

Good 

## North Somerset Community Partnership Community Interest Company

# 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)
1-310911016	Castlewood	Community mental health services for people with learning disabilities or autism	BS21 6BD

This report describes our judgement of the quality of care provided within this core service by NSCP. 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 NSCP and these are brought together to inform our overall judgement of NSCP.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated community mental health services for people with learning disabilities as good because:

- There was an integrated team, and although there were vacancies, the provider was holding interviews for the posts shortly after the inspection. The variety of staff meant that service users had access to psychological therapies recommended by the National Institute for Health and Care Excellence. Staff ensured that any safeguarding concerns were passed to appropriate bodies.
- Staff working in the community used safe lone working procedures and there had been no serious incidents in the year before this inspection. They also had access to hand cleaning kits for visits. Staff attempted to rebook missed appointments.
- Staff held a range of meetings to allow them to seek supervision from colleagues in the team, as well as in their professional groups. Staff used these meetings to discuss learning from incidents and complaints, discuss the risks on their caseload as well as for informal supervision. The team also had good links with other local services.
- Overall, people that we spoke with who were either service users, or cared for service users (including other professionals) spoke highly of the service. One carer out of six that we spoke with felt the team could have done more to support them. We saw that staff provided high quality care on the two visits we accompanied them on. These echoed the provider's values that had been developed by staff. The staff we spoke with were aware of the provider's values. We saw that these values had translated into staff providing comprehensive care plans that had been developed with the person using the service.
- Staff had access to information leaflets and were developing more easy read information. Service users could access an easy to read website and staff could access translators for service users who did not speak English as a first language.
- Staff had waiting time targets and although they had identified waiting times as a risk, they had put measures in place to help meet them. In the majority of cases they were meeting their targets. The team's performance was measured against key performance indicators to help ensure staff performed well, and governance systems helped to support them to reach these targets.
- Staff had planned to hold feedback groups for service users because they found that they did not return the questionnaires staff sent. There had been no formal complaints about this team in the 12 months before this inspection. Staff knew how to report complaints.
- There was strong leadership within the team and morale was high. The team were focused on improving the tools that they used and they were in the process of rolling out new information for service users.

However,

- Staff stored clinical information on different systems which meant that information might not be available to staff who need it. The provider was moving to a new record system in the three months after this inspection. This system would allow staff to access both health and social care records.
- The team had service users who were detained out of county under the Mental Health Act. The provider was advertising for a mental health liaison nurse to work with service users detained in other services out of county and was due to interview the week after the inspection.
- Mental Health Act training was not mandatory for staff which meant that staff may not have the knowledge to deal with services users with mental health problems if needed.

# Summary of findings

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

### Are services safe?

We rated safe as good because:

- This was an integrated team with staff from the local authority, and although there were vacancies, the provider was holding interviews for the posts shortly after the inspection.
- Staff felt their caseloads were manageable and had the chance to discuss their caseloads to ensure they were able to meet the needs of service users.
- The service had a triaging procedure that helped them link with the local authority to ensure that safeguarding issues were reported and followed up.
- Staff had safe lone working procedures and there had been no serious incidents in the year before this inspection.
- Staff could report incidents and discuss the learning from them at team meetings.

Good



### Are services effective?

We rated effective as good because:

- Staff had completed comprehensive care plans for the specific needs of the person using the service in all of the 11 care records we reviewed.
- Service users had access to psychologists in the team provided by another provider. This allowed them access to therapies recommended by the National Institute for Health and Care Excellence.
- Staff used evidence based measurement tools to assess service users.
- The team comprised of staff from a variety of health and social care professions who were experienced and qualified.
- Staff held a range of meetings to allow them to seek supervision from colleagues in the team, as well as in their professional groups. The team also had good links with other local services.
- Staff were knowledgeable about the Mental Capacity Act and we saw that they held best interest meetings as appropriate.

However,

Good



# Summary of findings

- Staff stored clinical information on different systems which meant that information might not be available to staff who need it. The provider was adding a new record system to address this.
- The team had service users that were detained out of county under the Mental Health Act. The provider was advertising for a mental health liaison nurse to ensure that these service users had staff that could support them better. Mental Health Act training was not mandatory for staff in this team which meant that they may not have been able to provide as much support as they could have done until this vacancy was filled.

## Are services caring?

We rated caring as good because:

- We saw that staff were respectful and polite; they treated service users in a caring way and worked to protect their dignity and confidentiality.
- People that we spoke with who either service users, or cared for someone using the service (including other professionals) mostly gave us praise of the team.
- Staff had planned to change the way they gathered feedback from service users to help them get more feedback. They had planned to hold feedback groups moving forward.

Good



## Are services responsive to people's needs?

We rated responsive as good because:

- Staff had set waiting time targets and although they had identified that they may be at risk of not meeting the targets, they had put measures in place to ensure they met them.
- The majority of visits took place at the home where service users lived. Staff would re-arrange visits that could not take place.
- Staff had access to a variety of information leaflets and were developing more easy read information. Service users could access the services easy to read website and staff could access a translating service for service users who did not speak English as a first language. They could also access people to use sign language if needed.
- There had been no formal complaints about this team in the 12 months before this inspection but staff were aware of the process and said they would discuss any learning from complaints in their team meeting if it was appropriate.

Good



# Summary of findings

## Are services well-led?

We rated well led as good because:

- There was strong leadership within the team which had fostered high staff morale. Staff felt comfortable raising any concerns with their manager.
- We spoke with staff who had been involved in producing the provider's values and other staff were aware of the values and senior managers in the organisation.
- The provider had governance systems that helped to ensure staff received mandatory training, as well as managing safeguarding concerns appropriately.
- Team performance was measured against key performance indicators to help ensure staff performed well.
- The team were focused on improving the tools that they used and they were in the process of rolling out more accessible information.

Good



# Summary of findings

## Information about the service

North Somerset Community Partnership Community Interest Company (NSCP) provides support to adults with learning disabilities across North Somerset. The community learning disability team (which is called The Community Team for People with Learning Disabilities) provide a range of support to service users as well as support and training for their carers between 9am-5pm, Monday to Friday.

The team also provide training and support to other care providers in caring for people with learning disabilities. Their aim is to help people with learning disabilities to have the same chance as everyone else to lead a full and interesting life. They aim to help address health inequalities and optimise physical health.

A sub team of the main team provides intensive support for service users requiring intensive and urgent support during the teams working hours (9am-5pm, Monday to Friday). However, staff told us they were flexible in appointment

times in order to meet the needs of service users. This sub-team also helps to co-ordinate the care of service users placed outside the county, including in mental health wards.

NSCP provide care from two registered locations, Clevedon Community Hospital and Castlewood. Castlewood is the location where the community learning disability team were based.

The service had a registered manager and the base was registered for:

- diagnostic and screening procedures
- treatment of disease, disorder or injury.

The service was last inspected as part of the NSCP inspection between 11 and 13 November 2013. It was found to be compliant with the standards inspected at that time.

## Our inspection team

Our inspection team was led by:

Team leader: Tracey Halladay, CQC Inspection Manager

Chair: Graham Nice, Managing Director, independent healthcare management consultancy

The team that inspected the community learning disability service comprised of a CQC inspector (Luke Allinson) and two specialist nurse advisors with experience working with service users with learning disabilities.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from staff across the services provided by this provider at nine focus groups.

During the inspection visit, the inspection team:



# Summary of findings

- visited the main office base of the service and accompanied staff on two home visits to observe how staff were caring for service users.
- spoke with six carers (family members and care staff in other organisations) and a person using the service;
- spoke with the team manager and eight other members of staff; including nurses, a speech and language therapist and an occupational therapist;
- looked at 11 care and treatment records of service users.
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We spoke with carers (including professionals employed by other providers caring for service users and a service user). They were mostly positive about the service, saying that staff were polite and helpful. They said staff were respectful and that they genuinely cared.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that staff have information systems that allow staff have easy access to relevant clinical information.
- The provider should ensure staff that work with service users detained under the Mental Health Act have the knowledge and skills to work with them effectively.

## North Somerset Community Partnership Community Interest Company

# 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

#### 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.

- Training in the Mental Health Act was not mandatory. Staff we spoke with said they would speak to the psychiatrist attached to the team if they had any questions about the Mental Health Act.

- The team had a named nurse who was responsible for six service users that were in placements outside the county. This member of staff was knowledgeable about the Act. However, they were due to leave the team shortly after this inspection. The team had a vacancy for a mental health liaison nurse and were holding interviews for this post within a week.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

- Eighty three per cent of the staff had received training on the Mental Capacity Act.
- Staff were knowledgeable about the principles of the Mental Capacity Act. We saw examples where capacity to consent to treatment had been considered and saw that best interest meetings were held where appropriate.

# Detailed findings

- Staff said that they could seek advice on the Mental Capacity Act from their colleagues in the local authority who were part of their integrated team.
- Staff told us that they had created a more accessible information sheet asking for consent to share information. This document was in the process of being put in place after it had been approved by the provider's governance processes.

# 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

- The vast majority of clinical appointments took place in either service user's homes or the care facilities where they lived.
- Staff had access to hand cleaning kits containing disposable hand towels, hand gel and skin lotion. There were clear signs in the team office that reminded staff to carry the kits.

### Safe staffing

- The team was integrated with the local authority and had staff provided by other providers. For example, psychiatry and psychology staff were provided by other organisations. North Somerset Community Partnership Community Interest Company (NSCP) supplied 31 posts to the team, including administrative staff, occupational therapists, (and an occupational therapy technician), a physiotherapist (and a physiotherapy technician), speech and language therapists, community nurses and sub team managers.
- The service had four posts that were vacant at the time of inspection. These included a team lead for the intensive support team (for maternity cover), one nurse for the intensive support team (with another due to leave shortly after the inspection) and two nurses for the community nursing team. Staff said that there was a new staff member joining the team in January 2017 and that there were interviews being held shortly after the inspection for the nursing vacancies. The total staff turnover rate (percentage of staff leaving the team) was 12% for the year up to October 2016.
- The provider was unable to provide the average number on each staff members caseload because they did not record the information in a way that made this easy to identify. However, they did track the overall number of referrals. There were 440 service users on the health care team's caseload in October 2016. Staff told us they had manageable caseloads. Staff told us that they discussed caseloads in their professionals meetings every month, in supervision and the intensive support team reviewed their caseload weekly as well.

- Staff had access to out of hours psychiatry run by a local mental health trust. All of the staff we spoke with said that they could easily access a psychiatrist when needed.
- The percentage of staff up to date with mandatory training was high. Across the different training topics, the percentage of staff who were up to date ranged from 80% to 100%.

### Assessing and managing risk to patients and staff

- Staff had a system to triage referrals. A senior staff member would take on the role of senior duty worker and review incoming referrals. There was also a senior social worker on duty from the local authority who would assist in triaging potential social care needs, or safeguarding alerts. The senior duty worker would decide if the referral was eligible (based on set criteria) for the team and then identify which sub team would be appropriate for the referral. For example, if the person had a need to be referred to community nursing, the intensive support team or for psychology. Staff told us that where possible, they would pass the referral to a relevant colleague, i.e. to a member of the intensive support team if the referral was for advice on managing complex behaviour.
- Staff would conduct a more in-depth risk assessment at the first appointment and ensure that any needs that may have been missed at the initial triage could be met. Staff were able to show us risk assessments.
- Staff were aware of when to make a safeguarding referral and they said they found it useful being integrated with colleagues from the local authority who they could discuss safeguarding concerns with.
- Medicines were not stored onsite and the team would support service users to collect their medicines appropriately.
- There was a notice board that staff could update with their location and visit information to help keep them safe when they were working alone in the community. There was a lone working policy and staff had a procedure to raise the alarm if they needed to.

### Track record on safety

- There were no serious incidents requiring investigation in the year before this inspection.

# Are services safe?

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

## Reporting incidents and learning from when things go wrong

- Staff used an electronic system to log incidents. All of the clinical staff employed by the provider in this team could report incidents on the system. Staff also received information on incidents for service users on the intensive support team active caseload. This information contributed to the persons positive behavioural support plan.
- Learning from incidents was discussed by staff at monthly meetings, and relevant learning from incidents in other teams employed by the provider was emailed out to the team by the manager.
- Staff told us about the support they had received after the last serious incident and said they had been debriefed and supported.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- In all of the 11 care records we saw, staff had worked with service users to develop an in-depth and personalised care plan related to the specific support that a member of staff would provide. For example, we saw comprehensive care plans for managing a person's epilepsy and robust positive behavioural support plans. Staff said that if they discovered a client would benefit from input from another professional within their team, they would refer them within the team and we saw that this had happened.
- The service had multiple places it stored client information. There was a record system used by the local authority (that the majority of the staff employed by the provider could not access) and a system used by the healthcare staff employed by the provider (that the staff employed by the local authority could not access). Staff employed by the provider also held some of their client's clinical information on their shared hard drive (that staff said was inaccessible to staff members outside their team). Staff said that the staff in their team would know where to look for that specific information. Risk assessments were kept on the electronic record system. The provider had planned to add a new record system in the three months after the inspection to allow staff easier access.

### Best practice in treatment and care

- Psychological therapies were provided by staff employed by a different provider, as part of the integrated team. Some staff told us that there were some delays for clients to access psychological therapies due to vacancy rates in that team.
- The team provided signposting and support for housing and funding applications.
- Staff used a screening tool that checked when the person using the service had previously been to their GP. The care notes system they used allowed them to see the GP care notes of the service users.
- Staff used evidence based measures relevant for the work that they were doing with service users. For example, using the model of human occupation (MOHO) assessment for occupational therapy and the east Kent outcome system for speech and language therapy.

- Staff told us they were involved in clinical audits such as on infection control. Staff also told us about a specific audit looking at the information they gave to other care providers about the eating and drinking needs of the service users the team was working with.

### Skilled staff to deliver care

- The team was integrated between different care providing organisations. Service users had access to occupational therapists, physiotherapists, psychologists, psychiatrists, speech and language therapists, general nurses and social workers. At the time of inspection there was a vacancy for a mental health liaison nurse.
- Staff in the team were experienced and qualified for the job they were doing. All of the relevant staff had received an annual appraisal.
- Staff aimed to have formal supervision at least 10 times a year. Staff could also access informal supervision meetings and on an ad hoc basis, as well as through fortnightly meetings.
- The team provided training to other providers and the staff in the team said that they had received specialist training to help them do this. For example, training in positive behavioural support.

### Multi-disciplinary and inter-agency team work

- Staff had monthly meetings as a team, as well as in their professional groups. All of the staff we spoke with praised the integrated nature of the team and said being in the same office and in the same team with a lot of their colleagues (both within the provider, and in the local authority) helped to ensure they could provide joined up care.
- There were good links with other local services. We spoke with care staff working for other providers who said the team worked well with them.

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

- Training in the Mental Health Act was not mandatory. Staff we spoke with said they would speak to the psychiatrist attached to the team if they had any questions about the Mental Health Act.
- The team had a named nurse who was responsible for clients who were in placements outside the county. These included six service users detained under the Mental Health Act. This member of staff was

# Are services effective?

Good 

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

knowledgeable about the Act. However, they were due to leave the team shortly after the inspection. The team had a vacancy for a mental health liaison nurse and were holding interviews for this post shortly after the inspection.

## **Good practice in applying the Mental Capacity Act**

- In total, 83% of the staff had received training on the Mental Capacity Act.
- Staff were knowledgeable about the principles of the Mental Capacity Act. We saw examples where capacity to consent to treatment had been considered and saw that best interest meetings were held where appropriate.
- Staff said that they could seek advice on the Mental Capacity Act from their colleagues in the local authority who were part their integrated team.
- Staff told us that they had created a more accessible information sheet asking for consent to share information. This document was in the process of being put in place after it had been approved by the provider's clinical cabinet panel.

# Are services caring?

Good 

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

## Our findings

### Kindness, dignity, respect and support

- We accompanied staff on two clinical visits and saw the staff providing good quality care. They were respectful, polite and treated service users with genuine empathy.
- Staff were respectful and caring in the way they discussed service users on their caseload. We saw that staff genuinely cared about the service users and protecting their dignity as well as their confidentiality.
- One service user said that staff were helpful and friendly. We spoke to six carers and caring professionals who interacted with the team. The majority praised the team and said they were accessible when they needed them. One carer said that they felt the team could have helped more.

### The involvement of people in the care that they receive

- We saw that care plans were drawn up collaboratively with service users.
- Service users could access advocacy and many were receiving care from other providers who also helped them access advocacy.
- Staff told us that they had collected friends and family questionnaires but that the return rate had been low. They had found historically that engagement was better when they offered drop in focus groups and they had planned to do this in the next calendar year (shortly after the inspection).
- There was a North Somerset Learning Disability Partnership Board that had representatives from different services in North Somerset to help give a voice to service users with learning disabilities in the area. This board had a person with learning disabilities on it, as well as representatives from the team.



# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- Staff screened referrals as they were received. If there was a risk of a breakdown in the suitability of a person's living situation (either at home or in another care provider) or a substantial increase in challenging behaviour then the team would classify the referral as urgent and aim to see the person within two days. The team set the target for referrals that were not urgent to see the service user within 13 weeks and from that assessment, a limit of two weeks until they completed a formulation of the person's needs.
- The provider reported that they were meeting 100% of their targets for urgent referrals in the year before October 2016. The average wait for assessment after referral was 11 weeks in that time period and the provider reported meeting their two week target for completing a formulation of the person's care needs after the initial assessment. However, when we were onsite, we saw that there were 20 service users (correct as of the beginning of November 2016) that had been waiting longer than their target wait. The longest waiting referral was for someone who had been waiting 36 weeks for a referral to occupational therapy for an assessment for assistive technology. This person had been engaging with another part of the team in the meantime.
- Waiting times were on the risk register and they were trying to recruit more staff, as well as re-organise in order to help address this. Staff had also arranged cover from other teams and further training to reduce waiting times for urgent dysphagia assessments (which would take a week instead of the target of two days without these measures in place). Dysphagia is a medical term for difficulty or discomfort when swallowing.
- Staff said if a person was not at the agreed appointment, they would keep attempting contact with the person and would update other care professionals if the person repeatedly did not attend their appointments.

### The facilities promote recovery, comfort, dignity and confidentiality

- The majority of the appointments for service users were in their own home or the care facility where the person using the service lived. Staff employed by other providers held some clinics through the county at local venues and some saw clients at the team base. The team base also housed the police and some local authority services. The base had comfortable waiting facilities and the rooms were sound proofed. There was also a range of information leaflets available.

### Meeting the needs of all people who use the service

- Staff could access information to bring to service users and were developing more information in an easy to read format. Staff had also helped to create a website for service users in an easy to understand format. This website had information for service users, carers and professionals.
- Staff could access a translating service for service users that did not speak English as a first language. They showed us where they would access this information but said that they very rarely required it. Staff could access people to interpret sign language where needed.

### Listening to and learning from concerns and complaints

- There had been no formal complaints in the year before this inspection. Staff knew the process for raising a complaint or compliment but that they would try to settle any concerns informally first.
- Learning from complaints was passed on through team meetings (where appropriate) and supervision. Staff said they also discussed compliments in their monthly team meeting.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- The provider had developed a set of values with staff and we spoke with a member of staff who had contributed to this process.
- Staff were aware of senior members of management within their team, and in the provider as a whole as they were based in the same building.

### Good governance

- The provider's governance procedures helped managers track mandatory training rates and encourage staff to complete their training. The close working between the health and the social care staff, along with their triaging process helped to ensure that safeguarding issues were managed and reported appropriately. However, the system in place for ensuring clinical information was available to staff, was not robust as they had to rely on other staff being present in order to access all information. Some information was kept on the team drive that other staff working for the service could find useful but would not be able to access. The provider was implementing a new system in the three months after the inspection that they hoped would address this.
- The service had key performance indicators that included the number of visits they provided. The service had recently been awarded a new contract and the key performance indicators were being reviewed in line with this. Staff told us that they were using waiting times and the east Kent outcome system (to monitor clinical outcomes) as part of demonstrating the performance of the service.

- Staff felt that they had sufficient administrative support.
- The team had a risk register that was regularly reviewed by the senior team. This risk register fed up to the provider's risk register.

### Leadership, morale and staff engagement

- There was strong leadership within the team and the managers worked to ensure that the team worked well.
- Staff told us that there were no ongoing cases of bullying or harassment in the team, nor were there staff undergoing any ongoing performance management.
- Morale was high in the team. Staff we spoke with said that they worked well together, and although there were vacancies, they felt that the team worked hard to cover these gaps. Staff said they felt supported by their managers to raise any concerns they might have.
- We spoke with staff who had been developed while working within the team to obtain management posts. The team also had supported students in the past who had then chosen to work in the team when they qualified.

### Commitment to quality improvement and innovation

- The team was not part of any national quality improvement schemes. However, in the past, staff had developed tools to use based on research findings and the team were in the process of rolling out more accessible information as well as more appropriate risk screening tools.