

Good 

2gether NHS Foundation Trust

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

## Quality Report

Charlton Lane Centre

Tel:

Website: [www.2gether.nhs.uk](http://www.2gether.nhs.uk)

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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)
RTQ01	Charlton Lane Centre	Cheltenham Learning Disability Team	GL53 9DZ
RTQXX	Trust HQ	Forest of Dean Learning Disability Service	GL14 2QA
RTQXX	Trust HQ	Gloucester Learning Disability Team	GL4 4QH
RTQ54	Hollybrook	Stroud Learning Disability Team	GL5 2HZ
RTQX2	Oak House	Hereford Learning Disability Team	HR2 6JT

This report describes our judgement of the quality of care provided within this core service by 2gether NHS Foundation Trust. 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 2gether NHS Foundation Trust and these are brought together to inform our overall judgement of 2gether NHS Foundation Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

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

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

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

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

# Summary of findings

## 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	10
What people who use the provider's services say	10
Good practice	10
Areas for improvement	11

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### Detailed findings from this inspection

Locations inspected	12
Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Findings by our five questions	14
Action we have told the provider to take	25

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# Summary of findings

## Overall summary

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

- Access to clinics and other facilities was good with ramps and disabled toilets available in clinic settings.
- Staff were meeting the four week waiting time from referral to assessment. People who used the service 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 recorded 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.
- There were adequate staffing levels to meet the assessment needs of people who used services.
- Staff were experienced and had the necessary qualifications and skills to carry out their role. There were opportunities and support to attend external courses. Informal and formal 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.

- Teams reported that service level 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 patients 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. A variety of easy read leaflets and documents was available to help patients who used services understand treatment options and information about the service.
- Patients, carers and service providers spoke highly of the teams and told us that staff were inclusive, caring, responsive and they felt listened to.

However:

- There were waiting times to access some treatments
- Clinical audit was not embedded within the service
- There was lack of a clear vision and strategy to continue to develop and improve the service.

# Summary of findings

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

### Are services safe?

We rated safe as good because:

- All team bases for the community services were wheelchair accessible and disabled toilet facilities were available in all buildings.
- All areas we observed were clean and well furnished. There were good safety processes in place to protect people who used services, carers and staff from harm.
- There was adequate staffing numbers and skill mix to meet the needs of the people who used the service.
- Clinical risk assessments were routinely undertaken and staff had a good understanding of the importance of completing this aspect of care.
- There were effective safeguards in place to ensure staff safety when working alone
- 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.

However:

- Clinical risk assessments were not always recorded on the electronic record of care.

Good



### Are services effective?

We rated effective as good because:

- People who used services were involved in care planning, and a variety of communication aids were used to maximise involvement.
- Care pathways had been and were being developed which gave clear guidance on referral and assessment processes.
- We saw evidence that NICE guidance and best practise was followed and shared within teams.
- Staff were experienced and were supported to undertake relevant external training
- There was good and effective multidisciplinary working with a wide variety of disciplines working within and across teams. Communication was good and we observed high challenge and good support in team meetings.

However:

- Not all care plans were in place or up to date.

Good



# Summary of findings

## Are services caring?

We rated caring as good because:

- Patients who used services 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 patients who used services and knew how to support them and involve them in their care.
- We observed staff interactions which were kind, considerate and respectful.

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 quickly.
- Staff responded promptly when people who used services or carers telephoned the team.
- There was good access to specialist equipment where needed
- Information about the service and different treatment interventions was available in easy read leaflets. Staff used a variety of techniques to help people understand what was happening.
- People who used services and carers that we spoke to felt that they would be able to make a complaint if they had one and felt that it would be listened to.

However:

- There were waiting times to access treatment for all professional groups.

Good



## Are services well-led?

We rated well led as requires improvement because:

- There was no clinical audit plan in place and clinical audit was not routinely or systematically undertaken.
- Managers did not provide staff with formal supervision on a routine basis nor did they keep records of supervision sessions
- Caseload management was at varying degrees of implementation and we saw some cases had been open since May 2000.
- There was lack of consistency in quality monitoring of performance

However:

Requires improvement



# Summary of findings

- 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 trust.
- All staff felt well supported by their manager and thought the trust listened to any concerns they raised.

# Summary of findings

## Information about the service

Together NHS Trust Foundation had five community learning disability teams (CLDT) and two specialist services providing assessment, treatment and care to people with a learning disability across Gloucestershire and Herefordshire.

The five teams were based across the two counties of Gloucestershire and Herefordshire. In the West there was the Forest of Dean Team located at Colliers Court, Cinderford and the Gloucester team located at Field View, Coney Hill. In the South, the Stroud and Cirencester team were located at Weavers Croft, Stroud. In the North, the Cheltenham and Tewkesbury team were located at Leckhampton Lodge, Cheltenham. The Hereford team were located at the Thorne Offices, just outside Hereford Town Centre.

The primary function of all the community learning disability teams was to provide assessment, treatment and care to people with a learning disability in their own homes or at alternative locations/clinics. The teams offered support to carers and other care providers, such as care homes and day centres. The team worked

alongside social services to ensure the best care and support was provided to the individual and their carers. Liaison nurses worked with primary and secondary care to ensure the health needs of individuals were met.

The intensive health outreach team, located at Charlton House, Cheltenham, provided intensive support to patients with a learning disability in Gloucestershire to ensure the physical health needs of patients with a learning disability were met. This included taking bloods and ensuring patients were able to access mainstream services.

The learning disability intensive support service was based at Westridge, Gloucester. The team provided intensive behavioural support to people with a learning disability living in Gloucester, to prevent hospital admission and facilitate hospital discharge, as well as re-integration in to the community.

Mental health services for patients with a learning disability or autism were last inspected in 2013 and were found to be compliant with the regulations.

## Our inspection team

Chair: Vanessa Ford, Director of nursing standards and Governance, West London NHS trust

Team Leader: Karen Bennett-Wilson, head of inspection, Care Quality Commission

The team that inspected this core service comprised; two CQC inspectors and a variety of specialists: a Mental Health Act reviewer, a senior nurse who specialises in

learning disabilities, a manager of learning disability services, a physiotherapist with specialist knowledge and operational management of learning disability services, a clinical psychologist specialising in learning disabilities and an expert by experience. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example, as a carer.

## Why we carried out this inspection

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

# Summary of findings

## 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 patients' needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all five community learning disability teams
- spoke to the intensive health outreach team and the learning disability intensive support service
- spoke with eight patients who were using the service and ten carers

- spoke with 38 staff members including; consultant psychiatrists, nurses, speech and language therapists, occupational therapists, physiotherapists, clinical psychologists, and team managers
- spoke with one locality manager responsible for the service
- spoke with one group of four administrative staff
- attended and observed two multi-disciplinary meetings and one handover meeting.
- went on six home visits
- observed two group sessions
- observed one interagency discussion and one emergency pre-admission meeting
- looked at 18 treatment records of patients.

looked at a range of policies, procedures and other documents relating to the running of the service

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

We spoke to eight people who used services and ten carers. All were very complimentary about the services they received. They told us that they felt listened to by the doctors and staff in the teams, and that staff were very helpful, caring and respectful.

Carers told us they were involved in care planning and had access to advocacy if they needed it.

People who used services told us they were happy with the care they received and thought it was responsive to their needs.

Carers 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

## Good practice

The Intensive health outreach team provided intensive support to people with a learning disability in Gloucestershire to ensure the physical health needs of people with a learning disability were met. This service was dynamic and responsive and looked for innovative ways to help people achieve good health outcomes. For example, a gentleman with a heart condition was non-

compliant with blood pressure monitoring, EEG's and taking fluids. Staff within the team worked intensively to help him accept the blood pressure cuff and ensure his fluid intake improved.

The CLDT at Hereford had developed a range of good, preventative groups to help people who used services remain physically and mentally well. For example the

# Summary of findings

healthy options group was an interactive session that included six service users and one carer. It focussed on healthy eating and mindfulness. It provided opportunities for patients who use services to learn about physical well-being and interact with other people in the community.

## Areas for improvement

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

- The trust must ensure there are local systems and processes in place to assess, monitor and drive improvements in the services they provide.

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

- The trust should ensure that all risk assessments completed are recorded on RIO and that regular reviews are undertaken
- The trust should ensure that care plans are written in RIO and that these are up to date

- The trust should ensure that quality processes are embedded within all teams and that clear audit responsibilities are identified and audits are carried out across all teams
- The trust should ensure that robust performance management processes are developed
- The trust should ensure there is effective monitoring of waiting times and that caseload management is undertaken
- The trust should ensure there is a robust and consistent system of recording formal supervision and that this is monitored and reported.

2gether 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
Cheltenham Learning Disability Team	Charlton Lane
Forest of Dean Learning Disability Service	Trust HQ
Gloucester Learning Disability Team	Trust HQ
Stroud Learning Disability Team	Hollybrook
Hereford Learning Disability Team	Oak house

### Mental Health Act responsibilities

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

We were not made aware of any people who used services that were subject to a Community Treatment Order.

Mental Health Act training was not mandatory but a number of different professionals told us they had accessed this training. Psychiatrists received training from the trust and had received briefings on the new code.

We were told that nurses were seen as the experts within the team. They reported good administrative support and legal advice was available from the trust. Staff were aware of the MHA policy on the intranet.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

All but one member of staff we spoke to had received Mental Capacity Act training and this was provided as part of the induction process. The nurses we spoke to had received updates. Psychiatrists were trained as assessors and received annual training

Staff had a good understanding of the MCA 2005. We observed staff with bookmarks indicating the five principles of the MCA 2005 and some of these were displayed in staff offices. Mental Capacity Act assessments were completed as part of the initial, core assessment and then at regular intervals. This was recorded on RIO or in a letter, which was uploaded to RIO

The allied health professionals that we talked to were also aware of the Mental Capacity Act consent principles. Best interest meetings had been chaired by speech and language therapists and occupational therapists. Any concerns were discussed at the trust Mental Capacity Act meetings which were held every two months.

Good support was provided by the trust and staff were aware of the Mental Capacity Act lead within the trust.

# 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

- Access to all community services was good. Buildings were wheelchair accessible and disabled toilet facilities were available in all premises. Interview rooms and public areas at Colliers Court were all fitted with alarms. All clinic rooms at this location were on one level and no ramps were required. Clinic rooms at Fieldview, Gloucester and Leckhampton Lodge, Cheltenham were also all fitted with alarms.
- All areas we observed were clean and well furnished except the Thorne offices in Hereford, where the premises were in need of updating and refurbishment. These offices were not owned by the trust and were a long way from the town centre, where the previous offices had been located. This had changed the way staff were working as most sessions were now home visits or undertaken at local community services. Not all staff were attending the multidisciplinary meetings due to the cramped conditions and the time taken to travel.
- There were good safety procedures adopted in all locations we visited. For example checking in and out of premises for staff and patients who used services. All clinic rooms observed had appropriate facilities to assess and treat people who used the service and privacy was maintained when doors were closed.

### Safe staffing

- Staff in all teams worked well together to meet most of the demands on the service effectively. All patients were seen within the 28-week target time from referral to assessment and most were seen within 18 weeks. Some staff had seemingly-large caseloads but these included people who used services not currently receiving care who had not been discharged in case they needed further help in future. Staff found their caseloads manageable for this reason. The service could reduce waiting times for psychology, physiotherapy, occupational therapy, and speech and language therapy if it filled vacancies and reduced the level of staff sickness absence or provided more effective cover.

The one psychiatry post in Hereford was a concern and despite that member of staff's dedication to providing the service, it could not be judged to be resilient or sustainable in the long term.

- Staffing within the community learning disability teams was based on historical demand and existing staffing levels rather than on an up-to-date assessment and analysis of demand, acuity and staff's real workloads, capacity and abilities.
- Three of the five community learning disability teams were carrying vacancies and this meant that waiting times for treatment from specific services were affected. There was a 13% vacancy rate in the Gloucester community learning disability team and 5 referrals out of 144 had not received the urgent treatment they needed. There was a 7% vacancy rate in the Stroud and Cirencester team, and 11% in Hereford. Despite these vacancies all referrals received an assessment within the 28 day target.
- Physiotherapy and speech and language therapy were countywide services and so could be flexible in the way resources were allocated and used. For example in speech and language therapy there had been a long term vacancy for a senior clinician. The team appointed to a more junior post with support from seniors in another area. In this situation, staff received appropriate support from their professional leads and responded to the changing demands of the requirements of the service. In physiotherapy there was less flexibility due to the high vacancy rate. This impacted on waiting times for physiotherapy treatment. There was a 13% vacancy rate in speech and language therapy services and 19% in physiotherapy.
- There were five psychiatrists allocated to the north, south and west teams in Gloucestershire and these shared the on call rotas across the county. This meant that people who used services within Gloucestershire were well supported. However, this had not prevented admission to acute learning disability inpatient services. The psychiatrist in Hereford worked alone and provided on call services for patients with a learning disability or

# Are services safe?

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

autism living in Hereford. There had been no admissions to acute services in the last seven years and no serious incidents reported. This was largely due to the dedication and resilience of the existing psychiatrist.

- Caseloads varied across the different professions. For example one occupational therapist and a speech and language therapist had a caseload of 27. Nursing staff had caseloads of 70-90 per clinician. It was difficult to identify specific caseload numbers for nurses and allied health professionals as people who used services were rarely discharged and therefore a number of cases were dormant. Nurses told us they were reluctant to discharge people in case they needed to access services in the future. This variation in caseload numbers was also evident in psychiatry. For example the consultant psychiatrist in Hereford held a caseload of 260 compared to a colleague in Gloucester who held a caseload of 188.
- Managers were at different stages of undertaking full caseload audits. Four of the five managers did not have a learning disability background and reported a lack of knowledge to support staff in clinical issues and decision making about discharging patients from caseloads. There was a professional lead nurse, recently appointed to replace the previous potholder that left in June, and caseload audits were due to be undertaken.
- Staff had received a wide variety of mandatory training. Levels of completion varied within the teams but the average completion was 86%.

## Assessing and managing risk to patients and staff

- Of the 18 case records that were reviewed two had no risk assessment or it was poorly done, ten had risk assessments but three were not up to date and six had good risk assessments all of which were up to date.
- We were told that risk assessments were carried out on all new referrals and these were updated when the situation changed. Staff understood the importance of undertaking risk assessments and one session was observed where a nurse and social worker discussed the risks associated with a proposed discharge of a person using hospital services. Staff identified a high, medium or low risk and a risk summary was written on the electronic recording system called RIO. However, this was not always evident on the system and some

updated risk assessments were included in the psychiatrist's letter which was uploaded onto the system but not recorded or cross checked in the case notes.

- The Intensive Health Outreach Team did not routinely complete a risk assessment unless it required updating. In this situation the risk assessment that had been completed by the community learning disability team was used. Information contained within the referral was used to assess the risk to staff when undertaking an initial home visit by the team.
- Emergency medical bags were regularly used by IHOT and appropriate checks were made to ensure all required equipment was present and up to date. We observed the equipment was appropriate, logged and checked every day.
- There were effective safeguards in place to ensure staff safety when working alone. Each team had local procedures in place for lone working and staff were aware of and adhered to the lone working policy. Security was good at each of the sites and we saw a signing in an out sheet which was completed by staff. Staff told us that should they be returning after hours and the office was closed there was a buddy system in place. Each team adopted a code word should a staff member contact the office to raise concerns about their safety.
- Staff received appropriate safeguarding training and were knowledgeable about the process and how to refer. All staff had received level 2 training and this was up to date. Good support was offered by the trust through the safeguarding team and there was regular and effective contact with the local authority in implementing safeguarding procedures.

## Track record on safety

- We reviewed records and information provided by the trust and found there had been no serious incidents recorded within the last 12 months. Five incidents had been reported by the community learning disability teams; two had been identified as a low risk of harm and three as no risk of harm.

## Reporting incidents and learning from when things go wrong

## Are services safe?

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

- The trust had an electronic incident reporting system. All staff demonstrated a clear understanding of how to deal with and record incidents should they occur. Staff told us that incidents, other than serious untoward incidents, were reported as safeguarding alerts and that these were not reported on the trust's electronic system. Staff demonstrated a clear understanding of identifying and reporting safeguarding issues. All services had very low levels of reportable incidents.
- The outcome of investigated incidents was discussed at the monthly locality meeting. This included managers of all services who worked in the locality. Therefore sharing of information was widespread and cascaded to teams as part of their monthly team meetings. Issues could be escalated to the governance or delivery committees but there were none that related to learning disability or autism services that had been escalated in the last six months.
- There were opportunities to discuss learning from incidents at the multidisciplinary team meetings that occurred weekly. None of the staff we spoke to were able to describe any learning from incident reporting or any consequent changes in practice.

# 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

- We reviewed 18 care records across the locations we inspected and found that two did not have a care plan present. In Gloucester we looked at four records all of which had missing information and only one had an up to date care plan. At the Forest of Dean we looked at four records and all had a care plan. The psychiatrist reviewed interventions and wrote a comprehensive update letter that was sent to the service user and their carers but this was not cross referenced in RIO. The care plans observed at IHOT and Cheltenham were comprehensive and up to date. Of the four records looked at in the LDISS service, two had a care plan in place and only one was up to date.
- RIO is new to the Hereford team but we were able to observe the notes of people who we had visited that day and found these to be comprehensive and up to date.
- Carers told us they had copies of their care plan and were involved in the process. Where reviews were carried out, carers told us they were sent minutes of the meetings.
- A sudden deterioration in physical health would initiate a referral to IHOT. We observed a handover meeting of IHOT where people who used services were being supported to stay in their homes and access appropriate physical health treatments and support. This service was only available in Gloucestershire.
- Clinical care pathways had been and were continuing to be developed in the IHOT team. An epilepsy care pathway had been developed and was available for all staff working in the trust via the intranet. Each section contained an information pack that had core actions and linked to relevant documents, policies, NICE Guidelines and clinical procedures. Work was progressing on a number of other pathways including dementia, phlebotomy and scabies.
- Care pathways were not developed in the LDISS team. We observed good partnership working in planning person centred interventions in this team but this was not consistently applied to all referrals and had not resulted in the development of specific care pathways.
- The Medical Director received NICE guidelines and distributed them to the consultant psychiatrists. New guidelines were discussed and reviewed by the psychiatrists. Where guidelines were relevant and appropriate to the service these were disseminated to the multidisciplinary teams and professional groups for implementation.
- A range of assessment and outcome measures were used across the different disciplines. For example, the nursing teams used the Mini PAS-ADD system which is a set of assessment tools for undertaking health assessments; psychologists used the Health of the Nation Outcome Scales and the electronic health equalities framework and occupational therapists used the Assessment of Motor and Process Skills and the Model of Human Occupation. One of the occupational therapists was involved in developing specific measures for learning disabilities. Auditing outcomes was not well developed in any of the teams and staff reported that short term goals were often met but these were not formally recorded.
- In Hereford the community learning disability team had developed a number of good, preventative group sessions to keep patients physically and mentally healthy. The psychology service provided a range of training courses to assist the implementation of psychological therapies and treatment. They had established a dialectical behaviour therapy service and trained nurse and social work colleagues in its application: they offered a six day challenging behaviour training course for care homes; they also offered one day training in autism, dementia, relationship matters and several others.
- Whilst consultant psychiatrists audited their own work, clinical audits were not routinely or systematically undertaken within the community learning disability teams. There was no evidence of a structured audit plan and staff we spoke to were not aware of any audits being undertaken.
- When we spoke to team managers about performance management they told us there were no CQUINS or commissioner led targets for community mental health services for people with a learning disability or autism. They were aware of the 95% target of accepted referrals to receive an initial appointment within four weeks.

### Best practice in treatment and care

# 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.

However the trust had a number of other commissioner led targets that related to this service and were negotiating four CQUINS with local commissioners but managers were not aware of these.

## Skilled staff to deliver care

- All the staff spoken to during the inspection were experienced in their roles and continuous professional development was encouraged and undertaken. Nursing staff attended four continuous professional development days per year. Psychologists and allied health professionals attended profession specific forums. Where staff attended external courses a presentation was given at the multidisciplinary team meeting. For example an occupational therapist had presented about their work in developing a learning disability set of dimensions at the MOHO institute in America, the week prior to the inspection at a conference in Japan. The trust supported this model and other therapy staff were trained in its application.
- Each of the CLDTs comprised of nurses, speech and language therapists (SALT), occupational therapists (OT's), physiotherapists and physiotherapy technical assistants, psychologists and consultant psychiatrists. In addition the Hereford team had a strategic health practitioner and provided a continence service. The LDISS had two trained positive behaviour practitioners and a health and exercise practitioner.
- Psychologists in Hereford published a paper every year in the learning disability and mental health journals. This related to evidence based practice and setting up a Dialectical Behaviour Therapy service.
- Some people who used services were not attending primary care appointments due to their fear of accessing a service they did not understand. One patient refused to have a blood test and staff in the IHOT recognised this was a problem. One member of the team had received training in phlebotomy services so that bloods could be taken in a person's home and thus meet the needs of people who used services.
- There was good use of evidence to change practice. For example a psychiatrist used learning from a course to change/update medication for one of the patients in

their care. The carer reported the effects were dramatic in changing behaviour and facilitated a greater awareness and understanding of the person using services.

## Multi-disciplinary and inter-agency team work

- We observed two multidisciplinary team meetings where all staff attended. The teams worked well together and the meetings included a full range of issues including: referrals, Mental Health Act guardianship, trust business, compliments, thanks and 'party moments', health and safety issues, research and training, learning from serious incidents and professional updates. The team were very supportive of each other and we observed good support and high challenge.
- There were good and professional relationships with primary and secondary care to ensure regular health checks were undertaken and that people who accessed hospital services were appropriately supported. For example in Hereford, the strategic health partnership role ensured hospital staff received appropriate training to be able to respond to the needs of people with a learning disability attending the hospital. Likewise in Gloucestershire the learning disability liaison nurses provided a link between the hospital, the CLDT and primary care. At assessment the CLDT provided a health passport for each person, which detailed key information about an individual's health and social care needs. This meant that when someone needed to attend hospital, basic information was available.
- There was good interagency working with social services and the local authority. This was particularly effective in Hereford where teams were co-located and this made planning of services timely and effective.
- There was good involvement of commissioners and staff spoke about an open relationship with local commissioners. Staff thought that there was a good understanding of local issues and where there were identified gaps in service delivery this was openly discussed.

## Adherence to the MHA and the MHA Code of Practice E7

- We were not made aware of any patients who use services that were subject to a Community Treatment Order.

# 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.

- Mental Health Act training was not mandatory but a number of different professionals had accessed this training. Psychiatrists received training from the trust and had received briefings on the new code.
- We were told that nurses were seen as the experts within the team. They reported good administrative support and legal advice was available from the Trust. Staff were aware of the MHA policy on the intranet.

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

- All but one member of staff we spoke to had received Mental Capacity Act training and this was provided as part of the induction process. The nurses we spoke to had received updates. Psychiatrists were trained as assessors and received annual training
- Staff had a good understanding of the MCA 2005. We observed staff with bookmarks indicating the five

principles of the MCA 2005 and some of these were displayed in staff offices. Mental Capacity Act assessments were completed as part of the initial, core assessment and then at regular intervals. This was recorded on RIO or in a letter, which was uploaded to RIO

- The allied health professionals that we talked to were also aware of the Mental Capacity Act consent principles. Best interest meetings had been chaired by speech and language therapists and occupational therapists. Any concerns were discussed at the trust Mental Capacity Act meetings which were held every two months.
- Good support was provided by the trust and staff were aware of the Mental Capacity Act lead within the trust.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- We spoke to eight people who used the service and ten carers.
- During the inspection we carried out seven shadowing visits with staff. In all the interactions we observed, staff were respectful caring and professional toward people using the service. Staff used communication methods appropriate to the person.
- People who used the service and carers gave us positive feedback about staff and told us staff were kind, caring, approachable and professional. Staff would always speak to the person using the service and then ask if it was acceptable to discuss the conversation with the parent or carer.
- In Hereford we observed people with a wide range of needs, some very complex, all being encouraged to join in activities. We saw staff interacting with people who used the service in an appropriate and respectful manner. People who used the service were given the opportunity to make choices about activities and food and drink preferences.
- We saw evidence through our discussions with staff and reviewing care records that staff understood the needs of people who used the service and supported people appropriately.

- The confidentiality of people using the service was maintained and respected.

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

- We reviewed the care records of 18 people who used the service. We found evidence that patients had been involved in the development of care plans and goal setting although this was not always recorded in RIO.
- When shadowing visits, we observed staff discussing the content of care plans with the person using the services and seeking permission to discuss plans with other agencies and staff. Managers of care homes told us there was good partnership working to ensure care plans were agreed and that any inconsistencies were discussed and resolved. Parents told us they were fully involved in the review meetings and received minutes from the meeting to ensure they were kept informed.
- All of the carers and care home managers we spoke to said they had been given good information on the care and treatment provided by the service. All of the community learning disability teams had easy read information about the role and purpose of their team with an explanation of the different roles of each profession.
- Carers and managers of care homes told us that where understanding was limited, staff would use pictures or objects of reference to explain what was happening to the person receiving the service. Choices and options were always given.

# Are services responsive to people's needs?

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

## Our findings

### Access and discharge

- There was a central referral point for the Gloucestershire community learning disability teams and all referrals were initially triaged and allocated to the most appropriate team quickly. All new referrals were discussed and allocated at the weekly multidisciplinary team meetings.
- The trust had set a 28 day target for the community learning disability teams for referral to assessment and reported there had been no breaches in achieving this target. The trust reported the average time from referral to assessment was 18 days. Staff completed a core assessment for all people referred within the 28 day target and the most appropriate professional was identified to provide treatment. There were no targets set for the IHOT or LDISS teams and the trust reported that the average waiting time from referral to assessment for IHOT was three days and for LDISS was 5 days.
- The trust had not set a target for the community learning disability teams for assessment to treatment intervention and reported that the average time for treatment, following assessment, was 55 days. For IHOT it was 6 days and for LDISS it was 16 days.
- Whilst the target for referral to assessment was being met, there were waiting times and waiting lists across all the CLDTs for treatment. The waiting times varied by profession and team. For example there was a 12 month waiting time for psychology services in the Forest of Dean, a seven month wait for physiotherapy in Gloucester and a 12 month wait for occupational therapy and speech and language therapy in Hereford. There were five urgent referrals (out of 144) in Gloucester that had not been seen within acceptable timescales. For example one referral had been waiting to be seen by the nursing team since May 2015, one had been waiting to receive occupational therapy treatment for four months and three were waiting to receive physiotherapy, the longest had been waiting for seven months. Where waiting times existed, the professional involved in the care of the individual would continue to monitor the situation and discuss at the multidisciplinary team meeting if the situation or risk changed and would seek alternative interventions if and where possible. .

- When patients who used services or carers telephoned the team, staff responded promptly to those already on a caseload. Carers told us that staff were always available and someone would always respond to their call.
- Teams were not good at discharging people who used services from their caseload and staff told us they were reluctant to do so in case the person needed intervention. Information received from the trust showed that in 2013/2014 there were a comparable number of discharges to new referrals but we observed the caseloads of two teams which showed people were still active having been referred in 2000. Team managers confirmed there was insufficient caseload management taking place.
- Despite the trusts policy regarding out of hours access to psychiatry services, we were told by two members of staff that the psychiatrists in the crisis team in Hereford did not provide on call services as people with a learning disability or autism did not fit the referral criteria. An incident had occurred where a person who used the community learning disability services was in crises and attended accident and emergency in Hereford. The psychiatrist for learning disabilities in Hereford was not available so the on call psychiatrist for learning disabilities in Gloucester attended.

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

- All facilities we visited were wheelchair accessible. There were a range of facilities at each of the different sites. For example there was a new, purpose designed facility at Colliers Court, Forest of Dean, with clinic rooms and equipment available all of which promoted dignity and confidentiality. However space was limited at Fieldview, Gloucester which meant that more home visits were undertaken.
- Most appointments were conducted in the person's own home and carers told us this was appreciated. Winter checks were being implemented so that services for the most vulnerable could be provided at the most appropriate time.

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

- Speech and language therapists told us that people who used services were able to access a wide range of

# Are services responsive to people's needs?

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

specialist equipment to accommodate and meet their needs. For example the provision of specific communication aids was available from the Gloucestershire Royal Hospital.

- Services ensured that information was available in a format that could be understood. For example in IHOT, a picture of a large glass was used to monitor the intake of fluids rather than using the normal fluid charts. Objects of reference and pictures were used by staff working in the west locality to explain treatment options.
- In Hereford, the strategic health partnership role was well developed and there were good links with primary and secondary care to ensure the physical health needs of all people accessing services were met.
- Information about the team composition and their roles was available in the waiting area of each of the CLDTs. This was in easy read format and there was good use of pictures and information to provide a thorough description of each person within the team.
- Teams were trialling the use of laptops to record their assessments and interactions but also to be able to access up to date information about the person they were visiting. For example, the physiotherapists in the South were able to look at x-rays on the computer on the day they were taken and could access the radiographer report when this was available. This meant that people who used services would have good access to relevant information and receive the most appropriate care.

- Parents and carers told us they were aware of an advocacy service but none had felt the need to use it.
- Opportunities to provide feedback about the service were positively encouraged and carers told us that this happened at the end of a review of care or at different times during the treatment process.

## Listening to and learning from concerns and complaints

- No complaints had been received in the last 12 months relating to any of the CLDTs
- Any complaints received were discussed in locality meetings so that all services within the locality could share learning and where necessary make changes in practice. As no complaints were received there was no evidence of any changes made within the learning disability teams.
- Staff were aware of the complaints process and how this would be managed. Staff told us they would try to resolve any issues as they arose through the informal process and thus prevent stress and anxiety for patients who use services or their carers when initiating the formal process.
- Carers told us they were aware of the complaints procedure and would initiate this if they needed to. None of the carers we spoke to had felt the need to complain.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and values

- There was a lack of strategy and planning for learning disability services. Four of the five team managers did not have experience of learning disabilities and were not able to offer clinical support to their teams.
- Planning of services was based on historic information and there was insufficient caseload management being undertaken. Staff spoke about their engagement with local commissioners and each team reported a good working relationship with commissioners. This meant that services were developed in an ad hoc way and not all services were available for all patients in all areas. For example the LDISS and IHOT teams were only developed in Gloucestershire.
- Not all staff were aware of the trust values. We observed the trust values posted on the wall of two of the teams we visited.
- Staff knew who the chief executive was, whilst other executives and members of the Board were not known. Staff told us that visits to the team were only undertaken when and if there was an issue or problem. In these circumstances staff told us they were listened to and their opinions were respected. Trust information showed that in 2015, there were three formal board visits and five informal visits undertaken to the community learning disability teams.

### Good governance

- Staff told us they were up to date with mandatory training. We observed the trust's training matrix which did not include all staff within each of the teams. Of the staff that were listed, 86% were up to date. Managers told us the trust recording tool was inaccurate and they relied on a separate checking list to ensure staff were up to date with mandatory training.
- Clinical supervision was available for all staff. For nurses this was primarily through peer support and was informal. The exception was in Hereford where formal supervision occurred every 4-6 weeks. This was recorded by the manager and copied to the staff member. It was not reported to the trust. Allied health professionals received formal supervision from their professional leads every 4-6 weeks.

- Appraisals were conducted annually but not all staff had received a recent appraisal. The Forest of Dean appraisal rate was 60% compared to Gloucester which was 89%. Managers were aware and dates had been planned.
- Staff vacancy rates varied across the teams. Where vacancies existed there was appropriate use of bank staff and technicians to try to cover these vacancies but staff did not work across teams to help reduce waiting lists or times. All professions within the multidisciplinary teams held waiting lists.
- There was no clinical audit plan and apart from psychiatrists, staff did not participate in local or national audits.
- Staff had a good understanding of the incident reporting process although this was rarely used. Staff told us that incidents were reported as safeguarding concerns and only serious untoward incidents would be reported on Datex.
- There was good use of the safeguarding process and staff were positive about the support they received from the trust and the good working relationship with the local authority. There were no examples of changes in practice as a result of lessons learned.
- Apart from the four week referral to assessment target, there were no formal performance indicators in place. Team objectives were not widely discussed and caseload management was not consistently undertaken. Although staff reported the use of the electronic health equalities framework to measure outcomes, it was not evident that this was audited or evaluated as a performance indicator.

### Leadership, morale and staff engagement

- Staff morale was generally good and it was reported that the trust was a good employer. Staff felt listened to and valued and were very complimentary about the support received from their immediate line manager. However, the morale of some staff was low due to lack of consistent line management support. Four staff told us they felt uninformed of imminent changes within the service, but these were not directly related to the trust although would inevitably impact on effective working relationships.

# Are services well-led?

Requires improvement 

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

- Some staff were encouraged to participate in leadership development. For example the trust were supporting one member of staff to undertake an advanced diploma in business administration.
- There was effective team support and good working relationships within all the teams. Multidisciplinary and inter- agency working was well established and this provided a person focussed approach.

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

- The intensive health outreach team received referrals from the community learning disability teams. It was recognised by staff that more work was needed in primary care and plans were in progress to develop more effective working with local GPs.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Governance (1) and (2) (a)  The trust did not have appropriate systems and processes in place to ensure the quality of services were planned, monitored and maintained. There was no audit plan and staff did not participate in any local or national clinical audits.  This was in breach of regulation 17 (1) and (2) (a)