Good

East London 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)
RWKW1	Luton and Bedfordshire community mental health services	Services for people with a learning disability	MK41 6AT

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

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

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

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

Community mental health services for people with learning disabilities were **good** because:-

- The trust provided a range of community based services to meet the needs of people with learning disabilities with complex needs in Luton and Bedfordshire.
- Patients and carers told us that staff were kind, caring and helpful. Staff had a good awareness of the individual needs of people who used services. There were comprehensive, individualised care plans and thorough risk assessments in place which involved patients and reflected their communication needs.
- Staff had a good understanding of how to report incidents and were able to give examples of incidents in the service and reflect learning from incidents and complaints. Staff also had a good understanding of safeguarding and when they needed to raise an alert. Staff undertook a range of clinical and non-clinical audits within the teams and used the results of these to improve the service.
- Staff had access to a range of training and opportunities to progress their careers. They did however need to receive training on positive behaviour support which was essential for supporting people who had complex behaviours. Some members of the team would also benefit from training on the Mental Capacity Act which the trust had plans to provide to all staff.
- The service did not have a single manager to coordinate the work of the different teams, psychology and therapies. The trust was aware of this issue and was working to recruit a strategic lead for the learning disability services. Staff were positive about the local leadership within their teams.

However:

- Some multi-disciplinary staff felt less well supported by the trust.
- There was limited psychology and therapy input into the teams but work was underway to review these services and improve access.

Summary of findings

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

Are services safe?

Good

We rated safe as **good** because:

- The team was located in a resource centre which provided a clean environment and accessible interview rooms. The team visited people who used services at home as well as offering them the opportunity to meet at the resource centre.
- Staff were up to date with mandatory training.
- Records we checked had current risk assessments which were updated regularly.
- Staff had a good understanding of safeguarding and knew how to raise alerts.
- Staff had a good understanding of the local lone working policy.
- Staff knew how to report incidents and the team managers had oversight of incidents which were reported. These were discussed in team meetings and staff were able to give examples of recent incidents in the service and changes to practice which had been made as a result.

However:

- Not all members of the multi-disciplinary team had portable alarms to take with them when visiting patients but used individual risk assessments and lone working protocols.

Are services effective?

Good

We rated effective as **good** because:

- Patients had detailed assessments and person-centred care plans which were available in accessible formats including easy read. They also had comprehensive health passports.
- Most staff had regular supervision. Team meetings took place regularly which discussed clinical issues as well as updating staff about clinical governance.
- Staff worked with a range of connected agencies including local authorities, third sector providers and community health trusts.

However:

- Positive behaviour support training was planned but had not been fully implemented at the time of the inspection to ensure staff were supporting patients in line with this approach.
- Limited psychology and other therapy input was having an impact on the effectiveness of treatment in line with best practice, although there were plans in place to address this.

Summary of findings

- Whilst staff had an understanding of the Mental Capacity Act the records of best interest meetings needed to improve.

Are services caring?

Good

We rated caring as **good** because:

- Feedback from patients and their relatives was very positive.
- We observed care being delivered in a kind and thoughtful way which was respectful towards patients.
- Staff had a good understanding of the individual needs of patients and we saw that they made a great effort to reflect their needs and wishes in how they delivered care.
- People who used services were involved in staff recruitment.

Are services responsive to people's needs?

Good

We rated responsive as **good** because:

- Urgent referrals received prompt assessments and support.
- Information was available including easy read leaflets about physical and mental health needs and local services.
- Information was available about complaints in an easy read format. We saw that complaints were logged and followed up and learning from complaintswas discussed in team meetings.

Are services well-led?

Good

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

- Clinical audits and quality improvement initiatives were used to improve services.
- Staff were positive about local leadership from the team managers, and said that their colleagues were supportive of each other.
- The trust was developing a specific strategy to improve care for people with learning disabilities in mainstream services.

However:

- There was no overall strategic lead for the service, although there were plans in place to provide a learning disability lead for the trust.

Summary of findings

Information about the service

East London NHS Foundation Trust provides a community mental health learning disability service. Bedfordshire is the lead commissioner.

There are three teams which provide this service, all based at the Clinical Resource Centre in Twinwoods Health Resource Centre. These are the intensive support team, adult autism team and specialist health care team. The specialist health care team includes health facilitation, sensory impairment, medical, psychology, occupational therapy and speech and language therapy. The teams work closely with community health and social care teams in Luton and Bedfordshire.

The intensive support team provides a 24 hour service, seven days a week, for people with learning disabilities who experience crisis in their mental health or challenging behaviour. They work to reduce hospital admissions and provide appropriate agreed interventions in the community. They also assist to facilitate early discharge and support back into community.

The autism service provides a diagnostic service for people with or without a learning disability.

The health facilitation team work closely with the local authority learning disability team, supports patients to attend health care appointments and promote healthy living choices.

The sensory impairment team support people with visual and auditory loss or needs, and the specialist health care team includes psychiatry, psychology, speech and language therapy, and occupational therapy.

These services had not been inspected by CQC previously.

Our inspection team

The team that inspected community mental health services for people with learning disabilities consisted of two inspectors and a psychologist with a professional background in services for people with learning disabilities.

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.

During the inspection visit, the inspection team:-

- visited the services for people with a learning disability (SPLD) at the clinical resource centre at Twinwoods
- spoke with four patients and four relatives of patients
- observed a patients and relatives event for learning disabilities awareness week

Summary of findings

- spoke with three team managers
- spoke with ten members of staff from across the five teams, including four qualified nurses, a support worker, a consultant psychiatrist, the lead psychologist, two occupational therapists (including the lead), and the lead speech and language therapist.
- observed two home visits
- reviewed care records for eight patients
- looked at a range of policies, procedures and documentation relating to the service.

What people who use the provider's services say

During the two weeks of the East London NHS Foundation Trust inspection, we met with four patients and spoke with four family members of patients who used a range of different services by telephone. Most of the feedback we received was positive with patients and relatives telling us that staff were kind, approachable and responsive. We also heard how staff ensured they communicated well with people using the service. However, three relatives told us that they thought the team was under-resourced.

We heard about how people using the service are encouraged to participate in how the service is provided, for example helping with staff interviews. They said that they were asked for feedback about the services, and one patient said that they were a member of the local advocacy group.

They described good join-up between the different teams that supported them, for example one patient usually saw the health liason team, but was supported by the intensive support team when they were unwell. They told us that they received enough support, and during home visits staff stayed long enough.

Suggested areas for improvement included a periodic telephone call to check on how patients using the health facilitation service were managing, and making it easier for patients to complain when they needed to. One patient told us that they found that 25 per cent of staff did not understand them, especially new staff.

Family members of patients were positive about the support and information received. They said that staff gave them enough time and that they made a difference. Following a crisis, one family member told us that they felt the patients needs were central and that they felt well supported. However one family member noted that although group counselling was suggested for their relative, individual counselling was not available.

Good practice

- An event was arranged to celebrate learning disability awareness week. This was a great success and people told us that they enjoyed it immensely.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should review if all members of the multi-disciplinary team would benefit from having a portable alarm to take with them when visiting patients, to protect them during lone working.
- The trust should ensure that all relevant staff receive training relating to the Mental Capacity Act (2005).
- The trust should continue to implement the changes to enable improved access to psychology and therapy staff.
- The trust should ensure that the training on positive behaviour support is provided to the staff team to inform their approach with patients and this is always used in care planning for patients with challenging behaviour.

Summary of findings

- The trust should ensure that a strategic lead is recruited for the learning disability teams to give the service direction and support the care of people with learning disabilities across the trust.

East London 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
The community learning disability teams	The Glades

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.

Most staff in the community mental health learning disabilities team had not undertaken current training in the Mental Health Act and this was not mandatory within the trust. Only clinical staff working in the intensive support team had completed this. Staff were aware of how to access support and information related to the Mental Health Act if it was required.

Mental Capacity Act and Deprivation of Liberty Safeguards

Only 11% of staff had undertaken training related to the Mental Capacity Act 2005, the Mental Capacity Act Code of Practice and the Deprivation of Liberty Safeguards. The trust was implementing mandatory training across the trust. However staff showed an understanding of the implementation of the Mental Capacity Act and how it was used in practice within the service.

We checked some records of patients and saw that they reflected an understanding of the principles of the Mental Capacity Act including respect and understanding of the autonomy and rights of patients. However recording of best interest decisions was not always clear.

Good

Are services safe?

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

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

Our findings

Safe and clean environment

- The teams were based at the clinical resource centre in Twinwoods health resource centre. Most appointments took place in patient's homes, however appointment rooms at the resource centre were adequately and comfortably furnished.
- The centre was visibly clean, with cleaning schedules in place. There was a clinical room with appropriately maintained equipment, with medical devices last serviced in June 2016.
- The only medicines maintained on site were eye drops, and these were stored at an appropriate temperature which was monitored, and checked regularly for expiry dates.
- A health, safety and security inspection was undertaken six-monthly at the centre, most recently on 3 March 2016. This included a review of the first aid facilities and identified ligature risks and how these could be managed by the risk assessment of patients.
- The centre did not have an integral alarm system. Staff in the intensive support team had been provided with sky guards (which including a tracking system to contact help in an emergency from any location). However other multi-disciplinary staff did not have these alarms. They advised that they refered to risk assessments when seeing patients at the centre, and had lone working protocols in place to check that staff completed their appointments safely, and never attended a new patient alone.
- A risk assessment of the clinical resource centre environment and activities was undertaken on 20 June 2016, with actions agreed including improving the car park.
- A fire risk assessment was last undertaken in July 2015, with all actions indicated as completed.

Safe staffing

- The community learning disability mental health service was covered by two consultant psychiatrist posts, who also covered the trust's inpatient ward. The trust was interviewing for an acting up consultant post and an associate specialist. The Luton consultant post was vacant at the time of the inspection.Filling this vacancy was recorded as a matter of priority on the service's risk register. An on call rota was available for the services to ensure that nursing and psychiatric cover was available out of hours.
- Overall in 2015 the community services for people with learning disabilities had 44.5 substantive staff, with 3.9% staff leavers, and 1.1% sickness in the 12 months prior to the inspection. Team managers indicated that whilst staffing was not unsafe they were concerned about having access to sufficient multi-disciplinary team (MDT) support. The trust were aware of this and proposals were in place to reconfigure psychology services across Luton and Bedfordshire.
- The intensive support team in the community was staffed with 13.8 qualified nurses and 12 health care assistants and two healthcare practitioners who worked across the team and the Coppice inpatient unit. There were vacancies for 3.2 nurses and two health care assistants. Sickness rates were 2.6% which was similar to the trust average. The team manager was recruiting to the vacant posts, and advised that the full compliment of staff was sufficient to meet patients' needs.
- The autism diagnostic service had one qualified nurse, and two health care assistants, psychology, occupational therapy and psychiatry with no vacancies.
- The health facilitation project consisted of eight qualified nurses and three health care assistants, with no vacancies.
- The manager of the sensory impairment team retained a clinical caseload for 40% of their time, alongside another 1.5 qualified nurses and 2.4 health care assistants, with a vacancy for 0.2 health care assistants.
- Mandatory training was 91% across the teams. We looked at mandatory training records for 68 staff (including the MDT), and it was clear that where there were gaps in training, courses had been booked for the relevant staff.

Good

Are services safe?

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

- Staff told us that some areas of training were now less frequent than under previous trusts, for example breakaway training for working with patients with challenging behaviour had been provided annually but was now provided every three years.

Assessing and managing risk to patients and staff

- Patient care records included up to date risk assessments, with some recorded electronically and others on paper, depending on the staff team involved. They were updated following incidents which occurred.
- Patients being supported by the intensive support team were reviewed on a weekly basis by the multi-disciplinary team to identify changes in risks. Where relevant care records had detailed crisis plans which were shared with patients, and their families where this was relevant and between professionals.
- The community teams had a lone working policy. Staff in the team were aware of the policy and knew how to ensure that assistance could be accessed when they were working in the community. The intensive support teams were given alarms but these were not available for other teams.
- Staff had a good understanding of safeguarding and how it applied within the service in which they worked. They were trained to an appropriate level of safeguarding depending on their role, and those requiring updates had been booked to do so. Relationships had been developed with the relevant local authorities. We saw examples of proactive work by the team to ensure that issues were raised with local authorities when concerns were identified. Information was available in the team bases about local safeguarding contacts, both within the trust and within the local authorities in which they were based.
- The hospital liason team had good links with the hospital safeguarding teams in which they were based, and the lead nurse in this team was the lead for safeguarding in the community mental health learning disability service. Recent referrals had been made for concerns regarding forced marriage and an identified staff member was taking a lead role in this area.
- Staff received national patient safety agency updates and advised that these were shared with the team promptly.
- Regular health and safety management meetings were held, and there was a resilience and business continuity plan in place for the service including a severe weather plan.

Track record on safety

- In the year prior to the inspection, there were no serious incidents in the community mental health learning disabilities teams which we inspected. Staff were aware of serious incidents that had occurred elsewhere in the trust and learning taken forward.

Reporting incidents and learning from when things go wrong

- Staff in the teams we visited had a good understanding of the incident reporting procedures in the trust.They were able to share with us examples of recent incidents in the service. We also observed that the learning disabilities service dashboard included reported incidents between February to May 2016 so that the teams could look at trends.
- A member of the multi-disciplinary team told us about a recent incident involving an information governance breach, and the learning from this which included changes to administrative processes and increased checking before any information was distributed.
- Information from incidents was shared at team meetings. We saw the minutes from these meetings and saw that there was an opportunity for incidents across the service and across the trust to be discussed. These incidents were also discussed in monthly health care and quality governance meetings alongside complaints received.
- Staff were aware of and understood their responsibilities under the duty of candour. The duty of candour means that providers must operate with openness, transparency and candour, and if a patient is harmed they are informed of the fact and offered an appropriate remedy.

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

- Assessment by the intensive support team were carried out comprehensively and with skill, listening to the views of the patient and their representatives.
- Care plans across the teams were comprehensive and holistic. Patients had been involved in the planning and reviewing of their care. They included physical health care, social and psychological needs and were recovery orientated. Some easy read care plans were available and there were plans for these to be further rolled out across the service.
- Staff we spoke with had a very good understanding of patients' preferences and needs. Where the service provided ongoing care and treatment, this allowed relationships to build up between staff and patients.
- An audit was undertaken of initial assessments in May 2016 looking at ten records from each department. When compared to a similar audit in February 2016 audit, there was a drop in the percentage of initial assessments completed from 90% to 82% but improvements in the completion of all sections, and evidence of people being able to consent. There was a significant improvement in the number of care plans recorded from 64 to 86%.
- The service used health passports to ensure that patients used the services were able to share information about their needs in terms of the physical health and emotional and psychological needs with other health professionals.

Best practice in treatment and care

- The teams had an understanding of current, relevant NICE guidance and how it was used in the service. This included specific guidance related to the management of behaviours which may challenge services, although it was acknowledged that staff needed further training in this area. The team was equipped to refer to this guidance to promote best practice. Other examples given included guidance on the use of psychotropic medicines, dementia and end of life care.
- There was a service guidelines group held monthly, and a bi-monthly NICE guidance group for the learning disability services including a representative from each discipline, with minutes available for all staff, and action plans produced.
- At the time of the inspection access to psychological therapies in line with best practice was limited. In May 2016 there were 156 people on the waiting list for psychology. The trust had put in place an action plan and had managed to reduce this to 77 people on the list in June 2016. We clarified the trusts progress in August 2016. Two additional psychologists (one full-time and one part-time) had come into post. The waiting list had reduced to 49 people. Of those 28 had been waiting less than 12 weeks. The numbers of people waiting over 6 months had reduced to 11 people and these were all known to the service and had initial phone contact with the band 8a psychologist. The aim was with the additional staff to reduce waiting lists to a maximum of 18 weeks by the end of 2016. A number of other changes were also taking place to improve access to services which included looking at how the psychologists provided their service including offering more clinic based appointments and considering the provision of group work, reviewing the waiting list and providing input from the intensive support team to people waiting for input. This was being supported by commissioners and monitored by the directorate management team.
- The teams used a range of outcome measures, including a goal attainment scale for psychology patients, and occupational therapy outcome measures.
- Clinical and non-clinical audits were undertaken in the teams to improve the effectiveness of the service delivered. Green light is a toolkit for improving mental health support services for people with learning disabilities. The green light toolkit was most recently reauditted in March 2016 with an action plan in place for areas needing improvement including development of more accessible care plans.

Skilled staff to deliver care

- The teams combined a range of professionals working together, including psychiatrists, psychologists, occupational therapists, speech and language therapists, nurses and health care assistants.

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.

- A significant number of staff had worked for long periods in the service, and knew patients well.
- Staff had access to monthly supervision and annual appraisal. We checked the supervision records and saw that this was the case for most staff, with 91% completed, and 100% of appraisals. Managers had a monthly tracker in place to ensure that supervision was kept up to date.
- Psychologists, speech and language therapists and occupational therapists had lower rates of supervision, as they did no have a current supervision in place. They had recently set up their own peer supervision group. Lead therapists did not have clinical supervision. They described a reduction in external training that they could undertake, under the new trust, as they had lost links with a local university. This also had an impact on nurse training, with some nurses having to attend sessions in London in order to complete their qualification.
- Approximately 50% of the nurses were mental health nurses, and 50% learning disability nurses, and the manager indicated that this worked well.
- Inhouse training was provided for non-learning disability trained nurses, including communication skills.
- Out of the referrals received by the intensive support team in the previous year 64 of the patients were assessed as having challenging behaviours. The plan was for all these patients to have a positive behaviour support plan, including proactive strategies to support them. However, whilst care plans reflected how patients were supported with their complex needs, this was not yet in place as staff had not yet had the training. This training was planned and when we checked on progress after the inspection 19 staff had been trained by early August and the remaining staff were due to complete their training by the end of September 2016.
- Individual team meetings were held regularly, and staff advised that these were helpful in sharing information, learning and providing support. We looked at minutes of some of the team meetings and found that these included performance and targets, training and development, and operational policies and procedures.

Multi-disciplinary and inter-agency team work

- Staff described the multi-disciplinary team (MDT) within the trust's learning disability services as fragmented. Staff in most teams felt that they needed more MDT posts to meet people needs effectively.
- There were no social workers employed by the trust at the service, however social workers from the local authorities attended intensive support team case reviews and ward rounds, and staff said they had developed a good relationship with them, and were proactive in ironing out any difficulties.
- Physiotherapists on a service level agreement from Bedford hospital attended MDT meetings when required. The occupational therapy and speech and language therapy teams had reduced in numbers and there were waiting lists of up to 10 months for input from these professionals.
- Therapy staff input had been reduced, with a music therapist leaving and a drama therapist on long term sick. However art therapy was happening regularly.
- There was a wide range of inter-agency working including the autism diagnostic team participating in the autism strategy steering group monthly meetings with the clinical commissioning group in Bedfordshire and the autism partnership board co-chaired with a charity. The sensory impairment team were a member of the Bedfordshire eye care working group and hearing advisory group.

Adherence to the MHA and the MHA Code of Practice

- Most staff in the community mental health learning disabilities team had not undertaken current training in the Mental Health Act and this was not mandatory within the trust. Only clinical staff working in the intensive support team had completed this. Staff were aware of how to access support and information related to the Mental Health Act if it was required.

Good practice in applying the MCA

- Staff had a good understanding of the Mental Capacity Act (MCA). Bespoke training was provided and mandatory training for MCA was being introduced. The lead health liaison nurse was the lead for the Mental Capacity Act within the service.

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.

- Records we checked included a relevant assessment of capacity and an understanding of the assumption of capacity as a starting point. The assessment was integral to the assessment and care planning documents.
- There was appropriate use of capacity assessments relating to health interventions with a flow chart available to staff through the health facilitation team to support staff working for the acute hospitals to follow the process for their patients. However best interest decisions which were mainly documented by staff working for the acute trust were not always recorded clearly.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Patients and family members who we spoke with told us that staff were kind and respectful, and listened to them. We observed that staff were sensitive and responsive to people who used the service.
- There were photographs of the staff team members displayed in the resource centre so that people could recognise the people working with them.
- The learning disabilities awareness week event was very well attended, and appeared to be a great success, with patients enjoying the activities provided, and clearly demonstrating good rapport with members of the staff team.
- Patients and relatives told us about a number of different staff members who were particularly good.
- Staff in the team demonstrated a very good understanding of the individual needs of patients, and many had known patients for a number of years. One patient told us about how staff had supported them through cancer treatment, and how much of a difference this support had made to them at such a difficult time.

The involvement of people in the care they receive

- Patients were provided with information about their care and treatment pathways.
- Family members told us that they were involved in their relatives' care decisions when the patient gave permission for this.
- Patients had been involved in the recruitment of staff within the team. One patient told us that they had sat in on several interviews and we met several staff members who said that they had been interviewed by this patient.
- Information about the service was collected through a tablet computer with feedback surveys, which had been adapted into an accessible format for people with learning disabilities.
- There was a noticeboard including 'you said - we did,' information about recent redecoration of the resource centre, and provision of more activities, with the event arranged for learning disabilities awareness week.
- A number of groups were held for patients and their relatives, including a 'helping together group' which met monthly at day centres and coffee mornings to discuss particular health topics and some social and leisure activities. This recognised patients and carers need for practical and emotional support.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- The autism diagnostic service, was relatively new and included a managed waiting list of approximately nine months (in line with the national average). With initial assesssments completed within 8 weeks.
- The intensive support team provided a 24 hour service, seven days a week and included an inpatient facility should patients require this during a crisis. They were able to provide joined up care and treatment for people, preventing hospital admissions where possible and facilitating early discharge. The manager advised that they working towards further joint work with mainstream crisis services in the trust.
- Staff from the health facilitation team were embedded within the local authority teams and local hospitals, and were part of the clinical network for the health facilitation service for this region.
- People were generally referred to the service through GPs or the community teams for people with learning disabilities or other community teams within the trust such as recovery and support teams.
- There was a referrals meeting weekly to look at the appropriateness of referrals and allocate them to the correct teams. The service received approximately 1400 referrals each year, with a quarter to a third, not having a clear learning disability diagnosis. Staff advised that in the event of a crisis, they would provide a service without delay, and address this issue afterwards.
- There was scope within the service to see people more quickly if there was an emergency or crisis situation and the team allowed some flexibility in order to manage this through the intensive support team. For example speech and language therapy patients with swallowing difficulties were seen within one week if urgent, or two weeks if non urgent. Patients with safeguarding, mental capacity issues, challenging behaviour and risk of placement breakdown were also prioritised. When patients had a long wait for psychology and were assessed as needing support more quickly, the intensive support team provided a service in the interim period.
- The autism diagnostic service had a waiting list of approximately nine months (in line with the national average) however they were given an intial assessment within 8 weeks. Following a diagnosis of autism, patients could be provided with up to six sessions to support them, including signposting to other services.

The facilities promote recovery, comfort, dignity and confidentiality

- There were notices, and leaflets available at the clinical resource centre which provided relevant and informative guidance for people who used the service in easy read format. These included information on how to access services, how to make a complaint and specific health conditions.
- Interview rooms were accessible and ensured confidential conversations could take place.
- There was a clinic room for the sensory impairment team, with appropriate equipment, and models to explain work with eyes and ears. There were also rooms with a piano and musical instruments for music therapy, dressing up materials for dramatherapy, a pottery wheel and art materials for art therapy, and a garden area outside for people to use. There was also a multi-sensory room.

Meeting the needs of all people who use the service

- Staff said that they had access to easy read resources, including a library of pictures they could use. Easy read leaflets were available for each team's service.
- Some care plans were available in easy read formats, and these were being rolled out for the whole team.
- A representative from the service attended the accessible information standards meeting at Luton and Dustable.
- The teams had accessible notices and leaflets with health information and other local services available.
- Staff had access to interpreters including community languages and British sign language.
- A hearing loop was available in one interview room, and there was also a portable hearing loop available.
- Staff had completed equalities and diversity training and were clear about meeting the needs of people with protected characteristics.

Listening to and learning from concerns and complaints

Are services responsive to people's needs?

Good

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

- In 2015 there were nine formal complaints about community mental health services for people with a learning disability. The patient advice and liaison service provided a breakdown of these complaints. They related to staff attitude, lack of a care plan, waiting for psychology and the autism diagnostic service. These had been investigated, with learning taken forward when appropriate. One complaint remained ongoing.
- Staff had a good understanding of recent complaints, both formal and informal within the service and there was scope to discuss complaints both within the team meetings and if relevant, in supervision sessions.
- Clear and accessible information was available about the trusts' complaints procedure. One patient told us that they thought the service could make it easier for people to complain.
- The trust had recently started sharing lessons learned across services on a monthly basis, so all staff could learn from them, and staff told us about learning from another service that they had discussed.

Are services well-led?

Good

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

Our findings

Vision and values

- Staff we spoke with were aware of the trust's values and reflected those values in their day to day work.
- Some staff were familiar with the senior management team including the board level management within the trust, and said that they were approachable.
- While there was some concern that the profile of learning disabilities services were not high within the trust centrally, staff told us that they felt that this was improving under the current trust, although there was still work to do.

Good governance

- The trust collected information from each team which reported back on key information including staff vacancies, sickness rates, complaints and incidents. This information, when collated, was able to provide an overview of the teams and to pick up on any concerns or strengths within the services. Regular performance and quality governance management meetings took place.
- Team managers had a good overview of the training needs of staff and ensured that supervision and mandatory training was updated.
- There was a risk register for the service, and the team managers had a good understanding of the current risk levels within the service and where the priorities were for improvement. High priorities were the administration review, medical cover, management and supervision structures for the therapies and psychology.
- There was a service development plan for the intensive support team to improve the multi-disciplinary team, continue with the roll out of the patient record system, expand positive behaviour support, address violence and aggression and increase patient's use of mainstream services, with support where needed.

Leadership, morale and staff engagement

- There was no single manager for the community mental health services for people with a learning disability. The service was part of the Bedfordshire and Luton mental health and wellbeing service, with a director, deputy director, and three team managers.
- The trust were aware of the lack of a strategic lead for the service, and were looking to recruit to this position. However in the interim period there was a lack of formal and robust coordination of care planning and delivery for the service. This was mitigated by the team managers and leads working together to cover some of these responsibilities.
- Morale among the staff team was generally positive. The teams worked closely together and were committed to provide the best possible service for people they worked with. Staff spoke highly of team managers. However morale was lower amongst psychologists, speech and language therapists and occupational therapists, due to the lack of an overall manager for therapies. They had recently set up peer supervision in the absence of a manager to provide this. They noted that they did receive support from the director of the Bedfordshire and Luton mental health and wellbeing service, although he was not their line manager.
- Staff told us that the transition period with the new trust had taken some time. Things had not changed immediately, with the first year as a settling in period and the transformation starting in the second year. Some staff had found the process difficult.
- Staff were aware of the trust whistleblowing policy and told us that they would feel confident to raise concerns with their immediate managers.
- There was effective engagement with other agencies, for example partnership work with mental health mainstream services and the sensory impairment team's involvement in the Bedfordshire eye care working group.

Commitment to quality improvement and innovation

- The intensive support team had a quality improvement plan to reduce incidents of violence and aggression, which was being undertaken in coordination with the inpatient service.
- A service design plan from April 2016 had been submitted regarding best practice assessment, diagnosis, intervention and support of people with learning disabilities who develop dementia.
- The sensory impairment team were aiming to move towards having a more optometrist based service instead of an opthamologist service.

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.

- The autism diagnostic service, was providing only short term therapy, however they were in the process of submitting a business case for longer term work.