

# East London NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related evidence appendix.

## Ratings

### Overall rating for this trust

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

East London NHS Foundation trust was formed in 2000 and gained foundation trust status in 2007. The trust was first established as a mental health trust covering East London (City and Hackney, Newham and Tower Hamlets). Since April 2015, the trust has provided mental health services in Bedfordshire and Luton.

In recent years, the trust has taken on the provision of a range of community health services and specialist services in different locations. For example, it provides community health services in Newham and from April 2018, in Bedfordshire. Specialist services provided include psychological therapies in Richmond and children and young people's speech and language therapy in Barnet.

The trust provides services to a population of 820,000 in East London and 630,000 in Bedfordshire and Luton. The trust employs around 5000 permanent staff. The trust has over 800 inpatient beds and provides services from around 100 community and inpatient sites. It has an annual budget of approximately £390 million.

The trust is organised into directorates based on the five geographical areas (City and Hackney, Tower Hamlets, Newham, Luton and Bedfordshire) and also directorates for forensic services, specialist services including children and adolescent mental health services and children's community services, specialist services covering addictions, specialist directorate for older people including the Newham adult community services and specialist directorate for psychology services. Each one has a clinical director and service lead.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Outstanding**   

## What this trust does

The trust has over 800 inpatient beds and provides care and treatment for children and adolescents, adults of working age and older people. The trust provides community health services for children, young people and families and adults as well as mental health services for people of all ages.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected three services as part of our ongoing checks on the quality and safety of healthcare services:

- Community mental health teams for people with learning disabilities and/or autism

# Summary of findings

- Mental health wards for people with learning disabilities
- Forensic inpatient wards

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as outstanding because:

- Since the last inspection in 2016, the trust has continued to make improvements. We inspected three services and carried out a well-led review. In all areas further progress had taken place and in forensic services the rating had improved from good to outstanding.
- We rated safe and effective as good; caring, responsive and well-led as outstanding. Following this inspection, five of the trust's fourteen core services were rated as outstanding and nine as good.
- We rated well-led for the trust overall as outstanding.
- The trust had addressed most of the areas where improvements were needed from the last inspection. In the inpatient and community services for people with a learning disability staff had received training in positive behaviour support, patients had individualised behaviour support plans and staff were supporting patients who had challenging behaviours appropriately. In the forensic service, the use of restrictive practices, including electronic monitoring for patients leaving the hospital was based on individual needs and not a blanket approach. Where work was still in progress, the trust had clear action plans and was monitoring progress closely.
- The trust recognised that even though it had a rating of outstanding, that did not mean that all patients, carers or staff had an outstanding experience of care or of working for the trust. They had created a culture where people could share their experiences and concerns and where there was a genuine commitment to learning and making improvements. An example of this was found in the investigation of serious incidents and sharing of learning.
- The trust has made further progress in the use of a quality improvement methodology. We saw that this methodology gave genuine opportunities for staff and patients in wards and teams to identify areas for improvement and make changes. The use of quality improvement was widespread throughout the trust. The methodology had been extended further to address strategic priorities such as improving care pathways and enhancing staff engagement.
- The trust board was visionary and confident in performing its role. Board members reflected the diverse communities served by the trust. The chair and non-executive directors were committed to ensuring that patients received the best care possible and used their wide range of skills and experience to challenge the executive directors to deliver high quality services.
- The trust has continued to grow, and shortly prior to the inspection had taken on the provision of community services in Bedfordshire. The trust worked collaboratively in innovative partnerships with other providers to deliver services in Tower Hamlets and Bedfordshire. The trust recognised the value of partnership working and when other providers could enhance the services delivered to patients.
- The involvement of patients and carers remained central to the work of the trust. Patients were supported to express their wishes and to be active participants in meetings where their care was discussed. The involvement of patients and carers in the wider work of the trust had developed further since the last inspection. This included access to a range of opportunities to contribute to the trust strategy, support operational aspects of the work of the trust and monitor the services delivered by the trust.

# Summary of findings

- The trust had strong governance systems supported by high quality performance information. This meant that at all levels of the organisation staff and members of the board had access to useful information that enabled them to gain assurance and make improvements where needed. This enabled the trust to achieve a balance between assurance and improvement work.

However:

- We identified a number of areas where the trust can make further improvements.

## Are services safe?

Our rating of safe stayed the same. We rated it as good because:

- We rated the three services we inspected as good for safe.
- Services were clean and systems were in place to ensure good standards of infection control.
- Staff checked premises for risks and had effective plans to manage identified risks.
- Services had safe staffing levels. Staff vacancy rates were low in the services we inspected. The trust did not use agency staff. Managers could easily arrange for bank staff to cover any vacancies and to provide additional input when this was required to keep patients and staff safe.
- Staff worked with patients to assess their individual risks and to develop plans to manage risks. Staff were alert to changes of risk and made sure that management plans were updated as necessary.
- The trust had used the learning from quality improvement projects on the risks of violence and aggression. The trust had innovative systems in place to manage risks to staff working on wards and in the community.
- The trust ensured that ward staff were committed to only using restrictive interventions, such as restraint and seclusion, as a last resort. Staff received effective training on this and were skilled and experienced.
- Staff reported incidents when appropriate. Reports of serious incidents were thorough. The trust ensured that staff learnt from incidents.
- Staff identified and reported any safeguarding concerns.

However:

- The trust provided a wide range of mandatory training. Although the overall completion of mandatory training was 85%, there were a few topics where the completion rates were below the trust target. Managers knew which staff needed to complete the training.
- There were still a few cases where systems were not ensuring that medicines were always stored at an appropriate temperature.

## Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- We rated the three services we inspected as good for effective.
- Care and treatment was tailored to each patient's needs and followed national guidance. Staff provided medical and psychosocial interventions based on the evidence of effectiveness.
- The physical healthcare needs of patients were assessed and managed. Staff ensured patients could access specialist health support when this was needed. Staff supported patients to improve their health and wellbeing through physical exercise and healthy eating.

# Summary of findings

- Care plans were developed with the patient and reflected their views. Care plans were holistic and focused on the patient's recovery.
- Services had effective multi-disciplinary teams, comprised of skilled and experienced staff from the full range of mental health disciplines.
- Patients on inpatient wards had food and drink which met their needs. Patients could make themselves snacks and drinks.
- Staff met their legal responsibilities in relation to the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- Although managers ensured that most staff received regular supervision, this was not the case in a small number of teams. However, the quality of supervision was good.

## Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

- We rated forensic services as outstanding for caring. We rated mental health wards for people with learning disabilities and community mental health services for people with learning disabilities and/or autism as good for caring.
- Patients and carers consistently told us that they were treated with respect, kindness and dignity. Staff were always friendly, polite and respectful when speaking with patients. In forensic services, staff were very sensitive and carefully built relationships with patients. The trust respected the contribution patients made to the service and paid patients for the work they undertook.
- Patients and carers told us they were fully involved in the process of planning their treatment and recovery. Staff always took steps to make sure that patients were supported to communicate their individual needs and preferences effectively and that their views were reflected in care plans. Families and carers were routinely involved in patients' care and treatment. This included regular telephone contact and attending meetings.
- In forensic services, patients and staff had co-produced hand books and welcome packs for new patients. Staff provided individually tailored support to ensure that patients felt at ease and could speak freely in meetings with staff about their care and treatment. Patients were always involved in staff interviews and the trust recruited peer support workers to work with patients.
- Services fully involved patients in planning the development of the service. Patients were supported to meet together to discuss any issues they had with the quality of the service at ward level. In forensic services, patient representatives fed into clinical governance meetings and were partners with staff in making improvements across the service. Patient-led audits took place on the quality of the service. Patients were involved in the development of new policies. There were many examples of patients leading changes in terms of ward activities and meals provision.
- The trust ensured patients were always involved in quality improvement initiatives. In forensic services, patients were fully involved from start to finish in projects to reduce levels of violence and aggression and the development and implementation of recent policies to reduce restrictive practices in the service.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as outstanding because:

- We rated forensic services as outstanding for responsive. We rated mental health wards for people with learning disabilities and/or autism and community mental health services for people with learning disabilities as good for responsive.

# Summary of findings

- Services met the needs of patients from diverse backgrounds. Staff could easily access interpreters and information for patients and carers was available in community languages.
- In community services for people with learning disabilities and/or autism, staff often made home visits so that they could meet the needs of patients and carers. On the mental health ward for people with learning disabilities, the multi-disciplinary team included staff who also worked with patients in the community. Consequently, patients were supported by familiar staff when they transferred between services.
- Patients in the forensic service could choose from a wide range of educational, vocational, and leisure activities. Patients had the opportunity to develop and practice life skills by attending literacy and computer classes. There were many opportunities for work experience, physical exercise and arts based leisure. New activities, such as a dance class, were arranged at the request of patients. Patients and staff co-produced and co-delivered a recovery college programme. This included workshops on hearing voices, medication, tribunals and legal rights.
- The low secure forensic wards at Wolfson house had developed a 'bridge project' to support patients on discharge into the community and reduce the risk of social isolation. These wards had also introduced self-catering for the evening meal to ensure patients prepared for independence.
- Patients and carers using all services told us they were aware of the trust's formal complaints procedure. Feedback from informal and formal complaints was used to learn lessons and make any necessary improvements.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as outstanding because:

- Whilst the trust was rated outstanding at the last inspection, it had not stood still and had continued to challenge itself to make further improvements in a wide range of areas including quality improvement and patient participation.
- The trust had retained an overwhelmingly positive culture. Staff were largely very happy and said how much they enjoyed working for the trust. They valued the open culture and felt that when concerns were raised they were taken seriously and where possible addressed. They also felt supported by the trust's 'no blame culture' and willingness to learn when things went wrong. This was reflected in the results of the staff survey where the trust overall staff engagement score was 3.90. It was better than the national average of 3.79 for trusts of a similar type. The trust recognised that not all teams were as positive as others, and was using the quality improvement methodology to enable those teams to make changes where needed. They were also working to support staff in Luton, Bedfordshire, Richmond and Barnet to feel engaged.
- The trust was providing more services than at the last inspection and was now delivering community health services in Tower Hamlets and Bedfordshire as part of innovative partnerships. The trust had kept the capacity and capability of senior leaders under review. Leadership had been strengthened to support the services in Luton and Bedfordshire through ongoing engagement with external stakeholders. There was an awareness of where leaders were stretched or might need additional support with delivering aspects of their role.
- The trust had a dynamic and forward-thinking board. The chair enabled board members to use their skills and experience to provide appropriate levels of challenge when making difficult decisions. All board members were very passionate about their responsibility to ensure the delivery of high quality care.
- Quality improvement remained central to the work of the trust. The numbers of staff training and using the methodology had continued to grow. Staff could describe the wide range of projects they were working on. Quality improvement methodologies were also being developed to support some of the trust's strategic priorities such as improving care pathways and access to services.

# Summary of findings

- The trust was very proud of the diversity of the communities it served and the staff working in the trust. The board was diverse and the latest staff survey showed small improvements in the scores relating to the workforce race equality standard. Four staff networks were in place for people with protected characteristics and network leads had some protected time to develop these further. The trust recognised that there was work to be done to further develop their commitment to equality, diversity and human rights.
- People participation was at the centre of the trusts work. Within each directorate, further work had taken place since the previous inspection. Patients and carers had access to a range of opportunities to contribute to the trust strategy, support operational aspects of the work of the trust and monitor the services delivered by the trust. However, further progress was needed to increase the number of peer support workers across the trust.
- Governors were supported with their role and since the last inspection had improved the systems in place to hold non-executive directors to account. They felt engaged and valued by the trust.
- The trust had continued to further improve the systems and processes in place to support the governance of the trust including financial governance. This included the further development of the performance report which had become an integrated quality and performance report. This report clearly identified the main issues and the actions being taken by the trust. The board assurance framework had also been improved. This now provided greater clarity about the risks, on the action being taken and the governance processes for ensuring improvements took place. Ward and team managers had access to useful and accurate information to support them manage the services.
- The trust was continuing to develop its use of technology to promote mobile working for community staff. Communication was enhanced for teams through the use of video conferencing. Staff engagement was supported by access to an easy to use intranet and creative use of social media. Some teething problems in the use of new technology still needed to be ironed out.

## **Forensic inpatient or secure wards**

Our rating of this service improved. We rated the service as outstanding because:

- We rated safe and effective as good. We rated caring, responsive and well-led as outstanding.
- Staff and managers in the service were highly motivated and committed to improving the quality of the service. They ensured patients were actively involved at all levels in improvement work. There were several projects to improve the health and well-being of patients. There were less blanket restrictions in the service.
- Staff effectively assessed patient need and managed risks to patients, staff and others.

## **Wards for people with a learning disability or autism**

Our rating of this service stayed the same. We rated the service as good because:

- We rated safe, effective, caring, responsive and well-led as good.
- Patients received care and treatment which fully met their needs. Safety plans, which included positive support plans were in place for all patients.
- Staff ensured that they complied with the Mental Capacity Act.

## **Community mental health services for people with a learning disability and/or autism**

Our rating of this service stayed the same. We rated the service as good because:

- We rated safe, effective, caring, responsive and well-led as good.
- The service carried out comprehensive multi-disciplinary assessments based on national guidance.

# Summary of findings

- Teams had clear eligibility criteria and could prioritise urgent cases.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service type and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings.

Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings

## Outstanding practice

We found an example of outstanding practice in forensic services. For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found things that the trust should take action on to improve service quality.

For more information, see the Areas for improvement section of this report.

## What happens next

We expect the trust to continue its journey of continuous improvement and we will work with it to agree an action plan based on the findings of our inspection

## Outstanding practice

We found an example of outstanding practice in forensic services in relation to improving the health and well-being of patients.

Staff supported patients to live healthier lives. Patients told us staff supported them to be physically active and they had access to the gym and other opportunities for exercise. Staff on Woodberry Ward had been successful in encouraging patients to increase their physical activity with an innovative quality improvement project. On Shoreditch ward, staff held discussion groups with patients about healthy diets. Patients voted to reduce the number of desserts, and agreed to buy their own caffeine in a bid to reduce consumption of unhealthy foods. One patient had an exercise programme in place and had arranged with staff to for them to monitor their progress using an activity tracker.

## Areas for improvement

Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Trust wide:

- The trust should complete work on the trust strategy including reviewing supporting strategies where needed.
- The trust should continue to take steps to further improve the results of the workforce race equality survey. They should also continue to support the staff networks to ensure staff with protected characteristics have their equality diversity and human rights protected and promoted.

# Summary of findings

- The trust should continue the work to ensure all mandatory training courses reach the targets for completion.
- The trust should continue to work towards making the necessary financial savings with the active participation of all members of the executive team.
- The trust should continue to resolve any staff contractual issues in a timely manner.
- The trust should continue to grow the numbers of peer support workers.
- The trust should continue to ensure that the review of potentially avoidable deaths takes place in a timely manner.

## **In forensic services:**

- The trust should ensure that staff always sign to confirm that procedural security checks have been carried out in line with the trust's procedures.
- The trust should ensure that a record is kept of clinic room and fridge temperatures including a note of the actions taken if temperatures are outside the safe range.
- The trust should ensure that blood glucose monitoring equipment is regularly calibrated and that calibration fluid is replaced every three months.
- The trust should ensure that problems with the lifts in Wolfson House are addressed, to so that they are both kept in good working order.
- The trust should continue to monitor the cancellation of planned patient leave and continue work to reduce such cancellations.
- The trust should ensure that staff on all wards receive regular supervision.

## **In community mental health services for people with learning disabilities and/or autism:**

- The trust should ensure that all staff complete mandatory training.
- The trust should ensure that all staff receive monthly supervision, in line with trust policy.
- The trust should continue to work with commissioners to ensure that patients within adult autism services commence their diagnostic assessment within the agreed timescale.

## **In mental health wards for people with learning disabilities:**

- The trust should ensure that minimum and maximum fridge temperatures are recorded in line with pharmaceutical guidance to maintain the efficacy of medicines stored in fridges.
- The trust should ensure that staff are up to date with all mandatory training.
- The trust should ensure that all staff receive monthly supervision, in line with trust policy.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

# Summary of findings

We rated well-led at the trust as outstanding because:

- Whilst the trust was rated outstanding at the last inspection, it had not stood still and had continued to challenge itself to make further improvements in a wide range of areas including quality improvement and patient participation.
- The trust had retained an overwhelmingly positive culture. Staff were largely very happy and said how much they enjoyed working for the trust. They valued the open culture and felt that when concerns were raised they were taken seriously and where possible addressed. They also felt supported by the trust's 'no blame culture' and willingness to learn when things went wrong. This was reflected in the results of the staff survey where the trust overall staff engagement score was 3.90. It was better than the national average of 3.79 for trusts of a similar type. The trust recognised that not all teams were as positive as others, and was using the quality improvement methodology to enable those teams to make changes where needed. They were also working to support staff in Luton, Bedfordshire, Richmond and Barnet to feel engaged.
- The trust was providing more services than at the last inspection and was now delivering community health services in Tower Hamlets and Bedfordshire as part of innovative partnerships. The trust had kept the capacity and capability of senior leaders under review. Leadership had been strengthened to support the services in Luton and Bedfordshire through ongoing engagement with external stakeholders. There was an awareness of where leaders were stretched or might need additional support with delivering aspects of their role.
- The trust had a dynamic and forward-thinking board. The chair enabled board members to use their skills and experience to provide appropriate levels of challenge when making difficult decisions. All board members were very passionate about their responsibility to ensure the delivery of high quality care.
- Quality improvement remained central to the work of the trust. The numbers of staff training and using the methodology had continued to grow. Staff were able to describe the wide range of projects they were working on. Quality improvement methodologies were also being developed to support some of the trust's strategic priorities such as improving care pathways and access to services.
- The trust was very proud of the diversity of the communities it served and the staff working in the trust. The board was diverse and the latest staff survey showed small improvements in the scores relating to the workforce race equality standard. Four staff networks were in place for people with protected characteristics and network leads had some protected time to develop these further. The trust recognised that there was work to be done to further develop their commitment to equality, diversity and human rights.
- People participation was at the centre of the trusts work. Within each directorate, further work had taken place since the previous inspection. Patients and carers had access to a range of opportunities to contribute to the trust strategy, support operational aspects of the work of the trust and monitor the services delivered by the trust. However, further progress was needed to increase the number of peer support workers across the trust.
- Governors were supported with their role and since the last inspection had improved the systems in place to hold non-executive directors to account. They felt engaged and valued by the trust.
- The trust had continued to further improve the systems and processes in place to support the governance of the trust including financial governance. This included the further development of the performance report which had become an integrated quality and performance report. This report clearly identified the main issues and the actions being taken by the trust. The board assurance framework had also been improved. This now provided greater clarity about the risks, on the action being taken and the governance processes for ensuring improvements took place. Ward and team managers had access to useful and accurate information to support them manage the services.

# Summary of findings

- The trust was continuing to develop its use of technology to promote mobile working for community staff. Communication was enhanced for teams through the use of video conferencing. Staff engagement was supported by access to an easy to use intranet and creative use of social media. Some teething problems in the use of new technology still needed to be ironed out.

## Ratings tables

Key to tables					
<b>Ratings</b>	<b>Not rated</b>	<b>Inadequate</b>	<b>Requires improvement</b>	<b>Good</b>	<b>Outstanding</b>
<b>Rating change since last inspection</b>	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
<b>Symbol *</b>	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Jun 2018	Good ↔ Jun 2018	Outstanding ↔ Jun 2018	Outstanding ↔ Jun 2018	Outstanding ↔ Jun 2018	Outstanding ↔ Jun 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Requires improvement ↔ Sept 2016	Good ↔ Sept 2016	Good ↔ Sept 2016	Good ↔ Sept 2016	Good ↔ Sept 2016	Good ↔ Sept 2016
Mental health	Good ↔ Jun 2018	Good ↔ Jun 2018	Outstanding ↔ May 2018	Outstanding ↔ Jun 2018	Outstanding ↔ Jun 2018	Outstanding ↔ Jun 2018
<b>Overall trust</b>	Good ↔ Jun 2018	Good ↔ Jun 2018	Outstanding ↔ Jun 2018	Outstanding ↔ Jun 2018	Outstanding ↔ Jun 2018	Outstanding ↔ Jun 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Sept 2016	Good Sept 2016				
Community health services for children and young people	Good Sept 2015	Good Sept 2016				
Community health inpatient services	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
<b>Overall*</b>	Requires improvement Sept 2016	Good Sept 2016				

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016
Long-stay or rehabilitation mental health wards for working age adults	Good Sept 2016	Good Sept	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Forensic inpatient or secure wards	Good ↑ Jun 2018	Good →← Jun 2016	Outstanding →← Jun 2018	Outstanding ↑ Jun 2018	Outstanding ↑ Jun 2018	Outstanding ↑ Jun 2018
Child and adolescent mental health wards	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Good Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016
Wards for older people with mental health problems	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016
Wards for people with a learning disability or autism	Good →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018
Community-based mental health services for adults of working age	Good Aug 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Good Sept 2016
Mental health crisis services and health-based places of safety	Good Sept 2016	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Good Sept 2016	Good Sept 2016
Specialist community mental health services for children and young people	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Good Sept 2016	Outstanding Sept 2016
Community-based mental health services for older people	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Requires improvement Sept 2016	Outstanding Sept 2016	Good Sept 2016
Community mental health services for people with a learning disability or autism	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018
<b>Overall</b>	Good →← Jun 2018	Good →← Jun 2018	Outstanding →← Jun 2018	Outstanding →← Jun 2018	Outstanding →← Jun 2018	Outstanding →← Jun 2018

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Forensic inpatient or secure wards

**Outstanding** ☆ ↑

## Key facts and figures

East London NHS Foundation Trust provides low and medium secure forensic wards on two sites in east London. The sites are the John Howard Centre and Wolfson House. At the John Howard Centre there are ten wards and at Wolfson House there are five wards.

The CQC last inspected East London NHS Foundation Trust in June 2016. At that inspection, we rated secure forensic wards as good overall. We rated safe as requires improvement. We rated effective, responsive and well-led as good. We rated caring as outstanding.

This inspection on 27- 29 March 2018 covered six wards at the John Howard Centre and three wards at Wolfson House. We inspected wards to check that the trust had made the required improvements after our June 2016 inspection. We also inspected wards which we did not inspect in June 2016. The inspection was announced six days in advance in order to ensure the safety of patients and staff during the inspection.

At this inspection we inspected these forensic wards at the John Howard Centre:

- Shoreditch Ward: 14 beds, male medium secure learning disability
- Clerkenwell Ward: 15 beds, male low secure learning disability
- Morrison Ward: 16 beds, male medium secure rehabilitation
- East India Ward (also known as the Millfields Unit): 16 beds, male medium secure personality disorder
- Westferry Ward: 11 beds, male psychiatric intensive care unit
- Bow Ward: 15 beds, female medium secure

We inspected these forensic wards at Wolfson House:

- Woodberry Ward: 12 beds, male low secure rehabilitation
- Clissold Ward: 17 beds, male low secure rehabilitation
- Butterfield Ward: 17 beds, male low secure rehabilitation

During the inspection visit, the inspection team:

- visited nine wards at the two sites to review the quality of the ward environment and observe how staff were interacting with patients
- spoke with 45 patients who were using the service
- interviewed nine ward managers, two matrons and the service manager
- spoke with 53 other staff members individually, including psychiatrists, nurses, support workers, psychologists, activity coordinators, occupational therapists and the divisional director
- reviewed 53 care and treatment records
- attended and observed four ward rounds, three multidisciplinary team meetings and two community meetings we also observed two 'safety huddles'

# Forensic inpatient or secure wards

- checked a total of 47 medicines administration records across the service and checked how medicines were stored on each ward; on Bow and Clerkenwell we made more detailed checks of medicines management
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

A summary of this service appears in the Overall Summary.

## Is the service safe?

**Good** ● ↑

Our rating of safe improved. We rated it as good because:

- At the time of the previous CQC inspection in June 2016, there was an inappropriate blanket restriction in place on wards at the John Howard Centre. All patients on escorted leave were required to wear an electronic device, unless they had less than six months left until their discharge. At this inspection, we confirmed that this blanket restriction was no longer in place. The multi-disciplinary team now assessed the individual risks for each patient and made a decision on whether to use an electronic device.
- The service was committed to minimising the use of restrictive practices such as restraint and seclusion. Staff recorded the circumstances of their use of restrictive practices in detail. Wards had comprehensive information showing the trends in the use of restraint and seclusion. Ward teams carried out debriefs after the use of restrictive practices. They used this knowledge to plan how to work with patients in a safe way.
- At the previous CQC inspection in June 2016, we visited Clerkenwell Ward for patients with learning disabilities. At that time, the ward had an emergency alarm which was noisy and had flashing lights. This caused distress to patients with learning disabilities. At this inspection, we saw that the trust had improved the alarm system. The new alarm system now operated quietly, without flashing lights and did not distress patients.
- The service was clean and well maintained. The service managed the risks from ligature anchor points. These were mitigated through individual risk assessments for patients and by staff observation. There were mirrors in corridors to assist staff to observe patients.
- There were enough staff on the wards to provide safe care and treatment. Vacancy levels were low. Agency nursing staff were not used.
- The trust provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff assessed and managed risks to patients and staff in accordance with good practice guidance for a forensic service.
- Staff understood how to recognise and report abuse. The service had improved reporting processes to make it easier for staff to work with other agencies to safeguard patients.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

# Forensic inpatient or secure wards

- The service managed and reviewed patient safety incidents well and made changes as a consequence of lessons learnt. Staff recognised incidents and reported them appropriately. The service investigated incidents and shared lessons learned with the whole team and the wider service. In response, the service had then introduced changes to the service to improve the safety of the wards.

However:

- The trust had a procedural security policy which required staff to check the ward for any security risks three times each day. Staff informed us that they undertook these checks but we found gaps in the recording of these checks on Bow Ward and East India Ward.
- Staff had not always ensured that medicines were stored at the correct temperature. On Clerkenwell Ward staff had not always recorded checks on the temperature of fridges and the clinic room. Staff had not recorded and taken follow up action when temperatures were outside the safe range.
- Blood glucose monitoring equipment was not always calibrated daily. On Clerkenwell Ward, and Bow ward calibrations had been missed on several days in March 2018. Staff were not aware that calibration fluid should be replaced every three months.
- On the Wolfson House site, the medicines administration record did not always have a photograph of the patient, to assist in avoiding misadministration although staff knew the patients well.
- On Bow ward, one patient had not been given a dose of Lithium because they were asleep. There was no record of further attempts to give the patient this medicine. It is important that a patient has their dose of Lithium regularly.
- Patients said that sometimes their planned leave did not take place as planned. The trust were monitoring the incidence of this.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service assessed patient needs and provided a range of mental health interventions based on national guidance and evidence of its effectiveness. Patients received psychosocial treatment as well as medicines.
- The service ensured the physical healthcare needs of patients were assessed and managed. Staff checked the physical health of patients and ensured they could access specialist health support when this was needed. Staff supported patients to improve their health and wellbeing through physical exercise and healthy eating.
- Each ward had a well-staffed multi-disciplinary team which worked constructively together to plan and deliver care and treatment.
- Care plans were developed with the patient and reflected their views. Care plans were holistic and focused on the patient's recovery.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences. On the low secure wards at Wolfson House self-catering for evening meals had been introduced.

# Forensic inpatient or secure wards

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Although most staff received regular clinical and professional supervision, on Morrison ward supervision was often cancelled.

## Is the service caring?

**Outstanding** ☆ → ←

Our rating of caring stayed the same. We rated it as outstanding because:

- Patients and carers told us that they were treated with respect, kindness and dignity. We saw that staff were always friendly, polite and respectful when speaking with patients. Staff were creative and thoughtful in the way they built relationships with patients. The contribution patients made was recognised by the trust and they received payment for any work they undertook.
- Patients and carers were fully involved in the process of planning their treatment and recovery. Staff always took steps to make sure that patients were supported to communicate their individual needs and preferences effectively and that their views were reflected in care plans. This included information on how they wished staff to support them when they were acutely unwell. Patients and staff had co-produced hand books and welcome packs for new patients.
- Staff provided individually tailored support to ensure that patients felt at ease and could speak freely in meetings with staff about their care and treatment. Patients made advance decisions about their care which staff put into practice. They made sure that the patient was able to understand the discussion and contribute their views. Patients were always involved in staff interviews and the trust recruited peer support workers to work with patients.
- The service fully involved patients in planning the development of the service. Patients were supported to meet together to discuss any issues they had with the quality of the service at ward level. Additionally, patient representatives fed into clinical governance meetings and were partners with staff in making improvements across the service. Patient-led audits took place on the quality of the service. Patients were involved in the development of new policies. There were many examples of patients leading changes in terms of ward activities and meals provision.
- The trust ensured patients were always involved in quality improvement initiatives. Patients were fully involved from start to finish in projects to reduce levels of violence and aggression and the development and implementation of recent policies to reduce restrictive practices in the service.

## Is the service responsive?

**Outstanding** ☆ ↑

Our rating of responsive improved. We rated it as outstanding because:

We rated responsive as **outstanding** because:

- Patients could choose from a wide range of educational, vocational, and leisure activities. Arrangements for access to these opportunities were flexible and tailored to the patient's individual needs and preferences. Patients could access activities throughout the week. Patients could improve their life skills whilst at the service. For example they could

# Forensic inpatient or secure wards

attend literacy and computer classes. On site paid work experience opportunities were provided on the wards and in the café. Some patients went out of the service to work opportunities and leisure classes. Wards had exercise equipment and there was a gym on site. Patients were positive about the range of sports and arts-based activities available. New activities, such as a dance class, were arranged at the request of patients.

- Patients and staff had co-produced and co-delivered a recovery college programme. This included workshops on hearing voices, medication, tribunals and legal rights.
- The low secure wards at Wolfson house had developed a 'bridge project' to support patients on discharge into the community and reduce the risk of social isolation. These wards had also introduced self-catering for the evening meal to ensure patients prepared for independence.
- The service ensured that staff assessed and met patients' spiritual needs. Religious leaders visited patients on the wards and staff supported patients to attend religious events and festivals in the community.
- There was access available to interpreters and information was available in community languages. Patients with learning disabilities were given information in an 'easy read' format. Events were held to celebrate lesbian, gay, bisexual and trans culture.
- Patients told us they were aware of the trust's formal complaints procedure. Patients could raise concerns informally at ward meetings or directly with staff or the ward manager. The service responded to all patients who had made formal complaints. Feedback from informal and formal complaints was discussed at ward and service meetings to learn lessons and make any necessary improvements.

## Is the service well-led?

**Outstanding**  

Our rating of well-led improved. We rated it as outstanding because:

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

- The service had strong and able leaders who had ensured improvements to the service since our last inspection in June 2016. There were now fewer restrictions in place. Patients with learning disabilities now received care and treatment which fully took into account their needs.
- Staff in the service put into practice the trust's vision and values in their work with patients. Staff worked in an open and inclusive way with patients. Staff said they felt that their views were respected and they were involved in decision making about the service.
- Staff morale was very high in the service with few staff vacancies. Staff were positive about the opportunities the trust gave them to develop their leadership skills. They told us there were many opportunities for staff to learn and advance their career.
- Governance arrangements were robust and incidents and risks were reported and analysed. Leaders had high quality management information which showed trends and risks in the service. They were able to use this information to manage risks and improve the service.
- There was a focus on effective engagement and collaboration with patients to plan and deliver care and to improve the service. There was patient input at all levels of decision making in the service.

# Forensic inpatient or secure wards

- The trust had a well-established quality improvement programme. Staff and patients were fully engaged in projects to improve outcomes. The trust ensured staff and patients received the support they needed to make these projects innovative and effective.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

*We found areas for improvement in this service. See the Areas for Improvement section above.*

# Wards for people with a learning disability or autism

Good   

## Key facts and figures

The Coppice is part of the registered location called The Glades provided by East London NHS Foundation Trust. The Coppice provides inpatient assessment and treatment for people with learning disabilities and/or autism who also have mental health issues and behaviour that could be seen as challenging.

The Coppice is staffed by a multi-disciplinary intensive support team which provides community based and inpatient crisis services in Bedfordshire and Luton. It aims to reduce hospital admissions and facilitate early discharge and support back into the community as well as support patients who are admitted into psychiatric intensive care units.

There is one ward for people with learning disabilities at the Coppice with a total of seven mixed sex beds available. On the day of our inspection four out of seven beds were occupied.

The Coppice is registered for the following regulated activities:

- Treatment of disease, disorder or injury;
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.

The Coppice was last inspected in June 2016 and given a rating of Good overall with good in safe, caring, responsive and well-led and requires improvement in effective. We re-inspected all of the key questions to see if they had made improvements.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection, the inspection team:

- spoke with four patients who used the service and two relatives or carers
- spoke with a service manager and a clinical director
- spoke with eight staff members, including consultant psychiatrist, psychologist, occupational therapist, nurses, activities coordinator and the speech and language therapist
- observed a therapeutic activity
- conducted a tour of the ward environment
- observed a ward round meeting
- reviewed four patients' care records
- reviewed four medicine administration records
- looked at a range of policies, procedures and documents related to the services we visited.

## Summary of this service

A summary of this service appears in the Overall Summary.

# Wards for people with a learning disability or autism

## Is the service safe?

Good   

- Our rating of safe stayed the same. We rated it as good because:
- The ward environment was clean. Infection control and environmental audits took place regularly to identify where improvements could be made. The ward scored higher than the England average for cleanliness on the patient lead assessments of clinical environment scores (PLACE).
- Ligature assessments were undertaken via an environmental audit and ligature points were minimised and mitigated by the staff completing regular risk assessments for patients.
- Staff carried portable alarms and there were fixed call bells for patients and staff to use in bedrooms to call for assistance.
- The clinic room on the ward had equipment for staff to undertake physical health observations and held emergency equipment to use in case of a medical emergency.
- Staff completed robust risk assessments. Patients' risks were monitored regularly by staff and updated as risks changed. The risk assessments were accessible to both the inpatient and community teams in an electronic format.
- Safe staffing levels were maintained. The ward had no vacancies for both qualified and unqualified staff at the time of inspection. Levels of sickness, absence and turnover were lower than the trust targets. The ward had not employed any agency staff in the twelve months prior to our visit however regular bank staff were employed to cover shifts which promoted consistency of care.
- Medicines were managed safely and the trust pharmacist supported staff to ensure that medicines were stored securely and audited.
- Staff were aware of the use of restrictive interventions and followed a local protocol for physical interventions in the Coppice; this meant that staff were actively using the least restrictive option when a patient's behaviour could be seen as challenging.
- There were no serious incidents on the ward in the twelve months prior to this inspection. Staff were aware of learning from other serious incidents that had occurred in the trust and were able to reflect on incidents that happened on the ward through supervision and de-briefings.

However:

- At the last inspection in February 2016, we found that the trust was not always recording drug fridge temperatures. At this inspection, we found that this had improved however the thermometer did not measure minimum and maximum temperatures throughout a 24 hour period and therefore staff would not know if the temperatures went outside the ranges for optimal storage of medicines which ensure efficacy.
- Whilst overall 89% of staff had received and were up to date with appropriate mandatory training, take up of some mandatory training courses was below 75%. This included care programme approach training (50%), conflict resolution (67%) and medicines safety (73%). Managers knew which staff needed to complete training.

## Is the service effective?

Good   

# Wards for people with a learning disability or autism

Our rating of effective improved. We rated it as good because:

- At the last inspection in June 2016 we found that patients did not have positive behaviour plans (PBS). We told the trust that they must ensure that when patients presented behaviour that could be seen as challenging that a PBS plan is in place. At this inspection we found that this had improved. Safety plans including positive behaviour support plans or wellness recovery action plans (WRAP) were in place for all patients. Staff followed the Department of Health's guidance on Positive and Proactive Care: reducing the need for physical interventions.
- All patients received a physical examination on admission. Staff ensured they monitored patients' physical health throughout their stay on the ward.
- Patients were supported to have a healthier lifestyle. For example the food was homemade and healthy.
- Staff completed clinical audits on a trust wide and at local team level. Staff acted upon the findings from these audits.
- All care plans looked at where comprehensive, holistic and reflected the needs of the patients. Where this was not possible staff recorded the nearest relative views within the care plan.
- At the last inspection in June 2016 we told the trust they should continue to implement the changes to enable improved access to psychology and therapy staff. At this inspection we found this had improved, the ward had regular input from a psychologist, occupational therapist and a speech and language therapist.
- Staff demonstrated very effective collaborative working within the multi-disciplinary team.
- The service worked towards best practice in treatment by following NICE guidance for people with a learning disability or autism including the prescribing of medication.
- Since the previous inspection in June 2016 therapeutic activities for patients had improved. We observed an activity session where all patients were able to join in. We found that there was an activity timetable in place and displayed in an accessible format so patients knew what was available each day.
- At the last inspection in June 2016 we told the trust that they should ensure that all staff working at the ward are confident in using the Mental Capacity Act including an improvement in the documentation of best interests' decisions. On this inspection we found this had improved. Capacity assessments and best interests decisions were recorded clearly in the patients care records.

However:

- Compliance with the trust target for monthly supervision was low at 35%; however, data from April 2017 to January 2018 showed that over half the staff received supervision each month, indicating that supervision was bi-monthly. Staff said supervision was a good standard.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Patients were positive about the care that they received. They said staff understood and helped them. We observed staff talking to patients' professional, caring and positive way. They used interventions that were compassionate and dignified when patients became distressed.
- Relatives and carers we spoke to were extremely complimentary of the service and the staff. They said they felt that their relative was fully supported and involved in their care and treatment.

# Wards for people with a learning disability or autism

- The service had a comprehensive welcome pack for patients coming into the ward. The pack was in an easy-read format including photographs of the environment.
- Patients had opportunities to feedback their opinions about the environment and activities through a weekly community meeting. Minutes of this meeting were taken and any changes displayed on a “you said, we did” board in an accessible format.
- Staff knew how to refer carers for a carers’ assessment.
- There was an advocacy service provided by a third sector agency. This meant that patients could seek support from an independent mental health advocate. Leaflets for the advocacy service were clearly displayed on the ward in an accessible format.

However:

- We found that copies of care plans given to patients were not in accessible formats for example in pictorial or easy-read versions. However work was underway to provide this.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Patients could go on leave at weekends or overnight and their bed remained available for them to return at any time. There were no out of area placements in the twelve months prior to inspection.
- Staff including the multi-disciplinary team worked as part of the intensive support team which provided support to patients in the community.
- Discharge planning was regularly reviewed by the team.
- Patients were positively encouraged to maintain relationships with their carers and families.
- Staff worked with patients and relatives to develop their communication passports. Staff could access sign language interpreters and interpreters for patients who spoke different languages.
- The ward received a low number of complaints. Managers managed and responded to complaints in line with trust policies and in a timely manner. Staff demonstrated an open and transparent culture respect of complaints raised by patients or their relatives.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Managers were very experienced and suitably skilled for their roles. Staff told us leaders including members of the senior leadership team were approachable and visible.
- Staff knew the trust’s vision and values. We saw that staff reflected these values in their daily practice. All staff we spoke to felt able to raise concerns freely and without fear of reprisal. Staff were fully aware of the trust’s ‘Freedom to Speak up Guardian’ and how to whistle blow.

# Wards for people with a learning disability or autism

- The leadership, governance structures and culture were used to improve the delivery of high quality person-centred care. For example, there was National Institute for Clinical Excellence (NICE) guidelines group which met bi-monthly to discuss how the service was meeting NICE guidance
- Annual appraisals included discussions about career development and identified training needs. We found that staff on the ward had attended leadership development training courses provided by the trust.
- All staff we spoke with described morale as good and they felt supported by their managers and colleagues. The team had good working relationships with other stakeholders such as commissioners and the local authority.
- There was a local risk register in place which recognised the risks to the service. We found that managers were able to escalate local risks onto the trust risk register and these risks were regularly reviewed.
- Staff used quality improvement projects on the ward to improve care and treatment for patients. The trust had an established quality improvement team who delivered training to staff and produced bulletins to keep staff updated on both quality improvement and quality assurance initiatives.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Community mental health services for people with a learning disability or autism

Good   

## Key facts and figures

East London NHS Foundation Trust provides community mental health services for people with learning disabilities and autism. Services for people living in Luton and Bedfordshire are based at Twinwoods Health Resource Centre in Bedfordshire. The community learning disability service in Tower Hamlets is based at Mile End Hospital. The Adult Autism Service in Tower Hamlets is based in Bethnal Green. The similar service in Hackney is based at Homerton Hospital.

Luton and Bedfordshire Services for People with Learning Disabilities (SPLD) includes an intensive support team, a specialist healthcare team and an adult autism service. The intensive support team (IST) provides a 24-hour crisis service and community based services for people who have a learning disability and are experiencing a crisis, due to their mental health or challenging behavior who need an urgent assessment and treatment. The specialist healthcare service supports people with learning disabilities to access health services in the community. The adult autism service provides diagnostic assessments and advice for people who may have an autistic spectrum disorder (ASD). The service provides one session of advice and support to patients after the diagnostic assessment.

The community learning disability service in Tower Hamlets provides specialist health services for adults with a learning disability and for young people in transition from children's services to adult services. The service provides assessment, intervention, support planning, therapy, advice, training and consultation for people with a learning disability and their carers. The adult autism service in Tower Hamlets provides diagnostic assessments and initial support.

The adult autism service in City and Hackney provides diagnostic assessments, signposting and brief post-diagnostic interventions.

The Care Quality Commission (CQC) inspected community mental health services for adults with learning disabilities or autism in Luton and Bedfordshire in June 2016. We rated this service as being good in all domains. The inspection did not include the services in Tower Hamlets and City and Hackney as these services were not provided in their current form by the trust at that time.

During the inspection visits, the inspection team:

- visited the premises of all the teams and looked at the quality of the environment
- spoke with six team managers
- spoke with 11 patients using the services
- spoke with 11 carers of patients using the services
- interviewed 19 staff including occupational therapists, speech and language therapists, art therapists, nurses, consultant psychiatrists, a clinical psychologist, a social worker and an administrator.
- reviewed 18 care records of people using the services
- attended four staff meetings including a quality improvement project meeting, an occupational therapy referral meeting, a professional governance meeting and a multidisciplinary team meeting
- attended seven assessments or out-patient appointments
- looked at policies, procedures and other documents relating to the running of the service.

# Community mental health services for people with a learning disability or autism

## Summary of this service

A summary of this service appears in the Overall Summary.

## Is the service safe?

**Good** ● → ←

Our rating of safe stayed the same. We rated it as good because:

- Teams were safely staffed. There were very few vacancies across the teams. Regular locum staff were used to cover vacant posts. Sickness and turnover rates were low. Staff held a caseload appropriate to their professional discipline. None of the staff had an excessively high workload.
- At each service, staff assessed risks to patients at the point of referral using a standard risk assessment tool. Staff updated assessments of risks when necessary. Learning disability services used positive support plans to help staff, patients and carers manage challenging behaviour in a positive way.
- The services were located in clean, well-maintained offices. Staff adhered to infection control protocols.
- The trust had a lone working policy. Staff complied with local protocols for lone working, including the use of equipment that tracked their location and enabled them to request assistance in an emergency.
- Staff were aware of how to identify abuse and knew how to escalate any concerns about abuse. All the services provided examples of safeguarding referrals they had made to their local authority.
- Staff at each service knew how to report incidents. Staff discussed incidents at both governance level meetings and team meetings. The trust circulated information about what staff learned from incidents.

However:

- In some teams, the compliance rate for mandatory training was low. At Tower Hamlets the small adult autism team, staff had completed only 40% of mandatory training courses. At Tower Hamlets Community Learning Disabilities team, staff had completed 71% of mandatory courses. Managers were aware of staff who needed to complete the training.

## Is the service effective?

**Good** ● → ←

- Our rating of effective stayed the same. We rated it as good because:
- All services completed comprehensive assessments of patients' overall needs. The adult autism team carried out very comprehensive diagnostic assessments in accordance with national guidance. All services consistently provided treatment in accordance with guidance and best practice. Patients had good access to clinical psychology and therapy. Care plans were personalised, holistic and recovery-orientated. For example, staff and patients often used a specific person-centred care planning system.
- Within the services for people with learning disabilities, dedicated staff assessed patients' physical healthcare needs and supported patients to access healthcare in the community. Where appropriate, staff supported patients to live healthier lifestyles by providing information about local service that could help.

# Community mental health services for people with a learning disability or autism

- All teams included staff from a full range of professional disciplines including doctors, nurses, occupational therapists, social workers and clinical psychologists. Each service had effective multidisciplinary team meetings and good links with other services in the local community.
- In most services, staff received good quality supervision each month. All staff had annual appraisal. Each service held a team meeting once a month. Staff had access to specialist training for their roles.
- The service stored statutory documents relating to the Mental Health Act on patients' records. Records were easy to access and completed correctly.
- Staff across all services were familiar with the Mental Capacity Act. Staff assessed patients' mental capacity routinely when it was relevant to a specific decision. Staff supported patients to make decisions and held best interest meetings when patients lacked capacity to make a significant decision.

However:

- The frequency of staff supervision at the Luton and Bedfordshire intensive support team was below the trust's target, although staff said the supervision was a good standard.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff showed positive attitudes and behaviours when interacting with patients throughout the inspection. Staff listened carefully to patients, checked they had understood what patients said and reassured patients who became upset.
- Staff has a very good understanding of patients' needs, including any specific worries or anxieties patients might have in relation to using the services. Within the learning disability teams, specific staff were dedicated to supporting patients to manage their additional conditions or illnesses.
- Feedback from patients was very good. Patients said that staff were kind, caring and friendly. Feedback from carers was consistently positive. Services provided carers support groups and provided information about carers' assessments. Families and carers were routinely involved in patients' care and treatment. This included regular telephone contact and attending meetings.
- Patients were involved in the recruitment of staff. Patients involved in recruitment said their views were always listened to and they felt valued for their role in this work.
- Patients and families could give feedback and had access to advocacy services.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Each service had clear criteria for who could use the service. The criteria did not exclude patients who would benefit from assessment or treatment. Staff were able to process urgent referrals quickly. A duty system was available to provide support for new referrals.

# Community mental health services for people with a learning disability or autism

- Staff tried to engage with people who found it difficult or were reluctant to engage with mental health services by helping patients to address their concerns. Services supported patients in the transition from children's services to adult services.
- Staff arranged appointments to meet the specific needs of each patient. Staff frequently visited patients at their homes.
- Services referred patients to community groups who could help with problems at work and access to employment.
- The services in Tower Hamlets employed interpreters jointly with mental health teams and used these interpreters used routinely. The service provided interpreters to assist inspectors at meetings with patients and carers. Services provided leaflets in accessible formats.
- Services dealt with complaints thoroughly and in a timely manner.

However:

- Waiting lists to access a few areas of the service were too long. Patients waited up to nine months for an assessment with the Luton and Bedfordshire and Tower Hamlets adult autism teams. At the Tower Hamlets learning disability team, patients had waited over 18 months for speech and language therapy, with one person waiting over two years. The trust was aware of these waiting times and were making improvements where possible and working with commissioners to address them.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- All the team leaders were very experienced and demonstrated a good knowledge of their services. Team leaders were visible and approachable. There were leadership opportunities within the trust. The service in Luton and Bedfordshire had introduced a service manager role covering all the learning disability and autism services.
- Staff understood the trust's vision and values. Staff explained how they applied the trust's values to their work in their annual appraisal. Staff had the opportunity to contribute to the strategy for their service through discussions at team meetings.
- All staff were very positive about their work. Staff felt valued and supported. Staff enjoyed working alongside colleagues in their team. Staff were very committed to achieving positive outcomes for their patients. The administration manager at Tower Hamlets learning disability team had won an employee of the year award.
- Each service had a risk register. The entries staff recorded on the risk registers were very specific to each team and reflected the concerns that staff spoke to us about.
- Team managers had access to all the information they needed to run the service.
- Patients and carers had the opportunity to give feedback through meetings or raising concerns directly with staff. The services had made specific changes in response to feedback from patients and carers.
- The trust actively encouraged staff to initiate and deliver quality improvement projects. Staff had completed projects using a well-established methodology. These projects had led to improvements in services.

# Community mental health services for people with a learning disability or autism

- The adult autism service in Tower Hamlets was involved in national research led by a university. Staff were aware of national developments in professional practice and were keen to work towards continuous improvements in the services.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Our inspection team

Jane Ray, Head of Hospital Inspection, led this inspection. An executive reviewer, Angela Dragone, supported our inspection of well-led for the trust overall.

The team included an inspection manager, one inspector and two governance advisors.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.