Good

Leeds and York Partnership NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Trust Headquarters	RGD01	West North West Community Learning Disability Services	LS12 3QE
Trust Headquarters	RGD01	York Community Learning Disabilities services	YO30 4XT

This report describes our judgement of the quality of care provided within this core service by Leeds and York Partnership 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 Leeds and York Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Leeds and York Partnership 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 Community mental health services for people with learning disabilities or autism	Good 
Are Community mental health services for people with learning disabilities or autism safe?	Good 
Are Community mental health services for people with learning disabilities or autism effective?	Good 
Are Community mental health services for people with learning disabilities or autism caring?	Good 
Are Community mental health services for people with learning disabilities or autism responsive?	Good 
Are Community mental health services for people with learning disabilities or autism 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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Overall summary

The community learning disability team's (CLDT) West North West (WNW) Leeds and the York community learning disability teams provide support and treatment for patients who have a learning disability.

The two community teams that we visited had established systems in place to monitor caseload size.

Both teams had cohesive multi-disciplinary team approaches.

There was evidence of the safeguarding process being used within the team. Staff were aware of the trusts policy and how to implement it.

Prevention and management of violence and aggression breakaway (PMVA) training records that we viewed showed compliance of 100% for both teams.

Staff were aware of the incident reporting process. We saw that incident reports were dealt with in line with the Leeds York NHS Partnership Trust (LYPT) policy and recorded on paper IR1's.

Staff we spoke to were aware of the whistleblowing policy and the process they would follow and also how they could escalate issues to the trust.

The CLDT had a documented eligibility criteria that was applied to all referrals and assessments

and it included complex health needs such as depression, psychotic disorders, dementia, autistic

spectrum disorder, or major risk or vulnerability.

We viewed patient's electronic records and paper notes. We saw that there was a good care planning process in place and this addressed a range of physical and psychological issues.

At initial assessments the York CLDT complete the SAMP (Safety, assessment management plan). Leeds CLDT's use the FACE risk assessment.

There has been a supervision template developed for use by managers.

The multi-disciplinary team includes psychologists and nurses with specialist skills. The psychological approach is guided by the positive practices framework (Improving access to psychological therapies NHS 2009), as well as best practice in cognitive behavioural therapy (CBT).

We saw and staff told us that the teams operated within a multi-disciplinary team (MDT) framework. There was good evidence of effective MDT team working within the service which included input from nurses, medical staff, occupational therapists and physiotherapist's speech and language therapists and psychologists.

Staff mandatory training was at a high level of compliance with WNW CLDT and York CLDT this was confirmed by the training reports that the trust made available to us. .

Supervision structures were in place for all staff and disciplines, most staff described having.

We could see and were told by staff that 100% of staff had undertaken their appraisal.

Staffs attitudes towards patients were caring and they spoke about them courteously and with respect.

At the times of our visit there were no patients attending the CLDT's therefore we were unable to speak to any during inspections

Easy read leaflets were available, but staff stated they could be better, none the less the Trusts public website had got many easy read documents on there that people could access should they be required.

The Trust introduced a, 'Single Point of Access' (SPA) point for all new referrals into the service over two years ago.

The WNW CLDT operated a "duty desk" system and staff were allocated this duty daily to ensure that any referrals identified as urgent were dealt with in a timely way and without delay.

We observed good use of easy read signage or information displayed in the team bases and also easy read literature on the Trusts internet page, such as a referral leaflet and information about the Mental Capacity Act.

Summary of findings

There were copies of easy read complaint leaflets available in the community teams, staff members were fully aware of the complaints process and knew about the patient advice and liaison (PALS) service and how they could direct patients and carers to the department.

Fact finding investigations take place post incident to enhance future practice

The community teams learning disability direct management team were motivated toward providing the best practice and high quality care which was evident during a focus group held with the senior leads, this clearly filtered through to their staff within the teams.

The community teams had clear lines of accountability and management structures.

The community team staff told us they felt supported in their roles and had excellent support from the managers of the service. There appeared to be a robust monitoring system used within the services which captured training, supervision and incident monitoring, this was corroborated by the high level of compliance to mandatory training figures and high supervision uptake.

All community team staff that we interviewed spoke highly of the multi-disciplinary teams. They all mentioned a real sense of “team” and there were informal support structures in place as well as formal ones which they all felt made them more cohesive as a team.

Summary of findings

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

Are services safe?

Good

The community learning disability team's West North West Leeds and the York community learning disability teams provided support and treatment for patients who have a learning disability.

The two community teams that we visited had established systems in place to monitor caseload size.

There was evidence of the safeguarding process being used within the team. Staff were aware of the Trusts policy and how to implement it.

Prevention and management of violence and aggression breakaway (PMVA) training records that we viewed showed compliance of 100% for both teams.

Staff were aware of the incident reporting process. We saw that incident reports were dealt with in line with the Leeds York NHS Partnership Trust (LYPT) policy and recorded on paper IR1's.

Staff spoken to were aware of the whistleblowing policy and the process they would follow and also how they could escalate issues to the Trust.

Are services effective?

Good

The CLDT had a documented eligibility criteria that is applied to all referrals and assessments

And this included complex health needs such as depression, psychotic disorders, dementia autistic spectrum disorder, or there may be major risk or vulnerability.

We viewed patient's electronic records and notes. We saw that there was a good care planning process in place and this addressed a range of physical and psychological issues.

At initial assessment we saw that they use an appropriate risk assessment tool..

There had been a supervision template developed for use by managers.

The multi-disciplinary team included psychologists with and nurses with specialist skills. The psychological approach was guided by the positive practices framework (Improving access to psychological therapies NHS 2009), as well as best practice in cognitive behavioural therapy (CBT).

We saw and staff told us that the teams operated within a multi-disciplinary team (MDT) framework. There was good evidence of

Summary of findings

effective MDT team working within the service which included input from nurses, medical staff, occupational therapists and physiotherapist's speech and language therapists and psychologists.

Staff mandatory training was at a high level of compliance with WNW CLDT and York CLDT this was confirmed by the training reports that the trust made available to us. .

Both teams had a cohesive multi-disciplinary team approach

Supervision structures were in place for all staff and disciplines, most staff described having.

We could see and were told by staff that 100% of staff had undertaken their appraisal.

Are services caring?

Good

Staffs attitudes towards patients were caring and they spoke about them courteously and with respect.

At the times of our visit there were no patients attending the CLDT's therefore we were unable to speak to any during inspections

Easy read leaflets were available, but staff stated they could be better, none the less the Trusts public website had got many easy read documents on there that people could access should they be required.

Are services responsive to people's needs?

Good

The trust introduced a, 'Single Point of Access' (SPA) point for all new referrals into the service over two years ago.

The WNW CLDT operated a "duty desk" system and staff were allocated this duty daily to ensure that any referrals identified as urgent were dealt with in a timely way and without delay.

We observed good use of easy read signage or information displayed in the team bases and also easy read literature on the Trusts internet page, such as a referral leaflet and information about the Mental Capacity Act.

There were copies of easy read complaint leaflets available in the community teams, staff members were fully aware of the complaints process and knew about the PALS service and how they could direct patients and carers to the department.

Fact finding investigations take place post incident to enhance future practice

Summary of findings

Are services well-led?

Good

The community learning disability direct management team were motivated toward providing the best practice and high quality care which was evident during a focus group held with the senior leads, this clearly filtered through to their staff within the teams.

The community teams had clear lines of accountability and management structures.

The community team staff told us they felt supported in their roles and had excellent support from the managers of the service. There appeared to be a robust monitoring system used within the services which captured training, supervision and incident monitoring, this was corroborated by the high level of compliance to mandatory training figures and high supervision uptake.

All community team staff that we interviewed spoke highly of the multi-disciplinary teams. They all mentioned a real sense of "team" and there were informal support structures in place as well as formal ones which they all felt made them more cohesive as a team.

Summary of findings

Background to the service

The majority of specialist health interventions are delivered in the community by three multi-disciplinary community learning disability teams .CLDT in Leeds, one Complex Multi Impairment team in Leeds and one community learning disability team in York.

Two teams (WNW & CMI teams) are based in Leeds at St Mary's Hospital, 1 team at Aire Court, Leeds and 1 team at Asket Croft Leeds and the York Team is based at Systems House in York.

We inspected the Leeds West North West (WNW) community learning disability team and the York community learning disability team.

The learning disability team provided a modern, specialist service for people with a learning disability and complex health needs.

The teams were made up of professionally qualified staff including, psychiatry, psychology, physiotherapy, dieticians, occupational therapy, speech and language therapy and learning disability nurses.

Assessment, treatment and care was provided within the framework of Care Programme Approach (CPA) and the teams also provided specialist support and advice to a range of partner agencies.

All Leeds based locality based CLDT teams encompass a challenging behaviour service and a mental health / LD outreach service.

The service had clear defined eligibility criteria.

- The service user will have a learning disability (IQ < 70) and associated complex health needs, which require input of specialist learning disability service.
- The service user is 18 years and over (no upper age cut off for individuals who have been eligible for learning disability services throughout their lives).
- Complex health needs are defined as: -
- Significant disorders including depression, psychotic disorder, dementia, autistic spectrum disorder and severe anxiety disorder or
- Major risk/vulnerability issues arising from the individuals learning disability or
- Complex and or/multiple physical impairment to ensure access to appropriate health input, epilepsy, cerebral palsy and sensory impairment.
- Severe challenging behaviour requiring specialist assessment/interventions.

Our inspection team

Our inspection team was led by:

Chair: Michael Hutt

Team Leader: Jenny Wilkes, Head of Inspection – Hospitals Directorate (Mental Health), Care Quality Commission

The team included an inspection manager, a mental health act reviewer, and an analyst. We also had a variety of specialist advisors which included senior nurses, psychologists, a consultant psychiatrist an expert by experience and a supporter.

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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 visiting, we reviewed a range of information we hold about the learning disability community teems and asked other organisations to share what they knew, including speaking with local Healthwatch, Independent Mental Health Advocacy Services and other stakeholders. We held a public listening event, as well as listening events at each main hospital location for current in-patients including detained patients.

We carried out an announced visit over three days between 30 September and 2 October 2014 and also a short notice inspection on 15 October 2014. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We talked with people who use services who shared their views and experiences of the service. We observed how people were being cared for and talked with carers and/or family members. We reviewed care or treatment records of people who use services. We spoke with senior managers and looked at the environment of the team.

What people who use the provider's services say

There were no patients available for us to speak to whilst undertaking the inspection

Good practice

- The WNW CLDT had developed a bereavement package to use when working with patients.
- Both community learning disability teams services had developed a training package for use with student nurses.

Leeds and York Partnership 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
West North West Community Learning Disability Services	Trust Headquarters
System House	Trust Headquarters

Mental Health Act responsibilities

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

All staff that we spoke to were able to tell us about the mental health and its application in both the community and in hospital settings.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Trust does not have Mental Capacity Act training on its mandatory training list so staff had not done any specific training in this, however staff told us that they had a good knowledge of the act.

Staff told us that they would hold best interest meetings if a patient has a poor mental state and cannot make a decision for themselves, there would usually be an emergency meeting to plan the care whilst the patient is unwell.

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

Summary of findings

The community learning disability team's West North West Leeds and the York community learning disability teams provide support and treatment for patients who have a learning disability.

The two community teams that we visited had established systems in place to monitor caseload size.

Both teams had a cohesive multi-disciplinary team approach.

There was evidence of the safeguarding process being used within the team, staff were aware of the Trusts policy and how to implement it.

Prevention on management of violence and aggression breakaway (PMVA) training records that we viewed showed compliance of 100% for both teams.

Staff were aware of the incident reporting process. We saw that incident reports were dealt with in line with the LYPT policy and recorded on paper IR1's.

Staff we spoke to were aware of the whistleblowing policy and the process they would follow and also how they could escalate issues to the Trust.

Our findings

Community Learning Disabilities Teams

Safe and clean environment

The community learning disability team's West North West Leeds and the York community learning disability teams provide support and treatment for patients who have a learning disability.

The team locations we visited were generally well maintained however; we found that

The community learning disability team's staff generally visited people in their own homes. At times however patients could be seen in the team base.

Access and egress to the building was controlled by the reception staff and the teams had an established process in place for the staff to sign in and out and to ascertain their movements throughout the day. The York CLDT were able to describe the lone working policy and that all patients were risk assessed and they always left their whereabouts and a postcode with their team base. They also had access to alarms which they could use when required.

Safe staffing

The two community teams that we visited had an established system in place to monitor caseload size. All staff we spoke to could tell us the size of their caseload and how this was reviewed and monitored. The team managers had developed clinical and caseload supervision tools and they were able to discuss and review these in supervision. Caseloads were not capped but cases were allocated according to need and acuity of staffs current caseloads.

The York CLDT had resource issues in three areas, nursing, physiotherapy and psychology due to long waiting lists for either therapy or to be seen within waiting list targets. This was due to staffing and resourcing issues and had now been placed onto the risk register and an action plan had been developed to address this.

Both teams had a cohesive multi-disciplinary team which included speech and language therapy, psychology, psychiatry, physiotherapy as well as nurse specialists in challenging behaviour and mental health.

Assessing and managing risk to patients and staff

The teams used recognised risk assessments, Leeds CLDTs used FACE risk assessment and York used SAMP. We found these assessments to be comprehensive and completed in a timely manner, these assessments contains any significant risk history and current warning signs.

The WNW CLDT held weekly MDT team meetings which looked at and discussed all referrals into the service. Once a month this meeting is dedicated as a "formulation" meeting which allowed the team to summarise the patient's difficulties based on a psychological theory. This then informs the intervention of the team.

Good

Are services safe?

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

The mental health liaison service at WNW CLDT does not hold a waiting list and had agreed time frames to see patients when referred to them, contact was made within 24 hours and all are seen within seven days due to the acute nature of these referrals.

The challenging behaviour service at WNW CLDT also had clear eligibility criteria for referral to service which is broadly divided into three categories, these being severe challenging behaviour, highly vulnerable/self-destructive behaviour or offending behaviour.

There was evidence of the safeguarding process being used within the team. The trusts policies and procedures were accessible on their intranet, a safeguarding flow chart from the trust was seen in the team base which described to staff how they would escalate and report any safeguarding concerns in relation to the patients on the wards, all staff we spoke to were able to adequately report and escalate any safeguarding concerns that occurred. Staff from the York CTLD told us that they received feedback regularly from these safeguarding referrals due to the fact that they are co-located in the team base with the local authority social workers.

The team managers were able to show us their training records and we were able to view data that the Trust provided which included clinical risk training. The two teams we visited showed variable compliance to clinical risk training, WNW CLDT at 92% and York CLDT at 50%. The learning disability directorate as a whole was at 63% compliance for clinical risk assessment training.

Based on a risk assessment of patients staff told us they would sometimes undertake visits in pairs and adhered to the lone working policy.

Prevention on management of violence and aggression breakaway (PMVA) training records that we viewed showed compliance of 100% for both teams.

Reporting incidents and learning from when things go wrong

Staff were aware of the incident reporting process. We saw that incident reports were dealt with in line with the LYPT policy and recorded on paper IR1's. The examples we saw showed that the information recorded in incident reports was clear and comprehensive. Staff and managers were able to describe the process and their responsibilities in relation to reporting. The staff we spoke to also described a 'lessons learnt' bulletin which was circulated by the trust and made available to all staff. The Trust is currently in the process of implementing an electronic based system called, 'Datix' which has already been rolled out across parts of the Trust. The implementation of this system would make the review of incidents smoother as they will be computerised and up to date.

Staff we spoke to were aware of the whistleblowing policy and the process they would follow and also how they could escalate issues to the Trust.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

The CLDT have a documented eligibility criteria that is applied to all referrals and assessments

and it includes complex health needs such as depression, psychotic disorders, dementia, autistic

spectrum disorder, or there may be major risk or vulnerability.

We viewed patient's electronic records and notes. We saw that there was a good care planning process in place and this addressed a range of physical and psychological issues.

Leeds CLDTs use FACE risk assessment and York use SAMP.

There has been a supervision template developed for use by managers.

The multi-disciplinary team includes psychologists with and nurses with specialist skills. The psychological approach is guided by the positive practices framework (Improving access to psychological therapies NHS 2009), as well as best practice in cognitive behavioural therapy (CBT).

We saw and staff told us that the teams operated within a multi-disciplinary team (MDT) framework. There was good evidence of effective MDT team working within the service which included input from nurses, medical staff, occupational therapists and physiotherapist's speech and language therapists, dieticians and psychologists.

Staff mandatory training was at a high level of compliance with WNW CLDT and York CLDT this was confirmed by the training reports that the trust made available to us. .

Supervision structures were in place for all staff and disciplines, most staff described having.

We could see and were told by staff that 100% of staff had undertaken their appraisal.

Our findings

Community Learning Disabilities Teams

Assessment of needs and planning of care

The CLDT had a documented eligibility criteria that was applied to all referrals and assessments

and it included complex health needs such as depression, psychotic disorders, dementia, autistic

spectrum disorder there may also be major risk or vulnerability. Input can also be requested for

health related problems. Severe challenging behaviour will also be assessed.

We looked at eight care records across the services, we viewed patient's electronic records and notes. We saw that there was a good care planning process in place and this addressed a range of physical and psychological issues. All of the records contained a comprehensive FACE or SAMP risk assessment. We were told however that the only assessment that can be put onto PARIS (electronic care notes) is the nursing assessment, in the "assessment" section so other disciplines have to include their assessment with the generic care notes, this can then be difficult to find. We were told that the Trust is in the process of developing a holistic assessment that would be multi-disciplinary and would then be easier to locate within the electronic system.

Teams undertook an initial assessment and they used the "SAMP" or "FACE" assessment (Safety, assessment management plan) which was completed on assessment. They would also complete a lone worker form at this point if not already completed.

We were told that during supervision the template that is used discusses caseload size, date of patient referral and also date of assessment, which ensures that all patients are seen within the agreed timeframes.

Patients are at times on Care Programme Approach (CPA) and this was also recorded on PARIS, full action plans were completed at the end of the meeting and it showed patient involvement.

We were told that there is not epilepsy or seizure management nurse within the community team, in York, however there is one attached to the general adult team and staff work closely with her to assist them with patients on their caseload if required.

Best practice in treatment and care

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

The multi-disciplinary team included psychologists and nurses with specialist skills. The psychological approach was guided by the positive practices framework (Improving access to psychological therapies NHS 2009), as well as best practice in cognitive behavioural therapy (CBT).

Positive behaviour support (PBS) was also used in line with 'Positive and Proactive Care: reducing the need for restrictive interventions' (DOH 2014) which also encompassed 'Transforming Care: a national response to Winterbourne View Hospital' (DH 2012) and 'Mental Health Crisis Care: physical restraint in crisis' (MIND June 2013) psychologists have also delivered training to the wider MDT in positive behaviour support.

The team hold monthly positive behavioural support clinics, where behaviour support plans are reviewed.

Working towards payment by results (PbR) for mental health has been mandated since April 2011, In this context a cluster is a global description of a group of people with similar characteristics as identified from a holistic assessment and rated using the Mental Health Clustering Tool (MHCT). The learning disability community teams are currently not undertaking this process but in the next year this will be starting.

We were told that sometimes assessments are carried out jointly with the mental health community team, to ensure that the patient is seen by the correct team, we viewed case notes to confirm this.

We were told that the trust audit department regularly send out audits for staff to complete such as record keeping audits, these are completed and sent back to the trust and then fed into the trust wide audit committee, the results of these are shared with the staff teams.

We were told that there are also plans within the challenging behaviour support service to audit the positive behaviour support pathway.

Skilled staff to deliver care

We saw and staff told us that the teams operated within a multi-disciplinary team (MDT) framework. There was good evidence of effective MDT team working within the service which included input from nurses, medical staff, occupational therapists and physiotherapist's speech and language therapists and psychologists.

The challenging behaviour support service at WNW CLDT was run as a full multi-disciplinary team with input from a full range of professions (including nursing and psychology). The nurses were suitably skilled to deliver the interventions undertaking an advanced diploma in positive behaviour support at Cardiff university. Other local courses were delivered such as autism awareness, communication training and dementia pathways. We were also told that two staff had been supported to undertake venepuncture training to allow them to take bloods of patients without the need for them to attend GP surgeries.

Staff mandatory training was at a high level of compliance with WNW CLDT and York CLDT this was confirmed by the training reports that the trust made available to us. Fire and safety, infection control, emergency life support and PMVA were all at 100%, others were mostly above 85% except for clinical risk training in York CLDT which was at 50%. Staff told us that they receive a training matrix monthly that advises them of their compliance to mandatory training.

Supervision structures were in place for all staff and disciplines, most staff described having individual, caseload, peer and if required specialist supervision. Such specialist supervision was from the challenging behaviour network. We interviewed nine staff across the teams and all stated that they felt they were supported in their role both formally through the supervision structures but also informally with peers or their immediate line manager. We could see and were told by staff that 100% of staff had undertaken their appraisal.

Both community teams regularly had student nurses allocated to them on placement at varying stages of their course. Both teams had developed bespoke packages to assist with their training.

Multi-disciplinary and inter-agency team work

We were able to attend one MDT meeting at WNW CLDT. Attendance was good and multi-disciplinary, with attendees from nursing, occupational therapy, speech and language therapists, psychiatry and psychology. This meeting was chaired by the clinical team manager. All referrals for this meeting came through the single point of access (SPA) and were logged on PARIS (electronic notes system) the source of referrals came from social services, independent care provider and GP's.

The WNW CLDT had three different parts to the services, the challenging behaviour service, the psychiatric liaison

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.

service and the generic/holistic team. It is within these meetings that allocation is done. Referral criteria does include health reasons and can be referred straight to other disciplines such a speech and language therapy for eating/ swallowing assessments rather than always going through the nursing team. Once the discussion is concluded in the meeting a letter is then sent to the referring agency.

The Commissioning for Quality and Innovation (CQUIN) scheme for 2014/15 provides a national framework through which organisations providing healthcare services under the NHS standard contract can earn incentive payments of up to 2.5% of their contract value by achieving agreed national and local goals for service quality improvement. One member of the nursing team at the WNW CLDT has been seconded out of her post for two days a week to assist with the integration of health needs for people who have a learning disability into GP services.

Adherence to the MHA and the MHA Code of Practice

All staff that we spoke to were able to tell us about the mental health and its application in both the community and in hospital settings.

Good practice in applying the MCA

The Trust does not have Mental Capacity Act training on its mandatory training list so staff had not done any specific training in this, however staff told us that they had a good knowledge of the act.

Staff told us that they would hold best interest meetings if a patient has a poor mental state and cannot make a decision for themselves, there would usually be an emergency meeting to plan the care whilst the patient is unwell.

Good

Are services caring?

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

Summary of findings

Staffs attitudes towards patients were caring and they spoke about them courteously and with respect.

At the times of our visit there were no patients attending the CLDT's therefore we were unable to speak to any during inspections

Easy read leaflets were available, but staff stated they could be better, none the less the Trusts public website had got many easy read documents on there that people could access should they be required.

Our findings

Community Learning Disabilities Teams

Kindness, dignity, respect and support

Staffs attitudes towards patients were caring and they spoke about them courteously and with respect.

We viewed care plans which were all patient centred and clearly showed clear goals that had been agreed with the patient. There was difficulty in patients signing care plans due to the patient's notes now being electronic on PARIS, however the team had developed a sentence that was included in all care plans and notes so that it was clear when the patients had been consulted and involved in discussions.

At the times of our visit there were no patients attending the CLDT's therefore we were unable to speak to any during inspections

The involvement of people in the care they receive

We found that patients were involved in their care and staff worked closely with them in the community to try and avoid admissions to hospitals.

The York CLDT told us about some work that they undertook earlier on in the year a "have your say" group which has monthly updates and families and carers are encouraged to attend.

Easy read leaflets were available, but staff stated they could be better, none the less the Trusts public website had got many easy read documents on there that people could access should they be required.

Good

Are services responsive to people's needs?

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

Summary of findings

The trust introduced a, 'Single Point of Access' (SPA) point for all new referrals into the service some months ago.

The WNW CLDT operated a "duty desk" system and staff were allocated this duty daily to ensure that any referrals identified as urgent were dealt with in a timely way and without delay.

We observed good use of easy read signage or information displayed in the team bases and also easy read literature on the Trusts internet page, such as a referral leaflet and information about the Mental Capacity Act.

There were copies of easy read complaint leaflets available in the community teams, staff members were fully aware of the complaints process and knew about the PALS service and how they could direct patients and carers to the department.

Fact finding investigations take place post incident to enhance future practice

Our findings

Community Learning Disabilities Teams

Access, discharge and bed management

The trust introduced a, 'Single Point of Access' (SPA) point for all new referrals into the service some months ago. The SPA team reviewed each new referral based upon the information they received and assessed which service was the most appropriate to meet the patient's needs. The. The WNW CLDT operated a "duty desk" system and staff were allocated this duty daily to ensure that any referrals identified as urgent were dealt with in a timely way and without delay.

These referrals all came via the PARIS electronic noting system.

Staff reported that they worked hard with the patients who were referred to them to maintain their placement in the community rather than having to access inpatient beds. Staff did however tell us that if they were admitted they would maintain links with the patient for the admission period. There were not any current issues in identifying appropriate beds for patients, this does occasionally happen and patients have to be placed out of area.

Meeting the needs of all people who use the service

The patients on the wards had varying levels of cognition and literacy. For many this meant that written information and leaflets needed to be simplified and available in a form more accessible for their needs. We observed good use of easy read signage or information displayed in the team bases and also easy read literature on the Trusts internet page, such as a referral leaflet and information about the Mental Capacity Act.

Listening to and learning from concerns and complaints

There were copies of easy read complaint leaflets available in the community teams, staff members were fully aware of the complaints process and knew about the PALS service and how they could direct patients and carers to the department. They also stated that they would ask their manager should there be a problem to see if local resolution could be achieved first. The York CLDT told us that they had only had one complaint in recent months and they had dealt with it effectively under the Trust policy and the patient was fully supported through the process and feedback was given as needed.

Staff also told us that sometimes when there is an incident their manager undertakes a fact finding investigation and once completed this is always shared with the team, to enhance future practice.

Are services well-led?

Good

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

Summary of findings

The community learning disability direct management team were motivated toward providing the best practice and high quality care which was evident during a focus group held with the senior leads, this clearly filtered through to their staff within the teams.

The community teams had clear lines of accountability and management structures.

The community team staff told us they felt supported in their roles and had excellent support from the managers of the service. There appeared to be a robust monitoring system used within the services which captured training, supervision and incident monitoring, this was corroborated by the high level of compliance to mandatory training figures and high supervision uptake.

All community team staff that we interviewed spoke highly of the multi-disciplinary teams. They all mentioned a real sense of "team" and there were informal support structures in place as well as formal ones which they all felt made them more cohesive as a team.

Our findings

Community Learning Disabilities Teams

Vision and values

The community team staff showed an awareness of the trusts wider organisation's values however this was poor in comparison with the staff awareness and passion at a service level.

The community teams learning disability direct management team were motivated toward providing the best practice and high quality care which was evident during a focus group held with the senior leads, this clearly filtered through to their staff within the teams.

We were told that staff would probably recognise the chief executive but, this was because his photograph was on the intranet front page, but would be less likely to be able to describe his role or any of the other members of the organisation's senior directors.

Good governance

The community teams had clear lines of accountability and management structures.

The community team staff told us they felt supported in their roles and had excellent support from the managers of the service. There appeared to be a robust monitoring system used within the services which captured training, supervision and incident monitoring, this was corroborated by the high level of compliance to mandatory training figures and high supervision uptake. As part of the ongoing supervision process staff were also asked to bring copies of their training matrix to these supervision sessions to ensure that compliance was met and or addressed,

Leadership, morale and staff engagement

Staff in the community team told us they felt supported by their direct line managers and there was good teamwork and morale within the teams. All community team staff that we interviewed spoke highly of the multi-disciplinary teams. They all mentioned a real sense of "team" and there were informal support structures in place as well as formal ones which they all felt made them more cohesive as a team.

Sickness was reported by the team managers as low, however this was managed as per LYPT policy when there were concerns.

Commitment to quality improvement and innovation

The staff told us about two ongoing projects they had working with, these being a bereavement package and a desensitisation project. Both of these were staff led and they had been issues that they felt they did not have information on that was appropriate to the needs of the patient group. These will be reviewed and evaluated.