Outstanding ☆

Derbyshire Healthcare NHS Foundation Trust

Specialist community mental health services for children and young people

Quality Report

Derbyshire Healthcare NHS Foundation Trust
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXM14	Trust HQ	Temple House - Derby City CAMHS	DE23 6SA
RXM14	Trust HQ	Temple House - CAMHS Intellectual Disability Team	DE23 6SA
RXM14	Trust HQ	Dale Bank View - Derby County CAMHS	DE11 0AD
RXM14	Trust HQ	Century House - Derby County CAMHS	DE1 1BT

Summary of findings

RXM14	Trust HQ	Rivermead - Derby County CAMHS	DE56 1UU
RXM14	Trust HQ	Derby Royal Hospital - CAMHS Rapid Intervention, Support and Engagement Team	DE22 3NE

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

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
Are services well-led?	Good ●

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated CAMHS as outstanding because;

- The teams delivered a good range of evidence based care and treatment and there was high use of routine outcome measures.
- Urgent referrals and deterioration in mental health were responded to quickly and the development of the rapid intervention, support and empowerment team meant that staff were accessible seven days a week, 08.00 to 23.00.
- Routine referrals were seen within an average time of six weeks and urgent referrals were seen within 24 hours. The target for routine referrals was 18 weeks.
- Risk assessments were completed and updated regularly and care plans were up to date and patient focused.
- Feedback from young people and families was very positive and the team were described as going the extra mile.
- The inspection team observed staff showing warmth and being respectful to young people and their families.
- There was a high level of participation by young people and parents throughout all levels of the service.

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Summary of findings

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

Are services safe?

Good

We rated safe as good because;

- Staff were able to respond promptly to deterioration in mental health. Patients that we spoke to knew how to access services in a crisis and gave examples of when this had happened.
- Patients on waiting lists were monitored by their care co-ordinator and were given details on how to contact the service if the need arose.
- A psychiatrist could be accessed quickly.
- Risk assessments were completed and were up to date.
- All areas were visibly clean and well maintained.
- Staff knowledge of safeguarding was good and they could explain the referral and escalation process.
- Caseload sizes per care co-ordinator were appropriate and manageable.
- However:
- The lone working policy was not consistently followed by staff.
- It was not clear that trust wide learning from incidents was being shared among the CAMHS teams.

Are services effective?

Good

We rated effective as good because:

- Staff completed comprehensive assessments in a timely manner.
- Care plans were up to date and focussed on the individual needs of the young person.
- NICE guidelines were followed when prescribing medication and in the range of psychological therapies offered.
- The physical healthcare needs of young people were considered and we saw examples of where those using the service had been referred to specialist services if required.
- There was a high use of outcomes measures and rating scales to monitor clinical effectiveness.
- The team included a full range of mental health professionals and staff were skilled, qualified and experienced to deliver care.
- There were good working links with other agencies and lots of joint working in order to ensure that the holistic needs of young people were being met.
- The staff had a good understanding of the Mental Health Act and Gillick competence.

However:

Summary of findings

- Not all care plans were written in the first person and it was not always clear in the electronic notes if the young person had been given a copy of their care plan.
- Supervision was not always being recorded.

Are services caring?

Outstanding 

We rated caring as outstanding because:

- We observed staff being warm, caring and respectful towards young people and their families.
- The feedback from the young people we spoke with was positive and they felt that the staff went the extra mile for them.
- It was clear from observations and reading the records that staff had a good understanding of the young people's needs.
- Staff took steps to protect the confidentiality of patient information.
- The care was person-centred and staff were enthusiastic and passionate about the care they delivered. We saw there was active involvement from young people in their care and treatment and included their families' views when necessary.
- Participation was embedded throughout the service delivery and the development of the service. There was a parent and a young person's participation group.
- Young people and their parents were part of the staff recruitment process.
- A young person had been employed to work on the development of the website.
- Young people could give feedback in a variety of ways. Staff listened to this feedback and it contributed to developing the service.
- There was representation from the participation groups at board level, which meant the trust board hear directly from the young people about their views on the service.

Are services responsive to people's needs?

Outstanding 

We rated responsive as outstanding because:

- Routine referrals were seen within an average time of six weeks and urgent referrals were seen within 24 hours. The target for routine referrals was 18 weeks.
- The development of the RISE team ensured there was access to CAMHS seven days a week between the hours of 0800 and 2300.
- The multi-agency single point of access ensured that children and young people would receive the most appropriate service to meet their needs and not fall through any gaps in the different services criteria.

Summary of findings

- We saw that the team took steps to engage with young people who found it difficult or were reluctant to engage with CAMHS and the team took a proactive approach to re-engaging with young people who do not attend appointments.
- There was considerable flexibility in the times and the locations of appointments in order to be able to meet somewhere where the young person felt comfortable.

Are services well-led?

Good

We rated well led as good because:

- There was a clear vision for the service created collaboratively with participation groups and reflective of the trusts vision and values.
- The creation of the RISE team was an innovative approach to assessing the mental health risk of young people who present at GPs or accident and emergency with self-harming behaviour or in acute mental health distress.
- Staff knew who their immediate senior managers were.
- The service managers and team leads said they have enough authority and admin support to do their job.
- There was evidence of communication from the multidisciplinary team (MDT) to the board via MDT meetings and operational meetings.
- Staff reported they knew how to raise issues and concerns without fear of victimisation.
- There were opportunities for staff development.

Summary of findings

Information about the service

Derbyshire Healthcare NHS Foundation Trust provides child and adolescent mental health services (CAMHS) from five locations across the south of the county and in the city.

CAMHS describe the levels of intervention required by each young person and family as tiers.

- Tier 1 are universal services that are accessible to all; GPs, school nurses, health visitors.
- Tier 2 are more targeted services around general well-being and mental health. These would usually be accessed via referral from a universal service and include tier 3 services offering training and consultation to tier 1 and 2 services.
- Tier 3 is specialist outpatient mental health intervention, which includes specialised assessment, and treatment of complex and co-morbid mental health difficulties in children under 18 years of age.
- Tier 4 is inpatient mental health.

The trust provided the following services ;-

- Temple House provides tier 2 and 3 CAMHS across Derby city.
- CAMHS Intellectual Disability Team is also based at Temple House. The team provide services for children and young people who have an intellectual disability and require specialist intervention in relation to their mental health or emotional and behavioural well-being across south Derbyshire, but they are only commissioned to provide psychiatric cover in Derby city.
- Dale bank view provides tier 2 and 3 CAMHS in Swadlincote.
- Century house provides tier 2 and 3 CAMHS in Erewash.
- Rivermead provides tier 2 and 3 CAMHS across amber valley.
- There were also three drop in clinics across the county based in different locations.
- The Rapid Intervention, Support and Empowerment Team (RISE) is based in the children's emergency department at Derby royal hospital and responds to urgent referrals from GPs and children and young people who have presented at accident and emergency requiring an urgent assessment. Its hours are 0800 – 2300 seven days a week. RISE also provides access to the dialectal behavioural therapy pathway.

All of the different bases aim to operate as one CAMHS team across the county. They accept referrals from any professional and self- referrals either via the multi-agency health hub drop in or from the trust website. The CAMHS duty worker screens referrals for urgency, and the multi-agency single point of access meetings process referrals for their area.

Our inspection team

The comprehensive inspection was led by

Chair: Vanessa Ford, Director of Nursing Standards and Governance, West London Mental Health

NHS Trust.

Head of Inspection: James Mullins, Care Quality Commission (CQC)

The team that inspected the community child and adolescent mental health services (CAMHS) consisted of five people: one inspector, one expert by experience and her mother. (An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer) and two specialist advisors; one of the advisors was a social worker in a community CAMHS team and the other was a mental health nurse.

Summary of findings

Why we carried out this inspection

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

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?

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 all five of the community bases and looked at the quality of the environment and observed how staff were engaging with patients
- spoke with four young people and six parents of patients who were using the service
- spoke with the team leaders for each of the teams
- spoke with 17 other staff members; including doctors, nurses and social workers
- interviewed the service manager and clinical lead with responsibility for these services
- attended and observed a choice appointment, a medical appointment and the Autism Diagnostic Observation Schedule assessment
- 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 four young people and six parents of young people who use the service. They all described the CAMHS staff as being kind, caring and responsive to their needs. They said they felt listened to and included in their care. If they were concerned about an aspect of the service they would feel comfortable raising it. Overall, they thought all of the CAMHS staff went the extra mile in ensuring the service is responding to the young people's needs.

We spoke to a doctor, two nurses and the safeguarding lead from the local acute children's ward and emergency department and they were very positive in their praise of CAMHS and their relationship with them. They felt the staff were knowledgeable and supportive and enjoyed working with CAMHS to provide training to other disciplines and agencies.

Good practice

- The level of participation of young people and parents throughout the whole of CAMHS was significant and included fundraising, recruitment of staff, development of self-referral forms, contribution to pathway model of care and development of social media presence and website. This level of participation contributed to the service being able to be responsive and effective in how they met the needs of children and young people with mental health difficulties.
- The development of the RISE (Rapid Intervention Support and Empowerment) team has increased

Summary of findings

accessibility to CAMHS and ensured children and young people who are experiencing mental health distress and need to be seen urgently are not waiting for long periods.

- In 2011, Derbyshire CAMHS was successful in its bid to join the first phase of CYP-IAPT, which were the National Children and Young People's Improving Access to Psychological Therapies four year Department of Health initiative. The aim of CYP-IAPT was to transform services in response to the CAMHS Review and National Advisory Council. They said CAMHS needed to become more accessible, have clear evidence based pathways and work in partnership with children, young people and their families to develop services and to start using a more robust system to collate outcome performance data that is clinically meaningful.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure supervision is recorded.
- The provider should create a cleaning schedule for the toys.
- The provider should ensure it is clear in the electronic notes whether young people have received a copy of their care plan and that all care plans are written in the first person.
- The provider should ensure wider learning from incidents and complaints is shared.
- The provider should ensure weighing scales are calibrated and moved to a more private area.

Derbyshire Healthcare NHS Foundation Trust

Specialist community mental health services for children and young people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Derby City CAMHS	Temple House
Intellectual Disability Team	Temple House
Derby County CAMHS	Dale Bank View
Derby County CAMHS	Rivermead
Derby County CAMHS	Century House
RISE	Royal Derby Hospital

Mental Health Act responsibilities

There were no patients receiving treatment under the Mental Health Act at the time of inspection and staff told us it was rare for a young person to be discharged into the community under a treatment order.

The staff we spoke with had an awareness of the Act and 70% of CAMHS city staff and 91% of CAMHS county staff were up to date with their training in the Mental Health Act.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The staff we spoke with had an understanding of the Mental Capacity Act and 70% of CAMHS city staff and 96% of CAMHS county staff were up to date with their training.

We saw evidence in doctors' letters that mental capacity was assessed for their patients aged 16 years and above. For patients less than 16 years old we saw competency was thought about and the staff we spoke with were able to give us definitions and examples of Gillick competence. This is a term used to decide whether a child under 16 years old is able to consent to treatment without the need for parental consent or knowledge.

Good

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The therapy rooms were not fitted with alarms at any of the premises. At dale bank view, there were personal push button alarms on the key rings for the doors. This did not appear to have an impact on the safety of the staff. We were told there had not been any incidents and staff were able to explain to us how they would leave the room if they felt threatened.
- In each of the premises, there was the necessary equipment to complete basic observations such as height, weight and blood pressure. All of the equipment was visibly clean and had a safety sticker; except for century house where there was no evidence to show the scales had been calibrated. There were specific clinic rooms available but at century house, dale bank view and rivermead, these were shared with adult services so could not be relied upon to be vacant at the appropriate times.
- All of the premises we visited were visibly clean and well maintained. The teams did not have access to the cleaning schedules as they explained that the estates department organised the cleaning and said the premises were cleaned each evening. The staff said there was a good process for reporting if things needed replacing or mending. There were toys in all of the waiting rooms and in some of the therapy rooms. The staff we spoke with explained there was no regular cleaning schedule for these but that they were in the process of developing one. They said that the clinician would wipe the toy after each use.
- There were signs regarding infection control principles in all of the premises, including the toilets. We observed a member of staff use hand gel as they entered the children's department at Derby royal hospital.
- The entrance at rivermead was shared with adults who were then asked to go into a separate waiting room to CAMHS patients. Dale Bank View and Century House had a similar arrangement but it was the CAMHS patients who were asked to go into a separate waiting area. Temple House was children only. These arrangements did not appear to have a negative impact on CAMHS patients and none of the feedback received commented on any issues with sharing the buildings with adult services. At all of the premises, the waiting areas were in full view of the reception staff and both adult patients and CAMHS patients were always accompanied by a clinician. We did not see evidence a risk assessment had been carried out in regard to sharing premises with adults but all staff we spoke with were aware of the risks and mitigated against them by accompanying their patient at all times.

Safe staffing

- The service recorded whole time equivalent (wte), establishment levels for qualified nurses within the following teams but these teams were operating as one CAMHS service. From December 2015 to March 2016, they were; City CAMHS substance misuse had 0.4 wte and this post was vacant. City CAMHS had 9.87 wte and 2.81 posts were vacant. County CAMHS had 20.63 wte posts and 3.9 posts were vacant. Young person's CAMHS had 9.6 wte posts and 1.09 was vacant. County South multi systemic team had 4.12 wte posts and .12 of their posts were vacant. Intellectual disability team had two wte posts and none of their posts were vacant and CAMHS liaison had eight wte posts and none of their posts were vacant.
- Derbyshire county CAMHS had the highest substantial qualified nurse vacancy rate of 18.9% (of teams over 10 people) and the highest number of shifts filled by bank or agency with 195.
- Derby city CAMHS had the highest turnover rate of 10.5%, which was higher than the trust average of 10%.
- CAMHS admin had the highest substantive vacancy rate of 35.36%, which was higher than the trust average of 10.0%. This was a team of 12 whole time equivalents. The admin lead explained how they were mitigating against staffing issues by developing a team that could move around from one premises to another to cover staffing, rather than being based at one particular venue. The clinicians' feedback was that they had noticed an improvement in administration since this initiative had begun.
- Intellectual Disability CAMHS had the highest substantive sickness rate of 12%; above the trust (5.4%)

Good

Are services safe?

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and national average (4.2%). This was a team of 3.5 whole time equivalents. However, since the appointment of the team lead, the sickness rate was improving.

- The average case load was approximately 35 per care coordinator. We saw minutes to show that caseloads were discussed regularly in supervision and in multidisciplinary team meetings. The staff who we spoke with felt that their case load was manageable. The choice clinician was clinically responsible for the young person until a care coordinator was allocated.
- There had been a high use of locum staff in order to cover Children and Young People Improved Access to Psychological Therapies training. This was planned in advance and the locums were on fixed term contracts, which minimised any disruption to patient care.
- There was rapid access to a psychiatrist when required. The psychiatrists had an on call rota which covered out of hours. There was also access to the RISE team between 0800 and 2300, seven days a week.
- The majority of staff were up to date with their compulsory and mandatory training. Overall, the core service was 73% compliant, which was below the trust target of 85%.

Assessing and managing risk to patients and staff

- We looked at 14 care and treatment records. Every record we saw had a comprehensive risk assessment in place that was updated regularly. The service was in the process of transferring their files from paper to electronic and therefore it was difficult at times to locate the correct paperwork but this did not pose a clinical risk.
- Where appropriate, we saw crisis plans in place. It was not always clear from the electronic records whether the young person had received a copy. The RISE team had developed a handy pocket-sized plan for young people to be able to take away with them. It included information about helpful charities and phone numbers that they could call in a crisis but also there was a space for the plan to be personalised by the young person or clinician. There was room to write about triggers, risks and interventions that the young person and their family could try in the first instance.
- We saw evidence in the care and treatment records to show the service was able to respond promptly to any sudden deterioration in young people's mental health. For the young people who were not open to CAMHS at the time of their deterioration, they could access the RISE team via self-referral, accident and emergency or their GP. The RISE team were based in the childrens emergency department at Royal Derby Hospital.
- The average waiting time for initial appointment was five weeks. If the referrer or the family became more concerned prior to this and felt that they could not wait, they could contact the CAMHS team and speak to the duty worker. As a result, either their appointment would be brought forward or they could access the RISE team. Young people who were already open to CAMHS had a care co-ordinator who was responsible for managing and monitoring the risk while the young person waited for a specific intervention; for example family therapy. We heard from a young person that although they had a wait for family therapy, different interventions were offered in the meantime and she did not feel abandoned.
- Staff were trained in level three safeguarding and all staff that we spoke with were able to explain how and when they would make a safeguarding alert. We saw and heard from the RISE team and the acute hospital safeguarding lead. They explained that they discussed each young person who had presented to them and if there were any safeguarding concerns a joint plan would be put in place.
- The majority of CAMHS appointments took place on team premises, children's centres and schools but occasionally staff made home visits. During these times, staff explained there was a lone working policy but admitted they did not follow it at all times due to having a good knowledge of the family they would be visiting. However, if it was a first appointment or there was an increased risk, the family would either be seen by two clinicians at their home or asked to come to a CAMHS premises. All staff could access each other's diary and knew where each person was. All staff signed in and out of their base and tried not to do home visits as their last appointment.

Track record on safety

- In the period 1 January 2015 to 31 December 2015, the trust reported one serious incident through its reporting system regarding this core service. This was relating to a minor being admitted to an acute adult ward due to

Good

Are services safe?

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

lack of availability for an adolescent specialist placement. However, the staff on the adult service had access to CAMHS staff during this time to ask advice if required.

Reporting incidents and learning from when things go wrong

- All staff we spoke with were able to explain what an incident was and how they would report it.
- Staff were aware of the trusts duty of candour policy and said they would explain to patients if things went wrong.
- Staff said they received feedback regarding their specific service around any learning from incidents but were less sure if they would receive information if the incident had happened in another service. We saw learning from incidents was recorded in the multidisciplinary team minutes but it was not clear if trust wide learning was fed back in this way. We saw local learning had taken place following an incident regarding confidentiality being breached and a letter had gone to the wrong address. Since the introduction of electronic notes, it is difficult to include multiple addresses; parents, social worker, foster carer and make it clear where the child is residing. This issue had been raised as a risk with the appropriate lead for the trust.
- Staff said they were debriefed after an incident and it would also be discussed in their supervision.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- We looked at 14 care and treatment records. All of the records contained a comprehensive assessment that had been completed in a timely manner.
- All of the records we looked at contained up to date, personalised, holistic and recovery orientated care plans. The care plans were either recorded within the clinical notes or on a care plan template in electronic or hand written format. It was not always clear if the patient had received a copy of their care plan and it was not always written in the first person. However, the patients we spoke with all had a good understanding of their plan of care and felt they had been listened to.
- CAMHS teams were in the process of transferring from paper to electronic records and it was often difficult to be able to access all of the required information easily. All paper records were stored securely and were easily accessible to staff. Staff commented that the electronic system that CAMHS had moved to was a different one than the rest of the children's directorate and their single point of access. The staff felt it would have been more efficient to all be operating on one system and have access to the same information so everyone involved in the young person's care would be aware of their care plan and any risks. Staff thought this would help improve communication across the directorate and ensure the young person received a joined up consistent approach to their care. Any issues or problems the staff were experiencing with the new system were flagged to the IT department and raised through the governance meetings.

Best practice in treatment and care

- We saw evidence to show staff followed the national institute for health and care excellence (NICE) guidelines when prescribing medication.
- CAMHS were part of the CYP-IAPT programme and offered a range of evidence based pathways and interventions (some of them jointly with other agencies) recommended by NICE. These included; cognitive behavioural therapy, dialectal behavioural therapy, family therapy, parenting therapies and eye movement desensitisation and reprocessing.
- All staff across the service used recognised outcome scales and measures. These included; health of the nation outcome scales for children and adolescents, strengths and difficulties questionnaires, revised child anxiety and depression scale.
- Staff explained they considered physical healthcare needs and could refer to the most appropriate service to meet those needs. We saw evidence to show physical healthcare was monitored when patients' were on anti-psychotic medication, medication prescribed for attention deficit hyperactivity disorder, or if there was concern that the young person had an eating disorder. CAMHS recently set up health hubs to monitor physical health of young people who were prescribed medication from CAMHS but no longer needed psychological intervention. These were supervised by a consultant psychiatrist and staffed by mental health nurses.
- There did not appear to be a specific clinical audit timetable. There was a record audit undertaken in January 2016 but it was not clear if any changes had been made as a result. However, the constant feedback from young people and families and the high use of outcome measures continually ensured that the service developed and improved. One of the psychiatrists was undertaking an audit around the use of anti-psychotic medication in children and adolescents.

Skilled staff to deliver care

- The team had access to a wide range of mental health disciplines required including; nurses, psychologists, social workers, family therapists, psychiatrists, primary mental health workers and occupational therapists. Staff were experienced and sufficiently qualified to carry out their role.
- All staff, including locums and agency staff, received an induction appropriate to their role and place of work prior to seeing patients.
- Staff told us they regularly received supervision. We saw evidence of hand written notes but it was not always being recorded onto the trust system, which showed a low percentage of staff supervision rates at 59%. All staff that we spoke with had received an appraisal.
- Specialised training needs were identified there and supported by their direct line manager. There had been a rolling programme of CYP-IAPT training and one member of staff was starting a nurse-prescribing course in September 2016.

Are services effective?

Good

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

- The team leads said their service manager supported them to address any performance issues with staff. One of the team leads, who said they were inexperienced at managing staff, gave a recent example of the process they followed to address some staffing issues and they said they felt supported during the process.

Multi-disciplinary and inter-agency team work

- All teams held regular and effective multidisciplinary meetings. CAMHS worked closely with GP's, children's services, paediatricians, youth workers and children's centres. CAMHS also worked closely with adult mental health to support the transition of young people from CAMHS to adult services.
- We saw evidence to show good communication between the RISE team and tier 3 and 2 CAMHS teams. Each member of the RISE team also had a role within tier 3 CAMHS. This helped to ensure the teams overlapped so that children and young people did not fall between gaps. The Intellectual Disability team worked with special schools and the specialist behaviour support service to ensure consistency of care. CAMHS also offered training and consultation to other organisations like education, social services and GPs around mental health and self-harm and supported them to work with young people.
- The pathway model of care CAMHS was introducing was in conjunction with partner agencies to provide treatment, for example, trauma work with the abused children trauma team at children's services.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- There were no young people on community treatment orders at the time of inspection. The majority of staff we spoke with had an awareness of the Mental Health Act and the Code of Practice.
- The medics were all trained in the Mental Health Act and 70% of City staff and 91% of County staff had received training and if any staff needed to seek advice regarding the Act they knew who to contact in the trust.

Good practice in applying the Mental Capacity Act

- The MCA only applies to young people 16 years old and over. For young people under 16 years old, Gillick competence is used to determine if the young person is able to consent to their treatment. We saw training records showed 70% of City staff and 96% of County staff had received training in the Mental Capacity Act and the staff we spoke with were able to explain capacity and competence to us. We saw evidence in clinic letters to show it had been considered when explaining treatment options and decision-making.
- There was not any specific training offered around Gillick competence. We were told that this was included as part of the MCA training.

Outstanding ☆

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed staff interacting with young people and their families in a warm and respectful way. They used humour appropriately to help engage with the young person.
- The feedback received from young people and their families was positive. They felt CAMHS staff were very caring towards them and staff went out of their way to meet their needs, help them feel better and cope with their illness.
- We heard staff in meetings speak about their patients in a respectful manner and staff had a good understanding of their patients' needs.
- Staff maintained patient confidentiality by not leaving notes on desks or computers switched on and not using the patient's name when discussing them on the phone. This was evident in the administration offices where other people would be able to hear the calls being taken.

The involvement of people in the care they receive

- We found in some of the electronic records we looked at that it was not always recorded whether the young person had been given a copy of their care plan. However, when we spoke with young people and their families, they said they could have a copy if they wanted one and all of them were clear what their plan of care was. They felt listened to by the staff and said their preferences had been taken into account when planning their care and treatment.
- Participation of young people and their families was evident throughout the whole of the service. Young people's participation group meetings were held monthly and they discussed a range of issues including; fundraising ideas, peer support models, waiting areas redesign, web page and social media design and how to increase self-referrals. The participation group designed the online self-referral forms. They were also involved in the CAMHS transformation project group and the development of the integrated pathways model.
- CAMHS had supported the personal and professional development of a former patient by giving them the opportunity to volunteer in exchange for vouchers to develop the CAMHS website. The young person has since reached adulthood and was successfully recruited to a paid position to lead the further development of CAMHS social media presence and their website.
- The participation groups undertook an environmental assessment in all premises. Some of their feedback included ways to improve the outside area at temple house regarding clearer signposting and the planting of plants to make it more welcoming upon arrival. There was a meeting arranged for later in June 2016 to address these issues. The participation group also felt there should be an increase in age and drop-in facilities in dale bank view and city. Staff agreed and responded to the suggestion by ensuring these changes happened. CAMHS participation group had recently facilitated the development of a youth council that was directly linked to the trust board.
- Young people were part of the recruitment process for CAMHS staff.
- There were parent groups that met to offer support to each other and this had been so popular that they were planning on setting up additional groups.
- In all of the waiting rooms and therapy rooms, there were several ways to give feedback; either by a trust feedback form, a leaf to attach to a feedback tree in each of the waiting areas or a post it note to post in a feedback box. The primary mental health worker collected the feedback and took it to the multi-disciplinary team meeting and the participation groups.

Are services responsive to people's needs?

Outstanding ☆

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

Our findings

Access and discharge

- The team use a Choice and Partnership Approach (CAPA), which is a systemic approach that aims to put the patient at the centre and for the clinician and young person to work collaboratively to reach the young person's goals. The choice appointment is the initial assessment and the partnership the ongoing work.
- There was a multi-agency single point of access for the county and city where all referrals were discussed and sign posted to the most appropriate service. This included; CAMHS, children's services, paediatricians, youth workers and children's centres. They accepted referrals from anyone including self-referrals.
- In order to improve access countywide, CAMHS were in the process of developing a pathway model to replace the current geographical model. This would ensure children and young people could have equal access to specific interventions wherever they lived.
- We saw that the waiting times across the CAMHS teams were within the 18 weeks target set by the commissioners. The average wait from referral to first appointment (choice) was five weeks and the average wait from the first appointment to second appointment (partnership) was four weeks. There was a longer wait for more specialised interventions like family therapy. This wait could be several months but the partnership clinician maintained contact with the family whilst they were on the list. The pathway model of care aimed to address these issues and as a result waits had reduced in the previous 12 months.
- Urgent referrals were seen quickly by the RISE team, often on the same day but they would always contact the family within 24 hours of receiving the referral. The creation of the RISE team was an innovative approach to assessing the mental health risk of young people who present at GPs or accident and emergency with self-harming behaviour or in acute mental health distress. The feedback from the children's emergency department staff was very positive; they felt it reduced the risk of young people's behaviour and distress escalating, led to timely assessments and prevented unnecessary admissions to the paediatric ward waiting for a CAMHS assessment.
- There was a duty system in place for all of the tier 3 teams in order to be able to respond promptly and adequately when patients phoned in. We heard from a young person that the tier 3 team were very flexible in their approach and when she was struggling, they offered appointments that were more frequent and when she was feeling better, the appointments were more spread out.
- There was a clear criterion for when young people would be offered a service; but the way the service interacted with other agencies through the single point of access ensured young people would not be left without any support.
- We saw the team tried to engage with young people who found it difficult to engage and/or may have not attended appointments. They offered a variety of approaches to meet their needs, for example, different times and venues of appointments.
- We did not see any evidence or receive any feedback regarding cancelled appointments and all appointments observed ran to time.
- If the CAMHS assessment indicated that an admission to the paediatric ward was appropriate, this was facilitated and the paediatric team supported the admission. It was clear from talking to the paediatric staff that they now felt more confident in nursing children and young people with mental health difficulties and said they understood it to be their responsibility as children's nurses whereas previously they would have felt differently and thought these children should be CAMHS patients only.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment to support treatment in all of the premises. In Dale Bank View, Rivermead and Century house, staff said that there could be difficulties accessing rooms at times as they were shared with adult services. The rooms were comfortable and welcoming in all of the premises. At Temple house, there was some artwork and clocks on the floors of the rooms which were waiting to be attached to the walls. All of the rooms maintained confidentiality and had adequate sound proofing. Some of the rooms had toys in and at Rivermead there was a sand pit. The minutes of a participation group meeting showed discussion had taken place regarding having similar choice of toys, pens and paper in each room.
- In Century house and Rivermead, the weighing scales were located in the corridor that was accessed by adult

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and other CAMHS patients. Although it would be impossible for others to see the results, it could lead to young people refusing to be weighed. We were told by staff that they were located here so that all clinicians had access at all times.

- All of the waiting areas were bright and appropriate to the patient group using the facilities. There were a range of leaflets regarding conditions and subjects appropriate to young people, including information on what to do if they were unhappy with their care.

Meeting the needs of all people who use the service

- All of the premises had disabled access. At the point of referral staff asked questions regarding the needs of young people and who would be attending the initial appointment to ensure any special needs could be met.
- Information leaflets were available in languages spoken by people who use the service
- Staff said there was good access to signers and interpreters if required.

Listening to and learning from concerns and complaints

- There were 12 complaints in the 12 months prior to inspection; eight of which were upheld. The complaints were around sharing information with other agencies, length of time to access treatment and consistency of care. There were no complaints referred to the ombudsman.
- The young people and parents we spoke with were aware of the complaints procedure and would feel comfortable raising a complaint if necessary.
- The staff we spoke with knew how to handle complaints appropriately.
- Staff explained they received feedback regarding complaints about their service, but were unsure they would know of any feedback or learning about another service.

Are services well-led?

Good

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

Our findings

Vision and values

- The participation group had devised CAMHS specific vision and values which reflected those of the wider organisation. The staff that we spoke with felt more connected to the CAMHS values rather than the trust wide ones.
- Staff were aware of the senior managers but felt they did not have regular contact with anyone above service manager level. The service manager and clinical lead knew and had contact with the managers senior to them.

Good governance

- The staff that we spoke with all knew how to raise any concerns or risks in multidisciplinary team meetings. The clinical lead and service manager explained these concerns were then taken to operational meetings which fed into the risk register.
- The rates of training and supervision were low. Staff advised that they were being given supervision but that the sessions were not being recorded on the trust system.
- The team leads, clinical lead and service manager all felt they had enough authority to do their job and were supported by their direct line manager.
- There was lots of provision in place for patient feedback and we saw evidence it was listened to and acted upon.
- There was learning from incidents, but only regarding this core service. Any relevant lessons learned in the rest of trust were not shared with CAMHS staff.
- Staff maximised their time on providing direct clinical contact.
- Safeguarding procedures were being followed and good joint working between RISE team and acute hospital safeguarding lead.
- Mental Capacity Act procedures were being followed where appropriate and competence was considered for under 16 year olds.
- There had been two clinical audits in the 12 months prior to inspection; a records audit and an audit to ensure the medics were prescribing anti-psychotic medication safely and within guidelines.
- In order to work more effectively and collaboratively, the service used clinical and patient outcomes to target, problem specific information and severity of difficulties, disorder specific symptom trackers, goals of therapy, therapeutic alliance measures and overall service received.

Leadership, morale and staff engagement

- All of the staff we spoke with were very positive about CAMHS leadership. The staff in all of the teams said the morale was good and everyone went above and beyond to ensure the service was able to meet young people's needs. Sickness rate was low and was not down to stress.
- Staff were passionate and enthusiastic about their role and very patient-centred in all that they did and although there were times of stress, they said the team supported them through it.
- Staff were open and transparent in their work and felt able to raise issues and concerns without fear of victimisation. They were aware of the whistleblowing process.
- All staff could contribute and give feedback regarding service development in the team meetings.
- There were opportunities for leadership development through CYP-IAPT programme.

Commitment to quality improvement and innovation

- Children and Young People's Improving Access to Psychological Therapies transformation had been successfully embedded into the service and had led to increased staff training, increased patient participation and the use of routine outcome measures.
- It was innovative and very unusual for a CAMHS (RISE) team to be based within a children's emergency department. The development of this team had depended on good partnership working between CAMHS, commissioners and the acute trust.