

# Referral, Utilisation and Intensive Case Management

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

#### Overall rating for this location

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive?

Outstanding



Are services well-led?

Outstanding



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

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

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

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

# Summary of findings

## Overall summary

### **We rated Referral, Utilisation and Intensive Case Management as outstanding because:**

- The morale among all staff we spoke with at the service was excellent. Senior staff and leaders within the organisation were described as visible and accessible, driving improvements and leading by example, demonstrating commitment, enthusiasm and innovation in their roles. Staff and managers demonstrated an open and transparent culture that ensured learning from complaints and incidents was embedded in practice. Staff were encouraged to share concerns and enable change. Staff were supportive of each other.
- Care records reflected holistic and recovery focussed interventions. Staff completed person-centred assessments with young people to ensure they would receive the right referral pathway that was the least restrictive for them. Staff had built good working relationships with partners and external agencies and were embedded in the multidisciplinary teams on inpatient wards where young people they supported were receiving treatment.
- Staff were qualified, skilled and experienced and ensured young people were safe. They provided a high quality service that was accessible to everyone in need of the service. The service did not use bank or agency staff, to ensure consistency of service delivery.
- There was a person-centred culture within the service at every level from senior managers to front-line staff. Staff showed commitment to working in partnership with people who used their service, and their families and carers. Feedback from young people and their families was positive.
- The service had reduced the average length of stay for young people on inpatient wards and developed new, accessible pathways for young people to access services to support engagement of vulnerable young people into services that might have otherwise been missed. The service had a 'no wrong door' policy. This meant that anyone who contacted the service would receive referral onwards to a suitable support service.
- The service had low numbers of incidents and complaints. There was an imbedded culture of learning lessons and improving safety following incidents that had affected the service and those that had occurred outside the service. Governance structures were clear and provided assurance that the service was safe and effective and achieving a high standard of care.
- Staff were aware of their responsibilities in relation to the Mental Health Act and Mental Capacity Act and their guiding principles, including Gillick competence. Staff ensured children and young people made informed choices following assessment and routinely sought their consent to access treatment.
- Staff looked outside their own organisation for quality improvement and research methodologies. The service and managers sought innovative ways to project a continuous cycle of improvement. The service was involved in multiple projects and worked in innovative ways to inform future practice. They routinely shared learning with partner agencies to improve outcomes for young people.

# Summary of findings

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Outstanding



# Referral, Utilisation and Intensive Case Management

## Services we looked at

Specialist community mental health services for children and young people

# Summary of this inspection

## Background to Referral, Utilisation and Intensive Case Management

Referral, Utilisation and Intensive Case Management is provided by Centene UK Limited. The services include:

- Access Centre Single Point of Access is an entry point for children and young people aged 0-25 who want to access mental health services in Birmingham. The staff team within the Access Centre Single Point of Access included nurses and assistant psychologists supported by a senior nurse manager. Staff review the referrals made to the service and offer either an assessment or signpost to appropriate services.
- The Utilisation and Intensive Case Management team helps ensure that young people on inpatient wards are cared for in the least restrictive setting for their needs and supports discharge.

Until October 2017, the services were provided by Beacon UK Limited. Centene UK Limited took over ownership of the services in October 2017 and all staff were transferred

to the new organisation at that time. The service is subcontracted by Birmingham Women's and Children's NHS Foundation Trust as part of Forward Thinking Birmingham's services for people aged 0 to 25 years.

The service has been in operation since 1 April 2016. The service is registered to carry out the following activities:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury.

This is the first inspection completed since the service was registered under Centene UK. We last inspected this service in April 2017 when it was provided by Beacon UK under the registered name Access Centre.

The service received an overall rating of good. The service had a registered manager at the time of our inspection.

## Our inspection team

Team leader: Maria Lawley, inspector. The team that inspected the service comprised two CQC inspectors, an

assistant inspector with extensive experience of managing single point of contact call centres and a specialist advisor with expertise in governance and managing services for young peoples.

## Why we carried out this inspection

This was an announced inspection and formed 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 the location and asked a range of other organisations for information. During the inspection visit, the inspection team:

- visited the service location and observed how staff were caring for young people

# Summary of this inspection

- reviewed feedback from six young people who had used the service and four family members or carers
- spoke with the registered manager and managers for each team
- spoke with 14 other staff members including administration staff, nurses, a support worker, a social worker and assistant psychologists
- received feedback about the service from three care co-ordinators and reviewed feedback about the service from 28 external agencies/stakeholders
- observed two multidisciplinary meetings and phone calls made to the service
- observed 10 calls with people using the service
- looked at the care and treatment records of 11 young people
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We were unable to speak directly with people who had used the service. We reviewed feedback that people who had used the service had given to the service in the 12 months before inspection. Young people described staff as understanding. They stated that staff had listened to

them and were easy to talk to. They described feeling safe when working with staff members. Family members found staff helpful and sympathetic, and said they felt supported.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

**We rated safe as good because:**

- Staff were competent, skilled and trained for their roles. There was always a member of senior nursing staff on every shift. Staff managed caseloads well. The service did not use bank or agency staff to ensure consistency in service delivery.
- Staff managed any escalation in young people's risks well and worked with partner agencies to ensure they were kept safe. Staff were knowledgeable in safeguarding children and young people and managed concerns appropriately.
- The service had good lone working policies in place for staff who visited wards.
- There was an embedded culture of learning lessons and improving safety following incidents that had affected the service and those that had occurred outside the service. Staff routinely reported incidents and were open and transparent with young people and their families when something went wrong. The service implemented changes following learning from incidents without delay.

Good



### Are services effective?

**We rated effective as good because:**

- Care records we reviewed were comprehensive and up to date. Staff completed holistic and person-centred assessments with young people which considered a range of strengths and needs.
- There were suitably skilled and qualified staff from a range of mental health disciplines working within the service. All staff received regular managerial supervision and annual appraisals from their line managers and were able to access profession specific peer supervision weekly.
- Staff recorded and considered factors around physical healthcare during assessment and throughout coordination of care. Staff input into multidisciplinary discussions and followed National Institute for Health and Care Excellence guidance and best practice guidelines from the British Psychological Society in making their recommendations.
- There was a comprehensive programme of audits in place at the service to measure the quality of care delivered and effectiveness of interventions offered by staff. Staff completed routine audits of care records and any issues arising from audits were dealt with quickly and efficiently.

Good



# Summary of this inspection

- The service had effective systems in place for the handover of information relating to the care and treatment of young people. Staff had built good working relationships with partners and external agencies including local safeguarding structures.

## Are services caring?

### We rated caring as outstanding because:

- Staff were respectful, kind and enthusiastic about working with children and young people and there was a strong visible person-centred culture within the service at every level from senior managers to front-line staff.
- Staff showed commitment to working in partnership with people who used their service, and their families and carers. Feedback received by the service was reviewed by our inspection team and found to be overwhelmingly positive and made reference to how staff had exceeded expectations and delivered high quality care.
- Staff conducted calls with people accessing the service courteously and professionally. Staff placed the views and interests of the young people at the centre of everything they did to ensure they received the correct level of onward service and knew the young people in their care well. Staff considered the views and preferences of young people when suggesting referral options.
- Staff understood the importance of using feedback from young people and carers and to shape and inform service delivery. Staff recognised the challenge in gaining feedback from people using their service due to the unusual nature of the service model and used innovative ways to gain feedback.

Outstanding



## Are services responsive?

### We rated responsive as outstanding because:

- The service had reduced the average length of stay for young people on inpatient wards through the use of a right care, at the right time and in the least restrictive way model of care. The service had a 'no wrong door' policy. This meant that anyone who contacted the service would receive referral onwards to a suitable support service.
- The service had developed new pathways for young people through multi-agency working to support engagement of vulnerable young people into services that might have otherwise been missed.
- The service had considered the needs and diversity of the local population and had adapted its processes to improve accessibility for all people who required a service.

Outstanding





# Summary of this inspection

- Staff actively engaged with partners and external agencies to improve care pathways for children and young people. The service maintained a comprehensive portfolio of services and worked proactively with other organisations to ensure people had a wide range of support opportunities to meet their individual needs.
- The service showed clear and consistent improvement in quality over a sustained period despite increases in demand. The service received a low number of complaints and a high number of compliments.

## Are services well-led?

### We rated well-led as outstanding because:

- The morale among all staff we spoke with was excellent. Senior staff and leaders within the organisation were described as visible and accessible, driving improvements and leading by example, demonstrating commitment, enthusiasm and innovation in their roles.
- Staff reported the culture at the service was supportive, with an ethos of collaborative working to best meet the needs of the people who were receiving care.
- The service had established vision and values and all staff we spoke with were able to describe how they worked within these to provide high quality care and to ensure people got the right care, at the right time, in the right place.
- The registered manager was able to access a range of key indicators to measure the services performance. Outcomes were monitored locally and regionally using structured governance procedures and actions had been identified for service improvement where required.
- Staff and managers demonstrated an open and transparent culture that ensured learning from complaints and incidents was embedded in practice. Staff were encouraged to share concerns and enable change.

Outstanding



# Detailed findings from this inspection

## Mental Health Act responsibilities

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

Eighty-six percent of staff had completed training in the Mental Health Act. Staff we spoke with showed good knowledge of the principles of the Mental Health Act.

Staff did not complete Mental Health Act paperwork in relation to patient care as this was not part of their remit for service delivery.

The Utilisation and Intensive Case Management (UICM) team had an approved mental health professional on the team who provided support to staff who had questions about the Mental Health Act.

The UICM team supported young people subject to the Mental Health Act. However, they were not care co-ordinators for young people and were not expected to make decisions in relation to their detention.

Staff reviewed detained young people as part of the multidisciplinary team on inpatient wards and ensured that young people received the right care and the least restrictive approach for their needs.

The service obtained consent from young people at the referral stage. For online referrals, the service advised how personal data would be used, and requested consent to treatment before proceeding to the referral.

## Mental Capacity Act and Deprivation of Liberty Safeguards

### **Good practice in applying the Mental Capacity Act**

Eighty percent of staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with showed a highly competent understanding of the Mental Capacity Act and the Gillick competence as applied to the young people in their service. Gillick competence is a principle used to help

decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Young people aged 16 and over are presumed to have capacity and consent or refuse to treatment in their own right.

Staff documented capacity in young people's records. We saw examples of capacity assessments in care records.

# Specialist community mental health services for children and young people

Outstanding



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

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

Good



### Safe and clean environment

- Staff were based in an office environment at the registered location. Staff did not see young people on the premises.
- Staff who worked in the Access Centre Single Point of Access (SPA) did not have face-to-face contact with young people. There was a designated area of the office for Access Centre SPA staff and staff had appropriate equipment for answering calls and recording information.
- The Utilisation Management and the Intensive Case Management (UICM) team worked in a separate office at the same location. Staff in this team carried out regular visits to inpatient wards and followed local policy and practice while on the wards that included the use of emergency alarms and good hand hygiene.

### Safe staffing

- There was always a member of senior nursing staff on every shift. Staffing establishment for Access Centre SPA was five whole time equivalent nurses, and there was one vacancy at the time of our inspection. The UICM team had four whole time equivalent nursing staff and one whole time equivalent nursing assistant. There were no vacancies in this team at the time of our inspection.
- The staff turnover between April 2017 and February 2018 was 44%. Of 25 substantive staff, 11 people had left the

service in this period of time. We discussed this with local and senior managers within the organisation. Managers were aware of the high turnover figure and had carried out an investigation. They told us they were confident following discussions with staff leavers that there was no concerns with the service. They cited the reasons for high turnover as the high employment of clinical staff and limited opportunity for face-to-face patient contact, which many of the staff leavers had returned to on leaving the organisation. We saw opportunities for staff to develop and progress within the organisation if they wanted to.

- Staff sickness was low at 0.9% in the period April 2017 to February 2018.
- The service operated a safe staffing level at all times and managers were flexible and available to support with cover arrangements, if required. The service did not use bank or agency staff. All vacant shifts were covered by substantive staff. We inspected the staff rota for the three months before inspection and all shifts that had been covered.
- Access Centre SPA staff did not have a caseload. The UICM team had 60 young people who they supported at the time of our inspection. Staff told us the team's caseload was manageable, assessed regularly for complexity and shared evenly between the team.
- There was access to a psychiatrist during service hours. The Access Centre SPA could access a psychiatrist through their partner NHS trust crisis teams if required. If a young person required crisis support following referral screening, staff could refer directly to crisis teams in a timely manner. If a young person called the Access Centre SPA out of normal working hours they would be given the option to be directed to a crisis team immediately for support. There was a clear pathway

# Specialist community mental health services for children and young people

Outstanding



and process in place for how and when staff would need to contact a psychiatrist and staff followed this appropriately. UICM staff worked in a coordination role with patients who were based on inpatient wards, therefore were not required to have access to psychiatry, although they liaised with psychiatry as part of their duties and during multidisciplinary working.

- Staff were up to date with mandatory training. All staff (100%) were up-to-date in their training in fire safety, information governance, manual handling, infection prevention and control level 1, equality and diversity, conflict resolution, counter fraud, prevent and safeguarding adults level 1 and 2, and safeguarding children level 1 and 2. Most staff (80%) had completed Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. Eighty percent of eligible staff had completed child protection training level 3.

## Assessing and managing risk to patients and staff

- All young people referred to Access Centre SPA were reviewed and screened by a senior clinician. Priority was given to urgent cases based on information provided at referral stage. Young people were then allocated to clinicians who conducted triage assessments. Staff within the Access Centre SPA used a risk screening tool for triaging young people. Staff updated these in line with changes to the patient's presentation. We reviewed six patient records and found comprehensive risk screening and updates that followed new information.
- Following triage assessment, staff discussed options for onward referral and treatment with young people and carers. Staff followed this up with a letter detailing the discussion, agreed outcome and other options considered. If a young person's presentation or needs changed, staff reassessed the patient to ensure they were referred to the right care. Young people had the option to make further contact with the service if they did not think the outcome was correct. The service's purpose was to 'make sure people get the right care, at the right time, in the right place, faster,' and this was reflected in its process for triage and referral.
- Staff we spoke with knew how to recognise and report safeguarding concerns. Staff gave examples of where they had identified safeguarding concerns and how they had acted on these. All staff within the service were trained in safeguarding adults and children, levels 1 and 2. Eighty percent of eligible staff had received safeguarding children level three.

- The provider had good lone working protocols in place for staff who carried out external visits. These included an organisational lone working policy, training on induction, photos, a description of staff clothing and their vehicles should they go missing, access to diaries and a phoning in procedure for visits. Staff were also trained in breakaway and de-escalation techniques. The office had a safe word that staff used when they called in an emergency.

## Track record on safety

- There had been no serious incidents within the service. However, the service was part of a partnership with a local NHS trust. We saw that learning was shared from serious incidents that had occurred within the wider partnership and related to young people who had previously had contact with Access Centre SPA.
- We saw changes to aspects of the service delivered by Access Centre SPA as a result of lessons learned from two serious incidents. An example of a change made included updating a process to ensure that staff inform the local authority in all cases if a young person open to social services is referred into the service. This was to ensure effective and appropriate information sharing between agencies involved with the care of the same child or young person.
- Managers ensured staff were aware of lessons learned and offered support to staff who may have been affected by serious incidents.

## Reporting incidents and learning from when things go wrong

- All staff learnt from incidents and valued the lessons learnt process. Staff we spoke with showed sure understanding of lessons learnt from incidents within the organisation. Staff knew how to report incidents and how to raise safety concerns. As part of a partnership with a local NHS trust, the service reported all incidents to the trust's incident reporting system. The service analysed and discussed these at their governance meetings with the trust. Managers shared learning from incidents with staff electronically, through shift handovers, at team meetings, and in supervision. Staff and managers gave examples of when practice had changed and processes improved following learning from incidents. For example, the service made changes to call handling procedures, safeguarding procedures

# Specialist community mental health services for children and young people

Outstanding



and improved multi-agency working practices.

Managers had implemented the changes without delay and informed all staff to ensure they applied them consistently.

- Staff and managers were committed to ensuring they worked within an open and transparent culture. We saw examples of where staff had met the duty of candour and told people when things had gone wrong. We found that staff had identified errors quickly and provided verbal and written apologies to the young people involved, and explained what had happened. The service had then made changes to practices in order to prevent recurrence of the errors. Managers were open and transparent with staff when they made a mistake and explained the reasons for any changes. We saw examples of this which showed managers led by example and established a positive culture within the teams to do the same. Senior members of the team monitored changes made from learning lessons through audits, handovers and observations of call-handling staff to ensure they were consistently applied. If they identified areas where changes had not been not applied, they addressed this immediately through discussions with staff and supervision.
- The service used data collected from incident reports to anticipate future risks. They proactively adapted processes and policies to ensure previous incidents and risks did not recur. The service went over and above to ensure incidents were not repeated. For example, staff found that following an error with the recording system, a small number of young people had not been triaged. When they discovered this, the service immediately investigated and followed the duty of candour with those affected. There was no identified harm to any young people following this incident and the service implemented a process whereby three times a day they ran a report and analysed it to ensure the incident would not reoccur.

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

(for example, treatment is effective)

Good



### Assessment of needs and planning of care

- All young people referred to Access Centre SPA were reviewed and screened by a senior clinician. Staff prioritised urgent cases based on information provided at referral stage. Young people were then allocated to clinicians who conducted triage assessments. Assessments were detailed and followed a comprehensive structure.
- UICM supported young people on inpatient wards. A member of the UICM team met young people at ward rounds and gave feed back to the multidisciplinary team. The team reviewed information held about the patient in care records and assessed whether the patient received the right level of care in the least restrictive environment.
- We inspected 11 care records for young people who had accessed both parts of the service. Records were comprehensive, detailed and clear, and contained information relevant to the patient. Staff identified actions within care records and documented when they completed them. Care records contained evidence of clinical formulation, holistic and recovery-orientated interventions, which took into account cultural and social needs. For example, we saw a record where staff had considered the impact of immigration on the patient's mental health and wellbeing. However, we found five care records that had entries which had not been electronically signed off by the clinician. This presented no harm to the young people but it meant that records remained open for editing. In one care record we found a missing entry about a call that was made to a young person. We made staff aware of this at the time of our inspection. The manager investigated immediately and confirmed that a call had been received but not documented. The manager advised us that the service would take action to address this

# Specialist community mental health services for children and young people

Outstanding



immediately. They planned to implement a specific weekly audit to check the completion of actions from handovers and remind staff of their duty to ensure they completed records fully and accurately.

- The service stored patient information electronically on a password protected system. Partner agencies had access to records to ensure information was shared effectively. The service informed young people of how their data would be shared at referral and assessment stages. Staff routinely obtained consent from young people to share information.

## Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence guidance and best practice guidelines from the British Psychological Society. We observed that UICM staff applied the relevant guidance during multidisciplinary meetings (ward rounds) on inpatient wards with staff, young people and parents/carers. For example, we saw staff refer to the National Institute for Health and Care Excellence guidance on personality disorders and best practice in prescribing anti-depressants.
- Staff in UICM met weekly to conduct a systematic formulation meeting. The purpose of the meeting was to provide support to members of the team and facilitate a greater understanding of individual cases. We observed a session during our inspection. The whole team attended and contributed to the session, which was facilitated by an assistant psychologist from the Access Centre SPA team. We saw discussion around least restrictive practice for the young person and a clear plan of action developed for staff following the session. Staff recorded discussions and decisions in care records.
- Staff within UICM team were responsible for supporting young people's discharge from inpatient settings and this included completing applications for funding for specialist placements in the community. This helped community practitioners focus their time on clinical aspects of the young people's care.
- Staff were aware of the physical healthcare needs of young people. Staff recorded and considered factors around physical healthcare during assessment and throughout coordination of care. We saw an example of a staff member in UICM who identified and escalated a concern around a young person's physical health needs to the care co-ordinator, the mental and physical

health leads for the ward and the local authority safeguarding team. Staff within the Access Centre SPA included physical health screening at the referral stage and as part of triage assessment.

- Senior clinicians and managers within the service carried out clinical audits on patients' records, and monitored transition through services and call handling. We saw comprehensive audits with specific actions. Staff completed actions promptly and managers monitored completion through supervision with staff. We saw that managers escalated issues identified through audits through appropriate governance systems, and shared learning with the staff team.

## Skilled staff to deliver care

- There was a full range of mental health disciplines working with the service. The staff group included nurses, assistant psychologists, a support worker, and a social worker who was also an approved mental health professional. There was access to a psychiatrist within the senior leadership team.
- All staff had received regular supervision and their annual appraisal at the time of our inspection. We saw supervision records completed for individual staff. Staff we spoke with told us they received a combination of one-to-one clinical and management supervision fortnightly. Staff had peer group supervision and reflective practice sessions fortnightly. Assistant psychology staff had fortnightly group psychology supervision with a senior manager within the organisation.
- Staff were experienced and qualified. Staff were placed in appropriate roles for their experience. They were given a full and comprehensive induction programme and supported to gain experience in their role before taking on full responsibilities.
- The service had offered staff a range of additional training and development opportunities in the 12 months before our inspection. This included access to training in child sexual exploitation, developmental trauma, psychosis, adult safeguarding supervision, gender identity disorder, handling of challenging and crisis calls, clinical rationale, stress vulnerability model, autistic spectrum disorder behaviours, service user engagement, and training on sexuality and gender (lesbian, gay, bisexual, transgender, questioning).
- Staff were appropriately managed when managers identified concerns with work performance. This



# Specialist community mental health services for children and young people

Outstanding



included increased support or supervision and extension of the probationary period if necessary. We saw that managers created a supportive environment to enable staff to improve and drive their own performance.

## Multidisciplinary and inter-agency team work

- UICM staff attended multidisciplinary meetings (ward rounds) on inpatient wards with staff, young people and their parents/carers. The purpose of the staff attending these meetings was to ensure young people received effective and appropriate joined up care and to ensure patients received the least restrictive intervention for their presenting needs. We observed two meetings with staff and young people. UICM staff followed appropriate guidelines when making recommendations on the young people's care. They challenged professionals appropriately, provided clear rationale for their decisions, promoted the least restrictive option and ensured that every decision had the young person at the centre. UICM staff ensured that the young person understood what was happening and requested their views. Parents and carers were appropriately included in discussions. We saw clear evidence of this in our review of records and data, in our observation of formulation meetings, and from feedback from external agencies.
- Staff conducted effective verbal and electronic handovers. We observed verbal handovers and reviewed detailed electronic records of staff handovers between shifts. Handovers included urgent calls for staff to follow up and staff monitored that these happened.
- The service had strong links with partner agencies. There were comprehensive handovers between Access Centre SPA and UICM and external agencies. Staff from the organisation had regular face-to-face and telephone meetings with partner agencies and shared good practice. Staff incorporated partner agencies' knowledge and expertise in their assessments to help ensure they had a holistic view of the young people's needs. We saw examples of close partnership working in our observations and in young people's care records. We received positive feedback about partnership working arrangements with UICM staff from three staff at partner agencies. We were told that the UICM team were an integral part of the multidisciplinary team. We also reviewed feedback gathered from 28

different stakeholders and external agencies. They gave positive feedback about the conduct of staff, partnership and multi-agency working and described visible improvements to the service over time.

- Staff across the organisation showed a strong commitment to working collaboratively with external agencies. We saw that staff from both the UICM and Access Centre SPA actively engaged with partners to obtain feedback on their processes. The service adapted and worked flexibly to act on this feedback. Staff worked to ensure that the needs of children and young people who accessed the service were at the centre, and staff recognised that joined up working with other agencies was an important part of this.

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

- Eighty-six percent of staff had completed training in the Mental Health Act. Staff we spoke with showed good knowledge of the principles of the Mental Health Act.
- Staff did not complete Mental Health Act paperwork in relation to patient care as this was not part of their remit for service delivery.
- The Utilisation and Intensive Case Management (UICM) team had an approved mental health professional on the team who provided support to staff who had questions about the Mental Health Act.
- The UICM team supported young people subject to the Mental Health Act. However, they were not care co-ordinators for young people and were not expected to make decisions in relation to their detention.
- Staff reviewed detained young people as part of the multidisciplinary team on inpatient wards and ensured that young people received the right care and the least restrictive approach for their needs.
- The service obtained consent from young people at the referral stage. For online referrals, the service advised how personal data would be used, and requested consent to use this before proceeding to the referral.

## Good practice in applying the Mental Capacity Act

- Eighty percent of staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

# Specialist community mental health services for children and young people

Outstanding



- Staff we spoke with showed a highly competent understanding of the Mental Capacity Act and the Gillick competence as applied to the young people in their service. Gillick competence is a principle used to help decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Young people aged 16 and over are presumed to have capacity and consent or refuse to treatment in their own right.
- Staff documented capacity in young people's records. We saw examples of capacity assessments in care records.

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

Outstanding



### Kindness, dignity, respect and support

- All staff were respectful, kind and treated children, young people and their families with dignity. Staff were enthusiastic about working with children and young people. We observed the Access Centre SPA staff and UICM staff interacting people who used the service through observation of calls and attendance at ward rounds. We listened to 10 recordings of calls and observed other calls made by staff. All staff conducted calls courteously and professionally.
- Staff placed the views and interests of the young people who accessed the service at the centre of everything they did to ensure they received the correct level of onward service. There was a person-centred culture within the service at every level. Staff showed commitment to working in partnership with people who used their service, and their families and carers. We observed staff discussing with young people and carers multiple options for onward care. Staff considered the views and preferences of young people when suggesting referral options.
- We were unable to gain direct feedback from people who used the service. However, the service kept a record of all the feedback received from people who used services. We reviewed compliments that the service received from six young people and four family members during the 12 months before our inspection.

The young people described the staff as understanding. They said staff listened to them and they found them easy to talk to. Young people described feeling safe when they worked with staff members. Family members said they found the staff helpful and sympathetic, and they said that they felt supported.

- Staff knew the young people in their care well. We observed staff within the UICM team discussing individuals in their care. They showed high levels of knowledge and consideration of individual young people's needs. Staff took into account individual personal, cultural, social and religious needs. For example, we observed a consultation and a staff formulation discussion. Staff considered a young person with complex needs in the context of their culture, historical and current behaviours, and personal circumstances that included how they related to their families and others. Staff also considered any physical health issues that could have had an impact on the young person's presentation.
- Staff ensured and maintained confidentiality. The service routinely reviewed the way it contacted young people and their families either by telephone or letter to ensure that it maintained confidentiality. The service had an incident in which a staff member breached confidentiality by disclosing the name of their service when they called a young person. The service immediately implemented a new protocol on how staff should identify themselves when they phone young people who use the service.

### The involvement of people in the care they receive

- Access Centre SPA offered an accessible service for young people and their families. We observed 10 calls and reviewed letters sent to young people, and found that staff empowered young people to make decisions about their care and pathways. If young people were not satisfied with the outcome, they could contact the service to discuss their options.
- In both the Access Centre SPA and UICM, parents and carers had appropriate levels of involvement in their child's care and treatment. Access Centre SPA staff send letters to parents and carers that clearly outlined the next steps in treatment and signposted them to appropriate support services. UICM staff informed and consulted families and carers of young people over the age of 18 with the consent of the patient.



# Specialist community mental health services for children and young people

Outstanding



- Due to the nature of the work UICM and Access Centre SPA carried out, staff had identified a gap in obtaining feedback from people who used the service. Consequently, the service carried out a specific project to gain feedback from young people and their carers who had used the Access Centre SPA. The service received responses from 21 young people and carers from which it identified areas for improvement and limits to the methods used to gather information.
- The service attended and sought views at patient and carer involvement groups held by partner services. Following one consultation with young people and carers, the service used feedback to make changes to the content and structure of letters they sent to young people and carers. The service used patient feedback to inform the staff recruitment process (for example, interview questions).
- Staff understood the importance of using feedback from young people and carers and to shape and inform service delivery. The service continually reviewed its engagement process with young people and carers and actively sought their views. Staff recognised the challenge in gaining feedback from people using their service due to the unusual nature of the service model and used innovative ways to gain feedback. At the time of our inspection, the service was conducting a project to trial and develop feedback mechanisms that captured people's experiences at various points along service pathways.
- Advocacy services were available to young people. Staff signposted young people to appropriate advocacy services where they identified it as a need.

**Are specialist community mental health services for children and young people responsive to people's needs?**  
(for example, to feedback?)

Outstanding



## Access and discharge

- The service was commissioned to provide appropriate access to mental health services in Birmingham for 0 to 25 year old children and young people. Since the service commenced in April 2016, there had been a steady increase in the numbers of young people accessing the

service. At the time of our inspection, the Access Centre SPA's activity levels were 28% higher than planned when the service was originally funded. This meant the service had needed to adapt the way it delivered services to remain within budget.

- During our inspection, we saw that the service had carried out extensive data analysis, sought feedback from stakeholders and worked collaboratively with partners to find innovative ways to manage the service within budget without compromising patient care. The Access Centre SPA and UICM had achieved this and also increased service provision to reach more vulnerable young people. The Access Centre SPA had carried out 15,318 triage assessments in the period April 2017 to March 2018, which equated to a 24% increase compared to the previous year (12,366 completed April 2016 to March 2017). We saw that despite the increase in activity levels, the service had improved its key performance targets for the contact. For example, in the period April 2017 to March 2018, the service answered 84% of calls within 60 seconds compared to 75% in the previous year; staff triaged 97% of crisis calls within four hours of receiving them compared to 91% in the previous year; and staff triaged 87% of non-urgent calls within 72 hours compared to 38% in the previous year. We saw that the service had adapted and improved processes in order to achieve positive outcomes for young people without needing to increase staffing levels.
- The UICM team conducted a review in which it identified an increase in referrals to inpatient beds and delayed discharges. Following the review, the UICM team realigned its priorities to help address these issues. The team focused on providing support to young people on inpatient wards. The team ensured that young people received the right service in the least restrictive way, and helped reduce delays in discharge. The team's support had significantly reduced the average length of stay on inpatient wards, and had saved the NHS £725,500 in the period January 2018- March 2018.
- The service had a 'no wrong door' policy. This meant that anyone who contacted the service would receive an outcome. All referrals into the service were triaged using a standard format. Once referrals were screened by a senior clinician, they were allocated for triage. Everyone

# Specialist community mental health services for children and young people

Outstanding



who contacted the service received written confirmation of their agreed pathway and next steps. Staff had access to an extensive directory of services to signpost young people and their families to appropriate support.

- The service was easy to access. Young people and their families accessed the service by self-referral through the online portal, by phone or email. Other services such as GPs referred directly into the service using the online portal. The service no longer accepted fax referrals due to technical errors that meant they could not be assured that they received all referrals made. The service gave external services three months' notice of its aim to stop fax communications and advised of other referral methods.
- The service routinely identified opportunities for increasing efficiency and service improvement in its service. It shared its ideas and learning with external services to support the common aim of providing better care for young people. For example, the service was in the process of reviewing the online referral process for GPs with a view to simplifying it and saving completion time.

## The facilities promote recovery, comfort, dignity and confidentiality

- Staff did not see young people on the premises.
- Staff we spoke with routinely advised people of their rights when they accessed the service including how to complain if they were not happy with an aspect of the service.
- The service managed and maintained a service directory, which was accessible to everyone through the service's website. Staff ensured they maintained good working relationships with other services and kept up-to-date with any changes. Staff from the Access Centre SPA routinely checked for new services in the local area and visited them to see what they offered. Staff then added them to the service directory.

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

- The service aimed to be accessible to all. The service accepted online, telephone and email referrals and communication. The service offered a text service for people who could not use telephone services, for example, those who were deaf or hard of hearing. The service had access to interpreters and signers. The service arranged translation of letters into languages

spoken by people who accessed the service when required. The Access Centre SPA had staff who spoke languages other than English that reflected the languages likely to be spoken by the local population.

## Listening to and learning from concerns and complaints

- The service had received one complaint in the 12 months before our inspection. This complaint related to access to the service. The service fully investigated the complaint and the complaint was upheld. The service apologised to the complainant and made changes to the service as a result of lessons learned.
- The service recorded all informal concerns raised by young people, their carers and external agencies. The service had consistently shared learning from concerns with staff and where applicable, had made changes to processes as a result. The service had recorded and investigated five concerns in the six months before our inspection. Of the five concerns raised, four of these related to the Access Centre and one to UICM.
- The service had received 40 compliments from young people and stakeholders in the 12 months before our inspection.

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

Outstanding



## Vision and values

- All staff knew and agreed with the organisation's purpose, which was to make sure people got the right care, at the right time, in the right place, faster. Staff knew and agreed with the organisation's mission, which was to support every person's right to better health. Staff we spoke with talked passionately and knowledgeably about the service's direction. Staff who had recently been recruited were just as clear and visibly passionate about the service's goals as staff who had worked with the service longer.
- The service kept staff up-to-date with the organisation's values and objectives. The service had made several changes in the 12 months before our inspection. This meant that staff needed to adapt to changes quickly in

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Outstanding



order to meet key performance indicators set for the contract. Staff had adapted to these changes well with the full support of and direction from local operations managers and regional senior managers. The service had updated processes and had given staff training in what the changes meant for them, and the impact on their day-to-day work. As a result, the service had consistently improved its performance over time.

- Senior managers and local operations managers within the service led by example. They were visible and accessible and adapted to the needs of the service. We saw collaborative and responsive working between managers and staff throughout our inspection. Managers offered encouragement and genuine support to staff working on the front line. All staff we spoke with told us they were supported by their managers and knew who the senior managers were within the organisation as they regularly visited and worked within the same office.

## Good governance

- The service had robust and effective governance systems. Staff were suitably skilled and qualified to carry out their roles and appropriate checks were in place to monitor professional registration for qualified staff. Staff had access to a range of training and development opportunities. The registered manager and representatives from both teams in the service met at monthly governance meetings. This linked to governance structures in partner organisations. The service had changed its governance structure two months before our inspection following a review of effectiveness. The service was trialling the new structure at the time of our inspection. Staff reported that it was working well.
- The service had good processes in place to monitor the safeguarding of young people. Staff knew how to recognise and report safeguarding concerns, and took appropriate action. The service followed up safeguarding concerns with referring agencies and shared information with linked the local authority.
- The service carried out a programme of routine clinical audits and made service improvements in response to issues identified. Staff completed actions promptly and managers monitored them through supervision with staff. Managers shared any learning from the issues identified in clinical audits with the staff team and the wider governance structure.

- The service embedded learning from incidents into practice and staff kept up-to-date with the changes. Managers investigated all incidents and complaints fully on every occasion, regardless of level of severity, and shared learning throughout the service. In addition, the service reviewed serious incidents that affected partner agencies and sought to discover learning from those. We saw two examples of changes made to the service's processes from applicable learning from the review of serious incidents outside the organisation.
- Managers were open and transparent and ensured staff were aware of reasons for decisions made within the service. Staff we spoke with were clear and knowledgeable about learning from incidents and why their practice had changed. This included new staff who did not work at the service at the time of many of the incidents and changes. Managers had high expectations of staff and staff strove to meet these expectations.
- Staff actively reached out to external organisations and services in order to maintain and improve the directory of services available to young people. Staff regularly checked for new services within their area appropriate for young people and carers. Staff provided information and training to external services about what their service offered. This resulted in more opportunities for young people and carers to access the right support.
- The service used key performance indicators and data systems to measure the effectiveness of the service provided and to monitor quality. Operations managers monitored these daily and investigated thoroughly any drop in performance. Staff showed us evidence (data, audits, lessons learned) of increased effectiveness in the service that impacted positively on young people's care.
- The service had efficient monitoring systems in place to improve outcomes for young people and we saw consistent improvements from month to month. The service identified gaps and developed innovative strategies to address them.
- The service shared data that showed us that children and young people received 'the right care, at the right time, in the right place, faster' in line with the organisation's purpose. The service demonstrated that its care model provided positive outcomes for young people.

## Leadership, morale and staff engagement

- The service had an embedded culture of continuous learning and improvement. Staff sought innovative ways

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Outstanding



to enhance their own service for the benefit of young people and other local services. All staff and managers had the opportunity to submit and pursue quality improvement projects in the service and external to the service. We saw that staff at all levels were involved in improvement projects. The service actively recognised what did not work and took action to change it straightaway.

- The organisation invested in its staff and motivated them through celebration of their achievements and facilitation of their personal and professional development. We saw examples of staff supported into higher education, and rewards in the form of treats and team-building away days. For example, on the two-year anniversary of the start of the service's contract, all staff (including new staff) received vouchers as appreciation for their hard work.
- All staff we spoke with were happy and passionate in their roles. There was a positive and energetic atmosphere in the service and a constant exchange of information. Morale within the staff group was high. Staff were empowered to make decisions and spoke highly of the culture within the teams. Staff were encouraged to raise concerns and felt comfortable to do so. There was information displayed in the office that informed staff of the whistle blowing procedure. At the time of our inspection, there were no whistle blowing, bullying or harassment cases within the service.
- We found a high level of staff leavers (44%) between April 2017 and February 2018. Managers within the organisation were aware of this and were working to improve opportunities for progression and personal development within the service. However, we were not concerned by the high levels of staff turnover as the service generally employed clinical staff, whose roles gave them limited opportunity for face-to-face contact with patients. We found that many staff returned to roles with greater patient contact when they left the organisation. Staff had access to opportunities for progression in the organisation. For example, the service had examples of staff who had gained promotions to leadership positions internally, and staff who had moved between the two teams.

- The staff survey conducted in 2017 received an 88% response rate. Eighty-three per cent of staff gave positive responses across all areas in the survey. The service identified specific actions to address any negative or neutral responses.

## Commitment to quality improvement and innovation

- Staff looked outside their own organisation for quality improvement and research methodologies. The service and managers sought innovative ways to project a continuous cycle of improvement. The service was involved in multiple projects and worked in innovative ways to inform future practice. Managers within the organisation had completed training in supply chain management with the aim of using its principles to inform where resources could be used better. At the time of our inspection, the service was involved in three different projects. Two projects involved joint working with external care providers to improve efficiency using data systems. One project shared internal learning and best practice with an external service that had a direct benefit to service users.
- Staff had worked with their partners to design and implement new care pathways to improve access for young people. For example, staff had developed a pathway for young people in prison to ensure they had access to services if they needed them. We also saw several examples of how multi-agency working had successfully developed new pathways to support engagement of vulnerable young people into services.
- The service continually reviewed its engagement process with young people and carers and used their feedback to inform service delivery. At the time of our inspection, the service ran a project to develop feedback mechanisms at various points along service pathways. Staff had developed a pathway for young people in prison to ensure they had access to services if they needed them. We also saw several examples of how multi-agency working had successfully developed new pathways to ensure vulnerable young people could engage in services.

# Outstanding practice and areas for improvement

## Outstanding practice

- Staff looked outside their own organisation for quality improvement and research methodologies. The service and managers sought innovative ways to project a continuous cycle of improvement. The service was involved in multiple projects and worked in innovative ways to inform future practice.
- Staff had developed a pathway for young people in prison to ensure they had access to services if they needed them. We also saw several examples of how multi-agency working had successfully developed new pathways to support engagement of vulnerable young people into services.
- The service continually reviewed its engagement process with young people and carers and used their feedback to inform service delivery. At the time of our inspection, the service ran a project to develop feedback mechanisms at various points along service pathways.
- Staff met weekly to conduct a systematic formulation meeting to provide support to members of the team and enable a greater understanding of individual cases. Staff were committed to ensuring least restrictive practice for young people.
- The service had a 'no wrong door' policy. This meant that anyone who contacted the service would receive an outcome.