Good

Lincolnshire Partnership NHS Foundation Trust

# Community mental health services for people with learning disabilities or autism

## Quality Report

Trust Headquarters - Units 8 & 9
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Date of inspection visit: 30 November - 4 December 2015
Date of publication: 21/04/2016

## Locations inspected

| Location ID | Name of CQC registered location | Name of service (e.g. ward/ unit/team) | Postcode of service (ward/ unit/ team) |
|---|---|---|---|
| RP7QS | Long Leys Road | Greenlight Team<br>Learning Disabilities Community Assertive Services Team (CAST)<br>Learning Disabilities Community Team – Lincoln | LN1 1FS |
| RP7QS | Long Leys Road | Learning Disabilities Psychology<br>Learning Disabilities – Speech and Language Therapy Services | LN1 1FS<br>LN1 1EJ |
| RP7QS | Pilgrim Hospital Boston | Learning Disabilities Community Team – Boston | PE21 9QS |

# Summary of findings

| | | | |
|---|---|---|---|
| RP7QS | Grantham Hospital | Learning Disabilities Community Team – Grantham and Sleaford | NG31 9AX |

This report describes our judgement of the quality of care provided within this core service by Lincolnshire Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Lincolnshire Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Lincolnshire Partnership NHS Foundation Trust.

# Summary of findings

## Ratings

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

| | |
|---|---|
| Overall rating for the service | Good |
| Are services safe? | Good |
| Are services effective? | Requires improvement |
| 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 Lincolnshire Partnership Foundation NHS Trust community mental health services for people with learning disability or autism as good because:

- Risk assessments were completed, with patients being encouraged to identify their own risk management plans.
- Staffing levels were good within the service. Patients had regular access to staff for support.
- Staff received regular supervision and appraisal from the management team. The team had a variety of skills, experience and professional training. Patients were able to access support from people with a variety of skills and expertise.
- Staff were passionate and enthusiastic about the difference they could make to service users and carers lives.
- There were good working relationships with other agencies, such as social services.
- The service offered appointments to patients at a variety of different times and locations to facilitate attendance at appointments.
- Service user feedback forms showed multiple positive comments.
- Complaints had been investigated and acted upon quickly and there were good systems in place to share learning from complaints throughout the service.
- All of the Learning Disability Community Mental Health Team bases had adequate clinic rooms, and, or interview rooms and most areas were clean and well maintained.

However:

- There were two electronic record systems in operation within the community learning disability teams that did not interface with each other. Important information could be missed.
- Care plan wording was not recovery focussed.
- The speech and language therapy service was struggling to meet its referral to assessment targets of two weeks for urgent referrals and 18 weeks for routine referrals. There were 53 patients on the waiting list, five of whom had breached the 18 week target. The service was only able to offer urgent dysphagia assessment two days per week.
- Some community services did not display easy to read documentation for patients with a learning disability.

# Summary of findings

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

**Are services safe?**

Good

We rated safe as **good** because:

- All of the team bases had adequate clinic rooms, and, or interview rooms where private consultations and examinations could take place.
- All office areas were adequate for carrying out administration, reviews and team meetings.
- Most areas in all of the team bases were clean and well maintained, with the exception of the radiator in the Skegness clinic room, which was compacted with dust and dirt and staff at the Lincoln team base were not routinely completing daily infection control checklists.
- There were good safeguarding procedures in place and staff showed good understanding of safeguarding policies and 96% of staff had trained in safeguarding adults.
- Most staff were up to date with mandatory training and were able to access specialist training for their role.
- Safety protocols were in place and staff, with the exception of the speech and language therapists, followed the trust's lone working policy.
- Incidents were reported appropriately through an electronic system and investigations took place to identify learning. The service held regular team meetings to share lessons learnt from incidents.
- The speech and language therapy service used a secondment to cover staff absences, rather than use bank and agency staff to cover vacant shifts.

However:

- There were no panic alarms in the outpatients clinics at Skegness or Boston CMHT and staff did not have access to personal alarms when working in community settings. This meant that staff had limited ways of summoning help effectively or safely in an emergency situation.
- Some equipment for the physical examination of patients was not routinely checked, for example blood pressure moniotrs and scales.
- Only 62% of staff had trained in safeguarding children.

**Are services effective?**

Requires improvement

We rated effective as **requires improvement** because:

# Summary of findings

- There were two electronic recording systems in operation within the community learning disability teams that did not interface with each other. Staff had to access both systems in order to get all the risk assessment information. This resulted in staff not always having complete or readily available information before providing care and treatment.
- The service did not have sufficient provision of speech and language therapy. There was a long waiting list for this service and the 18 week assessment target had been breached on five occasions in the previous four weeks. Staff could only carry out limited assessments and interventions for those referred, whilst complex dysphagia assessments were carried out by a seconded staff member who had limited availability.
- The speech and language service was not located in the same building as their learning disability colleagues. Staff told us that they felt isolated because of this and did not feel they could work effectively.
- Doctors told us that the learning disability nurses roles had changed since they had transferred to the local authority as a result they carried out routine health check related work. Doctors told us they did not have enough time to support the community teams and staff in two of the three community teams told us that they did not have easy access to the medical staff, resulting in patients waiting until there was a scheduled medical outpatient clinic at the team base.

However:

- Care plans incorporated National Institute for Health and Care Excellence and College of Occupational Therapy guidance.
- Physical healthcare needs were routinely assessed and managed.
- Assessment tools were evidenced based.
- Staff completed formal capacity assessments routinely.
- There was good interagency working.

**Are services caring?**

Good

We rated caring as **good** because:

- We observed personalised care delivered passionately and appropriately.
- Staff were passionate and enthusiastic about the difference they could make to service users and carers lives.
- Patients reported that staff were caring and understanding.
- Service users and their carers views were actively sought and included in risk management and care plans.
- We saw good use of advocacy services.

# Summary of findings

**Are services responsive to people's needs?**

Good

We rated responsive as **good** because:

- Staff delivered personalised care to patients in a timely manner and used specialised communication aids when appropriate.
- Referrals were managed with appropriate consideration and prioritisation.
- People were signposted appropriately to other services.
- Service user feedback forms showed multiple positive comments and minimal complaints.
- There was good and timely discharge planning.

However:

- There was limited easy read information across the service.
- Speech and language services were not meeting referral targets because of staffing issues. The trust was aware of this situation and had recruited a newly qualified speech and language therapist who was due to start in January 2016. The trust had also arranged to increase the seconded speech language therapist to three days per week from January 2016.
- Audits demonstrated that referrals had increased because of the success of the newly configured teams. As a result teams were developing longer waiting lists with no plans to manage this.

**Are services well-led?**

Good

We rated well-led as **good** because:

- There was evidence that the trust's values were embedded in practice.
- Staff were able to tell us who the trust's executive team were.
- Managers had sufficient authority to carry out their roles and responsibilities effectively.
- Staff did not inform the inspection team of any issues relating to bullying or harassment.
- Staffing records showed low sickness and absence rates in the service.
- We observed highly visible leadership from the team managers.

However:

- We were told that the trust's executive team had not visited any of the community learning disability teams.
- Staff could not show us evidence of having carried out audits in relation to outcome measures.

# Summary of findings

# Information about the service

Lincolnshire Partnership NHS Foundation Trust serves a local population of 990,000 people within a largely rural area of 2,500sq. miles. The adult community learning disability service provides specialist healthcare services to adults living within this area and who have a learning disability and/or autism.

The service was separated into six teams - with medical, psychology, and speech and language services providing input into the teams from a central pool:

- Four community mental health teams for people with learning disability located in Lincoln, Boston, Sleaford & Grantham, and Stamford & Spalding. These were multidisciplinary teams and included occupational therapists, physiotherapists, doctors, health liaison nurses and health care support workers. The teams aimed to increase accessibility to mainstream services for people who have a learning disability. This was achieved through training and education; and by providing assessment, therapy and treatment for functional difficulties associated with a learning disability diagnosis within the local communities.
- A community assertive service based in Lincoln and subdivided into four "pods" covering areas that roughly corresponded to the four community mental health teams. This team offered risk assessment and short-term intervention to people who had a mental health disorder and were experiencing a crisis in their home. The aim was to prevent people from requiring admission to a mental health hospital.
- A small greenlight team made up of three learning disability nurses, and two outreach nurses who worked with the National Autistic Society. The team supported mainstream mental health services and colleagues who had people with learning disability and/or autism on their caseload. The team provided advice, support and guidance, and offered education and signposting, as necessary. The team also offered support and education to the carers support forum.

The Care Quality Commission had not inspected this service previously.

# Our inspection team

Our inspection team was led by:

**Chair**: Stuart Bell, Chief Executive of Oxford Health NHS foundation trust.

**Team Leader**: Julie Meikle, Head of Hospital Inspection, mental health hospitals, CQC

**Inspection Manager:** Lyn Critchley, Inspection Manager, mental health hospitals, CQC

The team that inspected the adult community learning disability service consisted of two CQC inspectors, a Mental Health Act reviewer and four specialist advisors (a psychiatrist, an occupational therapist, a social worker and a learning disability nurse).

The team would like to thank all those who met and spoke to the team during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

# Why we carried out this inspection

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

# How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, reviewed all the complaints and comments received by CQC since the last inspection, asked a range of other organisations for information and sought feedback from patients focus groups.

During the inspection visit, the inspection team:

- Visited the greenlight team, community assertive services team; three community mental health teams for people with learning disability or autism and the community speech and language therapy service.
- We looked at the quality of the working environments and observed how staff were caring for patients.
- Spoke with nine patients and five carers who were using the service.
- Interviewed three people who provided accommodation and support for patients using the services.
- Interviewed four managers or acting managers for each of the services.
- Spoke with 31 staff members; including doctors, nurses, psychologist, occupational therapists, physiotherapist, and speech and language therapists.
- Interviewed the divisional director with responsibility for these services.
- Attended and observed three multi-disciplinary meetings.
- Accompanied four community home treatment visits with staff.
- Reviewed 28 treatment and care records of patients.
- Looked at 12 medical consultation patient letters.
- 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 to nine service users and five carers about their experience of the community learning disability service. Patients told us that they felt supported by staff and that they treated them with respect. They told us that staff were friendly and approachable. Staff listened to them and would help them when they had a problem or did not understand something. Two carers told us that they had been able to call staff in a crisis and had received the support they needed. Patients and carers told us that they liked home visits and that this made them feel comfortable.

One patient and one carer reported that they had waited nearly four months to access the community learning disability services, but having now received the service they felt it was very good.

# Good practice

- The community assertive service, greenlight team, psychology, speech and language therapy, and medical staff provided flexible input into each “pod”, as required. Patients’ needs were met quickly and effectively, when and where patients wanted to be seen.
- The community assertive team had won the trust’s service recognition award for Team of the Quarter, and was nominated for Team of the Year Award. The team had won this award for being responsive to patients and carers needs, and embracing new ways of working.

# Areas for improvement

### Action the provider MUST take to improve

- The trust must ensure that all information related to patients is accessible to staff on one electronic recording system.
- The trust must ensure that there are sufficiently qualified and experienced speech and language therapists available each day to carry out the assessments required.

### Action the provider SHOULD take to improve

- The trust should move their plans forward to relocate the speech and language therapy service within the Long Leys Road community learning disability base.
- The trust should ensure that all staff be trained in recovery focussed care planning.
- The trust should ensure that all key information is available in easy read format and readily available within the service.

Lincolnshire Partnership 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 |
|---|---|
| Greenlight Team | LPFT – Long Leys Road |
| Learning Disabilities Psychologyt> | LPFT – Long Leys Road |
| Learning Disabilities – Speech and Language Therapy Services | LPFT – Gervas House Long Leys Road |
| Learning Disabilities Community Assertive Services Team (CAST) | LPFT – Long Leys Road |
| Learning Disabilities Community Team – Lincoln | LPFT – Long Leys Road |
| Learning Disabilities Community Team – Boston | LPFT – Pilgrim Hospital |
| Learning Disabilities Community Team – Grantham and Sleaford | LPFT – Grantham General Hospital |

## Mental Health Act responsibilities

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

- All staff were trained in the Mental Health Act (MHA).
- The MHA office staff provided training when requested or identified. This was recorded centrally by the trust and easily accessed by managers via the trusts training database.

# Detailed findings

- All staff were required to update their MHA knowledge every two years.
- Staff were able to describe the basic principles of the MHA and told us that they would seek support from senior members of the team if necessary.
- Staff had access to the MHA trust policy for further guidance.
- There had been no use of the MHA in the last twelve months.
- There were no patients under community treatment orders.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff were trained in the Mental Capacity Act(MCA) and Deprivation of Liberty Safeguards (DoLs).
- All staff were required to update their knowledge of MCA and DoLS every two years and the nominated safeguarding champions in each team updated their knowledge every year.
- Staff were able to clearly articulate their roles and responsibilities within the Act, and told us about situations where “best interest” meetings in respect of patients had taken place.
- Care records showed that people’s capacity to consent was being assessed and regularly updated.

Good

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- In most of the LDCMHT teams staff had access to alarms to use when using office interview rooms for patient appointments. However, Skegness and Boston did not have alarms and where they were available most staff told us they did not routinely use them. Staff told us that they relied on individual patient risk assessment. Teams had systems for checking alarm equipment. However, Gainsborough staff were not recording these checks.
- Spalding team were located in a modern purpose built facility with spacious rooms. There were alarms in meeting rooms and communal areas.
- Closed circuit television (CCTV) monitored communal areas, with signs displayed to inform people of this.
- Some equipment for the physical examination of patients was not checked, for example, blood pressure monitors at Grantham, Sleaford and Stamford and Boston. Staff did not know if equipment had been checked and there was a risk that it would not be working properly.
- Information was displayed for staff and patients on infection control principles, such as handwashing. Most areas were clean and well maintained. However, the radiator in the Skegness team clinic room was heavily compacted with dust and dirt. Staff told us that due to a recent change of contractor, housekeeping staff at the Lincoln team site were not completing daily infection control checklists to ensure a clean environment. This posed a risk that staff would not have information to enable them to identify and address infection control risks.

### Safe staffing

- The total number of substantive staff in the community learning disability service was 53 whole time equivalents (wte), however, the trust had not adopted any formal benchmarking to establish these levels, consequently there was uncertainty about the actual number of staff required to support the service safely.
- The established level of nursing staff set by the service was 19 (wte) and nine (wte) nursing assistants. There was one (wte) nursing vacancy and no vacancies for nursing assistants.
- The service did not use agency or bank staff. Staff sickness and holiday absences were managed within the teams and none of the teams reported undue staffing pressures.
- Caseload numbers were different across the teams. This ranged from full time staff in the CAST team having a caseload of 15 to 20 people. Whilst those in the community teams held caseloads of up to 30 and over.
- The speech and language therapy service had breached targets for urgent referrals on six occasions, with the longest breach being seven working days. The trust had included the speech and language therapy service on their risk register because of the high caseload numbers and length of waiting lists. The trust had taken measures to alleviate the pressure on the service by seconding a band 7 speech and language therapist from a neighbouring health trust for two days a week. They had also recruited a newly qualified band 5 speech and language therapist who was due to start in January 2016.
- Staff told us that their caseloads were manageable and frequently reviewed in supervision and team meetings.
- The speech and language therapists reported that they felt particularly vulnerable as there were only two of them for 75% of time and they were working out of a building that did not have any other trust colleagues. They described how they had adapted the trust's lone working policy for their needs, but acknowledged that this was not wholly safe. The trust was aware of this situation and had put the service on their risk register. There were also plans to move the speech and language therapy service to the Long Leys Road community learning disability site when space became available.
- The medical team saw people in an emergency and held outpatient clinics across the county.
- Staff had received, and were up to date with appropriate mandatory training and the average mandatory training

Good

# Are services safe?

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

rate for community learning disability staff was 81%. However, only 71% of the community learning disability service had attended the 'breakaway' training and 62% had attended safeguarding children training, which was below the training target of 75%. The trust was aware of these shortfalls and was putting in place measures to rectify the situation.

### Assessing and managing risk to patients and staff

- We reviewed 28 care records. We saw that specific risk assessments were undertaken with people at the beginning of treatment and recorded on the electronic patient record system. However, 21 of these records showed that the focus of the risk assessment was based on the reason for referral and was not a full, holistic assessment of all risks. Staff told us that before formulating treatment plans with patients they discussed all other risk factors with the referrer.
- Following discussion with patients, their carers and the multidisciplinary team risk management plans were regulalrly reviewed and revised.
- Patients referred to the CAST team had detailed crisis plans in place. A key role of this team was to offer support and prevent further deterioration in people's mental health. The greenlight team remained in contact with patients needing admission to hospital, so that patients felt more supported when communicating their needs to mainstream health service practitioners.
- The trust had closed the inpatient learning disability service in November 2015. Staff from the inpatient service had transferred into the community teams with the aim of providing increased intensive support for patients in their own homes and reducing the need for admissions. Patients needing admission had transferred to wards specialising in learning disability elsewhere in the country. At the time of the inspection, there were six patients in units out of the area.
- There were waiting lists for psychological and speech and language services managed according to risk and length of waiting time.
- Whilst only 62% of staff had trained in safeguarding children, 96% had trained in safeguarding adults and all of the staff we spoke to were able to describe the different types of abuse people might experience. They were aware of the safeguarding policy and were able to describe the criteria for referring people to safeguarding for support.
- There was a lone working policy in place and staff were able to describe the process used to ensure the safety of staff whilst working alone. However, staff reported that they did not have access to lone worker devices and sometimes this left them feeling vulnerable when working in the community on their own.

### Track record on safety

- There were no serious incidents in the previous 12 months relating to the community learning disability service. The trust had a system for reviewing any incidents.

### Reporting incidents and learning from when things go wrong

- All staff we spoke with were able to describe the types of event that would be reported as an incident.
- The electronic incident reporting system showed that a variety of incidents had been reported when appropriate.
- Incidents were investigated by the management team in a timely manner and learning points were identified to prevent future occurrences.
- The minutes of multidisciplinary team meetings showed that "lessons learnt" were shared with staff and learning from incidents was discussed with individual staff during supervision.
- Two managers told us that following investigation of any incidents or complaints the staff, service users and carers who had been directly affected by the incident were informed of the outcome of the incident. They were informed of any changes that had been made to prevent or reduce the likelihood of a similar thing happening again. We saw two supervision notes, an electronic record and a letter showing that this had happened.

# 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 looked at 28 care records and found that assessments were holistic, comprehensive and completed by appropriate healthcare professionals at the beginning of treatment. Care notes showed that these assessments were evaluated as part of the ongoing intervention process.
- The records showed that whilst all service users had personalised and holistic care plans the wording of the care plans was very clinical and did not reflect recovery from the patient's perspective. For example the care plans could have been written using the patients' words.
- There were two patient recording systems in operation within the community mental health learning disability teams that were not compatible with each other. Staff had to access each system separately which was cumbersome and uncoordinated and resulted in them not always having complete or readily available information before providing care and treatment. Staff told us that this was both time consuming and frustrating, particularly as the Wi-Fi connection required to access one of the systems was not always reliable.
- Medical staff told us that they had to deal with a lot of routine health matters, such as administration, screening and education. This meant they had to spend more time in clinics and on home visits, and were less accessible and not able to spend so much time with the multidisciplinary team. The learning disability nurses who had previously dealt with these routine health matters had been transferred to local authority employment.
- Owing to their complex needs many service users required the input of two or more staff from different professional disciplines. In this situation the staff involved would plan the care together with the patient and carer and then each healthcare professional produced their own care plans. This meant that patients knew which person involved in their care was going to be doing what and when. These care plans were stored in the relevant part of the healthcare record.
- Staff completed full and regular health checks on patients. When physical health problems had been identified the appropriate interventions were put in place to manage these problems.
- In eight of the 28 care records we reviewed there was clear evidence of a carer's assessment having been completed, in addition to the service user's assessment. In the remaining 20 care records, carers assessments had both been offered and declined or were not applicable.

### Best practice in treatment and care

- Twenty four of the 28 care records we reviewed clearly showed good practice in a range of areas such as patient contact notes and outcomes from multidisciplinary clinical meetings.
- The care records showed that staff followed the National Institute for Health and Care Excellence (NICE) 2015 Challenging behaviour guidelines.
- Psychological interventions offered by the service were based upon NICE recommended therapies. These included cognitive behavioural therapy and talking therapies. Psychologists used visual aids and pictorial story boards to help service users understand more complex information.
- The occupational therapists used evidence based occupational therapy assessments for planning treatment and supporting people with a variety of holistic goals. These included financial management, personal interests and independent living skills.
- The acute liaison nurses acted as a link between the community learning disability services, GPs and the acute inpatients units. They supported both GPs and patients to manage and access annual health checks, they offered hospital doctors and nurses' support and advice regarding management of challenging behaviours and advice to overcome communication barriers when patients were admitted for physical health problems.
- Care records showed that outcome measures were sometimes used. However, staff told us that measuring specific clinical outcomes was not routine practice and

# 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.

they did not routinely carry out audits. This meant that it could be difficult to evaluate the effectiveness of interventions, and to know where improvements and changes to intervention were needed.

### Skilled staff to deliver care

- Speech and language therapy services were under pressure to deliver the service that was required of them and they were struggling to meet assessment targets. They could only provide dysphagia assessments two days a week. Fifty three people were on the waiting list, with five having breached the 18 week target. Difficulties recruiting into the vacant and maternity leave cover posts had been a significant factor in this matter. The service had seconded a part time speech and language therapist from another trust and had recently recruited a newly qualified therapist, who was due to start in January 2016.
- People who used the service had access to staff with a variety of skills and experience. The teams consisted of a small number of learning disability nurses, acute liaison nurses, occupational therapists, speech and language therapists, doctors, support workers, peer supporters and psychologists.
- All staff were expected to attend the trust induction program when commencing their employment. This was supported by a role specific induction once working in their teams, followed by regular mandatory training to ensure that skills and knowledge remained updated.
- Staff had access to regular supervision and the service was 95% compliant with supervision targets. Staff had regular opportunity to discuss their clinical and personal development, as well as their caseloads and any complex or new issues arising. Ninety-eight per cent of staff had appraisals that were in date. Staff told us that they could access specialist training for their roles.
- Staff from the learning disability inpatient service had been redeployed and inducted into the community teams. They told us that they had opportunity to discuss their transfer with their line manager and identify any additional training needs they required to meet the demands of their new roles.
- The service employed five full time psychologists and two full time psychology assistants, these roles were flexible and worked across teams as required. The psychology team were able to meet most service user needs, and managed their caseloads and waiting lists within target times. They were able to access external or specialist supervision as required, so that their specialist skills and knowledge remained current.
- Four full time and one part time consultant psychiatrists provided up to 40 outpatient clinics per month. Working alongside all of the learning disability services, the medical team were able to assess, diagnose and treat mental health problems in a timely manner.

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

- Speech and language therapists were physically isolated from the rest of their learning disability colleagues. This had an impact on how effectively they could work as part of the multidisciplinary team.
- Four staff members in the community teams told us that they frequently felt they were working in isolation from the other community learning disability teams. This was because of the pressures of their respective workloads and there not being enough opportunities to link up with colleagues in other learning disability teams.
- There were regular weekly team meetings within the individual community teams which allowed time and space for staff to discuss the care of people using the service. These meetings were open to all staff members and we observed nurses, doctors, team manager's psychologists and an occupational therapist attending a meeting. Minutes of the meetings showed that all of the professional groups were represented at most of the meetings.
- The CAST team, greenlight team and one of the community teams were located in the same building and they worked in an integrated way through various team meetings and case discussions.
- Care records showed that the teams liaised with other agencies, such as social workers, care providers and primary care colleagues, in order to access further support for people who use the service.
- Staff told us about initiatives they had taken to develop stronger working relationships with peer support workers and advocacy services so that patients could be helped to access independent support and advice outside of the service.

# 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.

- Acute liaison nurses had good working relationships with the doctors and nurses at the local county hospital. This helped to ensure that when patients had to go to hospital, or access hospital services, their experience was positive.

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

- All staff were trained in the Mental Health Act (MHA). Training was undertaken by the trust's MHA office when requested or identified. This was not recorded centrally by the trust but was held locally by the managers of the service.
- Staff were able to describe the basic principles of the MHA and told us that they would seek support from senior members of the team if they felt this necessary. Staff had access to the MHA trust policy for further guidance.

### Good practice in applying the Mental Capacity Act

- All staff were trained in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs). The training featured as part of the trust's safeguarding training package.
- Staff were able to articulate their role and responsibilities with regard to MCA and DoLs. They knew where and how to access relevant policy and procedures, and when to request best interest meetings.
- Care records we reviewed showed how consent to treatment had been obtained from service users and/or their carers, and how discussions with the medical team had ensured that good practice had been followed. Decision specific examples were recorded, along with evidence that people's capacity to consent was being assessed and regularly updated.

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 observed staff interactions with five people and saw that staff were respectful and responsive to people's needs. We saw practical and emotional support being offered in a respectful manner. Staff showed that they had a good understanding of an individual's preferences and were able to advocate on their behalf where necessary.
- Patients told us that they had good relationships with staff and felt well supported by them. Two patients told us that staff had been very kind when helping them in mental health and emotional crisis.
- We observed staff explaining confidentiality to people so they understood what this meant and who would have access to their care notes.

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

- Eighteen care records showed that patients had been involved in their care planning and treatment. However, of the 28 records we viewed only 12 were signed by patients, and 20 were recorded as having been copied to the service user or carer. It was not clear whether all patients had agreed with their care plans or not.
- Staff used clinical language in the care plans. However, the records did suggest that service user preferences had been captured and we saw staff involving people appropriately in forming their care plans.
- Patients who use the service were invited to meetings to discuss their care and their attendance was recorded on the care plan. Family members were also invited to meetings when it was appropriate.
- We saw evidence of carers' assessments having been recorded. In eight patient records there was documented evidence of how to support both patients and carers.
- Patients were able to use the complaints procedure and to give feedback through a patient feedback survey.

# 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

- Waiting times for referral to initial assessment in the community teams were 24 hours for crisis referrals, two weeks for urgent referrals and 18 weeks for routine referrals.
- Target times for assessment within the CAST team were 24 hours for urgent crisis assessment and two weeks for routine assessment / intervention. There was a two week target time for urgent referrals to the community mental health learning disability teams, psychology, occupational therapy, physiotherapy, and speech and language therapy. The target for routine referrals was 18 weeks. With the exception of the speech and language therapy service, the teams were meeting these targets.
- Referrals were reviewed by the multidisciplinary team upon receipt and allocated to the most appropriate clinician or team based on clinical need.
- The service provided an out of hours duty system, within the CAST team, to manage people who were in crisis. This service was available from 7am to 10pm.
- Each element of the service had clear criteria for access to the service. For example, occupational therapy services stated that the person must be over 18, must have a learning disability, and the primary reason for referral relates to the impact of the learning disability upon a person's function.
- The teams worked out of a variety of locations based in the community. They also saw people at home. This was to provide a choice of venues for people to increase accessibility to the service.
- Discharges from the service were managed in a timely manner, with appropriate signposting and help to access other services and agencies given as required.
- The community learning disability teams worked in four small, locality based teams known as "pods" across the county. This enabled the service to use its resources flexibly and to respond to patients needs within their locality.

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

- Team bases had appropriate and comfortable rooms available for private and confidential consultations with patients.

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

- Patients were mostly seen in their own homes, as this was deemed more appropriate and saved people from having to travel considerable distances to team bases. However, a person could also be seen at their GP surgery or a team base, if requested.
- Staff told us that easy read information was available to people if they required it. However, we found very limited easy read information available on the information stands.
- Staff told us they were able to access interpreters as and when required.
- There was a growing waiting list for speech and language therapy, particularly for dysphagia assessments, because of recruitment problems. The trust had tried to resolve this problem with a part time secondment. However, staff were still struggling to provide the service within expected waiting times.

### Listening to and learning from concerns and complaints

- We saw six completed feedback forms that showed multiple positive comments and minimal complaints. Thank you cards from service users were displayed on office walls.
- We spoke with 12 service users and eight of them told us that they knew how to complain and felt they would be supported by staff to do this.
- Patient information leaflets displayed in the team bases explained how to make a complaint.
- Staff were aware of the complaints procedure and how to support service users to make a complaint.
- Team meeting minutes showed that feedback from complaints and incidents was discussed in team meetings.

# 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

- Staff were aware of the visions and values of the trust; these were embedded into practice through supervision records.
- Staff knew who the senior members of the trust were, but felt that the executive management team were not visible in their area.

### Good governance

- Staff received regular supervision from their team managers. Actions agreed during supervision sessions were followed through and allocated tasks were being met.
- The average mandatory training rate for community learning disability staff was 82% and the trusts' target was a minimum 75%. Those training elements that did not meet the 75% inlcuded breakaway at 71% and safeguarding children at 62%. The trust was aware of these shortfalls and had put in place measures to rectify the situation.
- The speech and language therapy service had been placed on the trust risk register because of recruitment problems and the length of wait for assessments and treatment. Proactive measures had been taken to manage the situation in the medium and long term. This included seconding a part time therapist from a neighbouring trust and the recent recruitment of a newly qualified therapist.
- Staffing records showed low sickness and absence rates in the service.
- Evidence showed that whilst waiting times, referrals, care plans, supervision, appraisals and training were audited routinely, only the occupational therapists carried out audits in relation to treatment outcomes.

### Leadership, morale and staff engagement

- Staff told us that they felt supported by their colleagues and managers. They were aware of the bullying and harassment policy, but had not used it. They told us that their managers were approachable and they could discuss problems in confidence.
- Staff were aware of the whistleblowing policy. Staff had used this policy and the management team had acted appropriately and in line with the trust policy.
- Managers investigated incidents quickly and thoroughly, and learning was shared in team meetings and through supervision.
- Team managers told us that they felt they had sufficient authority to carry out their roles and responsibilities effectively.
- Staff reported that their managers had been supportive and encouraging during the recent redevelopments of the service, and that this had maintained good morale within the teams.
- Staff within all the teams felt confident that the new service proposals would have a significantly positive impact on the services they provided. They felt that in the long term the plans would provide the teams with clearer and more flexible work roles for individual staff.

### Commitment to quality improvement and innovation

- Managers used key performance indicators to compare how their teams were performing against other teams for managing waiting times, referrals and discharges.
- Staff told us about examples of non-managerial staff being encouraged to develop and lead on local service developments. These included the liaison nurse role and occupational therapy initiatives to improve and streamline their response times.
- Staff told us about the trust's ongoing redevelopment plans for the service. The plans aimed to provide a multidisciplinary and flexible workforce, delivering services out of the four smaller bases known as "pods". This allowed services to be more responsive to patients' needs, deliver a range of clinical services local to where people lived and reduce travel time for clinicians.

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 |
|---|---|
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>The systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients who may be at risk which arise from the carrying on of the regulated activity, and systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services), were not operating effectively.<br>• There were two electronic recording systems in operation within the community learning disability teams that did not interface with each other. This meant that staff had to access both systems separately in order to get all risk assessment information. This meant that key information had the potential to be omitted. |

| Regulated activity | Regulation |
|---|---|
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br>The trust did not deploy sufficient numbers of suitable qualified, competent, skilled and experienced staff to make sure they could meet people's care and treatment needs.<br>• The were not sufficient and qualified speech and language therapists. This meant that there was a long waiting list for this service and they had breached their assessment targets. Staff could only carry out limited assessments and interventions. |