people. The support worker had a caseload of 14 people.

As a result of the temporary high caseloads people who used the service had been advised routine appointments had been cancelled. In times of crisis they were told they should contact the service. One member of staff we spoke with reported high levels of stress due to the working arrangements.

No formal risk assessment had been carried out with regard to the staffing levels at the Ironstone Centre. The trust had not assured themselves staffing levels were adequate to ensure people received care which was inline with their individual risk assessments and care plans. This put people at risk of receiving inadequate and unsafe care.

Staff received training in immediate life support (ILS) although this was not up to date in all the locations we visited. We were told managers made sure there was someone with in-date ILS training each day. This included times when staff were off site for example during lunch and annual leave. We were told there had been some confusion over immediate life support training when the course had changed from a full day to half day. Staff who were not up to date with their training had been booked on a course.

Mandatory training figures supplied by the trust to 19 May 2015 for CLDT's were:

Corporate trust induction 83% Amber

Fire Safety 34% Red

Domestic abuse level 1 85% Amber

Equality and Diversity 47% Red

Hand Hygiene 98% Green

Health and Safety 70% Amber

Information Governance 39% Red

Safeguarding adults level 1 98% Green

Safeguarding children level 1 99% Green

Conflict resolution 56% Red

Clinical risk assessment 45% Red

Resuscitation Level 3 with AED – immediate life support 45% Red

Infection control level 2 69% Amber

Trust figures showed six of the 13 mandatory training were between 0-60% compliant which was rated as red and a further four were between 60-90% which was rated as amber.

Red - not compliant

Amber - compliant with less than three months left

Green – compliant with three months or more left

Assessing and managing risk to patients and staff

All of the CLDTs we visited used the functional analysis of care (FACE) risk assessment tool. We reviewed the case records of 23 people and found eight had up to date FACE risk assessments, 12 did not have a FACE risk assessment and three did not have updated FACE risk assessments. Those that had been completed were done so in a person centred way and had been updated annually or when an identified risk warranted an earlier update or after a crisis.

A member of staff told us they were concerned about one person who was subject to a care programme approach (CPA) whose care plan stated they should be seen at least every three weeks and who it was thought could easily end up in crisis. This person had not been seen for approximately three months. Due to reduced staffing levels this meant staff had been unable to follow people's care plans and could not be assured people were safe and were not in need of clinical input.

Staff we spoke with were able to confidently describe trust procedures with regard to safeguarding, what would constitute abuse and how they would report it.

Inadequate

Are services safe?

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

Track record on safety

We reviewed records and information provided by the trust for the CLDTs and found there had been no serious incidents recorded within the last 12 months.

Reporting incidents and learning from when things go wrong

There were effective systems in place for managing and recording incidents. The trust had an electronic incident reporting system. All staff we spoke with demonstrated a clear understanding of how to deal with and record incidents. All services reported very low levels of reportable incidents.

Managers told us information was shared across the trust when untoward incidents occurred. Managers also told us investigation reports from other trusts were shared to allow managers to identify any improvements or actions which could be implemented locally.

Staff told us incidents were discussed at monthly meetings and lessons learnt were fed back trust wide through the 'learning matters' forum.

Managers were unable to tell us of a specific incident where they had to speak to carers or people who used the service to offer apologies or an explanation when something had gone wrong. However, the managers we spoke with did show a clear understanding of the trusts' responsibilities in relation to duty of candour and knew how to access the policy. Everyone we spoke with told us they had recently had duty of candour training.

Are services effective?

Requires improvement

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

We reviewed 23 care records across the locations we inspected and found comprehensive assessments in most people's records. At the Ironstone Centre four records we looked at had missing information and had not been reviewed and updated.

Most care plans we reviewed were holistic and progress notes were clear. The majority of care plans we saw were recovery and wellbeing oriented, with clear goals. Entries in progress notes were clear and concise. We saw care plans included information about people's physical health including physical health checks carried out by the service and pre-existing medical conditions. We found information about medication prescribed by psychiatrists, however, not all care records contained evidence of the monitoring of the side effects of anti-psychotic medication.

Staff we spoke with told us where a sudden deterioration of people's physical health was identified this would be monitored by the community learning disability nurse. This was done by carrying out assessments, the recording of clinical observations and access to an electrocardiogram (ECG) and phlebotomy service on a monthly basis. We were told physical health checks for people who used the service should be reviewed at least annually. These had not been done whilst the staffing levels were reduced at the Ironstone Centre. Staff told us people's general practitioners would in some cases conduct their physical health checks. However, the trust did not have a mechanism in place to ensure people's health was being monitored. This meant people were at risk of their health declining and key indicators of ill health being missed.

We reviewed the files of four people who were prescribed anti-psychotic medication and found no evidence of regular monitoring of the side effects one of which included Lithium. This meant people were at risk of harm because undesirable side effects of medication was not being monitored within recommended timescales.

Consent to treatment and medication was recorded in the care plans we reviewed.

Best practice in treatment and care

Each location either had a psychologist as part of their team or had access to a psychologist.

Across the CLDTs the dementia care pathway was in use as was the autistic spectrum disorder pathway.

The Onyx Centre had recently put together a training package for positive behaviour support (PBS), whilst Rotherham CLDT had trained their staff in PBS. The manager at the Ironstone Centre was trained in PBS and was intending to deliver training to the team.

Across the CLDTs we found the recovery star had been introduced which contained 10 areas covering the main aspects of people's lives:

1. Managing mental health
2. Physical health and self-care
3. Living skills
4. Social networks
5. Work
6. Relationships
7. Addictive behaviour
8. Responsibilities
9. Identity & self-esteem
10. Trust and hope

Staff told us they felt the data collected from the profile would help shape services.

Skilled staff to deliver care

Across each of the CLDTs there was specialist training for the teams. One member of staff said people's needs ranged from low level to very complex. The Onyx team told us they had completed a range of additional training, for example, autism diagnostic training, multi-agency risk assessment conference, multi-agency public protection arrangements, and recovery specialist practitioner training. The cognitive behavioural therapist in the service had provided training and supported staff in using cognitive behavioural therapy techniques.

Rotherham and the Ironstone Centre CLDTs had diagnostic interview for social and communication disorders (DISCO) assessors, however, we were told due to staff shortages the DISCO assessor at the Ironstone Centre had not been able to carry out any assessments since their training.

The psychologist at the Ironstone Centre had gone on maternity leave at the end of August which meant psychology input had been provided from other CLDT services.

Are services effective?

Requires improvement

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.

The Ironstone Centre had recently been supplied with an ECG machine; however, staff were waiting to be trained in its use.

Staff told us they regularly had the opportunity to speak with their manager or supervisor; they said supervision sessions took place at least every eight weeks. Everyone said they also had annual personal development reviews. Records reviewed confirmed this.

Multi-disciplinary and inter-agency team work

Each location we visited told us about good working relationships with colleagues across all the disciplines. At the Ironstone Centre and Rotherham, the CLDT were co-located with adult social care staff. Staff told us this ensured people who used services received care which was implemented with a comprehensive package of information.

All of the CLDTs had a good system in place for ensuring professionals involved in people's care were able to contribute to multi-disciplinary team meetings.

We observed a meeting with a service user and their care manager. The care manager raised concerns about the safety of the service user; the nurse worked with the care manager and devised a safety plan. The care manager told us the relationship between the nurse and the people using the service was good and they would work as a team to find the best solution for people.

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

We found there were people at each location who were subject to a community treatment order (CTO) and in most cases we found documentation was correctly completed. People's rights were read to them and signed by the person. People were monitored on a weekly basis. At the Ironstone Centre we saw a person was subject to a CTO had documentation in their file which had not been completed accurately. It named two responsible clinicians and there should have only been one. One person we spoke with told us they and their relative had been involved in looking at placements and they felt there had been careful planning for the placement with their social worker, the local authority and the commissioners.

Managers and staff told us they had not completed Mental Health Act training. Information supplied by the trust showed there were 21 members of CLDT staff trained in the Mental Health Act between April 2015 and September 2015. We were unable to ascertain how many members of staff still required Mental Health Act training.

We were told there were no approved mental health practitioners (AMHP) at the Ironstone Centre but there was access to an AMHP through the local authority. Staff said the process was to request an AMHP through the access team and cases would also go to 'green light' where they did joint working with the mental health team.

Good practice in applying the Mental Capacity Act

The Onyx centre had nine members of staff trained as best interest assessors and one nurse who was an approved mental health professional (AMHP). The manager at the Ironstone centre had completed the best interest assessor's course but had not carried out any assessments to date, however they were hoping to shadow an experienced assessor.

Staff we spoke with understood the principles of the mental capacity act and how they should support people wherever possible to make decisions. We did not see any mental capacity assessments in the care records we looked at.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

We spoke with 21 people who used the service and 10 carers.

During the inspection we carried out six shadowing visits with staff. In all the interactions we observed, staff were respectful and caring toward people using the service. Staff communicated with people using methods appropriate to the individual.

People who used the service and carers gave us positive feedback about staff and told us staff were kind and caring.

At the Solar Centre we observed people with a wide range of needs, some very complex, all being encouraged to join in activities. We saw staff interactions with people were responsive to individual needs. People were given the opportunity to make choices about activities and food and drink preferences.

We saw evidence through our discussions with staff and reviewing care records staff understood the needs of people who used the service and supported people appropriately.

The confidentiality of people was maintained and respected. Information was securely stored.

The involvement of people in the care that they receive

We reviewed the care records of 23 people We found evidence people had been involved in the development of care plans and goal setting. We spoke with 19 people who used services and 10 carers. We were told people had copies of their care plan and in some cases had been involved in its compilation.

When shadowing visits, we observed staff discussing the content of care plans with people and where appropriate their carers were also involved in these discussions.

All of the carers we spoke with said they had been given good information on the care and treatment provided by the service. One carer at the Solar Centre told us the service used a comments book to share information between the service and family members. The carer said this had been a good way of sharing relevant information to inform the treatment and care of their relative.

During the inspection, we contacted five family carers by telephone. All of the carers we spoke with told us they had very positive experiences of the services. One family member told us they had attended multi-disciplinary team meetings to discuss their relatives care and had found this a very informative. Carers told us they felt involved in decision making in relation to their relative's care and treatment.

People told us they sometimes received information in a way that was accessible to them. They also told us information was often in easy read format, but not always.

People who used the service had been involved in interviewing new staff. Staff told us eight people had been trained in interview techniques.

All of the people we spoke with told us they had access to advocacy services. However, only one person said they had used this.

Staff told us a small random survey of carers was undertaken each month. Feedback and information from the survey was discussed in staff peer group meetings.

Carer representatives sat on the learning disability partnership boards and learning disability health sub-groups.

Good

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 trust monitored referrals for assessment and treatment across each of the services and information provided showed across the CLDTs access to services were all within their target of 95%. However, the figures provided covered the period prior to staffing issues at the Ironstone Centre we were therefore unable to ascertain how this had impacted on the waiting list. This included referrals for physiotherapy, psychiatry, speech and language, occupational therapy and art therapy.

In most cases, staff told us people were assessed quickly and did not have to wait long to be allocated the service they required. The exception to this was the Ironstone Centre where due to the reduced staffing level referrals had been received for six people. Four people had been allocated to the nursing caseload. However, those people had not been assessed and a further two people were still to be allocated.

The Onyx centre managed a waiting list of around 12 weeks for the nursing team. We were told people on the list were prioritised by need and or risk. People on the waiting list were contacted by letter and the service relied on the person or other health professionals to alert them if their need or risk changed.

Psychology applied the referral to treatment principles which ensured the waiting list was kept under 18 weeks. We were told this had been breached recently; however this was due to the service user declining the service.

The facilities promote recovery, comfort, dignity and confidentiality

Noticeboards provided information for people at the Onyx Centre. We saw good information about the successes of the organisation including details of an award recently won by one of the nurses.

The Onyx Centre had a range of rooms available to them. There were clinic rooms available for psychologists, occupational therapy, speech and language therapy and psychiatrists. The Ironstone Centre also had specific clinic rooms. However, we were told availability was limited due to use by other disciplines within the building.

Staff from each of the CLDTs told us most appointments would be carried out in people's homes as this was more comfortable and less distressing for people.

The Solar Centre offered several therapy spaces, games and sports room, music room and a quiet room for one to one time.

Meeting the needs of all people who use the service

The Onyx Centre, Solar Centre and the Ironstone Centre provided suitable disability access. Due to the age and layout of the building, Rotherham CLDT had limited wheelchair accessible space. The only access to the first floor of the building for wheelchair users was via the lift which meant wheelchair users could only access rooms on the ground floor. Due to the structure of the building there was no safe way of evacuating people who had limited mobility or used a wheelchair from the first floor. If a wheelchair user needed to access a service normally carried out on the first floor rooms would be swapped around to facilitate this.

At each of the locations we visited we saw various leaflets with several being in easy read format. Leaflets were available in an easy read format to enable people to understand the possible side effects of some of their medication. We were told that SystmOne was unable to send out letters for psychiatry appointments in an easy read format this had led to some people missing their appointment.

The speech and language therapist at the Onyx Centre was trained in sign language and there was a foreign language interpreting service available to staff to facilitate appointments where people's first language was not English. We did not see any leaflets in other languages. However, we were told these could be ordered in various different languages as required.

Due to staffing issues at the Ironstone Centre, routine appointments for some people had been temporarily suspended. Staff also told us care records were not being reviewed and updated. This meant some people had no updated risk assessments, physical health checks or care plan reviews. Documentation to monitor the side effects of anti-psychotic medication had not been completed. People who were not being seen due to the cancellation of routine appointments, were told they would need to make contact with the service during any episodes of crisis.

Good

Are services responsive to people's needs?

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

Listening to and learning from concerns and complaints

All the CLDTs reported they had received very few complaints. Trust records indicated there had been no complaints. As a result of feedback from a carer via the 'your opinion counts' form, two visitor bays had been located in the car park at the Onyx Centre. The carer had commented they had called to collect a prescription and could not park outside the service. This was because all the bays were disabled bays and there were double yellow lines. The addition of the two visitor bays had been fed back to the carer.

Staff told us they tried to deal with people's concerns straight away and if they were not able to do this to the person's satisfaction they would then escalate to their manager. Staff said they received lots of compliments. This was confirmed in the information we received from the trust.

People who used the service and their carers told us they had never needed to complain but they would have no hesitation in following the complaints procedure if they had any concerns.

Are services well-led?

Requires improvement

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

We saw the visions and values of the trust displayed in services.

We found staff could explain the leadership and management structures in their service and most knew who senior managers in the trust were. Staff told us the new chief executive had visited a number of services but had yet to visit all the community learning disability teams. Staff told us about the weekly email from the chief executive. Most staff thought this was good and made the chief executive seem 'more human'.

Good governance

We saw evidence of risk management procedures in all services. There was a risk register for the learning disability division which recorded and monitored risk. However, we could not see the staffing issues at the Ironstone Centre reflected on the risk register. This was despite staff within the service raising the issue with more senior managers. This meant risks and issues described by staff did not correspond to those reported to and understood by leaders

Managers told us where there were vacancies this was managed within the team. For example, where there was staff sickness, caseloads would be distributed between available staff. For those services with higher staffing numbers this had not caused any issues. However, due to the small staffing numbers at the Ironstone Centre this approach had negatively impacted on staff and people who used the service. In this service, nurses held inappropriately high caseloads during staff shortages.

Service audits were completed and associated action plans in place. This included care record and physical health check audits which had not always been effective at the Ironstone Centre. The arrangements for governance and performance management did not always operate effectively and was not robust.

Staff we spoke with were confident they would be notified when mandatory training was required. However, some staff told us they had personal responsibility to ensure training was up to date. Some managers told us they were not made aware when staff training was overdue. This meant they did not always have oversight of staff competency.

Staff supervision was done every eight weeks at least, in line with the trust policy. Some staff told us supervision was done more frequently, for example, in Doncaster supervision was done every four weeks. All staff we spoke with said line management and clinical supervision took place regularly.

All services held monthly team meetings where service level performance and trust-wide issues were discussed.

Managers felt they had sufficient authority to complete their role and enough administrative support.

Leadership, morale and staff engagement

Staff satisfaction was mixed. In most of the teams we visited staff morale was good. Staff felt valued and were positive about their jobs. However, staff at the Ironstone Centre told us staffing issues over the summer months had meant they had been working in a very stressful situation. Staff told us this had negatively impacted on morale.

Some staff had opportunities for leadership development. One member of staff told us they were attending a 'fit for the future' leadership training programme.

Staff told us of a change to salary progression within the trust. Salary progression had been linked to completion of mandatory training and some staff were unhappy about this. Staff reported problems with accessing training and told us they felt that they might be adversely affected by this. This had impacted on staff morale.

Staff were given opportunities to feedback on services and input into service developments. At the Onyx Centre, staff had participated in a workshop to review caseloads using a caseload weighting tool. All staff we spoke with said they felt confident in raising concerns with their line managers. However, staff at the Ironstone Centre did not feel supported by senior managers of the trust.

Commitment to quality improvement and innovation

Staff used laptops when visiting people who used the service in community settings. However, some staff told us internet connectivity was very often problematic which meant they had to use paper assessments and type these up in the office. Staff felt this was duplication and not a good use of time.

Are services well-led?

Requires improvement

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.

A dedicated section 117 service had been piloted at the Onyx Centre which was funded by the local clinical commissioning group. This service had enabled a review of all people in service who were subject to section 117.

At the Ironstone Centre, the service had developed a 'time to shine' wall outside the office of the integrated team. This gave members of the team the opportunity to highlight the good working of individuals within the team.

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 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 (1) The trust did not take appropriate steps to ensure there were sufficient numbers of staff during times of sickness and where posts were vacant at the Ironstone Centre. This put people who used the service at risk of unsafe care.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (a) The trust did not take appropriate steps to assess the risks to the health and safety of service users of receiving the care or treatment. Of the 23 people's case records we reviewed we found 12 did not have a FACE risk assessment and three did not have updated FACE risk assessments.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (b) The trust did not take appropriate steps by doing all that is reasonably practicable to mitigate risk. There were no alarms in the psychiatry consulting rooms.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 (2) (d)

The trust did not take appropriate steps to ensure the premises used by the service provider for providing care or treatment are safe to use for their intended purpose and are used in a safe way.

Psychiatry consulting rooms at Rotherham CLDT were unsafe as they contained various objects which could be dangerous if thrown. In one office we saw an electric kettle, microwave and fridge. One office we looked at was laid out in such a way that would leave the psychiatrist susceptible to a hostage situation.

Environmental risk assessments had not been completed at Rotherham CLDT