

Wiltshire Health and Care LLP

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

## Quality Report

Chippenham Community Hospital  
Rowden Hill  
Chippenham  
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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)
1-2699740288	Chippenham Community Hospital	Community team for people with learning disabilities West Team Trowbridge	BA14 8JN
1-2699740288	Chippenham Community Hospital	Community team for people with learning disabilities East team Marlborough	SN8 3HL

This report describes our judgement of the quality of care provided within this core service by Wiltshire Health and Care LLP. Where relevant we provide detail of each location or area of service visited.

# Summary of findings

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 Wiltshire Health and Care LLP. and these are brought together to inform our overall judgement of Wiltshire Health and Care LLP.

# 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

## Contents

### Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Information about the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	9
What people who use the provider's services say	10
Areas for improvement	10

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### Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	13

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# Summary of findings

## Overall summary

### **We rated Community mental health services for people with learning disabilities as good because:**

- Each hub was accessible, with a clean and well maintained environment. Interview rooms were soundproofed. Staff supported service users to access clinical services and other facilities (for example weight management, blood pressure monitoring) in their local community health centres.
- Staffing levels were good and there was managerial and team oversight of the safe management of caseloads. There were appropriate cover arrangements in place for staff that were absent and posts that were vacant. Staff were experienced and had the necessary qualifications and skills to carry out their role. There were opportunities and support to attend external courses. Supervision was undertaken and staff felt supported operationally and clinically. There was an adequate monitoring system in place for training, supervision and appraisal in all teams.
- Service users were involved in care planning. Staff understood the individual needs of people who used services and knew how to support and involve them in their care. Risk assessments were routinely carried out but these were not always easy to find on the electronic recording system. Care pathway planning and implementation was being developed and there was a good understanding of national and professional guidelines so staff were implementing best practice.

- Teams reported that leadership and management structures were good and they felt supported and listened to. Staff morale was very good and teams were enthusiastic and well-motivated. There was effective multidisciplinary and inter-agency working.
- An incident reporting process was in place and staff were aware of how to report incidents. Systems were in place to share learning from incidents. Staff were able to identify abuse and safeguarding concerns and follow the correct procedures for their service. The service users and carers we spoke to all felt that they would be able to make a complaint if they needed to and felt that this would be listened to, but they had not been given a written complaints procedure. Service users, carers and service providers spoke highly of the teams and told us that staff were inclusive, caring, responsive and they felt listened to.

### **However:**

- Not all of the interview rooms had integrated alarm systems. Staff had been issued personal alarms in the past but did not carry them when meeting with service users.
- The provider did not have a variety of easy read leaflets and documents available to help service users understand treatment options and information about the service.
- There were two vacancies for Psychologists. These vacant posts had an impact on waiting times. Service users had been waiting six months to access psychological treatments. This was not in line with the 18 week time scale recommended by national guidance.

# Summary of findings

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

### Are services safe?

#### We rated safe as good because:

- There was adequate staffing numbers and skill mix to meet the needs of the service users.
- Clinical risk assessments were routinely undertaken and staff had a good understanding of the importance of completing this aspect of care.
- Staff were able to identify abuse and safeguarding concerns and follow the correct procedures for their service.
- Staff knew how to report incidents and there was an adequate process in place to share learning.
- Staffing levels were good and there was managerial and team oversight of the service caseloads.
- There were effective safeguards in place to ensure staff safety when working alone

#### However:

- Not all of the interview rooms in the two hubs we visited had an integrated personal alarm system. Staff did not carry personal alarms issued to them.
- Ligature risk assessments were not always completed in line with the providers policy.
- Risk assessments were not easy to find on the provider's electronic system and the system did not raise a red alert for every high risk that had been identified.

Good



### Are services effective?

#### We rated effective as good because:

- Staff were experienced and were supported to undertake relevant external training.
- All service users had holistic and detailed care plans that addressed known risks and areas of treatment that service users required.
- There were regular and effective multidisciplinary team meetings. Risk was considered in a collaborative way.
- Staff we spoke with were knowledgeable about their responsibilities under the Mental Health Act and the Mental Capacity Act.

Good



# Summary of findings

- We saw evidence that NICE guidance and best practice was followed and shared within teams.
- The team's provision for young people transferring from children's services to adult services had a clear pathway including eligibility criteria.
- Staff received line management supervision and annual appraisals.

## However:

- The provider did not own the electronic recording system. The provider had no control over how the system worked and could not make adjustments when it did not work effectively.
- Two of the psychologist's posts were vacant and impacting on waiting times for psychological input.

## Are services caring?

### We rated caring as good because:

- Service users and carers spoke very positively about the care they received and told us staff listened to them and responded with kindness and understanding.
- Staff understood the individual needs of the service users and knew how to support them and involve them in their care planning.
- We observed staff interactions which were kind, considerate and respectful.

## However:

- Service users said they would like to be more involved with the planning and delivery of the service.

Good



## Are services responsive to people's needs?

### We rated responsive as good because:

- There was a central point of referral and cases were triaged and allocated to the appropriate team.
- Staff responded promptly when service users or carers contacted the team directly.
- Staff used a variety of techniques to help people understand what was happening.
- Service users and carers that we spoke to felt that they would be able to raise a concern if they had one and felt that it would be listened to.

Good



# Summary of findings

- Staff were sufficiently skilled, knowledgeable and experienced to carry out their roles. Managers provided and ensured staff attended both mandatory and specialist training.
- Both of the team bases we visited for the community services were wheelchair accessible and disabled toilet facilities were available in all buildings.

## However:

- Information about the service, how to make complaints and different treatment interventions was not available in a variety of easy read leaflets. This includes details of local advocacy services.
- Twenty-one patients had been waiting longer than 18 weeks for an assessment; nine of these were waiting for psychology.
- Not all of the professionals collected information about clinical outcomes.

## Are services well-led?

### We rated well led as good because:

- We found evidence of good local leadership within the teams.
- There was a positive culture of support, and team-working.
- Staff at all levels were focussed on providing the best patient experience they could.
- Staff morale was good and all staff we spoke to were enthusiastic and proud to work for the organisation.
- All staff felt well supported by their manager and thought the senior management team listened to any concerns they raised.
- Staff carried out clinical audits in line with National Institute for Health and Care Excellence guidance.

Good



# Summary of findings

## Information about the service

Learning disability services in Wiltshire are provided by Wiltshire Health and Care Limited Liability Partnership.

Three acute NHS trusts formed a partnership to provide community services for people living in and around Wiltshire; Salisbury NHS Foundation Trust, Great Western Hospital NHS Foundation Trust, and Royal United Hospital Bath. Each NHS trust had a representative on the governing board of Wiltshire Health and Care LLP.

Wiltshire Health and Care LLP have been responsible for community health services in Wiltshire from July 2016; the contract is in place for at least the next 5 years. Wiltshire Health and Care LLP have their own Board, dedicated leadership, and strategic development plan.

There are four teams within the community team for people with learning disabilities (CTPLD). The provider based three teams in satellite social care hubs. The west hub is at County Hall in Trowbridge, the north hub is at Monkton Park in Chippenham, and the south hub is at

Bourne Hill in Salisbury. The provider also has a small team based in Marlborough, the east of the county. We visited two of the four satellite hubs for this inspection, the west hub at County Hall in Trowbridge and the east hub based in Marlborough as these were the main satellites staff worked from.

The service normally operates between the hours of 0900 and 1700 Monday to Friday excluding Bank/Public holidays and serves a population of 480,000.

Wiltshire Health and Care LLP is registered in respect of regulated activity for:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

Wiltshire Health and Care LLP have been registered with the Care Quality Commission (CQC) since 1 July 2016 and is not a mental health provider. This is their first comprehensive inspection.

## Our inspection team

Our inspection team was led by:

**Chair: Julie Blumgart**, invited independent chair

**Team Leader:** Alison Giles, Inspection Manager (Acute), Care Quality Commission.

The team that inspected this service comprised two CQC inspectors and a specialist professional advisor with experience in delivering learning disability services. We were also supported by experts by experience who talked with service users and their carers who had consented to talk with us by telephone about their views and opinions.

## Why we carried out this inspection

We inspected the community team for people with learning disabilities as part of our comprehensive community health services inspection program.

## 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?

# Summary of findings

Before the inspection visit, we reviewed information that we held about the locations, asked a range of other organisations for information, and sought feedback from staff at two focus groups.

During the inspection visit, the inspection team:

- visited two of the four community hubs, looked at the quality of the environment and observed how staff were caring for service users
- spoke with eight service users who used the service
- spoke with eight carers of service users who used the service
- spoke with two specialist health team coordinator/ lead nurse LD
- spoke with 16 other staff members; including doctors, nurses, occupational therapist, psychologist and support workers
- spoke with four external partners who refer service users to the service
- attended and observed two service user visits in the community
- collected feedback from five service users using comment cards
- collected feedback from six carers or relatives using comment cards
- collected feedback from 17 other professionals using comment cards
- looked at 10 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 eight service users and eight carers and reviewed 11 comment cards.

All were very complimentary about the service they received. Comments included, being listened to and that staff were very helpful, caring and respectful.

Service users told us they were happy with the care they received and thought it was responsive to their needs. Service users knew who to contact if they needed to speak to a staff member and said they felt involved in their care planning most of the time.

Carers said that they felt supported by the team, and that it was easy to contact staff. Carers told us they were involved in care planning and felt that they were able to pick up the phone to speak with staff and that help was available when they needed it. Someone would always get back to them if the person they wanted to speak with was not available.

## Areas for improvement

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

- ensure the waiting list is managed appropriately
- ensure the service has access to adequate psychological treatment
- ensure the electronic record system is fit for purpose
- ensure staff complete all areas of the electronic care records
- ensure information leaflets about the service are available in easy read including access to local advocacy services
- ensure there is advocacy information available for service users
- ensure service users and carers are involved in service development
- ensure service users and carers receive the complaints procedure in writing
- complete ligature assessments in line with organisational policy
- ensure staff do not hold service user interviews in communal areas
- ensure all disciplines within the teams collect outcomes

## Wiltshire Health and Care LLP

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

## Detailed findings

### Locations inspected

#### Name of service (e.g. ward/unit/team)

Learning Disability  
Service. West Team  
County Hall  
Bythesea Road  
Trowbridge  
BA14 8JN

Learning Disability  
Service. East team  
Savernake Hospital  
Gilbert Scott Building  
London Road  
Marlborough  
SN8 3HL

#### Name of CQC registered location

Wiltshire Health and Care LLP  
Chippenham Community Hospital  
Rowden Hill  
Chippenham  
Wiltshire  
SN15 2AJ

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Rowden Hill  
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Wiltshire  
SN15 2AJ

### 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 time of our inspection we were told that there were no service users who were subject to a Community Treatment Order.

# Detailed findings

Mental Health Act (MHA) training was not mandatory within the organisation. However all staff had completed MHA and MCA training.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff routinely considered the mental capacity of each service user and this was recorded appropriately in all the records we reviewed.
- Staff ensured that mental capacity had been taken into consideration before a decision about delivering care and treatment was taken. Staff demonstrated, in all the records reviewed, that they were considering whether a service user had capacity to consent to any interventions. Families and/or carers were involved in the decision appropriately.
- Recording of assessments of mental capacity was decision specific in line with the Mental Capacity Act.

# 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 service was located at four different locations across the county. Two locations were in the east and two in the west. At this inspection, we visited the Trowbridge hub in the west and the Marlborough hub in the east of the county.
- Both the Trowbridge and Marlborough hubs were clean and well maintained. Cleaning records were not available because the local authority provided the cleaning staff in the Trowbridge hub and the hospital provided cleaning staff in the Marlborough Hub. Staff in both hubs said if they had a concern about the cleanliness of the offices, they would report it to the facilities management team or hospital manager.
- The provider supplied wipes and hand gel for staff to take out on community visits. Staff used this to clean soiled hands if they did not have hand-washing facilities available to them. Hand-washing signs were in the toilets.
- Managers completed infection control audits. The last audit completed was dated May 2017. Managers completed hand hygiene assessments and used a light box machine that provided visualisation of areas missed during hand washing to test staff were washing their hands effectively. Staff sent Infection control audits to head office, this information fed into the provider's yearly infection control audit.
- The provider's policy stated that staff should only complete ligature risk assessments in community services when the reception area had toilet facilities that were accessible to service users and not under constant observation. However, managers did not complete ligature assessments in either of the hubs we visited. A ligature point is anything, which someone could use to attach a cord, rope or other material for the purpose of hanging or strangulation.
- Health and safety checks, including fire equipment, the fire evacuation procedure, first aid equipment, legionella checks, and office furniture were up to date in the Marlborough hub. The local authorities undertook health and safety checks in the Trowbridge, Chippenham, and Salisbury hubs. Managers allocated health and safety to a staff member as their lead role. This staff member liaised with the facility teams in each hub when staff identified a health and safety issue.
- There was one meeting room with an alarm for staff safety, in the Trowbridge hub. This contained police recording equipment. It was adequate, but not the most welcoming and comfortable therapeutic space. Interview rooms in the Marlborough hub were not easily accessible and were not alarmed. Alarm call points in interview rooms mean that staff can access help quickly in an emergency. Staff did not carry personal alarms the provider had previously issued. However, in the Trowbridge, Chippenham, and Salisbury hubs the interview rooms were in a public area. The doors and glass panels had frosted glass. This meant that other people would be able to check on staff unobtrusively if there were any reasons to be concerned.
- The provider had a lone working policy. The policy stated staff must not hold meetings with service users first thing in morning or last thing at night when there would be minimal staff in the buildings. Service users attended meetings with their relatives or carers and staff signed in and out of the offices when attending meetings so other staff knew their whereabouts at all times.
- All of the interview rooms we viewed were soundproofed. We saw meetings taking place and could not hear conversations in adjacent rooms. This meant that people could not hear confidential discussions with service users when using the meetings rooms available. However, there were times when all meeting rooms were booked out and staff would have to hold service user interviews in communal areas. We raised this with managers who assured us that conversations held in communal areas were general and did not cover sensitive information. Each hub was accessible to people who may have mobility needs.

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- There were no clinic rooms and no clinical equipment in any of the hubs. Staff would support service users to access clinical services (for example weight management, blood pressure monitoring) in their local community health centres.

## Safe staffing

- The community teams had four hundred and forty people with learning disabilities on their caseload at the time of this inspection. The provider did not use a recognised tool to forecast the number of staff required to deliver the service. The clinical commissioning group (CCG) set up staffing and skill mix requirements for the service when it was originally formed in July 2016. The CCG had funded 34 whole time equivalent (WTE) staff to work across all four geographical areas.
- At the time of the inspection there were 33 WTE in post. This included; 13 registered nurses, five support workers, three Occupational Therapists, five Physiotherapists, one Psychologist and three administration staff.
- Caseloads were broken down in to the following areas, 56 service users were part of a Care Program Approach (CPA), behavioural Nursing had 91, continuing Healthcare Nursing had 70, health Facilitation Nursing had 210, occupational therapy had 87, speech and language had 93, psychology had 29 and physiotherapy had 95. Staff often assessed service users for multiple care pathways. There were 731 patients in total that were using the service.
- Vacancy rates provided by the provider as of May 2017 showed that the overall percentage of vacancies for community learning disability teams was 1%. Staff turnover was 8%, the provider did not use agency staff. The provider's sickness and absence target is 3.5%. Records confirmed the provider was within this target in August 2016 it was 0.31%, September 2016 was 0.20%, October 2016 was 2.31% and November 2016 was 1.79%.
- Managers had some flexibility in being able to remodel the service when posts became vacant. For example, caseloads ranged between 15 and 20 service users for full-time members of staff. Other commitments such as, consultation, joint working, training and complexity of cases were taken into account when decisions were

made about how many service users staff were able to support at any one time. We saw evidence of this in supervision records and team meeting minutes. Staff felt able to manage their caseloads.

- There were appropriate cover arrangements in place for staff that were absent and posts that were vacant. There was a 'nurse cover' system, which meant that all continuing health care nurses had a deputy and a designated member of staff handled other service users' telephone calls when their usual worker was not available. Service users and carers could contact a central office number answered by an administrator if their worker was unavailable. Staff monitored, and re-allocated caseloads for staff who were absent through team meetings. However, on the day of inspection there were 21 service users on the waiting list. This was due to the two vacant psychologist posts. The waiting list was managed by prioritising service users with complex needs and carrying out monitoring phone calls.
- The provider did not directly employ or manage all staff in the community team for people with learning disabilities. Avon and Wiltshire partnership NHS trust employed the three psychiatrists that covered the service. The adult speech and language team employed the four speech and language therapists who covered the service, they are also part of the Wiltshire health and care specialist team service.
- The provider set out mandatory training requirements, which included; information governance, Mental Capacity Act, fire safety, safeguarding for all staff. Information provided showed that overall mandatory training completion rates for March 2017 was 90%, April 2017 was 89%, and May 2017 was 92%. The providers target was 90%. However, rates for two of the courses were below 75%: adult life support (83.3%) and health, and safety training (73%). Managers were able to monitor and report on any variation through the provider's electronic system.

## Assessing and managing risk to patients and staff

- The manager told us staff incorporated risk assessments into the initial screening and assessment process. Staff reviewed risk at regular intervals and/or following a significant change in the service user's circumstances.
- We reviewed 10 care and treatment records and found there was evidence of risk assessments beginning when

# Are services safe?

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teams received referrals. All 10-care records that we looked at contained a risk assessment. Staff had updated these within the last 12 months. However, risk assessments were not easy to find on the electronic care records. Staff had missed service user risk because it was not easily identifiable on the electronic system. For example, staff assessed one service user as violent. The electronic care record did not alert staff who did not know the service user of this.

- There was an area on the electronic system called the key classification area. The key classifications alerted staff to high-risk areas such as allergies, choking and mobility risk. However, staff had not completed four out of ten records and the red light that alerted staff to a high risk did not work.
- The community team for people with learning disabilities used a range of risk assessments in the initial triage of referrals. These included the National Patient Safety Agency risk matrix for risk managers. This document was generic and used for all service users entering the service. Staff used separate risk assessment for service users in receipt of continuing health care and service users who were on a care program approach (CPA). For service users with a history of violence, Psychiatrists and Psychologists used the HCR-20 risk assessment. This considered different aspects of service user risk including personal history, social circumstance, forensic history, treatment related risks, clinical symptoms and behaviour as indicators of risk.
- There was the appropriate use of crisis plans in the records we reviewed. For example, we saw a clear crisis pathway in one care plan. The behaviour nurse had followed the procedure and liaised with appropriate professionals. Staff made a referral to the Wiltshire Intensive Support Service as the service users crisis pathway suggested. This resulted in a “blue light meeting” “this was an emergency meeting which looked at how best to support the service user.
- Staff had good knowledge and practical experience of identifying and responding to safeguarding concerns. Safeguarding adults and children training was a mandatory training requirement for all staff, at the time of the inspection, 90% of staff had attended safeguarding vulnerable adults including learning disability awareness, and 97% of staff had attended level two child protection training.

- Staff worked in the community as lone workers. The team followed the provider’s lone worker policy. Managers were responsible for completing local lone worker risk assessments. Staff understood their responsibilities to update the team with their whereabouts and telephone the office after home visits. They knew what to do if a colleague did not ring in, and how to access colleagues’ personal contact details and car registration. Staff had a code word, which they could state to covertly raise the alarm to their colleague that they needed assistance. All community staff had mobile telephones that they could use to summon help whilst lone working. Where increased risks were identified visits were completed by two staff
- The community team for people with learning disabilities did not provide a duty out of hour’s system. However, the provider had an arrangement with the local emergency duty teams. The emergency duty team included Wiltshire Council social workers, and Avon and Wiltshire partnership learning disability intensive support service. This arrangement ensured there was management and clinical cover available for urgent enquiries. This included weekend and out of hours support, advice and crisis intervention.
- The community team for people with learning disabilities did not store or administer medicines.

## Track record on safety

- The community team for people with learning disabilities had not reported any serious incidents requiring investigation over the twelve months leading up to the inspection. The provider reported there were 51 adverse incidents recorded between July 2016 and May 2017.

## Reporting incidents and learning from when things go wrong

- All staff we spoke with gave examples of incidents that they would need to report. For example, safeguarding, self-harm and slips trips and falls. Staff completed a form and sent it to their manager. The manager would upload the form to the provider’s electronic system. The safeguard lead and quality lead reviewed all incidents the staff uploaded to the electronic system.
- The manager told us the majority of the incidents reported by the community team for people with

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learning disabilities were where the staff had asked providers to raise a safeguarding about a particular service user in their care. For example, when a service user had been violent or staff had identified poor practice in a care home.

- Staff described how managers gave feedback about past incidents, and how this had changed the team's practice. For example, the provider carried out a review of how to keep people safe following an incident where a psychiatrist had a fire extinguisher thrown at her. The provider had written new guidelines dated 26 May 17 for staff who worked with that that person in their home.

- The provider had reviewed their response to 16 deaths across the community team for people with learning disabilities. We reviewed one file where a person had passed away. There was a clear trace of community nurse input. Staff had linked well with other services to support this person before their passing.

### **Duty of Candour**

- We reviewed the duty of candour policy dated 17 July 2015. Staff understood the principles of duty of candour. Duty of candour ensures providers are open and honest when things go wrong.

# 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

- Assessments focussed on the involvement and intervention the service users required. Staff completed assessments relevant to their involvement with the service user. For example, epilepsy profiles, health action plans and behaviour support plans.
- Information needed to deliver care was stored securely on an electronic computer based system. Staff told us the provider did not own the electronic system, which meant they had no control over the way the system worked. The members of staff who went through the care records with us found it difficult to access a summary of service users' risk. We also discovered that the risk alert process did not work. We raised this with the manager who contacted the provider and requested they put the electronic system on the organisations risk register. However, care plans and risk assessments that we did access were comprehensive and clear. All care records we reviewed included information on physical health, mental health, social circumstances, and environment. There were positive behaviour charts used in conjunction with behaviour guidance. Staff recorded notes and documents appropriately. Reviews we saw were in date.
- We reviewed three records about dementia screening. Staff had used appropriate assessment tools and completed them fully. The nurse responsible for the assessment and monitoring of service users with dementia also delivered dementia training to other providers.
- In both of the hubs we visited, we observed interactions between staff and service users that demonstrated personalised, collaborative, recovery-oriented care planning. All of the service users and carers that we spoke to had a good knowledge of what the service was providing to them. The staff themselves showed a detailed understanding of service users' individual needs. Staff felt they could not demonstrate the quality of work well when showing us the care records because it was hard to navigate. Staff said the provider had not tailored the electronic system for people with a learning disability but as they did not own it, they could not make any adjustments.

### Best practice in treatment and care

- The community team for people with learning disabilities had developed evidence-based pathways for communication, dementia, and dysphagia, end of life care, parenting support, physical health, and positive behaviour support. Staff had followed these pathways for service users presenting with difficulties in communication and behaviour. The provider created pathways in line with National Institute for Health and Care Excellence. For example, the positive behaviour support pathway had been underpinned by NG11: challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges.
- Staff monitored service user outcomes using tools that were in line with National Institute for Health and Care Excellence. These included, the 'malnutrition universal screening tool' and health of the nation outcome scales for people with learning disabilities. However, not all disciplines within the teams collected outcomes.
- The provider offered a range of psychological therapies recommended by National Institute for Health and Care Excellence available for service users. These included cognitive behavioural therapy. However, at the time of the inspection two of the four Psychologist posts were vacant. Wiltshire Health and Care employed one of four Psychologists directly, the other three were employed by AWP and there were difficulties recruiting to the two vacant posts.
- At the time of the inspection, the two psychologists that were in post were covering all four geographical areas. In the past psychology would assess those clients most predisposed to dementia. Memory nurses have now taken on this role.
- Staff considered the physical health care needs of service users. Staff did not carry out physical health checks at their team hubs. Staff requested that service users' GP surgeries completed any additional physical health checks. For example, one health need identified through an annual health check was the need to check Prolactin levels. (Aprolactintest measures the level of the hormone prolactin, which is made by the pituitary gland, in your blood). The nurse referred the service user for further investigations that included a CT scan. A computed tomography (CT) scan uses X-rays to make

# 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.

detailed pictures of parts of your body and the structures inside your body). Staff also arranged for service users to access clinics for monitoring of specific medications.

- The community team for people with learning disabilities deliver training for other providers. For example to health action planning, dementia training and epilepsy profiling. Providers we spoke with said this helped increase the quality of health action plans for people with a learning disability.
- We reviewed the use of clinical audits across the four geographical areas and found they were all positively engaged in the process. Staff completed 13 audits between September 2016 and January 2017. These audits were in line with National Institute for Health and Care Excellence guidance and included CG042 - dementia supporting people with dementia and their carer's in health and social care, QS051 Autism, NG011 prevention and intervention for people with learning disability whose behaviour challenges and NG054 mental health problems in people with learning disability, prevention assessment and management. Clinical audits were required as part of the key performance indicators set by Wiltshire Health and Care. For 2016-17 the team also had a commissioning for quality and innovation (CQUIN) target around care coordination of people with learning disabilities who have epilepsy and or autism.

## Skilled staff to deliver care

- The national specification for community learning disability teams recommends that, the provider should employ sufficient numbers of registered and assistant practitioners from the following professional groups: clinical psychologists, learning disability nurses, occupational therapists, physiotherapists, psychiatrists and speech and language therapists. The Community team for people with Learning disabilities included all of these disciplines.
  - Avon and Wiltshire Mental Health Partnership (AWP) employed three of the four psychologists attached to the community team for people with learning disabilities. At the time of the inspection, two of the AWP psychology posts were vacant. Staff we spoke with felt the service did not have adequate access to psychology.
- We raised this with the managers who confirmed the other two psychologists in post were covering service users based on a priority need whilst they went through the recruitment process.
- Staff felt supported by their colleagues and could turn to any profession for advice and when needed. They described the overall experience of the teams as very good, with each profession having the relevant qualifications and skill sets to make positive contributions to service user care.
  - Personnel files had the appropriate qualifications and experience staff required to be able to carry out their roles. Staff had undergone an organisational and a local induction, which covered topics including health and safety, lone working, fire evacuation, information governance and core skills. A member of staff who had recently started with the community team for people with learning disabilities described their induction as thorough.
  - The supervision and appraisal records that we checked were up to date. Staff received line management supervision once every four to six weeks. Records were comprehensive, including case discussion, safeguarding, personal development, and a case file audit checklist. Staff could also access clinical supervision in various formats. Most of the registered nurses had at least two-monthly supervision from senior staff from the same discipline. Staff could also attend reflective practice and peer supervision. All staff had received an appraisal in the last 12 months.
  - Regular team meetings took place in each of the hubs. All staff could attend any of the team meetings in any of the hubs. This meant if a staff member was absent from work on the day of their local team meeting they could catch up by attending a team meeting in one of the other areas.
  - Staff were able to request specialist training through the individual performance and development review yearly appraisal process, if it was linked to their role. Staff could apply to the academy based in Great Western Hospital. The academy has its own specialist-training department, which delivered training on relevant topics to staff within the service. Staff can also access relevant training provided by Wiltshire Council. Some staff did tell us that it could be difficult to access continuing professional development.

# 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.

## Multi-disciplinary and inter-agency team work

- The provider divided nursing into three work streams. Each work stream was led by a lead nurse in order to meet the Valuing People recommendations. This was in relation to addressing the health inequalities people with learning disabilities experience. These work streams included, continuing healthcare and transitions, mental health and challenging behaviour and health facilitation.
- Regular and effective multi-disciplinary meetings took place that involved all members of the various professions. Teams met at least once a week and all staff groups ensured that they were represented at team meetings. During our visit, we reviewed allocation meetings and business meeting minutes. Minutes evidenced regular discussion of new referrals, waiting lists, risks, safeguarding, complaints, and lessons learned. Teams held professionals meetings regularly or when needed to discuss service user needs and concerns. Meetings were used to contribute and develop service user care and treatment plans.
- We spoke with four separate care providers who told us the learning disability teams had worked closely with them. This included developing reasonable adjustment care plans and accessible information for people with a learning disability. Providers said the community team helped them to complete epilepsy profiles and behaviour plans. Community learning disability teams had also delivered training on health action planning, epilepsy and rescue medicines for providers within their communities.
- Professionals we spoke with told us they have good relationships with the community team for people with learning disabilities and confirmed they supported them well. This included completion of health action plans, offered training, carrying out epilepsy profiles and completing behaviour plans. Professionals we spoke with said the team always involve the service users and us.

## Adherence to the MHA and the MHA Code of Practice

- Training in the Mental Health Act was not mandatory for staff in the community learning disabilities teams. Staff

had a reasonable level of understanding of the Mental Health Act, Code of Practice, and guiding principles. Information provided showed that there were no service users subject to community treatment orders at the time of the inspection. Staff confirmed that if they needed advice they would speak to their managers, colleagues, and consultant psychiatrists. At the time of our inspection, there were no service users receiving services from the team that were subject to the Mental Health Act. Therefore, we did not review any Mental Health Act documentation.

- Staff described how service users would access independent mental health advocates. However, the provider did not display any information for service users in the reception areas and this did not form part of an initial information package to new service users.
- The provider used the care program approach (CPA) when working with service users who had a mental health need that affected their physical, psychological, emotional, and/or social needs. We reviewed one CPA care treatment record and found this was comprehensive and up to date.

## Good practice in applying the MCA

- All of the staff that we spoke with were able to talk about the principles of the Mental Capacity Act, and give examples of how they had considered capacity in their practice.
- There was evidence in service users' files that staff had assessed capacity to consent and recorded it appropriately. Family, carers, and independent advocates had been involved in best interest meetings where appropriate.
- There were examples in service users' care records of best interest meetings. We observed staff supporting service users. Staff checked service users' understanding using varied and flexible means of communication. For example, one staff member used a picture board to support communication between them and the service user.

# 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 two direct contacts with service users and/or carers across the two hubs. Staff attitudes and behaviours were compassionate, sensitive, respectful, and caring. Staff also showed a good understanding of service users' individual needs. We observed positive staff interactions with service users and their carers we also saw that staff took service users' concerns seriously, and liaised with other agencies on their behalf.
- Service users we spoke with told us staff always helped them, were easy to get on with, and were open to questions. Service users said that staff listen to them. Some service users said that they liked it when staff emailed them to see how they are doing.
- Carers told us that they felt supported by the teams. They said that it was easy to contact staff. Some carers said that staff had helped them to understand their family member, and others valued the consistent input.
- Service users did not access staff office space to get to interview or group rooms. Service user identifiable information was not visible on desks or computer screens at the time of the inspection. The electronic system held all current care records. The provider kept some historic paper records in a locked archive cupboard in the Marlborough hub. The provider had not reported any incidents or complaints in relation to breaches of confidentiality at their hubs.

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

- Service users felt involved in the decisions made about their care. If they wanted a copy of their care plan they

could get one from staff. The care program approach documents we saw all contained evidence that the service user had been involved in the decision making process about their care.

- Staff valued the involvement of carers in the care and treatment of service users. Carers felt involved and said staff invited them, when appropriate, to attend multidisciplinary meetings to discuss care and treatment. Staff were flexible and arranged meetings to a suitable time and day so that carers could attend. Staff supported carers and gave practical advice for service user care.
- Managers did not attend any local learning disability partnership board meetings to support the development of service user involvement. A learning disability partnership board is a group made up of people with a learning disability, carers, and agencies including local authorities, colleges and voluntary sector services as well as the NHS. Staff did not link in with local service user and carer forums. However, the managers both attended the service development group and the performance and quality meetings for CTPLD.
- Service users said they would like to be more involved with the planning and delivery of the service. For example, one service user said they would like to be part of a service user forum, and one service user said they wanted to help design the service information leaflets. Wiltshire Health and Care LLP recruitment policy did advocate the involvement of people who use services. Service users told us they had helped to recruit several members of staff in the past.

# 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

- The service operated an open referral system. This meant that they accepted referrals from both statutory and non-statutory services as well as self-referrals or by carers or families. Referrals can be made by phone or in writing to the appropriate team administrator during normal working hours.
- The referrals pathway included, client consent sought in line with Mental Capacity Act, background information gathered on history, education, employment and current situation. Staff carried out a learning disability screening questionnaire (LDSQ) if indicated by background information. Further assessment included adaptive behaviour assessments system and cognitive assessment if LDSQ indicates likelihood of learning disability or discrepancy between LDSQ scores and clinical opinion. The team then discussed the assessment at referral meetings and made a decision.
- The community team for people with learning disabilities operates a multi-disciplinary team approach to referrals although staff could fast track some referrals depending on the complexity and priority of the referral.
- The provider set an 18-week target for the length of time between referral and allocation to a member of staff. Eighteen weeks is the maximum waiting time for the start of non-emergency treatment set out in the NHS constitution for physical healthcare (there are not yet any compulsory standards for mental health care). The service monitored and recorded waiting times through spreadsheets and team meeting minutes. Staff prioritised cases according to risk and monitored services users through regular phone contact. Twenty one service users were on the waiting list at the time of the inspection. Nine out of 21 service users were waiting for access to Psychology. Two out of nine service users had been waiting since March 2017. This was because of high demand and because there were two psychologist vacancies.
- Staff actively engaged service users who did not attend appointments by offering repeat appointments up to six times. If staff were unable to engage the service user through phone calls and appointment, they would send a letter suggesting the service user could contact the team at any time in the future for support.

- Staff told us they would only cancel appointments on rare occasions, for example in emergencies and during unanticipated staff sickness. We did not find any evidence of frequent appointment cancellations in care records. None of the service users that we spoke to said that their appointments had run late.

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

- Staff saw the majority of service users in the community. This allowed them to build relationships with service users in a place that was comfortable and familiar. It also meant that staff could gain a better understanding of a service user's needs by seeing them in their usual environment and speaking to carers and care workers. Some service users were seen at the team hubs if no other private space could be found or if any risks of home visiting had been identified and for groups.
- The team at the Trowbridge hub were based on the fourth floor of a local authority building. The team area itself sat within a large open planned area shared with several other local authority teams. Service users visiting the service had to walk through the open planned office areas to get to the community team for people with learning disabilities. Entrances to the building were open to anyone.
- There was an open-plan public coffee shop and a wide-open space with meetings rooms set out around the edge of the open space. Meeting rooms were available for seeing service users on a booking system. If rooms were not available, staff would meet with service users in the public space. Staff told us they would not discuss personal care in public space meetings to ensure they maintained confidentiality at all times.
- The team at the Marlborough hub was based on the second floor of an old NHS building. The team area itself was large, consisting of several offices and a number of interview rooms and meeting rooms. The team could also access interview rooms on the ground floor. All of the interview rooms were comfortable and soundproofed for confidentiality. And service users visiting the service did not have to walk through the office areas. However, staff did not have oversight of interview rooms and could not respond quickly in the

# Are services responsive to people's needs?

Good 

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

event of an emergency. In both of the hubs we inspected, we did not see any rooms with signs on them, for example, the toilets did not have any symbols or pictures to help service users understand.

- The team's provision for young people transferring from children's services to adult services had a clear pathway including eligibility. Staff identified young adults in line with government directives at the age of 16. Staff assessed the service users' needs and remained in touch with the service user until they reached the age of 18. The provider had a clear overview of the specialisms they provided within the team. However, written information about the service was limited and not available in an easy read leaflet.

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

- The provider had made reasonable adjustments for people requiring disabled access. Both locations that we visited had disabled toilet facilities, level access at the main entrances, and lift access was available at both hubs. Interview rooms were available on the ground floor in both hubs.
- Appointment letters, a care program approach (CPA) care plan, and health action plans were available for service users in easy read format. However, the provider did not have any information about the service or welcome packs in easy read formats. We did not see any accessible information in the reception areas of the two hubs we visited. We did not see any posters or leaflets

about how to make a complaint, CQC's visit, advocacy, or other local services displayed in communal areas. We raised this with the managers who told us staff would discuss these subjects at the initial assessment stage. Staff told us they had access to interpreter and sign language services.

- The electronic system did not allow the provider to record or monitor the ethnicity of their open cases. The provider did not know whether the proportion of service users from a minority ethnic background was reflective of the local population. The provider did not actively seek to engage with people from minority ethnic groups.

## Listening to and learning from concerns and complaints

- The provider reported that no complaints had been submitted within the previous 12 month period. Most service users and their carers said that staff had not given them a written complaints procedure. However, carers and service users we spoke with said if they needed to complain they would speak to their worker or contact the manager.
- If a service user or carer raised a concern staff would deal with it before it escalated to a complaint where possible. Staff saw complaints as a way of improving the service and reflecting on lessons for the future. Staff discussed concerns raised and complaints in team meetings. The provider carried out friends and family surveys to get service user feedback. This showed consistent positive feedback across all four hubs.

# 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 trust vision and values had been recently developed. At the time of the inspection the trust had not communicated them to staff teams.
- Staff knew who their immediate senior managers were and spoke very highly of the impact they had on the teams, they also knew some of the senior executives. Staff told us that the managing director had visited the team and they felt they could email him directly for support if required. Staff said they would like to receive regular communication from the provider keeping them up to date with organisational development.
- We observed a strong commitment to working with people with a learning disability. There were team objectives that linked to the vision, for example, the reduction of health inequalities, improved health outcomes, promote independent living skills, and partnership working. Many staff spoke about the importance of empowerment, independence, and wellbeing.

### Good governance

- Governance systems were effective. Staff had regular supervision and annual appraisals. Staff followed safeguarding and Mental Capacity Act procedures. The provider had systems in place to ensure that staff received mandatory training. Managers had access to team training records and could identify when staff required training. The average completion rate for mandatory training was 90%.
- Staff were able to submit items to the providers risk register through the managers. Staff had not reported the risk that we identified on inspection (namely, inaccessibility of risk information via the electronic system). We raised this with the manager who confirmed they had contacted the provider and requested it to be added to the organisations overall risk register whilst the inspection team were on site. Managers attended regular governance meetings; minutes of those meetings demonstrated that managers discussed concerns and issues.

- Managers felt they had sufficient authority in the teams to make decisions in order to make local improvements to service user care. There was sufficient administrative support available to the team and cover for absence was picked up within the team.
- The provider had embedded incident-reporting procedures within the team. Staff reported incidents using the electronic incident reporting system. Managers investigated incidents and complaints appropriately. Staff discussed the outcome and learning from incidents in team meetings. Minutes of meetings demonstrated learning from incidents.
- There was evidence of clinical audits taking place. Examples we saw included CG042 supporting people with dementia and their carer's in health and social care, NG054 mental health problems in people with learning disabilities prevention assessment and management. Wiltshire Health and Care require these.
- Wiltshire Health and Care had a business continuity plan, which outlined the resources needed to maintain critical activities to an acceptable level.
- The provider submitted data to the national mental health minimum data set. The mental health minimum data set (MHMDS) contains record-level data about the care of adults and older people using secondary mental health services.

### Leadership, morale and staff engagement

- Staff felt the leadership was strong within the community for people with learning disabilities. Staff said they could raise concerns or issues with their managers in the first instance, and were confident managers would address any issues raised. Staff were aware of the whistleblowing policy. Staff felt confident to raise concerns about poor practice without being worried that managers would treat them differently as a result. Teams were supportive and morale was good. Staff felt able to express their opinions within their teams.
- Managers monitored caseloads through supervision. Staff were able to talk to their managers if they felt overwhelmed. Most staff said they were happy with opportunities for development. We heard that staff

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enjoyed coming to work and that they were proud of the service users they worked with. The students and junior members of staff felt supported and welcomed by the team. Managers felt supported by senior managers.

- Staff explained to us that if something went wrong with service user care and treatment there was transparency during the process of investigation. Service users would be informed and would receive an explanation and an apology where appropriate. However, we did not see any evidence of this at the time of the inspection.
- Staff were included in the development of commissioning for quality and innovation targets from commissioners. Staff felt listened to by senior managers and cited an example when they had wanted more

contact with senior management. Staff raised their concern and the managing director attended their team meeting. Staff then had email access to the managing director and contact them regularly.

## **Commitment to quality improvement and innovation**

- The team were considering frailty in their clinical work and frailty assessments have been included on their electronic computer system. The provider formed a clinical working group to learn more about frailty. Staff had contacted experts to find ways of incorporating frailty assessments their practice. Other areas of development include focusing on getting individuals moving. Physiotherapists and Occupational Therapists are integrating sensory process into meaningful activities.