

Sussex Partnership NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RX2	Highdown	Highdown	BN13 3EP

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the provider's services say	8
Good practice	8
Areas for improvement	8

Detailed findings from this inspection

Locations inspected	9
Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Findings by our five questions	0

Summary of findings

Overall summary

- We gave an overall rating for LD community services of **Good** because:
- The services had a full staff team and did not need to use any agency or locum staffing. Staff that were in post were skilled and appropriately trained to provide care.
- There were arrangements in place to ensure urgent referrals were dealt with immediately.
- The staff were aware of the local and trust wide safeguarding processes.
- There were clear processes in place for assessing risk using a trust prescribed mental health risk assessment document.
- We saw evidence of an established referrals and assessment process which was carried out by clinicians that were knowledgeable, person centred and caring in approach.
- Care records were developed with people and stored electronically which meant information around service user care was available when and where the staff needed it.
- We found that staff were supported to take part in clinical and managerial supervision orientated to improving and developing their individual skills.
- We saw that different professionals worked together effectively to address risk and assess and plan people's care and treatment.
- All of the community teams inspected were orientated toward working with people in an inclusive and person centred way.
- We observed outstanding levels of care and respect for the people receiving their services.
- We heard positive feedback from all the carers and families of the people receiving the care from The Highdown team.
- The service had clearly identified operational policies for each of the teams based at the Highdown service.
- Appointments were observed and reported to run at times that were suitable for the people receiving care.
- People felt supported to make complaints when they felt it was necessary.
- Information was available in a variety of formats which were accessible to people receiving care.
- There were clear internal reporting structures and staff were aware of their own responsibilities and the management responsibilities for the individual teams at Highdown.
- The culture within the service was open and encouraged staff to bring forward ideas for improving the service delivery.
- We saw evidence of regular individual supervision meetings and team meetings for staff. Staff told us the manager supported them to access leadership training and development

Summary of findings

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

Are services safe?

We rated safe as **Good** because:

- The services had a full staff team and did not need to use any agency or locum staffing.
- The staff that were in post were skilled and appropriately trained to provide care.
- There were arrangements in place to ensure urgent referrals were dealt with immediately.
- The staff were aware of the local and trust wide safeguarding processes.
- There were clear processes in place for assessing risk using a trust prescribed mental health risk assessment document.

Good



Are services effective?

We rated effective as **Good** because:

- We saw evidence of an established referrals and assessment process which was carried out by clinicians that were knowledgeable, person centred and caring in approach.
- Care records were developed with people and stored electronically which meant information around service user care was available when and where the staff needed it.
- We found that staff were supported to take part in clinical and managerial supervision orientated to improving and developing their individual skills.
- We saw that different professionals worked together effectively to address risk and assess and plan people's care and treatment.

Good



Are services caring?

We rated caring as **good** because:

- All of the community teams inspected were orientated toward working with people in an inclusive and person centred way.
- We observed outstanding levels of care and respect for the people receiving their services.
- We heard positive feedback from all the carers and families of the people receiving the care from The Highdown team.

Good



Summary of findings

Are services responsive to people's needs?

We rated responsive as **Good** because:

- The service had clearly identified operational policies for each of the teams based at the Highdown service.
- Appointments were observed and reported to run at times that were suitable for the people receiving care.
- People felt supported to make complaints when they felt it was necessary.
- Information was available in a variety of formats which were accessible to people receiving care.

Good



Are services well-led?

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

- There were clear internal reporting structures and staff were aware of their own responsibilities and the management responsibilities for the individual teams at Highdown.
- The culture within the service was open and encouraged staff to bring forward ideas for improving the service delivery.
- We saw evidence of regular individual supervision meetings and team meetings for staff. Staff told us the manager supported them to access leadership training and development.

Good



Summary of findings

Information about the service

The learning disability (LD) community team is made up of 4 teams:

- The LD health team has clinicians from psychology, psychiatry, LD nurses, speech and language therapists and administrative support. This team works with people across Sussex who have a learning disability and with residential services. This ensures that people placed from out of area were receiving appropriate support in relation to their health care needs. The team provides assessments, including health needs (physical, mental health and behavioural). They complete risk assessments and provide advice, support and some longer term interventions. They also signpost people to other services when appropriate.
- The parenting assessment team has a speech and language therapist, a clinical psychologist and administrative support. This team provides specialist psychology and speech and language input to help to assess parent's potential for adequate parenting.
- The Specialist Clinical Assessment Team has a diagnostic team working one day a month, consisting of a consultant psychiatrist, a speech and language therapist and a psychologist. The wider team also has a speech and language therapist, a psychologist, an Autism Spectrum condition practitioner and administrative support. This team provides a specialist clinical service for adults who may not meet the criteria for adult or mental health or LD services but require specialist clinical assessment and support to manage risky behaviour which is thought to be related to, or a consequence of, their disability or mental well-being. The team also do short term pieces of intervention and sign post to other services.
- The psychiatry team also comes under the Highdown structure but is managed separately so was not inspected as part of the inspection of LD community services.

Our inspection team

The team that inspected the LD community services consisted of 7 people: one expert by experience and their support worker; one inspector; one Mental Health Act reviewer; two nurses and one psychologist.

All seven people on the team visited Highdown.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

Summary of findings

During the inspection visit, the inspection team:

- Visited the hospital site and looked at the quality of the environment and observed how staff were caring for patients.
- Spoke with 2 patients who were using the services.
- Spoke with 5 relatives and carer representatives of people receiving services.
- Spoke with the manager and professional leads within the service.

- Spoke to 8 staff.
- Attended and observed a six month review, an initial assessment, a referrals meeting, an autism assessment and a professional leads meeting.

We also:

- Looked at electronic treatment records of patients.
- Looked at a range of policies, procedures and other documents relating to the running of the services.

What people who use the provider's services say

- We spoke with people receiving the service and their relatives and carer representatives.
- All the people we spoke to were positive about their experience of care and support with the LD community teams. They told us that they found staff to be very positive, caring and supportive.
- People were involved in decisions about their care and told us that they felt well supported to make decisions and that the treatment they received was specific to their needs.
- People told us there was a very quick response time to be seen by the team and then good follow up after the visits.

Good practice

- We observed all interactions with people receiving the services to be orientated toward a life planning model.
- The services have a very pro-active approach towards referrals, which means people were seen quickly and receive the right care.
- We saw a variety of information available to people displayed in an easy to understand format.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should consider their arrangements for parking on the site as it was reported that people attending appointments had to wait for up to an hour to find a suitable parking space that would allow parking of a converted vehicle.

Sussex 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
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Highdown

Highdown

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.

The trust's systems supported the appropriate implementation of the Mental Health Act and its Code of

Practice. Administrative support was available from a team within the trust. The staff carried out regular audits to ensure the Mental Health Act was being implemented correctly. Staff received training and had a good understanding of the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

We saw that staff were up to date with relevant training in MCA and DoLS and were able to explain about consent and capacity.

Staff were aware of the DoLS process and actively considered this when they went to visit people in their services.

There was support available to enable people to make decisions and when it had been decided people lacked capacity they continued to be involved in the decisions affecting them.

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

We rated safe as **Good** because:

- The services had a full staff team and did not need to use any agency or locum staffing. Staff that were in post were skilled and appropriately trained to provide care.
- There were arrangements in place to ensure urgent referrals were dealt with immediately.
- The staff were aware of the local and trust wide safeguarding processes.
- There were clear processes in place for assessing risk using a trust prescribed mental health risk assessment document.

- The teams consist of psychiatry, psychology, speech and language therapists an autistic spectrum condition practitioner and nurses. These staff were skilled and appropriately trained to support the people receiving the services.
- The teams had an on call arrangement to triage urgent referrals outside of normal working hours.

Assessing and managing risks to patients and staff

- Staff were aware of the lone working policy and we saw minutes from meetings which showed that lone working procedures were regularly discussed. If at assessment concerns were identified, two staff would be allocated to visit the person to ensure the safety of the people who used the service and that of the staff. Alternatively, appointments would be arranged at Highdown. There was also a lone working “top tips” document available to staff.
- Staff told us that when a person was referred to the services, information was gathered about the person. This included details about their past history and any risk assessments. We observed this during an assessment when the service had already identified to the LD health team the summary and formulation of the risks presented by the person. The risk assessment however was a trust-wide mental health tool and was not specific to people with a learning disability. Therefore not all of it was applicable and it also left out important issues such as the risk of choking and risks associated with epilepsy.
- All staff diaries were available online and accessible to the service manager and admin staff so people’s appointments can be easily checked to assist in keeping staff safe.
- We attended a referrals meeting where we saw that the services were actively monitoring people on the waiting lists and the teams discussed increases in the level of risks for individuals and services.
- Staff had received mandatory safeguarding training and knew about trust and local authority safeguarding procedures. The staff we spoke with described their understanding of safeguarding and knew how and what

Our findings

Community LD teams

Safe and clean environment

- The office building where the team meet and work from is in a reasonable state of decoration and there were dedicated rooms where people were seen which were clean and suitable for the purpose. The furniture seen was all in a good state of repair.
- There was a system for booking rooms to see people which worked well.
- There were cleaning rotas in place to ensure the service was kept clean. Senior staff confirmed that trust wide audits were carried out in cleanliness and infection control.

Safe staffing

- The service teams were running at full establishment and there is no use of agency staff to cover absences with people’s care always being covered within the teams.

Are services safe?

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

to report to ensure that people who used the service were protected from harm. People receiving services told us that they felt safe with the teams and could speak with staff if they had any concerns.

Track record on safety

- Staff spoken with demonstrated that they knew how to report and recognise abuse and felt confident in raising concerns and how they would escalate these if necessary. We were shown the electronic system used for the recording and reporting of incidents. All incidents were reviewed by the managers and then via the clinical governance team for the trust, who would then monitor them for trends.

- The community services have very low levels of reported incidents.

Reporting incidents and learning from when things go wrong

- Staff told us they had access to the trust safety alerts and resources on the intranet. Staff told us that they felt supported in reporting incidents and that lessons learnt were discussed in both individual supervision sessions and within team meetings. We saw meeting minutes and supervision records which reflected this.

Are services effective?

Good 

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

Summary of findings

We rated effective as **Good** because:

- We saw evidence of an established referrals and assessment process which was carried out by clinicians that were knowledgeable, person centred and caring in approach.
- Care records were developed with people and stored electronically which meant information around service user care was available when and where the staff needed it.
- We found that staff were supported to take part in clinical and managerial supervision orientated to improving and developing their individual skills.
- We saw that different professionals worked together effectively to address risk and assess and plan people's care and treatment.

- Care plans and reports were provided in a way that is easy to read and understand by the people receiving the service.
- Staff were able to discuss issues around consent and capacity and how to undertake or organise an assessment for people as necessary.
- Care records and care plans were all stored electronically and securely using the ECPA system.

Best practice in treatment and care

- We saw that staff used recognised assessments that look at the outcomes for people that receive services such as Health of the Nation Outcomes Scale, (HONOS-LD). These scales covered 12 health and social domains and enabled the clinicians to build up a picture over time of the people's responses to interventions.
- We observed that when people were referred to the LD health team there was a comprehensive assessment of their physical health care needs.
- Patients access psychological therapies as part of their treatment and psychologists were an active part of the community team.
- At the time of the inspection there were no current clinical audits taking place.

Skilled staff to deliver care

- Staff told us they received clinical and managerial supervision every month, where they were able to reflect on their practice. Staff also reported they were encouraged to take part in professional development that enabled them to maintain and enhance their skills.
- There were regular team meetings and staff felt well supported by their local management structure and colleagues. All staff we spoke to talked about high levels of morale and that they enjoyed their work and working for the trust.

Multi-disciplinary and inter-agency team work

- Comprehensive assessments carried out by the teams were always multidisciplinary in approach. The electronic care records showed that there was effective multidisciplinary team (MDT) working taking place. Care plans included advice and input from different professionals involved in people's care.

Our findings

Community LD teams

Assessment of needs and planning of care

- There was a process for assessing people referred to each of the community teams. Referrals were screened daily by the duty person in charge to ensure that anything urgent was dealt with promptly. A weekly meeting to discuss all referrals also took place. We attended this meeting and saw that people were assessed by one or more staff from the appropriate team.
- We saw a comprehensive assessment of people's needs being carried out. The staff we observed assessing people were knowledgeable, person centred and caring in their approach.
- Care plans were developed with the involvement of people using the service and clearly documented the treatment and support they needed. The records checked were all up to date, person centred and recovery focused.

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 people we spoke to receiving care confirmed they were supported by a number of different professionals from within the team and we saw a positive and supportive culture within the teams.
- We observed an MDT referrals meeting and saw it was effective in sharing information about people and reviewing their progress. Different professionals worked together effectively to address risk and assess and plan people's care and treatment. There was evidence of good working links with primary care and local social services.

Good practice in applying the MCA

- We saw training records and staff told us that they had received training on the Mental Capacity Act and the Deprivation of Liberty safeguards. People were able to actively discuss how this piece of law affected the way they supported the people receiving the services to make decisions that were in their best interests.

Are services caring?

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

Summary of findings

We rated caring as **Good** because:

- All 4 of community teams were all orientated toward working with people in an inclusive and person centred way.
- We observed outstanding levels of care and respect for the people receiving their services.
- We heard positive feedback from all the carers and families of the people receiving the care from The Highdown team.

Our findings

Community LD teams

Kindness, dignity, respect and support

- When people arrived at the service there was easily accessible information available in the reception area relating the different services available from the Highdown team. There was a board clearly identifying all the team, with their photographs to enable people to recognise who they were meeting for their appointments.

- People receiving care and family carers told us that staff treated them with respect and the way the services was arranged was very person centred. We were also told the follow up contact from the therapists was really good.
- We saw from the care records and observations that family members were involved in the assessment and care planning when it was appropriate and their views were used effectively in the development of treatment options.
- When staff spoke to us about patients, they discussed them in a respectful manner and showed a good understanding of their individual needs and the confidential nature of their care. The whole team were motivated to ensure that people who used the services were safely cared for.

The involvement of people in the care they receive

- We observed staff interacting with patients in a caring and compassionate way discussing their care with them and involving them throughout the discussions.
- Patients were encouraged to involve relatives and friends in their care planning if they wished. We observed a family consultation and the families views were appropriately discussed after consent was sought from the person receiving care.
- Details of local advocacy services were displayed in reception and people told us they were supported to access an advocate if they wished.

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

We rated responsive as Good because:

- The service had clearly identified operational policies for each of the teams based at the Highdown service.
- Appointments were observed and reported to run at times that were suitable for the people receiving care.
- People felt supported to make complaints when they felt it was necessary.
- Information was available in a variety of formats which were accessible to people receiving care.

Our findings

Community LD services

Access, discharge and bed management

- The individual services all have clearly set out operational policies which show the referral pathway and actions for individual clinicians. The operational policy also set out the criteria for who could be referred to each of the community teams.
- We could see from assessment records, the services operational policy and attendance at the referrals meeting that the service has a set target time of 4 weeks from referral to assessment.
- The team also has a daily duty rota of LD health team clinicians available to support urgent queries. Urgent assessments for people already known to the service are seen the same working day.
- All the appointments we observed were run on time and when we asked people we were told the appointments were at times suitable for the people receiving the care.
- The service followed the good practice of raising a safeguarding alert to the Local Authority if there was a delay or lack of implementation of a care plan. We saw examples of this on the ECPA system.

The service optimises recovery, comfort and dignity

- The environment did promote a welcoming environment for people attending the service. The rooms had good furnishings and the consultation rooms we saw had adequate sound proofing.

Meeting the needs of all people who use the service

- The staff respected patients' diversity and human rights. Attempts were made to meet people's individual needs including cultural, language and religious needs.
- Contact details for representatives from different partner organisations were on display in the reception. All information was available in an easy read format accessible to the people receiving care. We observed family members being signposted to support groups that would be able to support their needs as well as the needs of the person receiving care.
- There was no service user participation in the development of the service plan. We were told that posters had gone up regarding the 'friends and family test' and the team was currently having discussions around how they would make it work within the service. This would enable people to feedback regarding their experiences of the services.

Listening to and learning from concerns and complaints

- The trust provided a summary of complaints which showed that in the last 12 months, there were no complaints received from or about the care of people using the learning disability community teams.
- People who used the service were given information about how to make a complaint and information was clearly displayed on noticeboards. This included information for the Patient Advice and Liaison Service (PALS). People we spoke with felt confident that they could make a complaint if needed. Staff were aware of the process for managing complaints.
- We observed that learning from complaints was discussed at the operational meeting as an agenda item however there had been no complaints.

Are services well-led?

Good 

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

Summary of findings

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

- There were clear internal reporting structures and staff were aware of their own responsibilities and the management responsibilities for the individual teams at Highdown.
- The culture within the service was open and encouraged staff to bring forward ideas for improving the service delivery.
- We saw evidence of regular individual supervision meetings and team meetings for staff. Staff told us the manager supported them to access leadership training and development

Our findings

Community LD services

Vision and values

- Staff told us that they were aware of the trust's vision and values.
- We saw evidence of good local vision and read a Learning Disability Service Plan in its draft status. This document moves the services toward putting people with a learning disability into the centre of the organisational development of the services. All the staff we spoke to reflected this objective.
- All the staff we spoke to know who their senior members of the LD directorate were and told us that they regularly visit the service.

Good governance

- We saw that there were clear internal reporting structures and staff were aware of their own responsibilities and the management responsibilities for the individual teams at Highdown. Staff told us they knew who to contact within the trust if they needed support or advice and all the staff we spoke to felt comfortable in doing so.

- There were governance arrangements in place at a local level with an emphasis on person centred care delivery. Governance issues were discussed in operational meetings, quarterly service wide meetings, business support meeting.
- Staff demonstrated a good understanding of confidentiality and information governance issues.
- Staff received mandatory training and there was a system for the trust managing this. At a local level the individual staff members took responsibility for ensuring their training was in date. The training record we looked at showed us that peoples training was completed in a timely manner.

Leadership, morale and staff engagement

- The Highdown services were well led with clear evidence of leadership at a local level. The manager was visible on the service during the day-to-day provision of therapy and treatment.
- The culture within the service was open and encouraged staff to bring forward ideas for improving the service delivery. The Psychology team are currently evaluating a programme for supporting offenders within the community which responds to an identified need within the local population.
- The service had low sickness levels and we saw evidence of flexible working arrangements in place to support people to attend for work, which the staff told us led to high moral within the teams and good job satisfaction.
- We saw evidence of regular individual supervision meetings and team meetings for staff. Staff told us the manager supported them to access leadership training and development.
- Staff were aware of the trust's whistleblowing policy and told us that they knew how to raise any issues through this process. The whistleblowing policy was available on the trusts intranet site for all staff to refer to.
- At the time of our inspection there were no grievance procedures being pursued within the service, and there were no allegations of bullying or harassment.

Commitment to quality improvement and innovation

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.

- All the staff we spoke to were committed to their individual learning and development and quality improvement.
- The draft service plan identifies the existing LD research group is currently developing a strategy to develop a specific audit agenda for the clinical pathways.