Not sufficient evidence to rate

Tees,Esk & Wear Valley NHS Foundation Trust

Community mental health services for people with learning disabilities or autism

Quality Report

Trust Headquarters,
West Park Hospital,
Darlington,
County Durham,
DL2 2TS.
Tel: 01325 552000
Website: tewv.cqc@nhs.net

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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	RX301	Adult learning disabilities, community service, south of the Tees including front end / access / liaison core function.	TS6 0SZ
Trust Headquarters	RX301	Kilton day services	TS12 2UE
Trust Headquarters	RX301	Behavioural assessment and intervention team (Durham and Darlington)	DL16 6JQ
Trust Headquarters	RX301	Assertive Outreach and crisis community service (Durham and Darlington)	DL16 6JQ

Summary of findings

Trust Headquarters	RX301	Intensive home support service (Durham and Darlington)	DL16 6JQ
Trust Headquarters	RX301	Review and transitions team and intake team (Durham and Darlington)	DL16 6JQ
Trust Headquarters	RX301	Scarborough, Whitby and Ryedale Community Learning Disabilities Team	YO11 3EG
Trust Headquarters	RX301	Harrogate and Craven Community Learning Disabilities Team	HG2 7LW
Trust Headquarters	RX301	Hambleton and Richmondshire Community Learning Disabilities Team	DL6 2NA

This report describes our judgement of the quality of care provided within this core service by Tees, Esk and Wear Valleys 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 Tees, Esk and Wear Valleys NHS Foundation Trust and these are brought together to inform our overall judgement of Tees,Esk & Wear Valley 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	Not sufficient evidence to rate
Are community mental health services for people with learning disabilities or autism safe?	**Not sufficient evidence to rate**
Are community mental health services for people with learning disabilities or autism effective?	**Not sufficient evidence to rate**
Are community mental health services for people with learning disabilities or autism caring?	**Not sufficient evidence to rate**
Are community mental health services for people with learning disabilities or autism responsive?	**Not sufficient evidence to rate**
Are community mental health services for people with learning disabilities or autism well-led?	**Not sufficient evidence to rate**

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for learning disabilities community teams of **Not Sufficient evidence to rate** because:

We did not meet with enough people who use services. This meant we could not get enough evidence about the patient experience. This was due to the inclement weather that we experienced during the inspection which meant visits to the community learning disability teams were cancelled.

However we found that

- There was sufficient staff to meet the needs of people. Caseloads were managed appropriately.
- Clear systems were in place to manage risks to staff and the people using the service.
- Evidence-based clinical pathways were being developed to ensure people had the best possible support they could have.
- People were supported by skilled and motivated staff who had good access to supervision and training. The staff supported people with care, dignity and respect.
- Staff had a good knowledge of the Mental Capacity Act and were using its principles in their work. However, they were not always documenting this.
- People across all the teams were supported to be involved in the development and review of their care plans. However some care plans could be developed to be more individualised to the needs of each person.
- People were consulted and involved in changes to the service and were able to input their views. However the service should consider ways in which it collects feedback to ensure that it regularly collects sufficient feedback from people to monitor its service.
- The service had a clear commitment to improve. Staff were aware of the trust improvement system and were engaged with it.

Summary of findings

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

Are services safe?

The staffing was safe. There was sufficient staff to meet the needs of people. Caseloads were managed appropriately.

Where people were seen in facilities these were clean. The necessary equipment was available to assist people.

Risk assessments had been undertaken regarding people's care and plans put in place to respond to identified risks.

Clear processes were in place to safeguard people and staff knew about these.

Staff were aware of how to report incidents. When incidents occurred they were investigated and staff received feedback.

The teams had clear processes in place for managing referrals.

Not sufficient evidence to rate

Are services effective?

Most people had their needs assessed in a thorough manner, which addressed their physical health and social care needs. However some care plans could be developed to be more individualised to the needs of each person and more holistic in nature.

Evidence-based clinical pathways were being developed to ensure people had the best possible support they could have.

People were supported by skilled and motivated staff who had good access to supervision and training.

Teams were generally multi-disciplinary or had access to specialty staff.

Staff had a good knowledge of the Mental Capacity Act and were using its principles in their work. However, they were not always documenting this.

However staff in Durham and Darlington did not always have access to relevant risk information stored on the local authority computer system.

Not sufficient evidence to rate

Are services caring?

People using the services were cared for by staff who were very motivated and supported people with care, dignity and respect.

People across all the teams were supported to be involved in the development and review of their care plans.

Not sufficient evidence to rate

Summary of findings

People were consulted and involved in changes to the service and were able to input their views. However the service did not regularly collect sufficient feedback from people to monitor its service.

Are services responsive to people's needs?

Not sufficient evidence to rate

The teams had clear processes in place for managing referrals.

Staff within the teams worked hard to support people and their carers in the community, rather than admitting a person unnecessarily.

People received support that respected their diversity of needs.

People using the services knew how to complain and staff were responsive and changes were made where needed.

Are services well-led?

Not sufficient evidence to rate

Staff were aware of the trust values and demonstrated them in the ways in which they worked.

There were clear governance systems in place. Incidents and concerns were responded to appropriately.

Staff had high morale and were committed to delivering a high quality service.

The service had a clear commitment to improve. Staff were aware of the trust improvement system and were engaged with it.

Summary of findings

Background to the service

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides a range of mental health, learning disability and eating disorders services for the 1.6 million people living in County Durham, the Tees Valley, Scarborough, Whitby, Ryedale, Harrogate, Hambleton and Richmondshire.

The trust has four operational directorates, one for each of their localities(County Durham and Darlington, Teesside, North Yorkshire).

In Teesside there are two teams that provide community learning disabiity services, one for north Teesside and one for South Teesside. There are also two day service locations provided at Kilton View and The Orchard. The teams are not integrated with the local authority. The inspection team visited the South Teesside team and Kilton View day services.

In Durham people with learning disabilities received support from integrated teams, which contain trust staff and local authority staff. In Darlington the health based teams were not integrated, but work alongside local authority teams. The inspection team visited four of the specialist health teams for this area. The intake, transitions and review integrated team will assess people upon referral. When required, people can then access specialist health teams, such as the assertive outreach and crisis team (AOCT), behavioural assessment and intervention team (BAIT), and the health facilitation and intensive home support services (IHSS). The trust also provides staff for the health facilitation service.

In North Yorkshire there are teams covering three geographic localities: Hambleton and Richmond; Scarborough, Whitby and Ryedale; and Harrogate and Craven. The inspection team visited teams in each of the localities.

There were no outstanding compliance actions regarding any of the services we visited in the inspection.

Our inspection team

Our inspection team was led by:

Chair: David Bradley, Chief Executive for South West London and St Georges NHS Mental Health Trust.

Head of Inspection: Jenny Wilkes, Head of Inspections Mental Health, Care Quality Commission.

Team Leader: Patti Boden, Inspection Manager, Mental Health, Care Quality Commission.

The team that inspected the learning disabilities community teams comprised of two CQC inspection managers, an advocate, a consultant psychiatrist, two nurses, and a psychologist.

Why we carried out this inspection

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

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?

Summary of findings

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

During the inspection visit, the inspection team:

- Visited eight of the community teams and one day service.
- Spoke with the managers for each of the teams we visited
- Spoke with 35 other staff members; including doctors, nurses and therapists.
- Undertook nine shadow visits with staff
- Attended and observed two hand-over meetings and a multi-disciplinary meeting.
- Observed care and support at Kilton day services
- Attended a focus group of ten people using the service
- Gathered feedback from two people using the service using 'books beyond words' books

We also:

- Gathered feedback from people using comment cards
- Looked at 14 treatment records of patients.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with people using the service. Most of the people we spoke with told us they felt well supported by the service.

We also collected people's views through using 'books beyond words'. When we used these people shared positive thoughts about the service with us.

We attended a focus group run by people using the service. The feedback we received about the service from here was positive.

We reviewed feedback collected by the services. In the examples we saw this was generally very positive, with people or their carers rating the service highly.

Good practice

- Staff were very caring and committed to providing a high standard service for the people using the service.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust should ensure that staff maintain records that demonstrate they have considered the capacity of someone to consent.
- The trust should ensure that a robust system is in place to enable staff in Durham and Darlington to always have access to relevant risk information stored on the local authority computer system.
- The trust should consider ways in which to develop care planning to ensure that it always looks at the holistic needs of the person. In most of the teams we visited we found variability in the recording of the assessment of a person's wider needs.
- The trust should consider whether pharmacy support is required to monitor the use of medications at Kilton view.
- The trust should consider ways in which links between different teams are developed so that good practice can be shared more regularly in a robust manner.

Tees,Esk & Wear Valley 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
Adult learning disabilities, community service, south of the Tees including front end / access / liaison core function.	Trust Headquarters
Kilton day services	Trust Headquarters
Behavioural assessment and intervention team (Durham and Darlington)	Trust Headquarters
Assertive Outreach and crisis community service (Durham and Darlington)	Trust Headquarters
Intensive home support service (Durham and Darlington)	Trust Headquarters
Review and transitions team and intake team (Durham and Darlington)	Trust Headquarters
Scarborough, Whitby and Ryedale Community Learning Disabilities Team	Trust Headquarters
Harrogate and Craven Community Learning Disabilities Team	Trust Headquarters
Hambleton and Richmondshire Community Learning Disabilities Team	Trust Headquarters

Detailed findings

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. Staff we spoke with had a good knowledge of their responsibly with regards to the Mental Health Act

Mental Capacity Act and Deprivation of Liberty Safeguards

Most staff demonstrated a good knowledge and understanding of the Mental Capacity Act (2005). When we asked staff about it, most were able to give good descriptions of the principles and how they applied it in their work. They told us that it had been a recent priority of the trust to improve their understanding and use of it.

Recording in documentation that the capacity of a person to make an individual decision had been considered was poor. In all the records we reviewed there was limited documentation of capacity and consent having been considered. The trust should ensure that staff maintained records that demonstrate they have considered the capacity of someone to consent.

Not sufficient evidence to rate

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 staffing was safe. There was sufficient staff to meet the needs of people. Caseloads were managed appropriately.

Where people were seen in facilities these were clean. The necessary equipment was available to assist people.

Risk assessments had been undertaken regarding people's care and plans put in place to respond to identified risks.

Clear processes were in place to safeguard people and staff knew about these.

Staff were aware of how to report incidents. When incidents occurred they were investigated and staff received feedback.

The teams had clear processes in place for managing referrals.

Our findings

Safe environment

- At the Kilton day services the clinic room was clean. The necessary equipment was available for carrying out physical examinations.
- The Kilton day services was clear, clean and tidy
- Most people were seen at their own homes. If people did need to be seen the teams would arrange to see them at locations within the trust.

Safe staffing

- In all the teams we visited there were sufficient staff to safely meet the needs of people using the service.
- There was limited use of bank and agency staff. When they were used they had an induction to the team.
- Staff in the teams could access medical advice when required. Where teams were not directly linked to a psychiatrist they could access advice as required.
- Caseloads were managed to ensure staff could support people appropriately. For example, the caseloads in the Teesside team were around 25 people per staff member.
- Sickness levels were generally low. Where sickness did occur it was managed appropriately. Staff were supported to return to work where possible.
- Vacancies were low in most of the teams we visited. Some teams, such as North Teesside team had higher vacancy rates.
- The sickness rate varied between teams, but was generally low. Only three teams had a sickness rate higher than 5%: Durham and Darlington health facilitation (7.9%) , Adult community team - North Teesside (6.8%) and Hambleton and Richmond (6.7%)
- Data supplied by trust for June – August 2014 for Trust Headquarters and Lanchester Road Hospital, community learning disability services: Establishment levels: qualified nurses (WTE) 112.27, nursing assistants (WTE) 66.0. Number of vacancies: qualified nurses (WTE) 6.72, nursing assistants (WTE) 2.

Assessing and managing risk to people using the service and staff

- Staff undertook an initial risk assessment of every person using the service. For example, at the South Teesside team in the four records we reviewed all had an up to date risk assessment in place.
- Staff had a good understanding of potential risks and how to manage these. All of the teams had access to regular multi-disciplinary meetings where risks could be discussed and reviewed. Staff were aware of how to escalate concerns.
- When risks changed the level of intervention could change to ensure people were supported. For example, the behavioural assessment and intervention team in Durham described how they had increased the interventions with someone to keep them safe whilst remaining in the community. If required, staff could refer people to inpatient beds.
- Clear handover arrangements were in place to ensure information was shared and reviewed. For example, the Durham and Darlington assertive outreach and crisis community service held a morning and afternoon handover to review the work the team had been undertaking.

Not sufficient evidence to rate

Are services safe?

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

- The different areas covered by the teams had different processes for managing referrals. In South Teesside the team had a duty desk that received all referrals and would then process and ensure it was responded to. In Durham and Darlington the review and intake team would review new referrals. In north Yorkshire each of the teams would review new referrals. All teams were clear on the need to review new referrals promptly.
- The teams had appropriate safety protocols in place to manage the risks of lone working. For example, the South of the Tees team would sign out and sign in on the team lone working board in the office. Staff would undertake an initial risk assessment. If needed, two people would attend a visit. Staff carried mobile phones so they were contactable.
- Staff were trained in safeguarding vulnerable adults and children as part of the trust mandatory training programme.
- Staff were able to describe how they would recognise abuse and how this would be reported. For example, at the Harrogate and Craven team staff were able to explain how they reported incidents and got feedback from the local authority.
- The Kilton day services were supporting people with their medications. The medications were stored in a locked cupboard in the clinic room. Temperatures in the room were monitored. Records were completed when medications had been administered. An epilepsy protocol was available for staff to follow should someone using the service require support. The team did not have any pharmacy support.
- The resuscitation bag at the Kilton day services was checked daily to ensure it was complete.
- The Kilton day services had clear cleaning schedules. Personal protective equipment, such as gloves, was available for staff to use should they require it. One member of staff acted as the infection control link staff member.

Track record on safety

- In the previous year there had been two serious incidents involving people using the community learning disability service. Neither was directly as a result of care being delivered by the teams.

Reporting incidents and learning from when things go wrong

- Staff were aware of how to report incidents through the trust's central reporting system.
- The staff we spoke with were clear about the need to report incidents and told us they would feel confident in doing so.
- Incidents would be discussed at the quality assurance groups in each of the localities. Incidents would also be discussed in team meetings if required.
- Managers received alerts if an incident happened. This information could then been cascaded to the teams.
- Staff we spoke with told us they would receive feedback from incidents elsewhere in the trust. For example, staff were able to describe feedback from incidents that had happened in inpatient areas within the trust.

Are services effective?

Not sufficient evidence to rate

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

Most people had their needs assessed in a thorough manner, which addressed their physical health and social care needs. However some care plans could be developed to be more individualised to the needs of each person and more holistic in nature.

Evidence-based clinical pathways were being developed to ensure people had the best possible support they could have.

People were supported by skilled and motivated staff who had good access to supervision and training.

Teams were generally multi-disciplinary or had access to specialty staff.

Staff had a good knowledge of the Mental Capacity Act and were using its principles in their work. However, they were not always documenting this.

However staff in Durham and Darlington did not always have access to relevant risk information stored on the local authority computer system.

Our findings

Assessment of needs and planning of care

- We looked at people's assessments undertaken when they began using the services. We found that most people had their needs assessed in a thorough manner, which addressed their physical health and social care needs. Where appropriate, people were signposted to other services.
- The South Teesside team was using the 'Life star' to try and ensure that assessments included a holistic view.
- However some care plans could be developed to be more individualised to the needs of each person and more holistic in nature. In most of the teams we visited we found variability in the recording of the assessment of someone's wider needs.
- The care plans being used in Durham and Darlington were maintained by the integrated teams. The health teams would use these as the basis for their interventions. They would not produce their own separate care plans, but would develop plans for their interventions. The full plans were only updated once a year.
- The Durham and Darlington intensive home support service had a checklist for initial assessment. As part of this they used tools to assess a person's coping mechanisms. This assists in creating a plan for how they support people use these skills.
- At the Kilton day services people had a comprehensive range of assessments completed. Records were regularly reviewed to ensure that up-to-date assessments were maintained for risk of pressure ulcer, malnutrition and safety. Clear care plans were in place for all the people visiting the service
- All information needed to deliver care was stored securely on computerised systems, which required trust access rights to enter.
- Not all information was available to staff when they need it and in an accessible form. The Durham and Darlington teams worked closely with local authority through the integrated teams. The local authority staff worked on a different computer system to the trust staff. Some trust staff had access to the system. However, many staff we spoke with told us they found it difficult to access information, such as care co-ordinator risk assessments. They told us they could contact staff from the other teams for this information. When we spoke with managers they were aware of the issue and where working towards finding a solution. The provider should ensure a robust system is in place to ensure all appropriate staff can access risk information about a person using the service at all times.

Best practice in treatment and care

- The trust had developed a number of pathways to support people using the service. These were based on NICE (National institute for health and care excellence) guidance on the interventions people should receive.
- One of these pathways was the positive behaviour support pathway. To assist with the delivery of this pathway, the South Teesside team had developed and trained specialist staff. Most staff we spoke with thought the pathways were a good development and welcomed them. Some staff, for example in North Yorkshire, were concerned not enough staff had been trained in the skills required to be able to fully deliver the pathway.

Are services effective?

Not sufficient evidence to rate

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 clinical effectiveness or services was regularly reviewed. For example, at quality assurance groups the effectiveness and how it followed NICE guidance was discussed on a regular basis.
- The mental health cluster tool was being used to monitor the people the service was seeing.
- The care provided was recovery-oriented. For example, the Durham and Darlington assertive outreach and crisis community service was following a recovery pathway. Wellness recovery plans were developed with the people.
- Interventions include support for employment, housing and benefits. Where required, people were signposted to relevant services. The Durham and Darlington teams were integrated with the local authority social services.
- The South Teesside team had developed a number of groups to support people using the service and ensure they had their holistic needs met. These groups included a dementia group, a ladies health group, a football group and a healthy promotion groups.

Skilled staff to deliver care

- Staff were across all of the learning disabilities community teams were generally highly skilled and motivated.
- Staff were accessing the statutory and mandatory training. Team managers were monitoring this. Compliance rates with the training was high across all the teams we visited.
- Staff were very positive about the training opportunities that were available. Most staff we met had very good access to specialist training. Some staff in North Yorkshire commented that most of the training was in Darlington and that they would appreciate some training being delivered closer to where they were based.
- Staff in the South Teesside team had access to courses, e.g. in autism, should they need to undertake it. Four members of staff on positive behaviour support diploma at the local university.
- Staff in the Durham and Darlington teams also had good access to specialist training. Some staff were working towards masters degrees, e.g. cognitive approaches and recovery in psychosis in complex mental health.
- In Scarborough, Whitby and Ryedale Community Learning Disabilities Team two staff had completed non-medical prescribing course.
- The teams had local inductions to ensure that staff were aware of how the teams worked.
- Staff spoke positively about the opportunities for peer support. Most staff told us they felt well supported and if they needed support it was available.
- Most staff said they were having regular supervision. We saw records of supervisions being completed.
- Formal yearly appraisals rates were 100% in most of the teams.
- There was variation between the different areas with regards to the makeup of specialities in the teams. All teams had access to psychiatrist support when required. The South Teesside team included, or had access to, dieticians, speech and language therapists, occupational therapists, nurses and medical staff. Social workers were not integrated with the teams.
- The health teams in Durham and Darlington were mainly from nursing backgrounds, but could access specialities if required. They also worked closely with the integrated health and social care teams.
- The Scarborough, Whitby and Ryedale Community Learning Disabilities Team included nurses, healthcare assistants, a symbolic language advisor and a strategic health facilitator. They also have access to psychiatry, occupational therapy, speech and language therapy, physiotherapy and a counsellor.
- The teams in North Yorkshire felt they would benefit from more psychology resource.

Multi-disciplinary and inter-agency team work

- Clear multi-disciplinary team meetings were held. We observed the weekly meeting at the South Teesside team. This was well attended by staff from a range of backgrounds. Staff were supported in offering their professional perspectives.
- Processes were in place for managing handovers of information. For example, the Durham and Darlington assertive outreach and crisis community service holds a handover in the morning and afternoon to ensure staff have the opportunity to discuss any concerns and pass over relevant information.
- The Durham and Darlington teams hold a monthly integrated team meeting bringing together different teams. This helps to ensure any issues regarding the interface between the teams can be addressed.

Are services effective?

Not sufficient evidence to rate

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 South Teesside team had been developing links with local GP surgeries to develop their skills to support people. As part of this, a training day for GPs had been delivered by the team and people using the service.
- The teams had good working links, including effective handovers, with primary care, social services, and other teams external to the organisation. In Durham and Darlington the health and social care teams were integrated. In other areas they were not, but staff told us they had good working relationships.
- In each of the localities the teams were working with local residential care settings to support people and develop the skills of staff in these areas. In Durham and Darlington this function was delivered by a specialist team, the intensive home support service.

Adherence to the MHA and the MHA Code of Practice

- Staff were aware of the Act. Most had received training in it and knew where to go for advice.

Good practice in applying the MCA

- Most staff demonstrated a good knowledge and understanding of the Mental Capacity Act (2005). When we asked staff about it, most were able to give good descriptions of the principles and how they applied it in their work. They told us that it had been a recent priority of the trust to improve their understanding and use of it.
- In the shadowing visits we undertook it was clear staff were assessing people's capacity and gaining their consent.
- Staff had undertaken training in the Mental Capacity Act. Some extra training had been undertaken by some teams to develop their knowledge. For example, the South Teesside team had discussed it as part of an away day.
- We saw that consent was discussed carefully within handover and multi –disciplinary meetings and that capacity and the need to support the person to access an independent mental capacity advocate was considered.
- Each team had access to advocacy services if required.
- However, recording in documentation that the capacity of a person to make an individual decision had been considered was not consistent. In all the records we reviewed there was limited documentation of capacity and consent having been considered. The trust should ensure that staff maintained records that demonstrate they have considered the capacity of someone to consent.
- Staff at the Behavioural assessment and intervention team told us that a form had been introduced recently to try and improve their documentation of capacity and consent.

Are services caring?

Not sufficient evidence to rate

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

Summary of findings

People using the services were cared for by staff who were very motivated and supported people with care, dignity and respect.

People across all the teams were supported to be involved in the development and review of their care plans.

People were consulted and involved in changes to the service and were able to input their views. However the service did not regularly collect sufficient feedback from people to monitor its service.

Our findings

Kindness, dignity, respect and compassion

- Throughout the inspection we carried out shadowing visits with staff. In all the interactions we observed staff we seen to be respectful and caring towards people who they were supporting.
- Staff we spoke with were respectful and caring in the manner in which they described their role and how they supported people. They were very committed in seeking to do their best to support people. They had a good understanding of the differing needs of people and sought to meet these needs.
- At the Kilton day services we observed staff interacting with people on a personal basis. We saw they supported people appropriately. For example, sitting with people and supporting them at lunch or explaining what medications were before assisting people to take them.
- People gave us positive feedback about the staff that supported them when we used 'books beyond words', pictorial books which empower people to communicate their views on services.
- Where teams had collected feedback, this was generally positive. For example, in five questionnaires collected by the Assertive Outreach and crisis community service, all five had responded that they or their relative / person they were caring for felt they were treated with dignity and respect.
- The confidentiality of people using the service was maintained and respected. Information was stored securely.

The involvement of people in the care they receive

- People were actively involved in their care planning. For example, all four records we reviewed for the South of Tees team had evidence of the person being involved. We observed staff seeking the views of people in the visits we shadowed. Staff had a good understanding of people's individual needs. However, care plans were not all fully individualised to the person.
- Most carers at Kilton View felt involved in decisions about the person they were caring for. Seven out of eight people who completed feedback forms in October 2014 said they felt involved in decisions about the care.
- People were able to get involved in decisions about their service.
- In Durham and Darlington there was a service user reference group that provides feedback to staff. There was a monthly 'patient information group', which reviews the information for people using the service. People using the service feedback on the information provided.
- In Teesside the team worked with local advocacy groups to facilitate a service user reference group. The views of people were included in developing the services. A new 'patient experience survey' had been developed using feedback from people in the user steering group. The leads from self-advocacy groups attended the local quality improvement group.
- The team had been undertaking training with local GPs to raise awareness of the needs of people with learning disabilities. People using the service had been involved in this training, undertaking role plays to demonstrate their experiences.
- People using the services had been involved in interviewing of staff.
- In North Yorkshire there was a service user led focus group. This was held monthly and has a membership of 10 people with learning disabilities. It was supported by the strategic health facilitator. They had been involved in many projects to improve the service and information people received. For example, they had worked to ensure information sharing protocol was signed between the trust and local authority. They had helped produce accessible format leaflets on what happens if you go to a police station. People from the focus group had conducted a monitoring visit at Cross Lane hospital.
- Advocacy services were available for people should they require support.

Are services caring?

Not sufficient evidence to rate

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

- Surveys were being used in various teams across the service. However, However the service did not regularly collect sufficient feedback to gather the views of people and their carers in all teams.

Not sufficient evidence to rate

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 teams had clear processes in place for managing referrals.

Staff within the teams worked hard to support people and their carers in the community, rather than admitting a person unnecessarily.

People received support that respected their diversity of needs.

People using the services knew how to complain and staff were responsive and changes were made where needed.

Our findings

Access, discharge and transfer

- The different localities in the trust had different processes for managing referrals. In Durham and Darlington people were reviewed by the review and transitions team and intake team. This team would review the person and then where appropriate refer on to specialist teams. The team had clear timescales to respond to referrals.
- The Durham and Darlington assertive outreach and crisis community service worked 09 00 -17 00. During this time it would respond to a crisis within four hours. There was a nurse on call at other times to provide support and advice to the trust crisis teams.
- In Teesside each of the teams was combined. The South Teesside team maintained a duty desk system. This person would do the initial triage of all referrals. The duty desk worked 09 00 – 17 000, seven days a week. Plans were in place to increase this to 08 00 – 20 00, seven days a week.
- In North Yorkshire, each of the locality teams would review referrals.
- Information provided by the trust recorded that between 01 April and 31 August 2014 77% of people had been reviewed within four weeks of external referral. At the time of the inspection, the teams we visited were responding to referrals within this timescale.
- Each of the teams had clear criteria. The operational policy for the South Teesside team stated that the person must have a learning disability and health need. Where people did not meet the criteria for the service they would be signposted to other more relevant services.
- The trust had developed pathways of care to help improve the experience of people in the service. Pathways had been developed for positive behavioural support, dementia and mental health. Staff told us they found these helpful, although they were still embedding and developing them.
- In the South Teesside area a role of transitions health facilitator had been created to support people aged 14-25 in their transition from children's to adult's services.
- The Durham and Darlington assertive outreach and crisis community service had been working with the mental health teams to try and improve the support people were offered. This included work on the green light toolkit. They held meetings with the mental health teams every two months.
- The teams all had a philosophy of trying to avoid hospital admissions where people could be better supported in the community. For example, the Scarborough, Whitby and Ryedale community learning disabilities team told us they will up care and support where required. Healthcare assistants will go in to a home to help support the person and their carers if need be. They will work closely with providers at this time to ensure they provide extra resources also. Only two people were admitted in the last 12 months to the inpatient service for assessment and treatment.
- The Durham and Darlington assertive outreach and crisis community service had received 474 referrals since 25 February 2013. Only 1% of these had been admitted.
- The Durham and Darlington intensive home support service provided specialist service, which supported local residential care settings in supporting people. The services aimed to ensure people were supported effectively in the community.
- Appointments were only cancelled when absolutely necessary. If staff had to cancel an appointment with a person they would contact them to explain why.
- Staff would visit people in their own homes. When we shadowed staff we saw that they would liaise with people or their carers to arrange a good time to meet the person. Staff were responsive to the preferences of people in when they undertook their visits.

Not sufficient evidence to rate

Are services responsive to people's needs?

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

The facilities promote recovery, dignity and confidentiality

- The Kilton day service was located in a converted school. Ceiling hoists were not fitted, but staff had access to portable hoists to assist with moving people. The service had a separate room for undertaking some of its activities. When we visited it was being used for a music therapy activity. There was a stimulation room people could use. The main room had a trampoline for use in activities. People could be accompanied to visit a hydrotherapy pool at a local school.
- Most people were seen in their own homes. Where people did need to be seen away from their homes, staff could arrange to see people in trust outpatient facilities.

Meeting the needs of all people who use the service

- The teams had developed information leaflets in accessible formats. Consultant letters from the South Teesside team were produced in a pictorial format where appropriate.
- Most information on the services was only available in English.
- Staff we spoke with demonstrated a good awareness and respect of protected equality characteristics. They were able to give us examples of how they had sought to support people, such as by signposting people to LGBT (lesbian, gay, bisexual, and transgender) support groups.
- The South Teesside team had developed links with local BME (Black and minority ethnic) support centres to help provide more holistic support to people from these backgrounds.
- Staff were mindful of the characteristics when undertaking initial assessments. This was demonstrated in the records we reviewed at the Durham and Darlington review and transitions team and intake team.
- The teams had access to interpreters if they were required to assist in communicating with people.

Listening to and learning from concerns and complaints

- People using the service could access the complaints process in an accessible format. They were also signposted to PALS as needed.
- Information was available on how to make a complaint or raise a concern. The trust's patient advice and liaison service had produced an accessible format information leaflet on what to do if you are unhappy. This was included in induction packs given to people.
- Staff we spoke with were aware of how to support people to raise a concern if they needed to.
- Advocacy services were available to support people.
- The services we visited had not received many formal complaints. Where concerns had been raised these had been responded to appropriately. Feedback was discussed in team meetings.

Are services well-led?

Not sufficient evidence to rate

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

Staff were aware of the trust values and demonstrated them in the ways in which they worked.

There were clear governance systems in place. Incidents and concerns were responded to appropriately.

Staff had high morale and were committed to delivering a high quality service.

The service had a clear commitment to improve. Staff were aware of the trust improvement system and were engaged with it.

Our findings

Vision and values

- Staff knew and agreed with the organisation's values. When we spoke with staff they were able to articulate what the values were and expressed positivity about what they were trying to achieve.
- Many staff were aware of the trust's improvement strategy. They were able to describe what the processes were and how they would be involved in this.
- Staff knew who senior managers in the organisation were. Senior staff had visited some of the teams. For example, the Chief Executive had visited Kilton day services. Staff told us they felt management was visible and supportive.

Good governance

- The service had clear governance structures. Each locality had a Quality Assurance Group, which monitored a range of indictors and provided and overview of the services. These were linked to the trust's governance structures.
- The teams had clear systems in place to monitor quality that were effective: staff received mandatory training; staff were appraised and supervised; incidents were reported; staff learn from incidents, complaints and service user feedback; and safeguarding procedures were followed.
- Teams were aware of their risks and had risk registers in place. We reviewed these for the Durham and Darlington and South Teesside teams. Where risks had been identified these were monitored and plans put in place to address the issue.
- The trust had an audit schedule and audits were also conducted locally. The teams were involved in regular audits. For example, the South Teesside team had recently been involved in audits of record keeping and non-medical prescribing.
- Most teams did not have many KPIs. Where these were set information was collected and monitored regarding these,
- At Kilton day services the team had developed a monitoring board to help monitor and ensure all risk assessments and care plans were up-to-date.
- Staff in the Scarborough, Whitby and Ryedale community learning disabilities team told us they appreciated a nurse forum that had been developed to enable best practice to be shared across the community teams.
- The trust should consider ways in which links between different teams are developed so that good practice can be shared more regularly in a robust manner.

Leadership, morale and staff engagement

- In most of the teams we visited staff morale was very high. Staff felt valued and were positive about their jobs. Some staff in the teams we visited in North Yorkshire told us they felt under pressure due to recent changes and staffing.
- Staff were aware of how to raise concerns and most told us they would do this through their manager. When asked, they were aware of the trust's whistleblowing procedures.
- Staff are offered the opportunity to give feedback on services and input into service development. Staff were encouraged to complete service improvement issue forms. These record what an issue is and how the person thinks it could be solved. These were then reviewed by the team.
- Staff had opportunities for leadership development. Some staff we met had attended leadership development programmes.
- Staff told us they felt supported by the trust. They told us they appreciated the access to training they had. Some staff had used the trust's retreat, which they had found very helpful.

Are services well-led?

Not sufficient evidence to rate

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

- Some staff had undertaken mindfulness sessions, which they told us they had found useful.
- Managers told us they found the support from the trust to be helpful in managing staff and supporting them to work

Commitment to quality improvement and innovation

- The South Teesside team was working with other local services to improve the service people received. The Quality improvement group included people who use the service and advocacy groups. Clear actions were being identified and delivered based around 'Good health', 'Keeping safe', 'good support' and 'friends and relationships'.
- Staff had a clear understanding of the trust process for trying to improve the service. Staff within teams had attended trust improvement events. They were able to tell us how they were using this approach to identify and deliver improves in their services.
- In Durham and Darlington a two year community review was being undertaken to look at ways in which the service could be improved.