

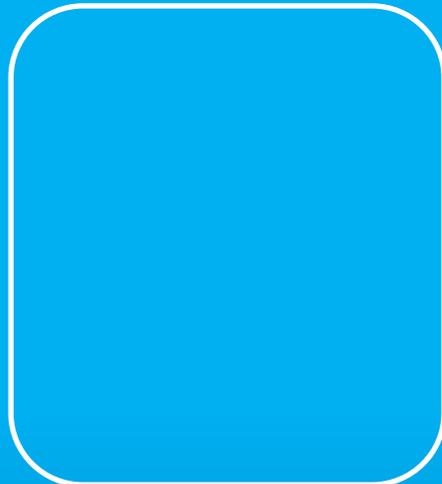
Care of People with Learning Disabilities

Herefordshire Health and Social Care Economy

Visit Date: 8th September 2015

Report Date: December 2015

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INTRODUCTION

This report presents the findings of the review of Health Services for People with Learning Disabilities that took place on 8th September 2015. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Health Services for People with Learning Disabilities, Version 1.1, December 2010 (with minor amendments to reflect later guidance)

The aim of the standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care, which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team that reviewed the services in Herefordshire. Appendix 2 contains the details of compliance with each of the standards and the percentage of standards met.

This report describes services provided or commissioned by the following organisations:

- Together NHS Foundation Trust
- Herefordshire County Council
- Herefordshire Clinical Commissioning Group

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches; some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and monitoring their implementation, liaising, as appropriate, with other commissioners, including commissioners of primary care. The lead commissioner in relation to this report is Herefordshire County Council

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS is a collaborative venture between NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on www.wmqrs.nhs.uk

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of the Herefordshire Learning Disabilities Team for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

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SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

Specialist services for people with learning disabilities in Herefordshire were provided by a health Learning Disabilities Team (provided by 2gether NHS Foundation Trust) and a social care Learning Disabilities Team (provided by Herefordshire County Council). These teams were both commissioned by Herefordshire County Council Health and Well-Being Directorate. The teams were co-located but functioned and were managed separately except for weekly multi-disciplinary team meetings. The teams had moved to new premises shortly before the review visit. Both services ran from 9am to 5pm, Mondays to Fridays, and provided a county-wide service for adults.

The services had experienced a considerable amount of change. Over the five years before this review visit, the health team had been managed by NHS Herefordshire Primary Care Trust, Wye Valley NHS Trust, Herefordshire County Council and 2gether NHS Foundation Trust. The health and social care teams had been managed as an integrated team, but this arrangement had ceased and the health team had therefore been transferred to 2gether NHS Foundation Trust.

This review looked in detail at the work of the health Learning Disabilities Team, for which compliance with the relevant Quality Standards was reviewed (Appendix 2). Reviewers also met staff of the social care Learning Disabilities Team and considered the overall pathway for people with learning disabilities. Reviewers did not look in detail at the work of the social care Learning Disabilities Team.

HEALTH AND SOCIAL CARE ECONOMY

General Comments and Achievements

All of the staff who met the visiting team were highly committed to providing good care for people with learning disabilities, and were working hard in difficult circumstances to provide the best care possible. This was helped by the co-location of the health and social care teams and weekly joint multi-disciplinary team meetings had been introduced shortly before the review visit.

Good Practice

- 1 The Brandon Trust day opportunities service provided a good range of services that were responsive to the needs of service users. Links with social workers were working well, including social care assessments being undertaken on the premises.

Immediate Risks: No immediate risks were identified.

Concerns

- 1 Reviewers were seriously concerned about the services available for people with learning disabilities in Herefordshire for a combination of reasons. The issues contributing to this level of concern were:

- a. **Partnership Board**

A Partnership Board was in place, co-chaired by a person with learning disabilities, but was not yet working effectively. Three meetings had been held, but the next planned meeting had been cancelled. The Board had no clear work plan and no sub-groups or other mechanisms for implementing a work plan. Membership of the Board may not be appropriate; in particular, the heads of the health and social care Learning Disabilities Teams were not members of the Board. Reviewers saw no evidence that the Partnership Board was effectively planning and driving improvements in services for people with learning disabilities.

- b. **Commissioning of services**

The number of people with learning disabilities for whom services were needed was not clear. Reviewers were given a range of numbers between 400 and 900, without a clear explanation of their origin. A Joint

Strategic Needs Assessment covering people with learning disabilities had not yet been completed, and the needs of people on the autistic spectrum and early onset dementia did not appear to have been appropriately considered. Reviewers were told that a draft strategy had been prepared, but neither the health nor the social care Learning Disabilities Team had been involved in its development. The staff's expertise and understanding of service users' needs appeared not to be valued by the commissioner of their services.

Access criteria for the services were not clearly defined, and reviewers were told that the criteria for access to the specialist health and social care teams were different. Crisis and acute hospital liaison services were not commissioned (see the commissioning section of this report). Reviewers also saw no evidence of commissioner support and encouragement for integrated working between the teams, while separate funding, management and IT systems contributed to difficulties in the integration of care.

Reviewers were also surprised that both health and social care services were commissioned by the Local Authority without effective mechanisms for the involvement of health commissioners. Activity data were reviewed by commissioners, but key performance indicators, including those relating to service quality, had not been specified.

Health funding for the services was set at an historic level, and arrangements for the review of funding levels, as the need for services changed, were not evident.

c. Leadership and governance of the health specialist team

Several aspects of the governance of the team were of concern to reviewers. At the time of the review some members of the team, including the consultant, the speech and language therapist (although an appointment had been made to a second post), the physiotherapy assistant and the occupational therapist, were working alone without effective cover for absences. The physiotherapy assistant was working without clear arrangements for professional supervision. Reviewers saw limited evidence of a competence framework or training plan. Several of the policies and procedures, including the Local Authority Safeguarding Policy and Lone Working Policy, were out of date. On several occasions the governance arrangements described by Trust senior managers were different from those described by the staff of the team.

Reviewers did not look in detail at the work of the social care Learning Disability Team and so could not comment on issues relating to the operation of this team.

Overall, reviewers considered that the two small teams were working in difficult circumstances that were not conducive to providing a holistic, integrated response to service users' and carers' needs. Staff were working hard to mitigate the impact of these circumstances on their clients, but this was having a detrimental effect on staff morale. When combined with some long-term sickness, retirements and recruitment difficulties, this left the teams – and therefore the care of their clients – in a very vulnerable position.

The issues described above are clearly inter-related and require system-wide action. Reviewers were also concerned by the apparent lack of urgency about tackling these issues, with a common view that action would take place sometime in 2016/17.

Further Consideration

- 1 Administrative and clerical support for the social care team had been reduced, and reviewers suggested that this should be kept under review to ensure clinical staff were not spending inappropriate amounts of time on administrative tasks.

PRIMARY CARE

Further Consideration

- 1 Reviewers were told that the number of annual health checks and Health Action Plans had reduced since funding for the Directed Enhanced Services (DES) had ceased. Reviewers did not see monitoring of numbers of annual health checks or examples of Health Action Plans. Further work in this area may be helpful.

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SPECIALIST LEARNING DISABILITIES SERVICES: ²GETHER NHS FOUNDATION TRUST

General Comments and Achievements

The health Learning Disabilities Team had robust risk assessment, care planning, Mental Capacity Act and 'Best Interest' arrangements. A hospital 'passport' had also been developed and implemented.

Good Practice

- 1 An excellent leaflet about the work of the Community Learning Disabilities Team was widely available.
- 2 Service users were given a very good 'easy-read' letter when they were discharged from the team. The same information was also available in standard script for their GP and for carers.

Immediate Risks: No immediate risks were identified.

Concerns

- 1 **Leadership and governance:** See health and social care economy section of this report.

- 2 **Information and support for service users and carers**

Service users were not given an 'easy-read' version of their care plan. Reviewers did not see any information specifically for carers of people with learning disabilities or a description of the process for accessing assessments of carers' needs. Reviewers were told of waits of over four months for a carer's needs assessment. See also further consideration 1 (below) in relation to presentation of information for service users.

- 3 **Facilities**

The team's facilities were dilapidated and did not provide an appropriate environment for work with service users with learning disabilities. The centre was also not easily accessible, with only one bus per hour.

Further Consideration

- 1 A lot of information was available for service users but some was not in 'easy-read'. Reviewers found the format of some of the information confusing, with lots of text, different fonts and unclear use and placing of symbols. Reviewers suggested that the information available may benefit from review, involving service users and taking into account latest guidance on presentation of information.
- 2 The Strategic Health Facilitator had a role that appeared to encompass primary care facilitation and training, aspects of acute hospital liaison and possibly other activities. Significant work had been achieved, including a resource pack and training for new staff at Wye Valley NHS Trust. It may be helpful to review whether these roles can be effectively performed by one person.
- 3 Some of the policies seen by reviewers referred to 'mental health'. Reviewers wondered if these were generic Trust policies that may benefit from being made specific for the care of people with learning disabilities.

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COMMISSIONING

Concerns

1 **Commissioning of services:** See health and social care economy section of this report.

2 **Crisis support**

Crisis support for people with learning disabilities was not commissioned. The specialist health and social care teams were only available 9am to 5pm, Mondays to Fridays. Reviewers were given examples of situations in which services were needed in an emergency but appropriate care could not be accessed. All of the crisis-related documentation seen by reviewers related to people with mental health problems, and it was not clear that these services would provide support for people with learning disabilities.

3 **Acute hospital liaison**

Acute hospital liaison for people with learning disabilities was not commissioned from either Wye Valley NHS Trust or 2gether NHS Foundation Trust. Some support was provided by the Strategic Health Facilitator, including training for staff working in acute hospital services.

Issues identified in the 'health and social care economy' and 'specialist learning disability services' sections of this report will also require the attention of commissioners.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Karen Breese	Team Lead for Learning Disabilities	South Staffordshire & Shropshire Healthcare NHS Foundation Trust
Elaine Carolan	Commissioner	Worcestershire County Council
Anne Hancox	Senior Specialist Speech & Language Therapist Professional Lead, Specialist Speech & Language Therapy [Learning Disabilities] Specialist Speech & Language Therapy [Mental Health] Team Manager	Worcestershire Health & Care NHS Trust
Sarah Hill	Area Learning Disabilities Team Manager	Worcestershire Health & Care NHS Trust
Lawrence Moulin	Director	Lawrence Moulin Consulting
Liz Staples	Learning Disabilities Service Lead	Worcestershire County Council
Melanie Watson	Head of Forensics & Specialist Learning Disabilities	South Staffordshire & Shropshire Healthcare NHS Foundation Trust
Dr Yim Lun Wong	Specialist Registrar in Learning Disability Psychiatry	Coventry & Warwickshire Partnership NHS Trust

WMQRS Team

Jane Eminson	Director	West Midlands Quality Review Service
Sarah Broomhead	Assistant Director	West Midlands Quality Review Service

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APPENDIX 2 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance also takes no account of ‘working towards’ a particular Quality Standard. Reviewers often comment that it is better to have a ‘No, but’, where there is real commitment to achieving a particular standard, than a ‘Yes, but’ where a ‘box has been ticked’ but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

Table 1 – Percentage of Quality Standards met

Service	Number of Applicable QS	Number of QS Met	% met
Care of People with Learning Disabilities			
Primary Care	8	3	38
Specialist Learning Disabilities Services – 2gether NHS Foundation Trust	48	23	48
Commissioning	17	6	35
Health and Social Care Economy	73	32	44

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SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

PRIMARY CARE

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LA-101	<p>Reasonable Adjustments</p> <p>Each general medical practice, dental practice and opticians should be able to state the 'reasonable adjustments' that the practice makes for people with learning disabilities in order to ensure that they have access to full range of services and choices (including National Choice policy).</p>	N/A	GP practices were not visited to assess compliance with this Quality Standard.
LA-102	<p>Advocacy Services</p> <p>Information on advocacy services available for patients should be clearly displayed.</p>	Y	
LA-103	<p>Annual Health Check</p> <p>Each general practice should offer a comprehensive annual health check to all people with learning disabilities registered with their practice, including access to:</p> <ol style="list-style-type: none"> all relevant national screening programmes screening for dementia keeping healthy and preventing diseases contraception and sexual health review of medication (if applicable) Details of main carer/s and carer support needs (if appropriate) <p>'Reasonable adjustments' should be offered to people with learning disabilities to enable them to take up this offer.</p>	N	Reviewers were told that annual health checks were undertaken but that the proportion completed had reduced. Reviewers did not see evidence of the number of annual health checks undertaken.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LA-104	<p>Health Action Plan</p> <p>Following their annual health check, all people with learning disabilities should be offered</p> <ol style="list-style-type: none"> Health Action Plan covering: <ol style="list-style-type: none"> Name and personal information If appropriate, family carer / carer details Reasonable adjustments needed Medication Who to contact if you need help Nature of illness/es or health concern Communication issues Allergies Keeping healthy (smoking, alcohol, weight control, mental health promotion) Arrangements for dental, eye and hearing care (if required) Screening history and planned screening Mobility requirements <p>A summary of the Health Action Plan should be in an accessible format (for example, 'easy-read').</p> <p>The Health Action Plan should be recorded in their notes.</p>	N	The Strategic Health Facilitator with the health Learning Disabilities Team liaised with the GP practices. Reviewers were not able to see any evidence of completed Health Action Plans.
LA-299	<p>Training and Development</p> <p>General practice staff should attend the programme of training and development of primary care staff in responsiveness to the needs of people with learning disabilities.</p>	N	A formalised training programme for primary care staff was not yet in place, although some informal training was provided by the Strategic Health Facilitator and the health Learning Disabilities Team.
LA-597	<p>Sharing Information</p> <p>Local guidelines on sharing information about vulnerable groups of the population who are likely to attend other health and social care services regularly or who are approaching the end of life should be in use.</p>	Y	
LA-601	<p>Referral Information</p> <p>Each general practice should have a system for ensuring that referrals of people with a learning disability to other services identify the reasonable adjustments that may be needed.</p>	N	Information for primary care services, covering indications and arrangements for referral to the learning disabilities services, was not seen.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LA-602	<p>Primary Care Learning Disabilities Liaison Worker</p> <p>A lead professional/s should be available with responsibility for:</p> <ul style="list-style-type: none"> a. Liaison between general practices, community-based learning disability services, specialist health services for people with learning disabilities and other relevant health services (eg dentistry; pharmacy, diabetes services, cancer services; chiropody; podiatry) b. Supporting the training and development of primary care staff in responsiveness to the needs of people with learning disabilities c. Monitoring the number of practices achieving relevant Quality Standards and working to increase this number. d. Ensuring annual health checks are offered to and Health Action Plans produced for people with learning disabilities who do not have a general practitioner (for example, travelling families or people who are homeless). <p>There should be arrangements for cover for absences of the lead professional/s.</p>	Y	The Strategic Health Facilitator worked with primary care and linked to the 22 out of 24 GP practices that had signed up to the Directed Enhanced Services (DES) contract.
LA-701	<p>Practice Register</p> <p>Each general practice should have a register which identifies people with a learning disability registered with the practice, including:</p> <ul style="list-style-type: none"> a. Demographic details (age, gender, ethnicity and postcode) b. Appropriate Read code c. Whether they are parents or carers of a child d. Whether they are a carer of an adult e. Whether their main carer is aged 60 or over <p>This information should be shared with Commissioners on an annual basis.</p>	N	Reviewers were told of over 850 people with learning disabilities who were registered with GP practices in Herefordshire. Commissioner analysis of the information from practice registers was not available at the time of the visit.

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SPECIALIST LEARNING DISABILITIES SERVICES – 2GETHER NHS FOUNDATION TRUST

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-101	<p>General Support for Service Users and Carers</p> <p>Service users and their carers should have easy access to the following services. Information about these services should be easily available:</p> <ol style="list-style-type: none"> a. Interpreter services, including access to British Sign Language b. Independent advocacy services c. PALS d. Social workers e. Benefits advice f. Spiritual support g. Relevant support groups h. <i>Health Watch</i> or equivalent organisation i. Where to go for further information 	Y	<p>A range of support was available for service users and carers.</p> <p>Herefordshire Carers Support offered a range of services. Service users ran a 'News and Views' newsletter with support from a support worker funded by ECHO (a voluntary sector provider). The PALS (Patient Advice and Liaison Service) leaflet viewed by the reviewers was not in 'easy-read', although service users accessing the acute services at Wye Valley NHS Trust could access a PALS booklet in 'easy read'.</p>
LN-102	<p>Information about the Service</p> <p>Information should be available for service users and their carers covering at least:</p> <ol style="list-style-type: none"> a. Directions to appointments b. Brief description of the service c. Advocacy and support services available and how to access them (QS LN-101) d. How to contact the service (for example, to change an appointment) e. Staff of the service f. Belongings, visiting arrangements and daily routine (in-patient services only) g. How to provide feedback on the service, including how to make a complaint and how to report safeguarding concerns h. How to get involved in improving services (QS LN-199) <p>This information should be in a range of accessible formats, including 'easy-read'.</p>	Y	<p>The reviewers suggested that it may be beneficial to review the 'easy-read' information with service users, as some of it appeared to be quite complicated, especially the information that included maps. Some of the information was in a number of versions. The safeguarding information may benefit from being reviewed to inform and empower service users about 'saying no', possibly with less graphic details of abuse. Other service information seen by the reviewers was clear, particularly the community Learning Disabilities Team A4 leaflet.</p>
LN-103	<p>Information about Therapeutic Interventions</p> <p>Information should be available for service users and, if appropriate, their carers covering at least:</p> <ol style="list-style-type: none"> a. Description and implications of different types of learning disability b. Therapeutic interventions and expected outcomes c. Discharge from the Specialist Learning Disabilities Service <p>This information should be in a range of accessible formats, including 'easy-read'.</p>	Y	<p>The formats of the health information were somewhat confusing. Reviewers considered that the Single Assessment Process leaflet was a good idea and that it may be helpful to get further views from the health sub-group before finalising it.</p>

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-104	<p>'Keeping Healthy' Information</p> <p>'Keeping healthy' information for service users and their carers should be available covering at least:</p> <ul style="list-style-type: none"> a. Diet and exercise b. Avoiding smoking and excessive alcohol consumption c. Contraception and sexual health d. Screening services <p>This information should be in a range of accessible formats, including 'easy-read'.</p>	Y	Some of the information seen had different fonts and layouts, and in some the accompanying wording was included below the illustrations or pictures, when it would be more suitable for people with learning disabilities to have it above. The recipe book was very good but not yet available in an 'easy-read' format.
LN-105	<p>Long-term In-patients: Annual Health Check and Health Action Plan</p> <p>Service users who are in-patients for over a year should be offered a comprehensive annual health check (QS LA-103) and a Health Action Plan (QS LA 104), including a summary of their Health Action Plan in an accessible format (for example, 'easy-read').</p>	N	There were no in-patient beds in Herefordshire, although some service users were in long-term care in the community. The 'Cardiff Tool' was used by the service but this was not yet in an 'easy-read' format.
LN-106	<p>Care Plan</p> <p>Each service user and, where appropriate, their carer should agree their Care Plan. Service users and, where appropriate, their carers should be offered a copy of their Care Plan covering at least:</p> <ul style="list-style-type: none"> a. Named Worker (ie. Who to contact for help) b. Planned therapeutic interventions c. Expected goals / outcomes of the therapeutic c. interventions d. Early warning signs of problems and what to do if these occur e. Advance care directives (if any) f. Relapse prevention plan (if applicable) g. Risk management plan h. Review date i. Expected discharge date <p>Service users should be given a copy of their care plan in an accessible format (for example, 'easy-read').</p>	N	Care Plans were recorded on the Trust database 'RiO', but these were not accessible or written in a format suitable for copying to service users and carers. Reviewers were told that the Communications Team would prepare an 'easy-read' care plan if it was requested. From the evidence seen, risk assessments, 'Best Interest' forms and care plans were all completed.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-107	<p>Explaining Information</p> <p>Support to explain the available information (Qs 102 to LN-104 and LN 106) to service users and, if appropriate, carers should be available.</p>	Y	<p>The A4 information leaflet was very clear. The 'easy read' information available printed some pages upside down, which would be quite confusing for service users. The role of the Strategic Health Facilitator was not clear in the documentation (structure diagram) provided. Friends and Family feedback surveys were available in 'easy-read' format. Reviewers were told that support was accessible to explain information but from discussions with staff it was not clear that it was routine to explain information.</p>
LN-108	<p>Information on Transition to Adult Care</p> <p>Information should be available for young people and their family carers on transition to adult care. This information should cover all aspects of the transition (QS LN-506).</p>	N	<p>Information for service users and carers transitioning to adult care was not seen. Accompanying policies for staff were in place.</p>
LN-109	<p>Children's Services – Environment & Education</p> <p>Services caring for children should have:</p> <ol style="list-style-type: none"> A child and young-person friendly environment Low-stimulation environments for young people who need them, including designated quiet areas A range of developmentally-appropriate play equipment and reading material Education facilities (in-patient services only) 	N/A	
LN-110	<p>Education Health Care Plan (Services caring for children and young people only)</p> <p>An Education Care Plan should be agreed with each child or young person covering, at least:</p> <ol style="list-style-type: none"> School attended Care required while at school including medication Responsibilities of carers and of school staff Likely problems and what to do if these occur, including what to do in an emergency Arrangements for liaison with the school Review date and review arrangements 	N/A	
LN-198	<p>Carer Assessment</p> <p>Each family carer should be offered an assessment of their own needs and information and advice on services available to provide support.</p>	N	<p>A process was in place, but reviewers met with carers who had waited four months for an assessment to be undertaken.</p>

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-199	<p>Involving Users and Carers</p> <p>The service should have:</p> <ul style="list-style-type: none"> a. Mechanisms for receiving feedback from service users and carers b. A rolling programme of audit of service users' and carers' experience c. Mechanisms for involving service users and, where appropriate, carers in decisions about the organisation of the service. d. Links with the local User and Carer Engagement Leads. 	Y	
LN-201	<p>Lead Practitioner and Manager</p> <p>The service should have a nominated lead practitioner and lead manager.</p>	Y	
LN-202	<p>Staffing Levels</p> <p>The service should have sufficient staff with appropriate competences to deliver:</p> <ul style="list-style-type: none"> a. the assessments, therapeutic interventions and rehabilitation for the usual number of service users and their usual level of need / complexity of care required; b. the service's role in the identification and management of service users' physical health needs (QS LN-504) c. the service's role in diagnosis, capacity assessment, prescribing and Mental Health Act assessment. <p>Staffing levels should be based on a competence framework covering skill mix, staffing levels and competences expected (QS LN-203). The relationship between the competence framework and the usual number of service users, their needs / complexity and the therapeutic interventions offered should be clearly identified.</p>	N	See main report.
LN-203	<p>Competence Framework and Training Plan</p> <p>A competence framework should cover expected competences for roles within the service (QS LN-202), including in Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards. A training and development programme should ensure that all staff have, and are maintaining, these competences.</p>	N	The evidence provided did not include Safeguarding or Deprivation of Liberty Safeguards. There was no evidence of an overarching training plan for the whole team.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-204	<p>Crisis Advice Available 24/7</p> <p>Specialist advice and support should be available at all times for service users and carers in crisis and for other agencies caring for service users in crisis.</p>	N	<p>The Trust policy did not cover arrangements for accessing advice and support outside 9am to 5pm, Mondays to Fridays. In a crisis those with significant mental health issues could be referred to the on call team. Reviewers were given an example of an external agency that had not been able to access any support in a crisis.</p>
LN-205	<p>Nominated Links - Other Services</p> <p>The service should have a nominated link practitioner for each of the following areas:</p> <ul style="list-style-type: none"> a. Primary care b. Challenging behaviour c. Autistic Spectrum Condition d. Attention Deficit Hyperactivity Disorder e. Profound and multiple disabilities f. Forensic services g. Epilepsy h. Memory services i. Speech and language therapy j. Mobility k. Assistive Technology l. Prevention and treatment of physical health problems, including obesity, coronary heart disease and diabetes m. Links with local acute services n. Transition between children's and adult services o. End of life care <p>The nominated link should take a lead role in relation to guidelines, staff development and liaison with relevant services.</p>	Y	
LN-206	<p>Cultural Change</p> <p>The service should run a programme which positively develops staff attitudes to empowering and enabling service users so that they can take responsibility for their own health and care and live as independently as possible.</p>	Y	
LN-298	<p>Clinical and Managerial Supervision</p> <p>All practitioners should receive regular clinical and managerial supervision appropriate to their role.</p>	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-299	Administrative and Clerical Support Administrative and clerical support should be available.	Y	Administrative support had been reduced and reviewers suggested that the level of support should be kept under review to ensure that clinical staff were not spending unreasonable amounts of time on administrative tasks.
LN-301	General Support for Service Users and Carers See QS LN-101.	Y	
LN-302	Support Services Timely access to the following services should be available: a. Primary dental and optical services with particular expertise in the care of people with learning disabilities b. Physiotherapy, podiatry, hearing and nutritional services with particular expertise in the care of people with learning disabilities c. Assistive technology for people with complex needs including i. advanced communication equipment ii. technology to access information in languages and formats appropriate to people with learning disabilities.	Y	Hospital 'passports' were also in use.
LN-401	Facilities for Seeing Service Users and Carers Community-based services only: Appropriate facilities should be available for the service's work with users and carers.	N	The teams had moved to the Thorn Centre a few weeks before the visit. The facilities were dilapidated and reviewers considered that at the time of the visit they were not suitable as a venue for seeing service users and carers.
LN-402	Team Accommodation Accommodation for the service should be sufficient for the whole team, including space for team meetings.	Y	The teams had moved to the Thorn Centre a few weeks before the visit and were in the process of unpacking, and organising the accommodation available.
LN-403	Assistive Technology A range of assistive technology should be available to support service users in living independently.	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-404	<p>In-patient Facilities</p> <p>In-patient services should comply with the Environment and Equipment section of the Standards for Adult Inpatient Learning Disability Units (Accreditation for Inpatient Mental Health Services – Learning Disabilities (AIMS-LD), Royal College of Psychiatrists (2009).</p>	N/A	
LN-501	<p>Assessment and Care Planning Guidelines</p> <p>Guidelines on assessment and care planning should be in use. This should ensure involvement of service users and, if appropriate, carers in developing the care plan. The care plan should cover:</p> <ol style="list-style-type: none"> Named Worker (i.e. Who to contact for help) Planned therapeutic interventions Expected goals / outcomes of the therapeutic interventions Early warning signs of problems Advance care directives (if any) Relapse prevention plan (if applicable) Risk management plan Review date Expected discharge date <p>The care plan and any revisions following review should be communicated to the service user, their general practitioner and, if appropriate, their carer/s. It should also be recorded in their case notes.</p>	Y	All assessment and care planning guidance was available on the Trust 'RiO' system.
LN-502	<p>Clinical Guidelines</p> <p>Clinical guidelines should be in use for each care pathway offered by the service. For each care pathway the guidelines should cover therapeutic activities, medication and prescribing (if applicable), and expected frequency of review.</p>	Y	Guidelines and pathway documents were generic across the Trust and may benefit from being made specific for the care of people with learning disabilities.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-503	<p>Clinical Guidelines – Detail</p> <p>Clinical guidelines (QS LN-502) should be explicit about alterations to the therapeutic interventions expected for service users with:</p> <ul style="list-style-type: none"> a. A risk of harm to themselves or others (including consideration of safeguarding children and vulnerable adults) b. Dual diagnosis c. Substance misuse problems d. Profound or complex needs e. Dementia Clinical guidelines should also be explicit about: <ul style="list-style-type: none"> i. Criteria for admission to in-patient care and for access to alternatives to admission ii. Care and management of pregnant and lactating women iii. Service users with young children. 	N	Clinical guidelines covering the requirements of the Quality Standard were not yet in place. Informal arrangements were in place.
LN-504	<p>Physical Health Care</p> <p>Evidence-based clinical guidelines should be in use covering the management of, at least:</p> <ul style="list-style-type: none"> a. Diabetes b. Coronary Heart Disease and raised risk factors c. Epilepsy d. Dementia e. Pain 	N	Guidelines were not in place although some leaflets were available promoting health and well-being. There was no guidance covering the management of pain for those with learning disabilities.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-505	<p>Referral Guidelines</p> <p>Guidelines should be in use covering the indications and arrangements for seeking advice from, referral to, and discharge from the following services:</p> <ul style="list-style-type: none"> a. Memory services b. Mental health services c. Speech and language therapy services d. Mobility services e. Services specialising in the care of people with challenging behaviour f. Services specialising in the care of people with autism g. Services specialising in the care of people with profound and multiple disabilities h. In-patient services for people with learning disabilities i. Forensic services j. Services specialising in the use of assistive technology k. Palliative care services <p>Guidelines should include a requirement to identify on the referral any reasonable adjustments that may be needed.</p>	N	<p>The Greenlight Toolkit was in use for memory and mental health services ('a' and 'b'), but guidance covering other areas detailed in the Quality Standard was not available.</p> <p>All referrals were discussed at multi-disciplinary meetings.</p>
LN-506	<p>Transition to Adult Care</p> <p>Guidelines should be in use covering transition from children's to adult services which should include:</p> <ul style="list-style-type: none"> a. Age guidelines for the timing of the transfer b. Involvement of the young person and their carer/s in the decision about transfer, with advocacy, if required. c. Involvement of other agencies, including the young person's general practitioner in planning the transfer d. Joint children's / adult service meeting/s in order to plan the transfer to adult care e. A transition plan for each young person f. An annual health check to inform planning for adult services g. Allocation of a named coordinator for the transfer of care h. A preparation period prior to transfer to adult care i. Arrangements for monitoring during the time immediately after transfer to adult care. <p>These guidelines should have been agreed with the children's / adult service to/from which service users are usually transferred.</p>	Y	<p>The guidance covering the annual health check to inform planning for adult services ('f') could be clearer.</p>

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-507	<p>Out of Area Placements & Bespoke Packages of Care</p> <p>Staff should be aware of Commissioner guidelines on consideration of out of area placements and bespoke packages of care for people with learning disabilities and complex needs.</p>	N	Localised guidance for Herefordshire was not yet in place. National documentation was used, which covered determining responsibility for payment.
LN-593	<p>Discharge Planning</p> <p>A discharge planning policy should be in use which ensures that a discharge plan is agreed with the service user and, if appropriate, their carer. The discharge plan should be communicated to the service user, their general practitioner and, if appropriate, their carer and should be recorded in their case notes.</p>	Y	The 'easy-read' discharge letter was very clear.
LN-594	<p>Mental Capacity Act and Deprivation of Liberty Safeguards</p> <p>A policy on adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards should be in use.</p>	Y	
LN-595	<p>General Policies</p> <p>The following policies should be in use:</p> <ol style="list-style-type: none"> Lone Working Medicines Management Health and Safety Risk assessment and management 	N	The lone working policy had been due for review in September 2014. Nursing and Midwifery Council guidance on medicines management was provided but no Trust medicines management policy. Other policies were in place.
LN-596	<p>Safeguarding Policy</p> <p>A Safeguarding Policy should be in use. This should cover at least:</p> <ol style="list-style-type: none"> Arrangements for investigation and, if necessary, referral of complaints and incidents relating to the care of children and vulnerable adults Expected staff training Who staff should contact if they have concerns about safeguarding issues Action to take when safeguarding-related allegations are made against a member of staff (or link to relevant HR policy). 	N	The policy available to the reviewers pre-dated the Care Act (2014) and was therefore in need of review.
LN-597	<p>Information Sharing</p> <p>Local guidelines on sharing information about vulnerable groups of the population who are likely to attend other health and social care services regularly or who are approaching the end of life should be in use.</p>	Y	The guidance on information sharing had been due for review in 2014.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-601	<p>Operational Policy</p> <p>An operational policy should be in use covering the work of the Specialist Learning Disabilities Service. This should cover, at least:</p> <ol style="list-style-type: none"> Policy on 'reasonable adjustments' Ensuring each stage of the individual's 'user journey' takes place within expected timescales Responsibilities for giving information to service users and carers (Qs LN-102 to LN-104) Allocation of a named worker for each service user who is responsible for coordination of their care Responsibilities of the named worker, including during any in-patient admissions or out of area placements Involvement of service users and, if appropriate, carers in the care planning process Providing appointments for service users outside normal working hours, if required Liaison with primary care services, especially on service users who have not been offered an annual health check (QS LA-103) and a Health Action Plan (QS LA-104). <p>Where there is more than one provider of specialist learning disabilities services for an area, the operational policy should also cover the arrangements for liaison and communication between these services.</p>	N	The health Learning Disabilities Team's Operational Policy and Service Level Agreement did not cover 'c', 'e' or 'g'.
LN-602	<p>Operation Policy – Liaison with Social Care</p> <p>If the Service is not integrated with the social care Learning Disabilities Specialist Service, the operational policy (QS LN-601) should be clear about the way in which the service links with the social care Learning Disabilities Specialist Service, including for:</p> <ol style="list-style-type: none"> Assessment Multi-disciplinary review of care plans Staff training Service development 	N	The Operational Policy did not include the aspects detailed in the QS. In practice, the teams were co-located and joint team meetings were held.
LN-603	<p>Liaison with Community Paediatric Services</p> <p>Services caring for children should have arrangements for liaison with community paediatric services.</p>	N/A	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-604	<p>Operational Policy – In-patient Services</p> <p>In-patient services only: An operational policy should be in use which ensures:</p> <ul style="list-style-type: none"> a. Staff from the in-patient service are involved in pre-admissions discussion about whether the unit is suitable for the individual's needs b. Pre-admission assessments are undertaken jointly by the in-patient and referring community team c. Individuals being referred and their carers have information about the in-patient service (QS LN-102) d. The opportunity for individuals being referred routinely (ie not as emergencies) to visit the unit prior to admission wherever possible e. All relevant information on the individual is transferred as soon as possible f. Any individuals who are in-patients for over a year have an Annual Health Check and Health Action Plan (QS LA-103 and LA-104) at least annually. g. Discharge planning, including a meeting with community-based services and future carers to which the individual's care will be transferred prior to discharge. h. Information on the individual's in-patient stay and care plan at discharge is communicated to relevant community-based services, including the referring community team. i. Follow up review are arranged as necessary. 	N/A	
LN-605	<p>Review Meetings – Other Services</p> <p>The service should meet at least annually with services to which individuals are regularly referred (QS LN-505) in order to review liaison arrangements and resolve any problems identified.</p>	N	Review meetings with services to which individuals were referred were not yet in place. Meetings with services were held as part of any individual service user's Care Programme Approach (CPA) reviews. Working arrangements with the Brandon Trust were good.
LN-606	<p>Liaison with Referring Services</p> <p>In-patient and specialist services which accept referrals from community-based specialist learning disability services should:</p> <ul style="list-style-type: none"> a. Ensure referring community-based services have information on criteria and arrangements for referral b. Meet at least annually with referring community-based services in order to review liaison arrangements and resolve any problems identified. 	N	Annual meetings with in-patient and specialist services that accepted referrals from the team were not yet in place.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-607	<p>Primary Care Liaison</p> <p>The service should have arrangements for liaison with the link primary care professional (QS LA-602).</p>	Y	
LA-608	<p>Acute Hospital Liaison</p> <p>The service should have arrangements for liaison with the link professional for people with learning disabilities in the local general acute hospitals and should contribute to acute hospital training and development programmes</p>	N	See main report.
LA-609	<p>Links with Partnership Board (or equivalent)</p> <p>The service should link effectively with the Partnership Board (or equivalent) with responsibility for improving services for people with learning disabilities through attendance at meetings or through arrangements for influencing and getting feedback on its work.</p>	Y	
LN-699	<p>Primary Care Training and Development</p> <p>The service should contribute to primary care training and development programmes (QS LA-299)</p>	N	A primary care training and development programme was not yet in place across Herefordshire, although the team did provide some training to colleagues in primary care.
LN-701	<p>Data Collection</p> <p>There should be regular collection of data and monitoring of:</p> <ol style="list-style-type: none"> Referrals, including source of referral Individuals not considered appropriate for the service, including reason why not considered appropriate and onward referral destination / 'sign-posting' Individuals not accepted by the service for some other reason Key indicators of individual's 'user pathway' Discharges, including expected care after discharge Delayed discharges Minimum data set 	N	The data provided in the Community Integrated Report did not include data for 'b', 'c' or 'd'.
LN-702	<p>Audit</p> <p>The service should have a rolling programme of audit of compliance with the clinical guidelines for each therapeutic intervention offered by the service (QS LN-502).</p>	N	A rolling programme of audit was not yet in place.
LN-703	<p>Service Strategy</p> <p>The service should have a strategy for its development over the next three to five years.</p>	N	See main report.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LN-798	<p>Review and Learning</p> <p>The service should have appropriate arrangements for review of, and implementing learning from, positive feedback, complaints, outcomes, critical incidents and 'near misses'.</p>	N	Multi-disciplinary review and learning as defined by the Quality Standards was not yet in place. The team did get Trust feedback on any incidents, complaints and 'near misses'.
LN-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	N	Some of the documents provided were not document controlled, and some had exceeded their review dates.

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COMMISSIONING

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LZ-101	<p>Advocacy Services</p> <p>Advocacy services to support people with learning disabilities in their contacts with health services should be commissioned. Commissioners should ensure information about these services is available in primary care.</p>	Y	
LZ-201	<p>Primary Care Learning Disabilities Liaison Worker</p> <p>A lead primary care professional/s for people with learning disabilities with responsibilities as described in QS LA-602 should be employed or commissioned. There should be arrangements for cover for absences of the lead primary care professional for people with learning disabilities.</p>	Y	A Strategic Health Facilitator was in post, although see the main report about the extensive remit of this post.
LZ-299	<p>Primary Care Development Programme</p> <p>Commissioners should ensure a programme of training and development of primary care staff in responsiveness to the needs of people with learning disabilities is available.</p>	N	A formalised programme of training and development for primary care staff was not commissioned. The Strategic Health Facilitator and the health Learning Disabilities Team did deliver some training for colleagues in primary care and the Acute Trust.
LZ-501	<p>Out of Area Placements & Bespoke Packages of Care</p> <p>The following guidelines should have been agreed and circulated to all local providers of specialist learning disabilities services:</p> <ol style="list-style-type: none"> consideration of out of area placements developing bespoke packages of care of people with learning disabilities with complex needs 	N	Guidelines were not yet in place covering out of county placements and the case management arrangements. Some pilot work was being undertaken to identify the needs of all those placed out of area, and the majority of re-assessments had been undertaken.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LZ-597	<p>Information Sharing Agreement</p> <p>The Partnership Board (or equivalent) (QS LZ-701) should have agreed guidelines on sharing information about vulnerable groups of the population who are likely to attend health and social care services regularly or who are approaching the end of life.</p>	Y	The information sharing agreement provided was due for review.
LZ-601	<p>Commissioning: Primary Care Services with Specialist Expertise</p> <p>The following services should be commissioned to supplement generic primary care services in meeting the needs of people with learning disabilities:</p> <ol style="list-style-type: none"> a. Primary dental and optical services with particular expertise in the care of people with learning disabilities b. Physiotherapy, podiatry, hearing and nutritional services with particular expertise in the care of people with learning disabilities c. Assistive technology for people with complex needs including <ol style="list-style-type: none"> i. advanced communication equipment ii. technology to access information in languages and formats appropriate to people with learning disabilities. 	N	Arrangements for 'a' and 'b' were not clear. Arrangements for access to assistive technologies were in place.
LZ-602	<p>Commissioning: Specialist Learning Disability Services</p> <p>Specialist assessment, treatment and rehabilitation service/s for people with moderate or severe learning disabilities should be commissioned. For each service there should be:</p> <ol style="list-style-type: none"> a. Agreed criteria and arrangements for acceptance. These criteria should be explicit about the ages and severity of learning disability of people cared for by each service. b. Agreed pathways and therapeutic interventions offered (QS LN-502) c. Agreed criteria and arrangements for discharge, including an agreed definition of 'ready for discharge' and agreed discharge planning process (QS LN-593) d. Information in accessible formats about the admission and discharge process. e. If applicable, support for people with learning disabilities during transition to adult services (QS LN-506). 	N	All but rehabilitation was commissioned.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LZ-603	<p>Information for Primary Care</p> <p>The indications and arrangements for referring clients to each service (QS LZ-602) should be circulated regularly to GPs and other relevant services.</p>	N	Information for primary care services covering indications and arrangements for referral to the learning disabilities services was not seen.
LZ-604	<p>Criminal Justice Liaison</p> <p>Arrangements for criminal justice liaison which take account of the needs of people with learning disabilities should have been agreed.</p>	N	Formalised arrangements were not yet in place but, in practice, the Learning Disabilities team would act as an Appropriate Adult.
LZ-701	<p>Partnership Board</p> <p>A Partnership Board (or equivalent) with responsibility for improving services for people with learning disabilities should meet regularly. The Board membership should include, at least, service user and carer, commissioner, Specialist Learning Disabilities Service and primary care representatives. The Board should have mechanisms for involving service users and their carers.</p>	Y	
LZ-702	<p>Needs Assessment</p> <p>An up to date assessment of the needs of people with learning disabilities of all ages should be available, including the specific needs of people with autism, learning disability and mental health problems or challenging behaviour. Practice data (QS LA-701) on people with learning disabilities and other data should be aggregated and used to inform the needs assessment.</p>	N	The Joint Strategic Needs Assessment had been produced but was not specific to the needs of people with learning disabilities or autism.
LZ-703	<p>Strategy</p> <p>A strategy for meeting the health care needs of people with learning disability and their carers should have been agreed. This should specifically consider the needs of:</p> <ol style="list-style-type: none"> people with learning disabilities from black and minority ethnic groups and their carers people with complex or profound learning disabilities older people with learning disabilities people with learning disabilities and challenging behaviour people with learning disabilities who offend people with learning disabilities who are in prison people with learning disabilities who are carers of a child People with learning disabilities who are carers of an adult. 	N	The strategy was in the process of being agreed.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LZ-704	<p>Strategy – Detail</p> <p>The strategy for people with learning disabilities should include:</p> <ol style="list-style-type: none"> access to pre-employment training and education opportunities for people with learning disabilities strategies to enable people with learning disabilities to access employment. use of assistive technology to promote independence. 	N	As LZ-703
LZ-705	<p>Other Strategies</p> <p>Commissioners' health promotion strategies for reducing obesity and premature death should include reference to the differential needs of people with learning disabilities and actions to address these needs.</p>	N	Strategies covering health promotion for people with learning disabilities were not yet in place. Some work was being undertaken to develop health promotion strategies for obesity, diabetes and dementia.
LZ-706	<p>Quality Monitoring – Primary Care</p> <p>Commissioners should ensure that all general practices are:</p> <ol style="list-style-type: none"> Making 'reasonable adjustments' for people with a learning disability registered with the practice (QS LA-101) offering a comprehensive, annual health check to all people with learning disabilities registered with their practice(QS LA-103) offering a Health Action Plan to all people with learning disabilities following their annual health check (details in QS LA-104) collecting data on people with learning disabilities registered with their practice (QS LA-701). 	Y	However, contract monitoring data seen by the reviewers covered activity only and did not yet include any quality indicators.
LZ-707.	<p>Prisoner Primary Care</p> <p>Commissioners responsible for prison health services should ensure that QS LZ-706 is met by these services. <i>Note: This QS is N/A if there is no local prison.</i></p>	N/A	
LZ-708	<p>Quality Monitoring – Learning Disability Services</p> <p>Arrangements for regular review of the quality of services provided by Specialist Learning Disability Services (QS LN-701) should be in place.</p>	N	Quality monitoring information was not available. Activity data were collected.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
LZ-709	<p>Monitoring – Out of Area Placements Register</p> <p>Commissioners, working closely with the commissioners of social care, should maintain a register of:</p> <ul style="list-style-type: none"> a. The number of people with learning disabilities who are being cared for by services outside the local area (out of area placements) b. The expected date of review of each out of area placement c. Whether the individual could be cared for locally and, if so, when this change is expected to take place. 	Y	

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