Inadequate

Birmingham and Solihull Mental Health NHS Foundation Trust

Specialist community mental health services for children and young people

Quality Report

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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)
RXT	Trust Headquarters B1	Solar, Bishop Wilson Clinic	B37 7TR
RXT	Trust Headquarters B1	Solar, Freshfields Clinic	B98 0QA

This report describes our judgement of the quality of care provided within this core service by Birmingham and Solihull Mental Health 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 Birmingham and Solihull Mental Health NHS Foundation Trust and these are brought together to inform our overall judgement of Birmingham and Solihull Mental Health 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	Inadequate
Are services safe?	Requires improvement
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Inadequate

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 specialist community mental health services for children and young people as inadequate because:

- Consent to treatment had not been established or recorded in 89% of care records reviewed during our inspection. We found no evidence of the consideration of Gillick competence in all care records reviewed and we did not find evidence of the documentation of parental responsibility in 98% of care records reviewed.
- Care planning documentation was not routinely used and care plans were not completed in line with the trust's procedures or shared with young people and their families. A recent audit at the eating disorder service found there were no completed care plans in all 23 records reviewed.
- Risk assessments for people using the service were not routinely completed or in a consistent format. We found that risk assessments completed on the trust's risk screening tool were absent in 28% of the records reviewed. Crisis and contingency plans lacked detail and personalisation for young people and their support networks.
- There were ligature risks at both community sites visited. Children and young people had access to rooms with ligature points which could be internally locked preventing entry by staff. Interview rooms were not fitted with alarms and personal safety protocols including lone working policies were not consistently followed.
- Policies and procedures relating to the running of the service had not been reviewed in line with identified timescales. The policy for the use of the Mental Health Act made reference to the 1983 Code of Practice rather than the updated 2015 version.
- Prescription pads were not stored securely in line with trust policy and there was no pharmacy oversight or audit of the prescribing practice in the community service.
- Physical health monitoring equipment at the both community locations had not been checked or calibrated in line with manufacturers recommendations. Cleaning schedules and maintenance audits were not in place for toys made available for the use of children and young people.
- Staffing vacancies and turnover fro the previous year were high at 30% and 25% respectively. The Solar service was on the trust's risk register for staffing at the time of our inspection.
- Staff attendance at mandatory training was below the trust and national targets. Managerial supervision and appraisal had not been happening consistently and was not recorded following trust guidance and policies.
- The eating disorder service had a shared reception with other primary care services. At the time of our inspection, there were not effective systems for monitoring people entering or leaving the building and we found the reception area unstaffed on multiple occasions. The unsuitability of the premises was on the trust risk register at the time of our inspection.
- There had been high use of bank and agency staff, and the turnover rate of staff in the 12 months prior to our inspection was 25%. Staffing for the service was on the trust's risk register at the time of our inspection.
- Facilities did not always meet the needs of the people using them. There was a lack of child and young person appropriate activities at the Freshfields clinic and the décor was bare and not child friendly. Interview rooms at both community locations did not have effective soundproofing and information was not available in a range of languages or child friendly formats.

Summary of findings

However:

- Referral to treatment times were within national targets. The eating disorder service was meeting the new national access and waiting time standard effective from April 2017.
- The service worked effectively with partner agencies including the local multi-agency safeguarding hub, the police and local schools. Staff provided a flexible approach to working with children, young people and their families, and service provision was being extended by a newly developed crisis team.
- Feedback from children, young people and their families using the service was positive. The service provided access to a range of psychological therapies and interventions including specialist training for foster carers and families.
- Morale amongst staff was high. Staff reported a culture of mutual support and joint working. Staff provided feedback that the new team manager and service lead were effective, visible and making changes to increase the services effectiveness.
- Children, young people and their families were able to provide feedback about their experiences of receiving care and support. Advocacy services were available and young people were involved in the recruitment of staff, including the new team manager.

Summary of findings

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

Are services safe?

Requires improvement 

We rated safe as requires improvement because:

- Children and young people visiting the community teams were able to access rooms which could be internally locked and without means of entry by staff. Rooms that could be internally locked contained ligature points without safeguards against their use by children or young people.
- Interview rooms were not fitted with alarms and all staff did not have access to personal alarms. Personal safety protocols, including lone working safeguards were not in place in all service locations. Facilities at Freshfields had a shared reception with other primary care services. At the time of our inspection, there were not effective systems for monitoring people entering or leaving the building and we found the reception area unstaffed on multiple occasions.
- Risk assessments were not routinely completed or in a consistent format. We found that risk assessment's completed on the trust's risk screening tool were absent in 28% of the records reviewed. Crisis and contingency plans lacked detail and personalisation for young people and their support networks.
- Cleaning of toys used by children and young people was not recorded. Staff reported they had been cleaning toys daily but records were not available for review by our inspection team
- Staff did not check equipment for physical health assessments or calibrate it in line with manufacturers recommendations. The security of prescription pads was not maintained in accordance with the trust's non medical prescribing policy, which had also not been reviewed by the trust's anticipated review date of November 2016
- Staff were not up to date with mandatory training. Mental Capacity Act had been undertaken by 50% of staff, clinical supervision training was 70% and suicide prevention figures were also low
- There was high use of bank and agency staff and the vacancy and turnover rate of staff in the 12 months prior to inspection was 30% and 25% respectively. Staffing for the service was on the trust risk register at the time of our inspection.

However:

- Staff were aware of their responsibilities to report incidents and were able to access the trust's electronic incident reporting system,

Summary of findings

- A designated doctor for child protection was in post and there was an identified lead nurse for the safeguarding of children and young people within community child and adolescent mental health services.

Are services effective?

Inadequate

We rated effective as inadequate because:

- Consent to treatment was not recorded in 89% of care records reviewed. All staff that we spoke with said that consent was gained through discussion but not recorded in a written format or reviewed following changes in treatment or medication.
- Parental responsibility was not identified in 98% of care records. This meant that staff were not able to identify whether a parent or carer had parental responsibility for a child and subsequently the right to make decisions about their care and upbringing.
- We did not find consideration of Gillick competence in all records reviewed. This meant that young people under the age of 16 who may have been able to consent to treatment were not given the opportunity to do so. The trust did not provide training on Gillick competence for staff working with children and young people in the community teams.
- Staff did not routinely use care planning documentation. A recent internal audit of the eating disorder service found there were no completed care plans in 23 records and the assessment summary had been completed in only 10% of care records.
- Appraisal levels were low and systems were not established for the provision of managerial supervision for clinical and administrative staff.

However:

- Children and young people had access to a range of psychological therapies and interventions including cognitive behavioural therapy and family therapy
- We found evidence of effective working links with primary care, social services and schools involved in the care and treatment of young people

Summary of findings

Are services caring?

Good

We rated caring as good because:

- We observed positive interactions between staff and children and young people. Children and young people stated that staff were respectful, listened to their needs and delivered individualised care.
- Feedback received from children, young people and their families were that they were well supported by staff at the service. Positive parenting strategies and adoption preparation training sessions were available for prospective foster carers and families.
- A carers group had recently been developed and children, young people and their families were able to give feedback about the service provided by the Solar team.
- The most recent friends and family test conducted in February 2017, indicated that 83% of respondents were either extremely likely, or likely to recommend the service.
- The trust enabled young people to take an active part in the recruitment of staff and the new team manager had recently been part of this process.
- Children and young people had access to a range of advocacy services and there had been no reported incidents of confidentiality being breached at the service.

However:

- Staff did not routinely share care plans with young people and their families.

Are services responsive to people's needs?

Good

We rated responsive as good because.

- Referral to treatment times met the national 18 week targets and the eating disorder service was meeting the new national access and waiting times standard.
- The service had small waiting lists and offered a flexible approach to engaging with children, young people and their families.
- The numbers of children and young people not attending appointments was in line with national averages. The service had developed specific guidance for the follow up of children and young people that did not attend planned appointments.
- The service recently established a duty worker and crisis team function to provide prompt response to children and young people that contacted the service in crisis.

Summary of findings

- Complaints about the service were low, with one in the12 months prior to inspection which was partially upheld.

However:

- The service did not have leaflets available in languages other than English, or in a child friendly format.
- Interview rooms at both community hubs did not have effective soundproofing to maintain the privacy and dignity of children and young people.

Are services well-led?

Inadequate

We rated well led as inadequate because:

- Policies and procedures relating to the management and delivery of the service were not completed. This included the operational policy for the Solar and crisis team, and the policy and procedures to guide staff in the assessment of Gillick competence.
- Mandatory training, supervision and appraisal rates were below trust and national targets.
- Staff reported that clinical audits of the services performance had not been routinely undertaken. Changes in leadership at the service had impacted on the consistency and quality of the service provided.
- Policies relating to the delivery of the service had not been reviewed in line with identified timescales. These included the policy for non medical prescribing and the referrals and appointments policy, which incorporated guidance for staff working with patients who failed to attend planned appointments.

However:

- Staff spoke highly of the new team manager and service manager. The service manager was well engaged with the service and a transformation plan was being developed to improve the effectiveness of the service.
- Key performance indicators were available in an accessible format to measure and review the effectiveness of service provision. Performance indicators included wait times for choice and partnership appointments, specialist interventions and rates of people cancelling or not attending planned appointments.

Summary of findings

- Morale was high and staff spoke positively about a culture of mutual support. Staff reported that a lack of consistent service management had impacted on morale and the effectiveness of the service, but this was improving with the newly appointed and substantive team manager and service lead.

Summary of findings

Information about the service

The Solar Emotional Wellbeing and Child and Adolescent Mental Health Services (CAMHS) provides multi-disciplinary mental health services to children and young people with mental health difficulties and disorders. The service aims to ensure effective assessment, treatment and therapeutic support for them and their families and works in collaboration with Barnardo's.

Solar is the provider of advice, consultation, assessment and therapeutic intervention for children and young people from birth to 19 years of age, across Solihull. The Solar Team consists of a range of qualified and experienced multidisciplinary clinician's covering a broad aspect of modalities including nursing, psychology and psychiatry.

Our inspection team

Chair: Mick Tutt. Non executive director. Solent NHS Trust.

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

The team that inspected the Solar community service for child and adolescent mental health comprised one CQC inspector, two specialist nurse advisors and a specialist advisor social worker.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

The trust was previously inspected in May 2014 and received a shadow rating as part of our pilot for our new inspection methodology. Following our 2014 inspection, the trust was rated as requires improvement for safe, good for effective, good for caring, good for responsive and good for well-led. This core service was not inspected at this time.

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, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited two community locations, looked at the quality of the environments and observed how staff supported children and young people
- reviewed 38 records relating to the care and treatment of children and young people
- reviewed the minutes from eight multi-disciplinary meetings and four clinical governance meetings
- spoke to two young people and six families and carers
- attended a multi-disciplinary meeting and a meeting chaired by the looked after children service
- spoke with the team manager and the service lead for the children and young persons service
- spoke with 18 staff members; including psychiatrists, nurses, clinical psychologists and the services nurse prescriber
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

- Children, young people and their families who used the service gave positive feedback about staff and the care they provided. We were told that the service provided was incredible, staff were friendly, helpful and genuinely cared about making young people and their families comfortable.
- Families told us that they were involved in the care planning process and received information about treatment aims and interventions via correspondence from the team in the form of letters. No families that we spoke to had been offered a copy of a care plan.
- Feedback from other agencies that worked with the Solar service was very positive, we received feedback from social workers and service commissioners who said that the service worked collaboratively and effectively with them to provide care for children, young people and their families.

Good practice

- Staff at the looked after children service had delivered adoption preparation training, provided clinical advice on attachment, brain development and trauma and delivered a fostering resilience programme to parents beginning their fostering journey.

Areas for improvement

Action the provider MUST take to improve

The provider must ensure that:

- Consent to treatment is routinely established and recorded within care records.
- Consideration of capacity to consent and Gillick competence is routinely established and recorded within care records.
- Identification of parental responsibility is routinely established and recorded within care records.
- Care plans and risk assessments are completed in a standardised format and shared with people using the service.
- Prescription pads are stored securely in line with trust policy and guidance.
- Audits are carried out of prescribing protocol and practice in the community teams.
- Policies and procedures are reviewed and updated in line with identified timescales.
- Ligature risks are identified and mitigating factors put in place to reduce risk to people using services.
- Locations with shared access to waiting rooms must have safeguards in place to monitor people entering or leaving the building.
- Lone working practice and personal safety protocols are used in both community locations in accordance with trust policy and guidance.
- Interview rooms are fitted with alarms and staff have access to and are trained in the use of personal alarm systems.
- There are sufficient numbers of skilled and qualified staff to provide an effective service.
- Staff receive appraisals and managerial supervision in line with trust policies, and records are maintained of this process.
- Equipment for the use of physical health monitoring is maintained in line with manufacturers recommendations.
- Cleaning and maintenance schedules and audits are in place for toys used by children and young people at the community teams.

Action the provider SHOULD take to improve

The provider should ensure that:

Summary of findings

- Interview rooms are sufficiently soundproofed to ensure confidentiality is maintained.
- Information for people using the service is available in a range of languages and child friendly formats.

Birmingham and Solihull Mental Health 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
Solar Child and Adolescent Mental Health Service	Trust headquarters B1

Mental Health Act responsibilities

- At the time of our inspection,78% of staff had received training in the use of the Mental Health Act.
- A Mental Health Act policy was in place to provide guidance to staff on the application and use of the Mental Health and its Code of Practice. However, references within the policy were to the 1983 Code of Practice and not the updated 2015 version.
- We found evidence in three of the 38 care records reviewed of discussions regarding consent to treatment. In the three records where we did find discussions had taken place regarding consent, these were within either progress notes or medical correspondence and not in a standardised format or location.
- Staff reported that they could obtain support and advice on the application ofthe Mental Health ActCode of Practicefrom the Mental Health Act administrators employed by the trust, although most staff were unsure where they were located.Staff also reported that they could approach the consultant psychiatrists and specialty doctors with MentalHealth Act queries

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- At the time of our inspection,50% of staff had received training in the use of the Mental Capacity Act.
- The trust did not have a policy in place to provide guidance for staff in the use and application of Gillick competence and it was not included as part of their Mental Capacity Act training. We did not find evidence in any of the 38 records reviewed relating to care and treatment of the consideration of Gillick competence.
- We did not find evidence of the documentation of parental responsibility in 37 of the 38 care records reviewed. Parental responsibility means the legal rights, duties, powers, and authority a parent has for a child and the child's property. A person who has parental responsibility for a child has the right to make decisions about their care and upbringing. This includes in some circumstances overriding the decision of young people aged 16 to 17 who have refused to consent to medical treatment.
- Staff reported that they could obtain support and advice on the application of the Mental Capacity Act from the Mental Health Act administrators employed by the trust, although most staff were unsure where they were located.

Requires improvement

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

- Interview rooms at the Bishop Wilson and Freshfields sites were not fitted with alarms. The manager informed us that funding had been agreed for an alarm system to be installed, although a date had not been agreed for the work to take place. Personal alarms were available for staff at the Bishop Wilson clinic but we did not see these being used by all staff during our inspection. Personal alarms were not available for staff at the Freshfields site. The inconsistent use or lack of personal alarms meant there could be delays for staff in summoning assistance in an emergency. An environmental risk assessment of the Bishop Wilson clinic had been carried out by the trust in February 2017. This assessment found that alarm activation panels were not appropriate or sufficient, there was not a clear and understood response protocol if personal alarms were activated and there was not a documented process for personal alarms to be tested.
- Consultation rooms could be locked by children and young people at both community sites to prevent access by staff, and were not fitted with anti barricade systems. Young people had access to ligature points at both community sites, and doors were not fitted with observation panels. Environmental risk assessments had recognised safety concerns at both sites. However, actions required to mitigate risks, including the removal of locks and the installation of anti barricade devices were not scheduled to take place until the summer of 2017.
- Clinic rooms were not used at either location. Physical health monitoring equipment was located in consultation rooms and had not been maintained or calibrated in line with manufacturers recommendations. Staff at the Bishop Wilson clinic had identified in December 2016 that weighing scales required calibration but this had not been carried out by the time of our inspection in March 2017. Stickers to evidence annual calibration checks were found on one set of scales used at the eating disorder service based at the Freshfields clinic but were missing on another set. Staff were unable to provide assurance that both sets of scales had been checked. Emergency life support equipment was available for use at both locations and included defibrillators, emergency medication and ligature cutters. Staff carried out checks of the emergency life support equipment daily and these were found to be detailed and complete.
- Fire risk assessments had been completed at both community locations in 2016 and fire extinguisher and portable appliance testing checks were carried out annually and were in date.
- Areas that we visited during our inspection were clean. Services were provided in buildings not owned by the trust and a cleaning schedule was maintained by external contractors. Records for the cleaning of toys used by children and young people were not maintained at both sites visited during our inspection. Staff told us that toys were cleaned daily, but did not follow an established process or auditing schedule.
- Staff were able to adhere to infection control principles and hand washing basins and soap dispensers were available for staff use.

Safe staffing

- There were 20 whole time equivalent staff working in the community child and adolescent mental health service in November 2016, including psychologist's, nurses, family therapists and nurse prescribers.
- There were 6.5 whole time equivalent staffing vacancies for the service in November 2016; equal to a third of the whole time equivalent staff in post. During our inspection in March 2017, the manager of the service identified that staffing vacancies remained a concern and the service was currently on the trust's risk register for staffing.
- Establishment levels for whole time equivalent qualified nurses in November 2016 was 8.6, with an average vacancy rate for the previous year of 3.4 or 40%. Recruitment to vacant post's was in place at the time of our inspection and two whole time equivalent nurses were due to join the service in April 2017.
- In November 2016, data submitted by the trust showed there were no associate nurses working within the child and adolescent community mental health services. At

Requires improvement

Are services safe?

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

the point of our inspection, two whole time equivalent nursing associate posts had been recruited to and a further whole time equivalent post was being covered by a member of bank staff

- Staff sickness rates for the service fluctuated during December 2015 to November 2016 before reaching a peak of 9.9% in May 2016, reducing to 1.8% in August 2016 and rising again to 5.1% in November 2016. This was comparable with the average sickness rate for the trust overall between December 2015 and November 2016, which was 4% and the national NHS sickness rate of 5%.
- During the period December 2015 to November 2016, the average turnover of staff in the community child and adolescent mental health service was 25%. This was above the average of other core services visited as part of our inspection activity, which was 15%.
- Staff that we spoke with told us that there was no recognised tool used for estimating the numbers and grades of staff within the community child and adolescent mental health services. Staffing was planned taking into account the local population and health economy and could be varied to meet the needs of the service.
- The average caseload size per care co-ordinator was 17. The service manager had recently introduced a process of reviewing and assessing case load sizes with clinicians during managerial supervision and staff reported that this was working well. Caseload size was determined by patient need and the clinical expertise of staff.
- At the time of our inspection, there were 37 children and young people on the teams waiting list for their initial choice appointment. Choice appointments are part of the choice and partnership approach (CAPA) model of engagement and clinical assessment principally used in child and adolescent psychiatry services. It aims to use collaborative ways of working with service users to enhance the effectiveness of services and user satisfaction with services. The service manager had recently introduced a system for monitoring the wellbeing of children and young people awaiting their first appointment with the service with weekly phone calls, this meant that existing referrals were reviewed and triaged on a regular basis and the service could offer an urgent appointment or utilise the crisis team if required.
- During the period December 2015 to November 2016, 408 qualified nurse shifts had been covered by either bank or agency staff as a result of staff vacancies, sickness or absence. There were 10 shifts unfilled by bank and agency staff during the same time period. Service and team managers recognised that the use of bank and agency staff had been high due to staff turnover and long term sickness. However, staff were block booked to cover absences wherever possible and to ensure consistency in service delivery for children and young people. During the period December 2015 to November 2016, 315 admin and clerical shifts had been covered by either bank or agency staff as a result of staff vacancies, sickness or absence. There were no shifts unfilled during the same time period. Staff that we spoke with during our inspection reported that administrative support for the service had been a pressure in the previous year.
- The medical staff for the community Child and Adolescent Mental Health Services comprised three whole time equivalent agency psychiatrists and an associate specialist contracted to work in a 0.2 whole time equivalent role. A 0.6 whole time equivalent consultant psychiatrist was in place and provided medical leadership for the eating disorder service. Staff reported that they were able to access medical input when required and agency staff worked well with the service and had been block booked to provide consistency to children, young people and their families.
- Staff were able to access a range of mandatory training provided by the trust, including equality and diversity, clinical risk assessment and information governance. The training compliance rate for the service was 85% as of March 2017 and below the trust's minimum training compliance rate of 90%. Areas of training which were below the national NHS training target of 75% included clinical supervision training, suicide prevention, emergency life support and training in the Mental Capacity Act.

Assessing and managing risk to patients and staff

- We reviewed 38 records relating to the care and treatment of young people as part of our inspection

activity. We found that risk assessments completed on the trust's risk screening tool were absent in 28% of the records reviewed. Risk assessments that were present evidenced that they had been updated following changes in the wellbeing of children and young people using the service. Staff in the community teams raised concerns that the adult risk assessment templates provided as part of the trust's electronic care records system did not meet the needs of the child and adolescent service. Staff often completed risk assessments and formulations in progress notes or as part of letters to families and other agencies involved in the care of children and young people.

- Crisis and contingency plans where present, lacked detail. In most cases children and young people were directed to attend their local GP or to attend accident and emergency rather than the service's crisis team., this meant that risk assessments and contingency plans were not completed in line with the trust policy on care management and care support which stated that crisis plans should identify early warning signs and individual coping strategies.
- There were procedures in place to enable staff to respond promptly to a sudden deterioration in the health of children and young people using the service. A duty worker role had been developed and was based at the single point of access at the Bishop Wilson clinic, working from 9am to 5pm, Monday to Friday. The child and adolescent crisis team was also based at the Bishop Wilson clinic operating weekdays, 9am to 6pm. All crisis referrals received were required to be triaged and responded to within one hour and seen by crisis team staff within four hours. Outside of core working hours, children and young people in crisis were directed to attend their local accident and emergency department.
- Staff were able to access safeguarding children to a level 3 standard in line with the 2014 intercollegiate guidance published by the Royal College of Paediatrics and Child Health. At the time of our inspection, 95% of staff had attended this training and 93% of staff had attended training in safeguarding vulnerable adults. A named doctor with responsibility for safeguarding was in post at the time of our inspection and a named safeguarding nurse was based within the community child and adolescent mental health service. Staff that we spoke with were able to describe their roles and responsibilities in relation to reporting safeguarding concerns. Staff at the Solar service had developed a safeguarding children and young people information leaflet with details of local and regional safeguarding leads and organisations. This included the trust's named safeguarding lead for children and young people, contact details for the local multi agency safeguarding hub and details for the local authority emergency duty team to be contacted with safeguarding concerns outside of core working hours. During the period of December 2015 to December 2016, there were 10 safeguarding referrals for children made by the community teams; two by the Bishop Wilson clinic and eight by the Freshfields clinic. There was one adult safeguarding referral made during the same period. All safeguarding referrals required a notification to be made to the trust using the electronic incident reporting system.
- Personal safety protocols were not in place at all community services. At the Bishop Wilson clinic, staff were able to demonstrate the use of signing in and out books, a staff location whiteboard in the communal staff office and describe the processes in place to ensure lone working safeguards were applied. At Freshfields clinic, the same systems were not in use and staff acknowledged on the day of inspection that they were unsure of staff whereabouts. The signing in and out book had not been completed by all staff or dated to indicate which day it referred to.
- The security of prescriptions and prescription pads was not in accordance with the trust's non medical prescribing policy, which had also not been reviewed by the trust's anticipated review date of November 2016. We found that there were variations in the storage of prescription pads. At the Bishop Wilson Clinic, prescription pads were kept in a locked cupboard, accessible only by either the medical staff or the non medical prescriber. At the Freshfields clinic, we found prescription pads kept in an open cupboard without security measures in place. This did not follow trust guidance which stated that prescriptions should be stored as securely as possible, for example, in a locked cupboard within a locked storeroom. At the time of our inspection there was no trust pharmacy department oversight of community prescribing or schedule for prescribing practice checks and this was raised with the head of pharmacy and being reviewed following our inspection.

Requires improvement

Are services safe?

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

Track record on safety

- During the period July 2015 to June 2016, there were no serious incidents requiring investigation related to the child and adolescent mental health services.
- There had been no “never events” reported by the community child and adolescent metal health services in the year prior to our inspection. A never event is defined as a serious, largely preventable patient safety incident that should not happen if the available preventative measures have been used.

Reporting incidents and learning from when things go wrong

- All staff that we spoke with were aware of their responsibilities to report incidents and how to do so using the trust’s electronic incident reporting system.
- During the period January 2016 to December 2016, a total of 35 incidents had been reported by the Solar community child and adolescent mental health service. Incidents reported were graded according to severity and type, including child protection, domestic violence and information governance breaches.
- Staff were able to receive feedback about incidents external to the service via the trust's intranet and incident reporting bulletins and held regular multi-disciplinary meetings where learning from incidents could be discussed and shared.
- Staff were open and transparent with children, young people and their families when things went wrong. The service manager gave us examples of where she had contacted families immediately following an information governance breach, offered an apology on behalf of the service and initiated an investigation to mitigate against future occurrences.
- Staff that we spoke with gave examples of when they had been supported by colleagues to debrief following incidents. Records of debriefs were not routinely recorded and staff reported they took place on an informal or one to one basis. This meant that there could be limited opportunity for the service to evaluate and learn from when things went wrong, or implement lessons learnt and reduce the likelihood of incidents reoccurring.

Are services effective?

Inadequate

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 reviewed 38 records relating to the care and treatment of young people during our inspection. We found in all records that a comprehensive assessment of need had been recorded in a timely manner for children and young people.
- We found that care plans were not routinely completed by staff and the Solar service was not consistently using the trust's standard care planning documentation available on the electronic record keeping system. We found that care planning was completed and documented either in progress notes or in medical correspondence following interventions, initial consultations and reviews.
- All 38 of the care support plans we reviewed were brief and did not evidence a full consideration of a range of strengths and goals. There was limited evidence to support the involvement of children, young people and their families in the care support plan's development. However, we found within the medical correspondence and progress notes that there were detailed reviews of all 38 children and young people. These included a risk formulation, review of medication and plans for further interventions. Medical correspondence was also routinely shared with other agencies involved in providing care, including schools, paediatricians and general practitioners
- All information relating to patient care was stored securely. The trust had an electronic record keeping system in place which staff were able to access in both community locations. Paper records were kept for the storage of communication of documents received from other services, such as physical health examinations. These were electronically scanned and uploaded to the trust's electronic record keeping system by administration staff.

Best practice in treatment and care

- Staff followed guidance from the national institute for health and care excellence when prescribing medication for children and young people, including guidance for the treatment of depression in children and people (CG28).
- Psychological therapies were available for children and young people in accordance with the national Children and Young People's improving access to psychological therapies agenda and guidance from the national institute for health and care excellence. Psychological therapies offered by the Solar service included family therapy, cognitive behavioural therapy, psychotherapy and dialectical behavioural therapy for children and young people diagnosed with an eating disorder.
- Physical health care monitoring for children and young people had been completed and documented within care records. We found that physical health reviews including weight, height and body mass index were routinely reviewed at the eating disorder service. More detailed physical health examinations including electrocardiograms and bone mass scans had been requested and completed via the paediatric department at the local general hospital.
- A range of outcome measures were in use at the service to measure the effectiveness of interventions offered, this included the children's global assessment scale, the strengths and difficulties checklist and the adaptive behaviour assessment scale. At the time of our inspection, the Solar team had recently undertaken a team away day to review and refine the use of outcome measures and assessment tools at the service. Further training for the team was planned for the week post inspection. Rating scales for the severity of symptoms for young people experiencing low mood and anxiety had been completed within care records. Rating scales used included the patient health questionnaire (PHQ-9) for screening, diagnosing, monitoring and measuring the severity of depression and the generalised anxiety disorder (GAD-7) scale
- A service audit had been completed in August 2016 to review the services performance against the national institute for health and care excellence CG28 and quality standards for the treatment of depression in children and young people. At the time of the audit completion, the service was meeting 70% of the required standards, with 12% of standards unmet. A further 18% of the identified standards were not applicable to the service.
- We reviewed a recent internal audit of care and treatment records at the eating disorder service which found that care plans had not been completed in any of the records reviewed.
- Audits of the completeness and quality of care planning documentation had only recently been implemented.

Are services effective?

Inadequate

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.

Staff that we spoke with cited inconsistencies in the teams management structure as the reason why audits had not been routinely completed and identified that this had impacted on the quality of care records.

Skilled staff to deliver care

- A range of mental health disciplines were available to provide care and treatment for children and young people. This included psychologists, psychotherapist's and mental health nurses. Social workers and occupational therapist's did not form part of the team's substantive staffing; however, we found that staff were able to access them when required and we found evidence of this within care records.
- Professional registration with the nursing and midwifery council and the health and care professions council were monitored centrally by the Trust's human resources department. Revalidation for staff was checked against a central register and staff received reminders from their line manager and service manager to ensure professional registration was completed.
- All substantive staff were required to attend the trust's standard two day induction programme which included training on information governance, supervision, clinical observations and fraud awareness. Bank and agency staff that we spoke with told us they had received a local induction from the service manager.
- At the time of our inspection, the appraisal rate for staff at the child and adolescent mental health service was 61% and was below the trust target which was 100%. The service manager, who had recently joined the service, had recognised this was a concern and was implementing a plan to ensure that all staff received an annual appraisal.
- The trust had a supervision policy in place with a review date set for December 2017. This stated that all professionally qualified staff should engage in clinical supervision every four to six weeks as a minimum, records of which should be kept using supervision logs and monthly and annual audits completed as evidence. At the time of our inspection, staff reported that clinical supervision was happening on an ad hoc basis and was not being recorded or audited by senior staff. Staff reported that managerial supervision had been happening infrequently due to changes in the service manager. A new service manager had recently been permanently appointed to post and had identified this. A supervision procedure had been developed and the manager was in the process of arranging supervision at the time of our inspection.
- Staff were able to receive specialist training for their role, including training to safeguard children at risk from child sexual exploitation and female genital mutilation.
- The service manager was able to evidence where poor staff performance had been identified and managed. This was done using the trust's sickness and absence policy, a graded approach to managing staff absence and lateness and involvement of the trust's occupational health service.

Multi-disciplinary and inter-agency team work

- A weekly multi-disciplinary team meeting was held at the Bishop Wilson Clinic and we attended this as part of our inspection activity and reviewed minutes for the previous three months. Agenda items included case discussions and reviews of young people that either did not attend or were not brought to planned appointments, with actions required by the team.
- Staff reported effective handovers between the tier two service provided by Barnardo's and the tier three service provided by the Solar team. The crisis team was also co-located at the Freshfields clinic which enabled liaison and effective communication as young people moved between treatment pathways.
- We found evidence within care records of effective joint working with organisations external to the trust. Staff from the service worked with local schools to develop education health and care plans. We also found evidence of detailed joint working with the police and local multi agency safeguarding hub for children identified as at risk of potential child sexual exploitation.

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

- At the time of our inspection, 78% of staff had received training in the use of the Mental Health Act.
- A Mental Health Act policy was in place to provide guidance to staff on the application and use of the Mental Health and its Code of Practice. However, references within the policy were to the 1983 Code of Practice and not the updated 2015 version.

Are services effective?

Inadequate

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.

- We found evidence in three of the 38 care records reviewed of discussions regarding consent to treatment. In the three records where we did find discussions had taken place regarding consent, these were within either progress notes or medical correspondence. Staff that we spoke with raised concerns about the lack of formal recording of consent with our inspection team at the time of our visit and acknowledged it was not happening consistently or in a standardised format.
- Staff reported that they could obtain support and advice on the application of the Mental Health Act Code of Practice from the Mental Health Act administrators employed by the trust, although most staff were unsure where they were located. Staff also reported that they could approach the consultant psychiatrists and specialty doctors with Mental Health Act queries

Good practice in applying the Mental Capacity Act

- At the time of our inspection, 50% of staff had received training in the use of the Mental Capacity Act.
- The trust did not have a policy in place to provide guidance for staff in the use and application of Gillick competence and it was not included as part of their Mental Capacity Act training. Gillick Competence is a term originating in England and is used in medical law to 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. We did not find evidence in any of the 38 records reviewed relating to care and treatment of the consideration of Gillick competence.
- We did not find evidence of the documentation of parental responsibility in 37 of the 38 care records reviewed. Parental responsibility means the legal rights, duties, powers, and authority a parent has for a child and the child's property, a person who has parental responsibility for a child has the right to make decisions about their care and upbringing.
- We did not find that the trust conducted audits on the use of the Mental Capacity Act or application of Gillick competence in the community services for children and young people.
- Staff reported that they could obtain support and advice on the application of the Mental Capacity Act from the Mental Health Act administrators employed by the trust.

Good

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

- Throughout our inspection, we observed staff interactions with people using the service that were caring, compassionate and promoted dignity and respect.
- Feedback received from children, young people and their families using the service was extremely positive. We were told that the service provided was incredible, staff were friendly, helpful and genuinely cared about making young people and their families comfortable.
- We found in care records that staff demonstrated an awareness of individual patient need and tailored the service provided to meet them. This included menu planning and healthy eating strategies for patients receiving care from the eating disorder service, as well as community support workers visiting schools to carry out lunch time meal supervision as part of an agreed therapeutic plan.
- Feedback from families informed us that staff listened to the particular needs of young people and their families and helped them to cope with the difficulties they were experiencing.
- All patients and carers that we spoke with said they felt staff maintained confidentiality whilst working with them.

The involvement of people in the care that they receive

- We found evidence within care records that young people had been involved where appropriate in the planning of their care. Families that we spoke with all reported that their views had been sought and that they felt listened to by staff at the service.
- We spoke with six families of people receiving care from the service during our inspection. Whilst all families we spoke with said they felt they had been communicated effectively with by the service with regards to planned treatment, progress and future goals, all said they had not received a copy of a care plan. This was not in accordance with the trust policy for care management and care support which stated that all service users receiving care and treatment from secondary mental health services would be provided with a care plan that was developed in partnership with them, that is clear and accessible, without the use of jargon, professional terms or abbreviations.
- Families reported that they were well supported by staff at the service. We were given examples of families being assisted to develop positive parenting strategies and being sign posted to parenting groups external to the trust.
- We received feedback during our inspection from foster carers and stakeholders who had received support from the looked after children service based at the Bishop Wilson clinic. They cited the service as being fundamental to the success of placements for children. Staff at the service had delivered adoption preparation training, provided clinical advice on attachment, brain development and trauma and delivered a fostering resilience programme to parents beginning their fostering journey. One person that provided feedback about the service for looked after children described it as beyond expectations, another person said that they could not praise the support received from the team more highly.
- Details were available in the reception area at the Bishop Wilson clinic about the trust's carer and family charter. information was also provided on how to access advocacy services and national support services, including child line, sane line and the Samaritans.
- Young people were able to get involved in making decisions about their service. Feedback boxes were provided in the reception area at the Bishop Wilson clinic and the new service manager had been interviewed by young people using the service as part of the trust's recruitment process.
- A carers group had been set up to offer support and advice to families and carers of people using the service. Staff had also created laminated book marks for children, young people and their carers. These contained contact details for the child and adolescent mental health service, the trust's patient advice and liaison service, the NHS non emergency number and the contact details for the local general hospital.
- Children, young people and their families were invited to give feedback about the service as part of the NHS Friends and Family Test. The NHS Friends and Family Test was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are

Good

Are services caring?

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needed. During February 2017 there were a total of 30 respondents related to the Solihull Child and Adolescent Mental Health Team, 83% of which were either extremely likely, or likely to recommend the service as a place to receive care.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- New referrals to the service were received via the point of access based at the Bishop Wilson clinic. All referrals were reviewed jointly by senior staff from each service to assess suitability for the interventions and service which could best meet their needs, including the Tier 2 service provided by Barnardo's for children with less acute needs, the Tier 3 service provided by Solar and the newly formed crisis team.
- A single point of access for referrals was in place at the Bishop Wilson clinic. All referrals were triaged by senior clinicians within the team on a daily basis and within 24 hours. If referrals were not accepted they would be returned to the referrer with sign posting to universal services that were considered appropriate. When a referral was accepted to the service, the case would be allocated to the appropriate pathway.
- Waiting times from referral to first seen appointment were monitored in line with national NHS England 18 week referral to treatment times guidance. At the time of our inspection, the Solihull Child and Adolescent Mental Health Services had a waiting list of 37 young people awaiting their initial choice appointment with the team. The average time spent on the waiting list for an initial choice appointment with the team during the six months prior to our inspection was three weeks. This was within the national 18 week referral to treatment target for Child and Adolescent Mental Health services.
- Waiting times for partnership appointments were being monitored by the services. A partnership appointment forms part of the choice and partnership approach model of care in use by Child and Adolescent Mental Health Services. The average wait from choice to partnership appointment in the Solihull team was seven weeks, this included access to specialist treatment pathways.
- Waiting times for children and young people receiving care for learning disability needs were monitored. The average wait for a first appointment in the six months prior to our inspection was two weeks and the wait between first appointment and their follow up appointment was seven weeks.
- The looked after children service had the highest wait for their first appointment at eight weeks, although this was within the national 18 week waiting time standard. The term Children Looked After has a specific legal meaning based on the Children Act. A child is looked after by a local authority if he or she has been provided with accommodation for a continuous period of more than 24 hours, in the circumstances set out in sections 20 and 21 of the Children Act 1989, or is placed in the care of a local authority by virtue of an order made under part four of the Act. The time from first appointment to second appointment for looked after children was the lowest across the service however and the average wait time was under two weeks.
- There were no waiting list for referrals to the eating disorder service and this meant they were able to meet the NHS England access and waiting time standard which states that National Institute for Health and Care Excellence (NICE) concordant treatment for children and young people should start within a maximum of four weeks from first contact with a designated health professional for routine cases and within one week for urgent cases.
- The community child and adolescent mental health service was in the process of implementing a crisis team but this was not fully operational at the time of inspection. The crisis team operated between the hours of 09:00 and 18:00 during weekdays and was planning to extend its working hours to a seven day service in April 2017. Outside of core hours, children and young people presenting at night or weekends were reviewed by the adult rapid assessment, interface and discharge (RAID) team and admitted to a paediatric bed if needed with review by a member of the child and adolescent mental health team on the next working day. An operational pathway for the crisis team had not been established and staff reported that out of hours care was provided by the local RAID teams without a service level agreement for the provision of care in place. At the time of our inspection, the crisis team was staffed by two agency nurses, a substantive nurse and a team manger all of whom had previous experience working within crisis services or with children and young people. Staff were available to respond promptly and

Are services responsive to people's needs?

Good

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

adequately when children, young people or their families called in during core service hours and a duty line was also in place and offered telephone support where appropriate.

- Staff were able to give us examples of where a flexible approach had been taken to engage with children, young people and their families. Appointments were offered at a range of locations within the community. Staff gave examples of occasions where they had worked outside of core hours to engage with young people who found it difficult or were reluctant to engage with the team.
- The trust's referrals and appointments policy, which included the clinical guidelines for managing non attendance at appointments had been ratified in 2014. The policy had a review date of April 2015 and was out of date at the time of our inspection. The child and adolescent mental health service had developed service specific staff guidance in March 2017 for children and young people not brought to appointments and who were below the age of 18. The policy for children and young people not brought to appointments identified the need for the staff to give consideration to whether children and young people were subject to child protection plans or whether there were currently safeguarding concerns. Liaison with other support agencies and educational placements was recommended as was an approach of assertive telephone contact and home visits.
- Rates for children and young people that did not attend initial and follow up appointments were monitored and were below the national average of 20%. The combined rates for non attendance at appointments for the choice and partnership appointments and the learning disability pathway were both 15%. Rates of non attendance for services provided for looked after children was significantly lower at 4%.
- Flexibility was offered to people using the service and a location and time of appointment that best suited their needs was agreed as part of the initial choice appointment process.
- Cancellations or delays in appointment times were not raised as a concern by children or families that we spoke with during our inspection. Staff acknowledged that on occasion, appointments could run over their allotted time and said they would make every effort to inform people waiting if that was the case.

The facilities promote recovery, comfort, dignity and confidentiality

- There was not a full range of equipment or facilities to support treatment and care. Staff at the Bishop Wilson clinic raised concerns that equipment used for the recording and evaluating of family therapy sessions was not working. Facilities at the Freshfields clinic did not reflect the demographic of the people using the service, were sparsely furnished and the décor was not child friendly.
- Staff at both community locations we visited raised concerns regarding the soundproofing of interview rooms. At the Bishop Wilson clinic, conversations could be overheard although staff had made efforts to mitigate this by playing music in communal areas. Actions needed to improve the soundproofing had been identified in an environmental risk assessment completed prior to our inspection, although action to rectify this was not planned until September 2017
- Photo boards were available for children, young people and their families at both community locations. This provided a visible reference to staff working at the services and their roles in the team.
- The Solar service had developed an information leaflet to be included in initial appointment letters to people that were unfamiliar with the service. The information leaflet outlined what people could expect when they attended for their first appointment, invited them to bring friends and family for support and offered the possibility of reimbursement of travel costs where appropriate.
- Provisions for children and young people were not in place in the waiting area at the Freshfields clinic. Reading material including magazines were available only for adults and there was a lack of age appropriate toys or activities. Leaflets providing information on local services, patients rights and available treatment options were available for people using the service, although we did not find information leaflets in a child friendly format. Staff that we spoke with informed us that these had recently been ordered and they were awaiting delivery at the time of our inspection.

Are services responsive to people's needs?

Good

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

Meeting the needs of all people who use the service

- Adjustments had been made for people using the service who may have reduced mobility. Bathrooms with disabled access were available and lift access were in place at the Bishop Wilson clinic.
- We did not find that information leaflets were available in languages other than English or in easy read formats or braille. Staff that we spoke with told us that information leaflets on topics including medication could be printed off via the trust's intranet service.
- The trust provided access to interpreting and signing services if required and staff that we spoke with were able to provide information on how this could be accessed.

Listening to and learning from concerns and complaints

- The service received one complaint during the period December 2015 to December 2016. This was partially upheld. The response from the trust offered an apology and explanation when care had fallen below expected levels. The trust response also included contact information for the staff member who had completed the investigation, the patient advice liaison service and the trust's customer relations department if further discussion was required.
- No complaints had been referred to the Parliamentary and Health Service Ombudsman. This is a service which looks into complaints where an individual believes there has been injustice or hardship because an organisation has not acted properly or fairly, or has given a poor service and not put things right.
- Information was available at the community sites and provided guidance for people using services on the trust's complaints procedure. Families that we spoke with said they would feel confident in raising a complaint about the service if required.
- The service manager and staff were able to discuss the process for handling complaints and had received support from the trust's complaints department to do so. Feedback received as part of the complaints process was shared with team members individually and via team meetings.

Are services well-led?

Inadequate

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 trust's values were honesty and openness, compassion, dignity and respect and commitment. Staff we spoke to within the community teams were able to describe these values and gave examples of how they were demonstrated through the care they provided.
- Staff that we spoke with knew who the head of children and young persons service was. They reported that although they had only been appointed in the weeks prior to our inspection they had visited the service on a regular basis, attended team meetings and were working pro actively to develop the service and the operational framework to support it.

Good governance

- At the time of our inspection, all staff had not received mandatory training. Training in the Mental Capacity Act, clinical supervision, emergency life support and suicide prevention were all below the NHS national training target of 75%.
- Clinical supervision structures were not in place for all staff and were not recorded in line with requirements set out in the trust's supervision policy. Appraisal rates were low at 61%. However, the new team manager had recognised this and was implementing a programme to ensure all outstanding appraisals were completed.
- There was limited evidence of a clinical audit framework. The team manager had recently begun a process of auditing the completeness of care plans and risk assessments and had identified this had not been happening prior to her recent appointment in post. The lack of a structured audit programme meant that issues including the lack of recording of consent, lack of consideration of Gillick competence and incomplete care plans had not been resolved at the time of our inspection. The team manager recognised that improving the standard of care planning documentation was a work in progress and acknowledged that further work was required to reach a consistent quality standard.
- An operational framework for the community service had recently been completed. This stated that a service would be provided where there was a reasonable concern about an emotional wellbeing or mental health problem, as well as signposting to alternative services and providers where more appropriate services existed.
- All incidents that should be reported, were reported by staff. All staff that we spoke with were aware of how to use the trust's electronic incident reporting system and were able to receive feedback about incidents that had taken place externally to the service.
- Mental Health Act and Mental Capacity Act procedures were not routinely followed. Consent to treatment had not been recorded in 35 of the 38 records relating to care and treatment that we reviewed as part of our inspection activity. Staff that we spoke with told us that consent was often established verbally although not documented, and all staff we spoke with during our inspection raised this as a concern. Capacity to consent had not been documented in any of the 38 records relating to care and treatment reviewed during our inspection and we did not find consideration of Gillick competence in any of the care records reviewed. We found that parental responsibility had been documented in one record.
- Performance of the service was monitored using a range of key performance indicators accessible via a monthly team data quality report. Key performance indicators included, referral to treatment times, rates for people that either did not attend or cancelled appointments, referrals into the service and individual wait times for specialist interventions.
- The team manager felt they were well supported by administrative staff, although acknowledged that due to team vacancies, the administrative work load had been high. The team manager felt they had sufficient authority to make changes to improve the service, including completion of care record documentation, although acknowledged it was a work in progress and change would take time to implement.
- Service managers were able to access and place items of concern on the Trust's risk register. At the time of our inspection, the Solar team was on the trust's risk register due to concerns relating to a lack of 24hr crisis access service, shortages of staff, and environmental concerns including lack of personal alarms, ineffective soundproofing of interview rooms and a shared entrance and reception area at the eating disorder service Freshfields clinic.

Are services well-led?

Inadequate

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.

Leadership, morale and staff engagement

- At the time of our inspection, sickness rates in the community child and adolescent service were 5%; this was comparable with the average sickness rate for the trust overall between December 2015 and November 2016, which was 4% and the national NHS sickness rate of 5%.
- There had been no reported incidents of bullying and harassment within the community teams and there were no grievance procedures being pursued by staff at the time of our inspection.
- Staff were aware of the trust's whistleblowing policy and felt able to raise concerns using this if necessary without fear of victimisation. Staff also described the trust's "Dear John" system where they could raise concerns anonymously and directly with the chief executive.
- Morale amongst staff at the Solar service was high. Staff reported that they had been through three changes of service manager in the two years that the service had been operational which had affected morale and consistency of service delivery. However, a new service manager and a service lead for the children and young persons service had recently been appointed to substantive posts. Staff that we met during our inspection spoke highly of the new team manager and service manager, and felt they were accessible, responsive and putting systems in place to improve the teams performance and effectiveness.
- Opportunities for leadership development were available for staff. The new team manager had recently been promoted from a role within the team and was booked to attend a twelve month course on improving access to psychological therapies, and development, leadership and management in partnership with Northampton and Derby Universities.
- Staff that we spoke with during our inspection told us that relationships between members of the team were good. Staff reported an environment of mutual respect and support. Staff said that this had been a key factor in ensuring the team remained functional during what they felt had been frequent organisational and managerial changes since the service became operational in April 2015.
- Staff felt they had the opportunity to be involved in service development. At the time of our inspection, operational policies for the Solar team and the crisis team were in the process of being drafted by the service lead, in collaboration with staff from the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider did not ensure that consent to treatment was routinely recorded and documented within patient care records. This was a breach of regulation 11 (1)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Vacancy rates in the Community Mental Health Services for children and young people were high. This was on the trust risk register at the time of our inspection. The provider did not ensure that all staff received a regular appraisal of their performance in their role from an appropriately skilled and experienced person. Staff did not routinely receive managerial or clinical supervision. This was a breach of regulation 18 (1) (2) (a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not securely maintain an accurate, complete and contemporaneous record in respect of each service user. Care plans and risk assessments were incomplete and stored in multiple formats within care and treatment records.

This section is primarily information for the provider

Requirement notices

The provider's policies for referrals and appointments, non medical prescribing and the Mental Health Act had not been reviewed and updated in line with identified timescales.

Audits of records relating to the care and treatment of children and young people were not routinely completed.

This was a breach of regulation 17 (2) (a,b,c)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider did not operate a cleaning schedule appropriate to the care and treatment being delivered from the premises. Toys used by children and young people were not maintained or cleaned on a scheduled basis and audits of the process were not available to be reviewed. Equipment used for physical health monitoring had not been maintained or calibrated in line with manufacturer's recommendations This was a breach of regulation 15 (1) (a, b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care plans in a standardised format were missing or incomplete, and were not provided for the use of children, young people and their families and carers. Patients' capacity to be involved in the planning, management and review of their care and treatment was not routinely established. This included consideration of Gillick competence for children and young people under the age of 16. This was a breach of regulation 9 (3) (b,c,d,e,f)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Ligature points were identified at both community locations without appropriate safeguards in place to mitigate risk of use. Interview rooms were not fitted with alarms and staff did not have access to personal alarm systems. Lone working protocols and procedures were not in place at both community locations. Interview rooms and toilets could be locked by children and young people, preventing access by staff. Anti barricade door fittings were not in place. Prescription pads were not stored securely in line with trust policy. This was a breach of regulation 12 (2) (a,b,d,g)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Information leaflets displayed were in English. Many of them had information on the reverse detailing how to obtain the leaflet in a different language or format; however this was written also in English and as such in contravention of the Equality Act 2010. This was a breach of regulation 10 (2)(c)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.