CareQuality Commission

Good 🟢

Hertfordshire Partnership University NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWR99	Trust Head Office	Learning disability assessment and treatment team, East & North, Saffron Ground, Stevenage	SG1 3LJ
RWR99	Trust Head Office	Learning disability assessment and treatment team, West, Colne House, 21 Upton Road, Watford	WD18 0JP
RWR99	Trust Head Office	Learning disability assessment and treatment team, West, St Paul's, Slippers Hill, Hemel Hempstead	HP2 5XY

Summary of findings

RWRG7	HPFT North Essex	North East Essex learning disability team, Lexden site, Orchard View, London Road, Colchester	CO3 4DB
RWRG7	HPFT North Essex	Mid Essex learning disability Team, Technikon House, Springwood Drive, Braintree.	CM7 2YN

This report describes our judgement of the quality of care provided within this core service by Hertfordshire Partnership 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 Hertfordshire Partnership Foundation Trust and these are brought together to inform our overall judgement of Hertfordshire Partnership 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?	**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 findings

Overall summary

We rated the Community Learning Disability Services as good because:

- Staff undertook a risk assessment for every person who used the service and this was reviewed regularly. There were excellent lone working policies and all staff followed these to ensure their safety and that of people who used the service.

- Comprehensive personalised and holistic assessments were completed in a timely manner. The team included or had access to the full range of health professionals required to care for the people who used the service.

- Staff were polite, kind and treated people who used the service with respect. People and their relatives told us that staff were compassionate and cared about them. People were actively involved in their care planning and participated in their clinical reviews.

- The teams were able to assess urgent referrals quickly and non-urgent referrals within an acceptable time. Where possible, people had flexibility in the times of appointments. There was easy access to interpreters and signers. People who used the service knew how to complain.

- The team's objectives reflected the trusts values and objectives. There were good and effective governance systems ensuring good quality and safety. There were opportunities for leadership development. Staff were offered the opportunity to give feedback on services and input into the service development.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Environments were safe, clean and well maintained.
- Staffing levels were safe with manageable caseloads that were reassessed regularly.
- Staff undertook a risk assessment for every person who used the service and this was reviewed regularly.
- There were excellent lone working policies and all staff followed these to ensure their safety and that of people who used the service.
- Staff were trained in safeguarding and knew how to make a safeguarding alert when appropriate.
- All incidents were reported and all staff knew what and how to report. Staff were de-briefed and supported after incidents.

Good ●

Are services effective?

We rated effective as good because:

- Comprehensive personalised and holistic assessments were completed in a timely manner.
- Psychological therapies recommended by NICE were offered.
- Staff considered people's physical healthcare needs and these were adequately monitored.
- Clinical staff actively participated in clinical audits.
- The team included or had access to the full range of health professionals required to care for the people who used the service.
- Staff were supervised and appraised and had access to regular team meetings.
- There were good working links, including effective handovers, with other teams external to the trust.
- Staff were trained in and had a good understanding of the MHA 1983 and the MCA 2005.

Good ●

Are services caring?

We rated caring as good because:

- We saw that staff were polite, kind and treated people who used the service with respect in all visits. Staff took time to explain things to people in a way that they could understand. We saw that people's wishes and preferences were clearly taken into account.

Good ●

Summary of findings

- We observed and people and their relatives told us that staff were compassionate and cared about them.

- People were actively involved in their care planning and participated in their clinical reviews. Families and carers were appropriately supported and involved. We saw that care plans were in an easy read and pictorial format that a person could understand. This was done in way that matched the communication needs of each person.

- People were involved in decisions about the service and in Hertfordshire and North Essex were involved in recruiting staff.
- People who used the service had access to advocates. People gave feedback on the care they received.

Are services responsive to people's needs?
We rated responsive as good because:

- The teams were able to see urgent referrals quickly and non-urgent referrals within an acceptable time. Where possible, people had flexibility in the times of appointments.
- People were provided with accessible information on treatments, patients' rights and how to complain.
- Adjustments were made for people who required disabled access.
- There was easy access to interpreters and signers. People who used the service knew how to complain.
- Staff knew how to process complaints appropriately.

Good ●

Are services well-led?
We rated well-led as good because:

- Staff knew and agreed with the trusts values. The team's objectives reflected the trusts values and objectives.
- There were good and effective governance systems ensuring good quality and safety.
- The teams used key performance indicators and other data to gauge their performance. The results were shared with the team and active plans were developed where there were issues.
- Staff knew how to use whistle blowing processes and felt free to raise concerns within the trust.
- There were opportunities for leadership development.
- Staff were offered the opportunity to give feedback on services and input into the service development.

Good ●

Summary of findings

Information about the service

The Hertfordshire Community Assessment and Treatment Teams (CATT) provide a specialist health service to people with a learning disability living in the county. They aim to prevent admission to the inpatient assessment and treatment service at Dove ward, Kingfisher Court.

South & west CATT work as one team over two sites: Colne House in Watford and St Paul's House in Hemel Hempstead. The North and East CATT are based at Saffron Ground in Stevenage & also have a base at Rosanne house in Welwyn Garden City.

The two community learning disability teams are based in North East and Mid & west Essex. The teams have intensive support nurses (IST) and community nurses. The intensive support nurses provide support to people

assessed as having high needs or risk. They offer home assessment and treatment services to avoid unnecessary admissions to inpatient services. They also support people with challenging behaviours or mental health needs to be assessed and treated at home where ever possible. Community nurses support people to understand their health needs and get the treatment they need.

The community learning disability services also work in partnership with North Essex Mental Health Partnership University NHS Foundation Trust to support people with learning disabilities to receive appropriate mental health care.

Our inspection team

In Hertfordshire the team was comprised of one CQC inspector, one psychologist, one psychiatrist, one occupational therapist and two learning disability nurses.

In North Essex the team was comprised of one CQC inspector, one psychologist, one learning disabilities nurse, one Mental Health Act Reviewer and one expert by experience who was a family carer.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited five community assessment and treatment teams at five sites
- spoke with 20 people who used the service
- spoke with nine relatives
- observed eight visits from community team members to people who used the service
- spoke with three providers of care for people who used the service
- spoke with seven team managers

Summary of findings

- spoke with 43 other staff members; including doctors, nurses, senior support workers, psychologists, speech and language therapists, dieticians and occupational therapists
- interviewed the service line leads with responsibility for these services
- attended and observed one multi-disciplinary meeting, one clinical review meeting and one team meeting

- attended a service user group meeting

We also:

- looked at 13 records of people who used the service
- 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

Four people told us that their community nurses helped them.

One person said the team helped to keep them stable and they only now needed to see the psychiatrist every few months.

Three people told us they could see members of the community teams when they were in crisis and staff responded to them. People said they felt able to ring the team when they needed them and staff always got back to them and were available in the evenings.

People said that staff were kind and willing to help them.

One person said they liked going to art therapy and it had helped them. Their relative told us how useful this had been for the person and helped them to develop their skills.

Good practice

- The speech and language therapy lead had taught staff in the Trust choir to use Makaton (sign language used by people who have a learning disability) and this had involved people who used the service.

- The West team presented their Intensive Support Team (IST) model at the national 'Improving Lives' conference in March 2015 as a good practice model for others to develop. The model involved supporting people in the community intensively to avoid hospital admission.

- An occupational therapist from St Pauls' used TAC PAC on a visit to a person we observed. This was an activity that combined touch and music to promote the person's communication, social interaction, sensory, neurological and emotional development. The OT also trained staff who worked at the person's care home to use it with the person. We observed a good response from the person who seemed to benefit from it.Two

people who used the service were employed as Access Health Champions in each of the teams. They were employed for 16 hours each a week and this involved recruiting staff, meeting with people who used services to gather their views, being part of the Making Our Services Safer (MOSS) group and attending business meetings. They told us that they felt part of the team and were valued as were other staff in the trust.

- Staff found innovative ways of involving people in their care plans to meet their individual needs. One psychologist did assessments with people where appropriate using drawings and with their consent took a photograph of it. This was attached to their computer file as their care plan. One person's care plan was in the format of the newspaper they read. Another person's care plan was part of a computer game they enjoyed playing.

Summary of findings

Areas for improvement

Action the provider SHOULD take to improve

- The trust should improve access to psychology services in North Essex to reduce the waiting list of more than 28 days.
- The trust should ensure that emergency resuscitation equipment is available at Tekhnicon house in Mid Essex
- The trust is commissioned to provide nursing, psychiatrists, arts psychotherapies and psychology. Occupational therapy & speech and language therapy is commissioned to a separate provider.

- The trust should ensure that in North Essex internal and external health professionals have easy access to records from both teams to ensure that information sharing is effective.
- The trust should continue to provide staff in North Essex with face to face training in the area where they are based in order to avoid lengthy travel.
- The trust should ensure that staff are fully consulted when changes are made to their office base.

CareQuality Commission

Hertfordshire Partnership University 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
Learning disability assessment team East and North Hertfordshire	Trust Head Office
Learning disability assessment and treatment team, West Hertfordshire	Trust Head Office
Learning Disability team North Essex	HPFT North Essex

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 had received training in the Mental Health Act (MHA) and this was updated every three years.

Staff had a good understanding of the MHA, the code of practice and the guiding principles.

Staff told us that the use of the MHA was discussed in their supervision. Staff were aware of where to find further information on the MHA and relevant policies to further their knowledge.

There were quarterly audits to ensure that the MHA was being applied correctly. The results were used to identify and address changes needed.

Administrative support and legal advice on the implementation of the MHA and its code of practice was available from the trust.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act and this was updated every three years.

Staff had a good understanding of the MCA, the code of practice and the five statutory principles.

Staff told us that the use of the MCA was discussed in their supervision. Staff were aware of where to find further information on the MCA and relevant policies to further their knowledge.

Best interest meetings were held where appropriate, which recognised the importance of the person's wishes, feelings, culture and history.

Staff understood and where appropriate worked within the MCA definition of restraint.

Are services safe?

Good ●

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

Summary of findings

We rated safe as good because:

Environments were safe, clean and well maintained. Staffing levels were safe with manageable caseloads that were reassessed regularly. Staff undertook a risk assessment for every person who used the service and this was reviewed regularly. There were excellent lone working policies and all staff followed these to ensure their safety and that of people who used the service. Staff were trained in safeguarding and knew how to make a safeguarding alert when appropriate. All incidents were reported and all staff knew what and how to report. Staff were de-briefed and supported after incidents.

Our findings

Hertfordshire community learning disability assessment and treatment teams

Safe and clean environment

- Clinic rooms were fitted with alarms in Colne House and St Paul's. In Saffron Ground there were not alarms fitted but phones were available in all rooms. All staff had an alarm device that they used when lone working. When staff pressed this it alerted a central call centre so that assistance could be sought to safeguard the staff member. This could also be used in offices.

- All areas were clean and well maintained.

- Equipment in the offices were well maintained and clean stickers were visible and in date. Equipment was checked regularly to ensure it was safe to use.

Safe staffing

- The e - rostering system was used for nurses who worked shifts. The nurses from the intensive support team worked 9am to 9pm Monday to Friday and 9am to 5pm at weekends and bank holidays. Staff said that this ensured rostering was equal and fair and allowed staff adequate rest.

- Caseloads were managed and reassessed regularly.

- Cover arrangements for sickness, leave and vacant posts ensured the safety of people who used the service.

- Bank and agency staff were not used but cover was provided from other members of the multi –disciplinary team where needed.

- There was rapid access to a psychiatrist when required.

- We saw in records and staff told us that they received and were up to date with the mandatory training required for their role.

Assessing and managing risk to patients and staff

- Staff undertook a risk assessment of every person at the initial assessment and this was reviewed regularly. The risks for each person were shared with the professionals in the team who needed to know these.

Staff responded promptly to referrals for dysphagia assessments and this reduced the risks of choking to people who used the service. We observed staff discuss a person's risks and how to reduce this. Staff worked with the person's care provider and trained care staff in dysphagia.

- Staff were trained in safeguarding and knew how to make a safeguarding alert.

- There were good lone working practices in place. Each staff member had a lone working alarm device which alerted a central call system when pressed. If a person was new to the service and the risks were unknown staff carried out a joint visit.

- Staff debriefed to the MDT on return to the office about the visit and the service user.

Track record on safety

- The response to referrals for dysphagia assessments had been on the trust risk register as referrals were not being assessed within set target times. However, this had now been removed following the recruitment of speech and language therapists who have been trained to complete assessments in a timely manner.

- The lone working devices issued to all staff had improved staff safety.

Are services safe?

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

Good 🟢

Reporting incidents and learning from when things go wrong

- Staff told us and records showed that staff knew what and how to report incidents that affected the safety and well being of people who used the service.

- All incidents that should be reported were and we saw examples of this in records we looked at.

- Staff received feedback from investigation of incidents both internal and external to the service.

- Staff discussed lessons learnt from incidents in team meetings and there was evidence of change being made as a result.

- Records sampled and staff discussion confirmed that staff were debriefed and supported after a serious incident.

North Essex

Safe and clean environment

- Alarms were not fitted in the interview rooms. Staff said and we saw that they used 'reliance' alarms that they carried with them at all times to call for assistance when needed.

- The office where staff were based was occasionally visited by people who used the service and their relatives for clinics. We saw that security procedures were followed.

- The environment was very clean and well decorated. Staff practiced good infection control procedures. Staff carried out regular audits of infection control and prevention, and staff hand hygiene to ensure that people who used the service and staff were protected against the risks of infection.

- The environment and other electronic equipment were well maintained to ensure the safety of staff and people who used the service. Portable appliance test was carried out for the equipment used in the offices. It was checked regularly to ensure it continued to be safe to use and clearly labelled indicating when it was next due for service.

- Emergency equipment such as automated external defibrillators and oxygen were not available at Tekhnicon house. The managers told us that, if medical emergencies occur, they would dial 999 and people deemed at risk were visited in their homes.

Safe staffing

- The Mid Essex community team had 15 nurses and 3 healthcare assistants. There was one vacancy for a qualified nurse and one for a nursing assistant. The staff sickness rate was seven percent over a 12 month period. The Mid Essex IST had seven nurses and four healthcare assistants. Two of the qualified nurses were from an agency. There was one vacancy for a qualified nurse. The staff sickness rate was seven percent over a 12 month period.

- The North East Essex IST had eight qualified nurses and four nursing assistants. The North East Essex community team had 11 qualified nurses and four nursing assistants. There were two vacancies for qualified nurses.

- The teams had estimated the number and grade of staff required for each team by participating in the national project using a review of safer staffing in the community.

- The caseload for each nurse in the community team was 25 and in the IST was between nine and 11. The IST carried a smaller caseload due to high needs of the people they supported.

- There were no service users on waiting list to be allocated to the team.

- The caseloads and case allocations were discussed and regularly assessed in staff meetings. These were based on the needs of the patients and the cases were allocated to a nurse with the best skills to meet the needs.

- There were agreements and contracts with agencies that were used to supply staff to cover staff sickness, leave and vacant posts to ensure people's safety.

- Psychiatrists were available during working hours and out of hours there was an on-call Psychiatrist to ensure that people had quick access to one when needed.

- Staff received appropriate mandatory training and records showed that the average rate was 94% up-to-date with statutory and mandatory training.

Good 🟢

Are services safe?

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

Assessing and managing risk to patients and staff

- We looked at eight care records. A risk assessment was completed on all the people who used the service at initial assessment. This was updated when the needs changed.

- There were risk assessments and risk management plans which identified how staff were to support people who used the services. People's needs were appropriately assessed and clearly identified their needs and these were regularly reviewed.

- All people who used the service had detailed emergency plans in place that informed staff what to do in the event of a crisis.

- There were arrangements in place to respond to sudden worsening in people's health. The teams would provide an emergency assessment by nurse that would arrange an MDT meeting within 24hours. The intensive support team would provide a rapid response within four hours. The teams operated an on call system out of hours that consisted of a psychiatrist with an on-call manager band 7 or 8. Three people who use the services told us that it was easy to get help out hours and the teams responded quickly.

- The teams had a structured means of monitoring and responding to people's needs in a way that that took into account the level of risk presented by people who used the services.

- Staff were trained in safeguarding and demonstrated a good understanding of how to identify and report any abuse. The teams shared some of the safeguarding incidents that they had reported. Staff knew the trust's designated lead for safeguarding who was available to provide support and guidance. Safeguarding issues were shared with the staff team through staff meetings and emails. Information on safeguarding was readily available to inform people who used services and staff on how to report abuse.

- All staff were aware of the lone working policy and told us that they followed it. All staff were provided with an alarm device that they would activate to call for assistance when their safety is at risk. Risk assessments were carried out for all visits to people who use services to ensure that all staff were safe. Where the risk was deemed high, staff saw people in pairs.

- The teams had established systems for ensuring staff whereabouts were known and logged and a system was in place for ensuring staff had returned safely following community visits.

- The teams did not store, transport or dispense any medicines on their sites. This was managed through the GPs and community pharmacies.

Track record on safety

- The trust had a clinical review of the total waiting list and amended the current pathway to strengthen the screening of referrals. There was additional clinical leadership support and training for all staff on clinical risk assessment.

Reporting incidents and learning from when things go wrong

- There was a trust wide electronic incident reporting process which all staff we spoke with were aware of. Staff had good knowledge and understanding of incidents that should be reported and they told us they were reporting incidents such as physical aggression, falls and attempted suicide.

- We saw that incidents were reported and investigated. Staff told us that they received feedback following incidents through meetings, handovers and information was circulated and discussed within the team.

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.

Summary of findings

We rated effective as good because:

- Comprehensive personalised and holistic assessments were completed in a timely manner.
- Staff followed NICE guidance when prescribing medication. Psychological therapies recommended by NICE were offered.
- Staff considered people's physical healthcare needs and these were adequately monitored.
- Clinical staff actively participated in clinical audits.
- The team included or had access to the full range of health professionals required to care for the people who used the service.
- Staff were supervised and appraised and had access to regular team meetings.
- There were good working links, including effective handovers, with other teams external to the trust.

Staff were trained in and had a good understanding of the Mental Health Act 1983 and the Mental Capacity Act 2005.

Our findings

Hertfordshire community learning disability assessment and treatment teams
Assessment of needs and planning of care

- In the five care records examined we found that comprehensive assessments were completed in a timely manner.

- Care records contained up to date, personalised, holistic care plans.

- All information needed to deliver care was stored securely and available to staff when they needed it. This included other professionals within the team and across other teams.

- Each person with a learning disability living in Hertfordshire had a 'purple folder'. This was implemented by health facilitation nurses who worked for the local authority. We saw that staff from the community teams had updated these to record any physical health treatment given.

Best practice in treatment and care

- There was evidence that staff followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. People had not been prescribed antipsychotic medicines at levels that were above recommended doses.

- Doctor's prescriptions were monitored by the prescription observatory for mental health (POMH). Doctors also completed their own prescribing audits.

- There was evidence that other treatments and therapies used had reduced the amount of medicines prescribed to people who used the service.

- Psychological therapies were offered and these included arts therapies.

- The health of the nation outcome scales (HONOS- LD) were used as outcome measures.

- The use of and training of all staff in positive behaviour support (PBS) had been effective. Staff said it had helped to facilitate the 'transforming care programme' in moving people back from hospitals out of the area to the local community.

Skilled staff to deliver care

- The team included the full range of health disciplines required to care for the people who used the service. These included occupational therapists, speech and language therapists, dieticians, psychologists, nurses, psychiatrists, counsellors and arts therapists.

- Staff were skilled and competent. Staff provided input into national learning disability conferences and events such as learning disability today organised by Royal College of Nursing (RCN).

- Staff received an appropriate induction for their role.

- Staff were supervised and appraised and had access to regular team meetings.

- Staff received the necessary specialist training for their role. All staff were trained in PBS. Nurses also had additional brief behavioural assessment training (BBAT).

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.

- The speech and language therapists trained the team in Makaton (sign language used by people who have a learning disability). They also trained other staff in the team in dysphagia and using accessible information and social stories to promote effective communication.

Multi-disciplinary and inter-agency team work

- There were regular and effective multi-disciplinary meetings.

- There were effective handovers within each team. The team of professionals that worked with a person met and agreed one MDT care plan. This enabled joint working to benefit the person.

- We saw that a speech and language therapist was able to refer a person to an occupational therapist within the team. This ensured integrated working that was effective in meeting the person's needs.

- There were effective handovers between teams within the organisation. Staff worked with the single point of access (SPA) staff to help them to triage referrals for people who have a learning disability. There were learning disability champions working in the SPA.

- There were good handovers to the inpatient service. This minimised the length of stay for the patient. Staff from the community team attended people's pre discharge meetings and had a handover from the inpatient team. This ensured smooth transition from the inpatient service to the community team.

- There were meetings so community and inpatient teams could discuss issues about a person's care and treatment together.

- Staff from the community team trained staff in the trust specialist residential services (SRS) in positive behaviour support (PBS). The team linked with the matron from SRS. Psychologists from the community team worked with SRS staff on active support work with people who lived there.

- There were excellent working links and effective handovers with primary care, social services, and other teams external to the organisation. An epilepsy nurse employed by the local authority worked alongside the psychiatrist in the CATT. A psychologist from the team had been seconded to the HCC transforming care team.

- Colleagues from the local authority community learning disability team were invited to the monthly team meeting. This maintained good links. Access was being arranged to the computer system of community nurses who worked for the local authority to promote integrated working.

- The team at Colne House shared an office with the mental health team. This helped to improve relationships and ensure that reasonable adjustments could be made for people with a learning disability when accessing the mental health teams. Staff made joint visits with staff from the mental health teams to people.

- Psychologists from the team worked with the Wellbeing team in the trust. This ensured that cognitive behavioural therapy (CBT) would be made more accessible to people with a learning disability.

- Staff were involved in NHS England care and treatment reviews as clinical advisors. They provided feedback to their team from this work.

- Speech and language therapists provided dysphagia training to care home staff so that they could promote the safety and wellbeing of people they supported. We saw that this had been effective during a visit with a speech and language therapist.

Adherence to the MHA and the MHA Code of Practice

- All staff had received training in the Mental Health Act and this was updated every three years.

- Staff had a good understanding of the MHA, the code of practice and the guiding principles.

- We saw that a psychiatrist, who had been involved in a MHA assessment, visited the person who was admitted to hospital as an inpatient, the next day to promote consistency. Staff worked closely with staff on the ward to promote consistency in applying the MHA.

- Staff told us that their understanding of the MHA and use was discussed in their supervision. Staff were aware of where to find further information on the MHA and relevant policies to further their knowledge.

Good practice in applying the MCA

- All staff had received training in the Mental Capacity Act and this was updated every three years.

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.

- Staff had a good understanding of the MCA, the code of practice and the five statutory principles.

- Staff told us that the use of the MCA was discussed in their supervision. Staff were aware of where to find further information on the MCA and relevant policies to further their knowledge.

- Best interest meetings were held where appropriate, which recognised the importance of the person's wishes, feelings, culture and history.

- Staff understood and where appropriate worked within the MCA definition of restraint. All staff were trained in positive behaviour support (PBS) and some staff trained other trust staff in this.

North Essex

Assessment of needs and planning of care

- Eight records sampled showed that comprehensive assessments had been completed on initial contact which covered all aspects of care as part of a holistic assessment. Care plans and risk assessments were person centred, recovery orientated and updated to reflect discussions held within the review meetings.

- Assessments included a review of the person's physical health needs and where concerns were identified, care plans were updated to ensure the person's needs were met and frequency of visits increased. People who used services gave us examples of how their individual needs were met.

- Electronic records within the teams were managed appropriately using an electronic patient record system. Staff's knowledge on the use of the electronic records system was very good. Staff told us that the disadvantage of the system was that it did not have easy read format. However, staff produced care plans in easy read and pictorial format and attached them to it. Records were well organised, stored securely and different team members could access people's records when needed.

Best practice in treatment and care

- NICE guidance was followed prescribing medication. We saw examples of this in six people's records.

- Patients could access psychological therapies recommended by NICE as part of their treatment and

psychologists were part of the team. Nurses in the teams were trained in cognitive behavioural therapy (CBT). CBT and social stories were used as part of the psychological therapies.

- The teams maintained close links with GP surgeries to keep an overview of the physical health needs of patients and ensured physical health care plans were kept up to date. Annual health checks and regular physical health checks were taking place where needed. People had access to specialists such as dentists, chiropodist, podiatrist, diabetic team and district nurses. People who used services told us that they were supported by their nurses to visit GP and hospital appointments.

- The Health of the Nation Outcome Scales (HoNOS) was used as clinical outcome measure and this is recommended by National Service Framework for Mental Health (NSFMH). The scale aids the assessment process and can determine through its evaluation the progress of therapeutic intervention.

- We saw evidence that progress were monitored in nurse records and the team recorded data on progress towards agreed goals in each person's notes.

- Staff were involved in clinical audits to monitor the effectiveness of the service provided. Clinical audits were carried out regularly. We saw examples of audits such as health action plans, CPA, communication passports, care plans and care notes. Information from completed audits was fed back directly to the staff and was used to identify and address changes needed to improve the quality of service provided.

Skilled staff to deliver care

- The team consisted of doctors, nurses and clinical psychologists. Staff had developed working arrangements with North Essex Partnership NHS Foundation trust, Anglian care enterprises and South Essex partnership Trust to provide services from OTs, physiotherapists, IAPT and speech and language therapists (SALT) to ensure that people received the care they needed. Staff also told us that they have developed good working relationships with many GPs in the area in which they work. Staff told us that information sharing and access could be difficult where other professionals worked in a different trust. This meant that information was not easily accessible between teams.

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.

- Staff told us and we saw that external professionals attended people's review meetings when needed. The social workers were based in local authority teams and were only invited to MDT meetings when required. People told us that they were seen by other professionals when a referral had been made. Staff told us that when referrals were made to external professionals people were seen on time and information shared between teams.

- All staff received appropriate training and professional development. Staff told us they had undertaken training relevant to their role. Staff were trained in positive behaviour support and clinical risk assessment. New staff had a period of induction which involved shadowing experienced staff before they were allocated their own caseload.

- Records sampled and discussion with staff confirmed that staff received supervision regularly, where they were able to review their practice and identify training and continuing development needs.

- Staff told us that they received annual appraisals and records we looked at confirmed this.

- There were staff team meetings taking place regularly. Staff said they felt that team meetings gave them an opportunity to share information together.

Multi-disciplinary and inter-agency team work

- We sampled records of MDT meetings and found that there were comprehensive. Each person was discussed in depth and professionals responsible for taking lead in addressing certain needs were identified. There were discussions about changes in care plans, peoples' presentation, agreed outcomes, people and family's views including physical health and crisis plan.

- We observed good collaborative working within the multi-disciplinary teams following the care programme approach (CPA) frame work. People we spoke with confirmed they were supported by a number of different professionals from both within and outside the trust who attended their review meetings. People had access to all professionals within the team and were referred to other services when there was an identified need.

- There was evidence of working with others including internal and external partnership working, such as multi-disciplinary working with GPs, IAPT, district nurses, hospital liaison nurses, North Essex Partnership NHS Foundation Trust, independent sector and local authority.

- We observed effective communication, appropriate information sharing, progress reviewing and decision-making about people's care. The information was shared across different types of services involving both internal and external to the organisation.

Adherence to the MHA and the MHA Code of Practice

- All staff had received training on the MHA 1983 and staff showed a good understanding. None of the people who used the services were on community treatment order (CTO) or guardianship. There were records for people subject to section 117 MHA after care these were reviewed and updated appropriately.

Good practice in applying the MCA

- Capacity to consent to care and treatment was addressed as part of the assessment process and this was documented. The legislation and the assessment of mental capacity had been used appropriately to ensure that people's rights were respected and they exercised control over their lives.

- All staff had received training on the MCA. Staff demonstrated a good understanding of MCA 2005. Staff knew their responsibility in MCA and understood how the legislation applied to their work with people who used services. We saw good examples of how capacity to consent was assessed and recorded in detail of all necessary steps taken to support people in decision making. There was one example of a best interests meeting conducted for a person who was to have a surgery.

- Staff were aware of the policy on MCA and were able to tell us that they would contact the lead person on MCA within the trust to get advice. The use of the MCA was monitored by the teams.

Are services caring?

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

Good ●

Summary of findings

We rated caring as good because:

- We saw that staff were polite, kind and treated people who used the service with respect in all visits. Staff took time to explain things to people in a way that they could understand. We saw that people's wishes and preferences were clearly taken into account.

- We observed and people and their relatives told us that staff were compassionate and cared about them.

- People were actively involved in their care planning and participated in their clinical reviews. Families and carers were appropriately supported and involved. We saw that care plans were in an easy read and pictorial format that a person could understand. This was done in way that matched the communication needs of each person.

- People were involved in decisions about the service and in Hertfordshire and North Essex were involved in recruiting staff.
- People who used the service had access to advocates. People were involved in decisions about the service and in Hertfordshire were involved in recruiting staff. People gave feedback on the care they received.

Our findings

Hertfordshire community learning disability assessment and treatment teams
Kindness, dignity, respect and support

- We observed staff interacting with people who used the service in a respectful, compassionate and polite way.

- At home visits, staff explained to the person why they had visited and what treatment they were giving. They worked closely with the person's relative and carers where this was appropriate.

- People who used the service and their relatives and carers were complimentary about the staff from the community teams.

- Staff demonstrated a good understanding of each person's individual needs.

- There was evidence that confidentiality was maintained.

The involvement of people in the care they receive

- There was active involvement of each person who used the service in their care planning. Care plans were accessible and person centred.

- One person was supported by an occupational therapist to produce a picture menu that was relevant to the person and helped them to cook their meals independently.

- There was appropriate involvement of, and provision of support to families and carers. Families and carers attended clinical reviews where this was appropriate. They were supported by the relevant members of the team to enable them to safely support people in the community.

- There was access to advocacy via the independent advocacy services used by the trust.

- People who used the service were able to get involved in decisions about their service and helped to recruit staff. Two people who used the service were employed as Access Health Champions in each of the teams. Their role included recruiting staff, meeting with people who used services to gather their views, being part of the Making Our Services Better group and attending business meetings.

- People who used the service provided feedback on the care they received. Staff from the West team led monthly 'Can you hear us' group with people who used services and their carers. The feedback from this group went to the MOSS group.

- People could feedback their views on a 'have your say' form. One outcome from this was that people asked for a coffee machine in Colne House reception. This was provided and in the last quarter 100% of people said that they felt welcome when going to Colne House.

- 85% of people commented on the 'have your say' form that communication was not always accessible. Staff told us that they were now piloting going to visit 25 people in an area to complete the form. The Access Health Champion was involved in this to promote improvement in communication.

Are services caring?

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

Good ●

- Service user groups were held 10 times a year in Watford and Stevenage. These were facilitated by senior support workers from the community teams and were a place where people and their relatives and carers could meet together. At each group there were speakers from community services and people had lunch together.

North Essex

Kindness, dignity, respect and support

- We observed interactions between staff and people who used the service in their own homes and in clinical reviews. The language used was compassionate, clear and simple and demonstrated positive engagement and willingness to help. We saw that people had been treated with respect and dignity and staff were polite and friendly.

- People who used services, their carers and relatives were complimentary about the support they received from the staff and felt they got the help they needed. They told us that they had been treated with respect and dignity and staff were kind, friendly and would do all they could to help. People told us that staff were always there for them when needed.

- Staff demonstrated a good understanding of the individual needs and were able to explain how they were supporting people with a wide range of needs. People, carers and relatives told us that staff knew people they support very well and supported them the way they wanted and made them felt safe.

- When staff discussed about people's care, they did this in a confidential manner and showed a good understanding of how to maintain confidentiality.

The involvement of people in the care they receive

- People were encouraged to involve relatives and friends in care planning if they wished. Carers were invited to clinical reviews and actively involved in care planning where this was appropriate.

- Our observation of practice, review of records and discussions with people and their relatives confirmed that people were actively involved in their care reviews and were encouraged to say their views. Family members' views were taken into account and they were supported to make informed choices. People were given copies of their care plans.

- There was information and leaflets available to be given to people, carers and families on the initial assessment to explain and help them understand how the service worked and what to expect. There were details of support available to them and how they could be involved. People, carers and families were complimentary about the support and the way they were involved in care discussions with the teams.

- Staff were aware how to access advocacy services for people. Families, carers and people were given leaflets that contained information about relevant local advocacy contacts. People and their families told us that they were able to access advocacy services when needed.

- The teams held monthly service user group meetings to gather people's views about the service. Minutes of the meetings were documented and discussed to make any necessary changes.

- The views of people who used the service were also gathered through the use of 'have your say' documents. Responses to these were fed back to staff, to enable them to make changes where needed.

Are services responsive to people's needs?

Good 🟢

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

Summary of findings

We rated responsive as good because:

The teams were able to see urgent referrals quickly and non-urgent referrals within an acceptable time. Where possible, people had flexibility in the times of appointments. People were provided with accessible information on treatments, patients' rights and how to complain. Adjustments were made for people who required disabled access. There was easy access to interpreters and signers. People who used the service knew how to complain. Staff knew how to handle complaints appropriately.

Our findings

Hertfordshire community learning disability assessment and treatment teams
Access and discharge

- The target from referral to assessment was 28 days target. 100% of people referred were assessed within 28 days.

- The target from assessment to treatment was 18 weeks and this had been achieved.

- The team were able to see urgent referrals quickly and non – urgent referrals within an acceptable time. When an urgent referral was made the target was to see the person within 24 hours and this was achieved. We saw that the person was usually seen within 12 hours.

- A carer told us that the dysphagia assessment service was easy to access.

- There was a clear criteria for how people would access the service.

- Staff told us that the single point of access (SPA) had made access to the service simpler and more effective.

- The team took active steps to engage with people. At Colne House staff said there were about 10 people who had repeated referrals made to the team. However, they said that when a piece of work was finished with a person their referral was closed so the person did not become dependent which could reduce their ability to live in the community.

- The intensive support teams offered a flexible service from 9am to 9pm Monday to Friday and 9am to 5pm at weekends and bank holidays. This was for 365 days a year.

- A care provider told us how flexible and proactive the service was and how it had helped to keep a person out of hospital.

The facilities promote recovery, comfort, dignity and confidentiality

- The art therapy rooms provided at Colne House and St Pauls were accessible to people with mobility difficulties. However, staff said that the waiting room at Colne House could be noisy at times for people with autism and people might not know the receptionist. Staff were flexible and did home visits where needed. For example, one person with autism did not like the lifts in the building so staff visited the person at their home.

- Adaptations had been made at Colne House to the building to accommodate a staff member who had mobility difficulties. The staff member had been involved in this.

- At Saffron Ground two rooms were equipped so that people could have physical health care examinations there.

- Accessible information was provided on treatments, local services, patients' rights and how to complain.

Meeting the needs of all people who use the service

- Adjustments had been made for people who required disabled access.

- The team had been unable to recruit physiotherapists. They responded to this by occupational therapist training in postural seating so that this service could still be offered. This training was being rolled out to other teams.

- Information leaflets were available in languages and formats to suit the people who used the service.

- Staff found innovative ways of involving people in their care plans to meet their individual needs.

Are services responsive to people's needs?

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

- Staff delivered positive behaviour support (PBS) and a sensory integration model training to staff who worked with people in care homes where this was appropriate to meet their needs.

- There were sexual health counsellors and bereavement counsellors employed as part of the teams to give advice and support to people.

- There was easy access to interpreters and signers who used British Sign Language (BSL) and Makaton (sign language for people who have a learning disability).

Listening to and learning from concerns and complaints

- People who used the service knew how to complain. Leaflets that were in an easy read format with pictures were given to people during their initial assessment.

- Staff knew how to process complaints appropriately.

- Staff received feedback on the outcome of the investigation of complaints and acted on the findings.

North Essex

Access and discharge

- Referrals to the teams came from GPs, families, colleges, hospital liaison nurses and self-referrals to triage nurses. Following a triage referrals were prioritised according to risk and identified needs. The referrals were classified into three groups, rapid response to be seen within four hours, urgent to be seen within 24hours and routine to be seen in one week.

- The referral pathways were clearly outlined and set out clear lines of responsibilities, time frames and actions to be taken. The teams operated a triage nurse system during their working hours and were responsible for appointments to carry out assessments. The teams had met all its targets of responding to rapid response and urgent referrals.

- The routine targets with nursing were not always met within one week as the teams were experiencing an increase in referrals over the last year. People were still waiting above 28 days to access psychology. Psychiatrists met all their targets.

- The appointments and clinics were set up in such a way that showed flexibility to ensure that there was some access to people who had the highest needs. Staff told

us that when there was a need, the service ensured that home visits took place. Appointments were rarely cancelled and where there were cancellations people were seen at the earliest possible opportunity. People told us that they were always seen on time and any cancellations were explained to them and seen at the next available appointment.

- The teams were very innovative in reducing did not attend (DNA); some people were seen at GP surgeries, colleges or their homes.

- The teams were set up into two teams, the intensive support team (IST) which provided high level of support to people assessed as high risk and complex needs. This team mainly consisted of experienced band six nurses and operated weekdays 8am to 8pm and weekends 9am to 5pm. The community team provided support to people with low risk and operated weekdays only 9am to 5pm.

- The teams had on call psychiatrist and Band 7/8 manager out of hours. People and their families told us that the service was accessible out of hours and would respond quickly. One family told us that their relative saw the consultant psychiatrist on New Year's Day.

- The team provided care and treatment in a timely manner. The referrals and case allocations were discussed in the area management team meeting. Staff reported spending a great deal of time travelling rather than having patient contact. At times staff were travelling between 40 and 50 miles to cover the large geographical area to see people.

- Pathways for care and discharge were flexible to ensure that services worked together to meet people's changing needs. Some of the people on existing caseloads from IST were discharged to community team. The teams operated a help line during working hours to provide assistance to care homes and carried some visits when deemed appropriate.

The facilities promote recovery, comfort, dignity and confidentiality

- There were information leaflets which were specific to the services provided. People and their families had

Are services responsive to people's needs?

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

access to relevant information which was useful to them such as treatment guidelines, advocacy, religion, faith and culture, patient's rights and how to make complaints.

- The interview rooms were appropriately designed and located for the purposes of clinical reviews.

Meeting the needs of all people who use the service

- The environment had full disabled access.

- Interpreting services were available within the teams when needed to meet the needs of people who did not speak English well enough to communicate when receiving care and treatment.

- Information leaflets were available in an easy read and pictorial format. Staff told us that leaflets in other languages could be made available when needed.

Listening to and learning from concerns and complaints

- People were provided with information about the ways that they could raise complaints and concerns regarding the service.

- People and their families told us that they could raise complaints when they wanted to and they were listened to and given feedback. The managers told us that complaints could also be raised verbally and tried to resolve them immediately. They told us that they encouraged people to raise complaints.

- Staff were aware of the formal complaints process and knew how to support people and their relatives to make a complaint following the trust's complaints policy.

- Staff told us that any learning from complaints was shared with the staff team through the handovers and staff 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.

Summary of findings

We rated well-led as good because:

Staff knew and agreed with the trusts values. The team's objectives reflected the trusts values and objectives. There were good and effective governance systems ensuring good quality and safety. The teams used KPIs and other indicators to gauge their performance. The results were shared with the team and active plans were developed where there were issues. Staff knew how to use whistle blowing processes and felt free to raise concerns. There were opportunities for leadership development. Staff were offered the opportunity to give feedback on services and input into the service development.

Our findings

Hertfordshire community learning disability assessment and treatment teams
Vision and values

- Staff knew and agreed with the organisation's values.

- The team objectives reflected the organisation's values and objectives.

- Staff knew who the most senior managers in the organisation were and these managers had visited the teams. Some staff had attended the 'Big listens 'with the Chief Executive and this had helped them to feel part of the wider organisation.

Good governance

- Effective systems were in place to ensure the service was safe, effective and responsive to the people who used the service.

- The provider used indicators to gauge the performance of the teams. The measures were in an accessible format and used by the teams to develop active plans when there were issues.

- Team managers had sufficient authority to manage their budget and make changes to the service when required.

- Staff had the ability to submit items to the trust risk register. Team risk registers were updated at team meetings.

Leadership, morale and staff engagement

- The sickness rate at Saffron Ground was 1.84% in 2014 and for the South & west team (Colne House and St Paul's) was 3.76%. This was lower than the national average.

- Staff knew how to use the whistle-blowing process.

- Staff felt able to raise concerns without fear of victimisation.

- Staff morale was good and staff had job satisfaction and a sense of empowerment. All staff were positive about their manager.

- Staff at Saffron Ground said they could have been consulted further about the change of office base. However, no staff had left through the change which they thought was positive.

- There were opportunities for leadership development. Staff told us that they were enrolled on the leadership academy programme.

- There was team working and mutual support. All staff said they worked in a stable staff team which they valued.

- Staff were open and transparent and explained to people who used the service if and when something went wrong.

- Staff were offered the opportunity to give feedback on services and input into service development through the staff annual surveys and team meetings

- In all teams there was good local leadership, staff were supported, organised and there were clear lines of responsibility.

Commitment to quality improvement and innovation

- The Hertfordshire learning disability positive behaviour support (PBS) board was being developed. This was to ensure that the same approach was used across the county in learning disability community and inpatient services. There were plans to evaluate the use of PBS to ensure the approach was used consistently.

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.

- There was participation in national quality improvement programmes.
- There were examples of innovative practice or involvement in research.

North Essex

Vision and values

- Staff understood the vision and values of the trust and felt that these values were embedded into practice by senior management. The teams had the vision and values of the trust displayed.
- Staff demonstrated a good understanding of their team objectives and how they fit in with the trust's values and objectives. The majority of staff knew who their senior managers were and told us that they occasionally visited the teams.

Good governance

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- The trust had governance processes in place to manage quality and safety. The system enabled the teams to effectively monitor and manage the service and provide information to senior staff in the trust. The managers attended local quality and safety forums where aspects of quality and safety were discussed. The information was then discussed with staff and used to act on where there were gaps.
- Managers provided data on performance to the trust consistently. All information provided was analysed at team level to come up with themes and this was measured against set targets. These performance indicators were discussed monthly in the quality and risk meeting and quarterly in the quality assurance and contract monitoring meeting. Where performance did not meet the expected standard action plans were put in place. This information was shared with the staff team as a way of improving performance in areas identified.
- The managers felt they were given the independence to manage the teams and had administration staff to support the team. They also said that, where they had concerns, they could raise them. Where appropriate the concerns could be placed on the trust's risk register.

Leadership, morale and staff engagement

- The team leaders told us that the sickness rate in the 12 month period for East team based at Lexden hospital was 5.05% and for Mid & West team based at Tekhnicon house was 7.46%. This was higher than the national average.
- At the time of our inspection there were no grievances being pursued within the teams, and there were no allegations of bullying or harassment.
- Staff told us that they were aware of the trust's whistleblowing policy and that they felt free to raise concerns and would be listened to.
- Staff told us that they were supported by their line manager and were encouraged to access clinical and professional development courses if that benefited to meet the needs of the people who used services. However, staff felt that they did not have greater access to training facilities as much as other staff based in Hertfordshire as all face to face training was done in Hertfordshire.
- Our observations and discussion with staff confirmed that the team was cohesive with high staff morale. They all spoke positively about their role and demonstrated their dedication to providing high quality patient care. Staff told us that the change of trust had put them under pressure and it was a difficult time.
- They told us that managers were accessible to staff and provided staff with support. They had an open culture and willing to listen to new ideas from staff in order to improve the service. Staff told us that the manager was very approachable, had an open door policy and encouraged openness.
- Staff told us the board informed them about developments through emails and intranet and sought their opinion through the annual staff survey.

Commitment to quality improvement and innovation

- The Mid & West Essex team was developing a mobile app that would be user friendly to people who used the service about the use of a digital held recorder and services provided.
- The teams were participating in the NHS Improving Quality, working on the Winterbourne medicines review programme.