

# Child Mental Health Clinic Limited

# CMHClinic Farnham

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Overall summary

We inspected CMHclinic Farnham. The service is a community child and adolescent mental health service which is privately funded and primarily offers assessment and treatment for attention deficit hyperactivity disorder (ADHD), autistic spectrum disorder (ASD) as well as other neurodevelopmental and psychiatric disorders.

We rated this service as good because:


- The service provided safe care and treatment. The premises where children and young people were seen were clean, well-maintained and fit for purpose. The premises could only be accessed by using an intercom and a member of staff let clients in. Staff assessed individual risk well and followed good practice with respect to safeguarding.
- Staff conducted comprehensive assessments in collaboration with families and carers. They provided treatment that was informed by best-practice guidance and suitable to the needs of the children and young people.
- The team included specialists required to meet the needs of the children and young people. Staff were up to date with training and had regular supervision and appraisal. Where a specialist was not part of the team, staff were able to refer or signpost to other services to ensure children and young people received holistic care and treatment.
- Staff understood the principles underpinning capacity, competence and consent as they apply to children and young people.
- Staff treated children and young people with compassion and kindness and understood the individual needs of children and young people. They actively involved children and young people, families and carers in care decisions.
- The service was easy to access. Staff assessed and treated children and young people in a timely manner and they did not wait too long to start treatment. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.

However:

- The service's health and safety audit did not include reference to any potential ligature points or identify potential hazards which could cause harm. For example, the toilet cleaner was situated in an unlocked cupboard in the bathroom.
- The service's policies had been outsourced to an external company and had not been tailored to the service. For example, at the time of the inspection the mental capacity policy did not include reference to Gillick competence, which applies when working with individuals under 16 years. Other policies also referenced a 'HR' team and one policy mentioned 'needle-stick injuries' which didn't apply to this service.
- The service did not keep a record of the contracted staff supervision meetings. Staff received regular supervision within their NHS roles and within these meetings discussed their private work at the clinic but the registered manager did not keep records to check these meetings had taken place.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Specialist community mental health services for children and young people	Good 	

# Summary of findings

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# Summary of this inspection

## Background to CMHClinic Farnham

CMHClinic Farnham is a community child and adolescent mental health service provided by Child Mental Health Clinic Limited. It is a private clinic for children and young people between the age of five and 18 years old. The service provides assessment and treatment for attention deficit hyperactivity disorder (ADHD), autistic spectrum disorder (ASD) as well as other neurodevelopment and mental health disorders. The service accepts self-referrals and those from GPs.

The service registered with the Care Quality Commission in January 2019 and this is the service's first rated inspection.

The service is registered to provide the regulated activity of treatment of disease, disorder or injury.

There was a registered manager in post at the time of the inspection. The registered manager was also the lead consultant psychiatrist.

### What people who use the service say

We spoke with eight relatives of young people using the service. They all spoke positively of the clinic. Relatives said that the staff were respectful, polite, caring and supportive. They told us the care their loved ones received was of good quality and that patients were at the core of the service provided. Relatives praised the staff for being professional, lovely and that the service was individualised and bespoke.

## How we carried out this inspection

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

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

The team that inspected this service comprised of two CQC mental health inspectors, one specialist advisor, and one expert by experience (remotely). The expert by experience had lived experience of being a carer for a young person who uses health services. The specialist advisor had professional experience of working in child and adolescent mental health services.

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

# Summary of this inspection

- Undertook a tour of the premises
- Spoke with eight relatives/carers of children and young people who were using the service
- Spoke with the registered manager
- Spoke with seven staff members including one clinic administrator, three consultant psychiatrists, one speciality doctor, one consultant paediatrician and one autism specialist
- Attended and observed one initial assessment, and two medication review meetings
- Looked at five care plans and
- Reviewed a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action a provider **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service **SHOULD** take to improve:**

- The service should ensure that all environmental risks are included and reviewed in a health and safety audit of the clinic.
- The service should consider reviewing all policies to ensure they are tailored to the service provision. For example, removing reference to 'HR', 'needle-stick injuries' and ensure they reference children and young people as appropriate.
- To safeguard transparency, the service should appoint an external professional to review and investigate any whistleblowing concerns or complaints that may arise which could not be investigated by the registered manager.
- The service should ensure that a record of when staff have attended clinical supervision is kept.
- The service should ensure that copies of staff training certificates are seen to ensure training has been completed and is in date.

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Specialist community mental health services for children and young people

Good 

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are Specialist community mental health services for children and young people safe?

Good 

We rated safe as good.

### Safe and clean environments

**The clinical premises where children and young people received care were safe, clean, well furnished, well maintained and fit for purpose.**

All areas were clean, well maintained, well furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. The whole premises were cleaned regularly by a contractor arranged by the landlord and the registered manager of the clinic had an additional contract in place for the offices to be cleaned weekly.

Staff always followed infection control guidelines, including handwashing. There was a policy in place and hand sanitiser was available for use.

The service was located within a shared building of which staff had access to two offices. Patients accessed the building by using a buzzer and staff met them at the front door to let them in. Patients were then guided to their appointment room or asked to wait in the small waiting area by the front door.

The leaders of the service in conjunction with the premises' landlord had completed a health and safety audit of the clinic and identified actions that needed to be taken. There was also a health and safety policy in place. However, the service's health and safety audit did not include reference to any potential ligature points or hazardous substances in the service. For example, a cleaning product was stored in an unlocked cupboard and there were some potential ligature points in areas of the clinic. Although the service does not accept clients with a high risk of significant self-harm or suicidal intent it is important to be aware of these environmental risks should a client's risk escalate. Following the inspection, the clinic administrator contacted the landlord to install a lock on the cupboard.

### Safe staffing

# Specialist community mental health services for children and young people

Good 

Managers made sure all staff had completed appropriate recruitment checks, such as having a clear enhanced Disclosure and Barring Service (DBS) certificate, had indemnity insurance and were registered with the relevant professional body, such as the General Medical Council (GMC). Managers made sure staff understood the service before starting their role.

## **Mandatory training**

The leaders of the service checked that staff had completed and kept up-to-date with their mandatory training. All staff completed training via their roles in the NHS. Staff provided a print-out from their NHS record to show that training had been completed but the registered manager did not see copies of relevant training certificates. This made it difficult to determine if training was in date as the service did not hold a training matrix.

## **Assessing and managing risk to children and young peoples and staff**

**Staff assessed and managed risks to children and young people and themselves. They responded promptly to sudden deterioration in children and young peoples' mental health.**

### **Assessment of children and young people risk**

Staff completed risk assessments for each child and young person as part of their initial assessment. These were then reviewed as needed, for example when risks changed, or additional information was provided at later appointments or review meetings.

Staff were able to identify if a child or young person's risk was too high to be managed by the clinic and referred or signposted them to more suitable services.

### **Management of children and young people risk**

Staff responded promptly to any sudden deterioration in a child or young people's health. For example, by contacting the patient's GP with an urgent referral for more suitable services.

Staff followed personal safety protocols, including for lone working. Staff would contact the clinic administrator at the end of the day when they left the service. If they did not contact them in a reasonable time, then a protocol would be enacted.

## **Safeguarding**

**Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role, including the clinic administrator.

Staff kept up-to-date with their safeguarding training.

# Specialist community mental health services for children and young people

Good 

Staff could give clear examples of how to protect children and young people from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

## **Staff access to essential information**

**Staff kept detailed records of children and young peoples' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

Children and young people's records could be accessed easily by staff. Records were stored securely and staff could access records remotely via a secure system.

## **Medicines management**

**The service used systems and processes to safely prescribe medicines. Staff regularly reviewed the side effects of medications on each children and young people's mental and physical health.**

Staff followed systems and processes to prescribe medicines safely. The clinic did not hold medication on site and prescriptions were sent to local pharmacies to dispense.

Staff reviewed each children and young people's medicines regularly and provided advice to children and young peoples and carers about their medicines.

Staff completed medicines records accurately and kept them up-to-date.

Staff stored prescribing documents safely. Due to the clinic being in a shared building without a lockable safe, prescriptions were stored off-site securely and only the clinic administrator had access. The lead consultant psychiatrist was the only prescriber at the time of the inspection.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each child and young people's medicines on their physical health according to guidance.

## **Reporting incidents and learning from when things go wrong**

The service had no reported incidents since registering.

Staff knew what incidents to report and how they would report them.

# Specialist community mental health services for children and young people

Good 

## Are Specialist community mental health services for children and young people effective?

Good 

We rated effective as good.

### Assessment of needs and planning of care

**Staff assessed the mental health needs of all children and young people. They worked with children and young people, families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs.**

Staff completed a comprehensive mental health assessment of each child and young person.

Staff made sure that children and young people had their physical health observations taken prior to medication being prescribed.

Staff developed a comprehensive care plan for each child and young person that met their mental health needs. Care plans were written in the form of a letter to the child and young person's GP.

### Best practice in treatment and care

**Staff provided a range of treatment and care for children and young people based on national guidance and best practice. Staff used recognised rating scales to assess and record severity and outcomes.**

Staff provided a range of care and treatment suitable for the children and young people in the service. Where the service was unable to provide a treatment a child or young person would benefit from staff signposted or referred to other services.

Staff delivered care in line with best practice and national guidance.

Staff made sure children and young people had support for their physical health needs, either from their GP or community services.

Staff used recognised rating scales to assess and record the severity of children and young people's conditions and care and treatment outcomes.

Staff used technology to support children and young people. For example, during the COVID-19 pandemic appointments, where appropriate, were arranged virtually.

### Skilled staff to deliver care

# Specialist community mental health services for children and young people

Good 

**The service had a range of specialists required to meet the needs of children and young people under their care. Managers made sure that staff had the range of skills needed to provide high quality care. Staff had regular appraisals and clinical and management supervision within their roles in the NHS and discussed their private practice at clinic within these.**

The service was made up of three consultant psychiatrists, one consultant paediatrician, a family therapist, an autism specialist, and a clinic administrator.

The service had a range of specialists to meet the needs of the children and young people. However, at the time of inspection the service did not have a psychologist in post and was unable to offer this provision. Children and young people who required psychological input were signposted to local services.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the children and young people in their care.

Managers gave each new member of staff a full induction to the service before they started work.

Staff had regular, constructive appraisals of their work through their permanent NHS roles and used these to discuss their private practice work at the clinic.

Staff had regular, constructive clinical supervision of their work through their permanent NHS roles and used these to discuss their private practice work at the clinic. Staff were also able to speak to the registered manager whenever they needed to discuss their cases. However, the registered manager did not keep records that these meetings had taken place and therefore only had verbal assurance that staff had attended their supervision meetings.

As staff were not full-time at the clinic, it was a challenge to hold regular team meetings but staff we spoke to had a full understanding of their role within the clinic and knew how to access policies when needed. Staff regularly spoke to the registered manager and the clinic administrator regularly sent updates about the service via email.

## Multi-disciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit children and young people. They supported each other to make sure children and young people had no gaps in their care. They had effective working relationships with relevant services outside the organisation.**

The service had good links with various GP services, where there were shared care arrangements in place to continue prescribing when required. There were also good links with local NHS services as staff also worked in the NHS.

## Good practice in applying the Mental Capacity Act

**Staff supported children and young people to make decisions on their care for themselves. They understood the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to people under 16.**

Staff kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

# Specialist community mental health services for children and young people

Good 

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access. However, at the time of the inspection the service's policy did not include reference to Gillick competence. The policy was promptly amended and sent to the inspector following the inspection. All staff understood how to support children under 16 wishing to make their own decisions and applied the Gillick competency principles when necessary. Staff were able to give examples of when they had assessed a young person's capacity to consent to treatment.

Staff knew how to apply the Mental Capacity Act to children and young peoples aged 16 to 18 and where to get information and support on this.

## Are Specialist community mental health services for children and young people caring?

Good 

We rated caring as good.

### **Kindness, privacy, dignity, respect, compassion and support**

**Staff treated children and young people with compassion and kindness. They understood the individual needs of children and young people.**

Staff were polite, respectful, supportive and responsive when caring for children and young people. Staff understood and respected the individual needs of each children and young people.

Staff gave children and young people and their relatives help, emotional support and advice when they needed it, this included over the phone between appointments if required.

Staff directed children and young people to other services and supported them to access those services if they needed help.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards children and young people. However due to the small size of the service, there was no one above the registered manager staff could report to if the concerns related to the registered manager. This was an issue the managers had identified and were seeking an external professional who could investigate any whistleblowing and complaints raised about the leaders of the service.

Staff followed policy to keep children and young people's information confidential via a secure email system.

### **Involvement in care**

**Staff involved children and young people and their relatives in care planning and risk assessment and actively sought their feedback on the quality of care provided. Staff informed and involved families and carers appropriately.**

### **Involvement of children and young peoples**

# Specialist community mental health services for children and young people

Good 

Staff involved children and young people and relatives in their care planning. All relatives we spoke to were involved in their loved one's care and treatment.

Staff made sure children and young people understood their care and treatment.

Staff made sure children and young people could access advocacy services.

## Involvement of families and carers

Staff supported, informed and involved families or carers.

Families could give feedback on the service and their loved one's treatment and staff supported them to do this. The service sent out feedback questionnaires and had evidenced feedback dating back to July 2020 when the service first opened. The majority of feedback was positive.

## Are Specialist community mental health services for children and young people responsive?

Good 

We rated responsive as good.

## Access and waiting times

**The service was easy to access. Referrals were assessed on an individual basis to ensure the service did not exclude children and young people who would have benefitted from care. The service did not hold a waiting list so children and young people did not wait too long to have an initial assessment.**

All relatives we spoke with said clinicians were easy to access and appointments were easy to book. Following their appointments, relatives would typically receive their reports or letters within five working days and at most two weeks.

Staff followed up children and young people who missed appointments however this was rare as the service was privately funded and appointments were charged.

If staff did not have space to accept new patients, parents were told to either wait for a space to become available or were signposted elsewhere such as to other private clinics.

Children and young people had flexibility and choice in the appointment times available, for example most staff offered evening and weekend appointments.

Staff worked hard to avoid cancelling appointments and when they had to they gave children and young people clear explanations and offered new appointments as soon as possible.

Most relatives told us that their appointments had not been cancelled. One had been cancelled due to a member of staff leaving and not having a replacement available. Appointments ran on time.

# Specialist community mental health services for children and young people

Good 

## **Facilities that promote comfort, dignity and privacy**

The service was located in a shared office building and had access to two rooms. There was no formal waiting room. There was a small area by the main door where clients could wait but typically staff would take clients straight up to the appointment room.

The rooms had equipment needed to complete physical observations prior to prescribing medication. Clients were referred to their GP to have any relevant blood tests or ECGs completed.

Clients had privacy when having their appointments and if required, their parents could wait in another room and vice versa if private conversations were needed.

Those that we spoke with described the service as clean and comfortable.

## **Meeting the needs of all people who use the service**

The premises could not support those with mobility issues due to not having a lift and the offices being on the second floor. However, those who required a lift or an appointment on the ground floor would be offered an appointment at another local service that the registered manager could book.

Staff offered clients leaflets and provided information to make sure they could access information on their treatment. However, the information provided was not available in a variety of accessible formats, such as in an easy-read format in a way a young child may understand, for example by using pictures. The registered manager had identified someone who could provide the service with more child-friendly documentation and was in the process of arranging these.

Managers knew how to get hold of interpreters, signers and how to get leaflets printed in different languages but had not needed to since opening the service.

There was information available on how to access advocacy support.

## **Listening to and learning from concerns and complaints**

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.**

Of those we spoke to all felt confident to raise a concern or complaint. Some individuals remembered receiving a leaflet on how to complain and all said they would speak to the doctor or manager if they had a concern.

The service clearly displayed information about how to raise a concern.

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and children and young people received feedback from managers after the investigation into their complaint.

# Specialist community mental health services for children and young people

Good 

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, following a complaint which had involved a miscommunication between a parent and a doctor, a formal triage form was developed so that expectations of the service were formalised in writing.

The service used compliments to learn, celebrate success and improve the quality of care.

## Are Specialist community mental health services for children and young people well-led?

Good 

We rated well-led as good.

### Leadership

Leaders had the skills, knowledge and experience to perform their roles. The registered manager was also a consultant psychiatrist. They had a good understanding of the service they managed and were visible in the service and approachable for clients and staff. Staff and families told us that the manager and clinic administrator were very approachable, friendly and easy to get in contact with.

### Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

### Culture

Staff felt respected, supported and valued. They could raise any concerns without fear. All staff we spoke with spoke highly of the registered manager and clinic administrator and described them as being very approachable, accessible and professional.

### Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well. However, the services policies had been outsourced to an external company and were not personalised to the service. This meant that some policies referenced things that were not relevant such as describing a senior management team, HR team and one policy referenced needle-stick injuries.

### Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Staff were able to access all records remotely using a secure system. If they required additional information such as policies, this was emailed to them promptly by the clinic administrator.

### Engagement

# Specialist community mental health services for children and young people

Good 

Managers engaged with other local health and social care providers to ensure clients did not have a gap in their treatment.

Managers worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector) to ensure that there was an integrated local system that met the needs of children and young people living in the area. There were local protocols for joint working between agencies involved in the care of children and young people, such as shared care arrangements with GPs.