Good

Tavistock and Portman 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) |
|---|---|---|---|
| RNK01 | The Tavistock Centre | Adolescent and Young Adult Service | NW3 5BA |
| RNK01 | The Tavistock Centre | Family Mental Health Service | NW3 5BA |
| RNK01 | The Tavistock Centre | Open Minded CAMHS North | NW3 5BA |
| RNK01 | The Tavistock Centre | Open Minded CAMHS South | NW1 1DR |
| RNK01 | The Tavistock Centre | Refugee Service | NW3 5BA |

This report describes our judgement of the quality of care provided within this core service by Tavistock and Portman NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

# Summary of findings

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 Tavistock and Portman NHS Foundation Trust and these are brought together to inform our overall judgement of Tavistock and Portman 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 | Good |
|---|---|
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive? | Good |
| Are services well-led? | Good |

**Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**
We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated Tavistock and Portman NHS Foundation Trust specialist community child and adolescent mental health services as **good** because:

- Compliance with mandatory training, supervision and appraisals was high and levels of staff turnover and sickness were low. There were excellent opportunities for training and development. All staff were trained in safeguarding children level three and had a clear understanding of safeguarding procedures. Staff had a good understanding of NICE guidance and each team had a NICE champion who kept them up to date with the latest guidance. Most staff understood how to report incidents. The number of serious incidents was very low.
- Services were meeting the target time of 11 weeks from referral to assessment and were usually completing assessments in less than eight weeks. Service managers ensured urgent referrals were seen quickly. Staff described effective communication and referrals between services, such as local schools, GPs and health visitors.
- The refugee service had a diverse staff group with a rich breadth of experience and cultural competence within the team. The service had done a lot of work to engage with hard-to-reach communities and families. The trust was involved in a project to provide services to young people aged between 16 and 24 who may have difficulty with transferring to adult services.
- Staff had good understanding of issues of consent and Gillick competence in their work with young people.
- All parents and young people said staff listened to them, were caring, open, positive and respectful. They found the service very helpful and described many positive changes that treatment had brought about. Parents could easily contact staff and Staff used a range of outcome measures with young people and parents.
- The trust website provided clear information about each service and contacts for self-referral. Waiting rooms for young people and adolescent across all sites were bright, colourful and spacious.
- Staff felt that colleagues valued each other and trainees told us that the wider team were aware of their role and that colleagues were supportive of them. Staff said they enjoyed and felt proud to work for the organisation and felt the trust had a strong identity.

However:

- Not all young people had an up to date current risk assessment present in their care records. Not all patient records contained accurate, up-to-date and complete information about the young person's plan of care. Staff were struggling to use the new electronic patient care record system. There were inconsistencies in the recording of information, staff did not always know where to record information and it was difficult to read historical information recorded prior to the change in records system.
- Staff were not always clear how they should share crisis plans with young people and their parents. Some young people and parents were not aware who they should contact in a crisis.
- There was no formal schedule for cleaning toys to reduce the risk of spread of infection between young people who used the toys.
- Staff did not routinely assess young people's physical health. Staff assessed smoking and alcohol intake for young people over the age of 14, although not all records contained these assessments.
- Most parents, young people and staff were not aware of the independent advocacy service. The advocacy service was not advertised in waiting rooms. Information about how to complain was not available in waiting rooms for young people. Information was not readily available in accessible formats for younger children or for young people with learning disabilities.

# Summary of findings

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

**Are services safe?**

We rated safe as **good** because:

- All staff were trained in safeguarding children level three and had a clear understanding of safeguarding procedures.
- The trust had high rates of compliance with mandatory training and staff felt well supported to attend training.
- Most staff understood how to report incidents. The number of serious incidents was very low.
- The trust was developing an adolescent intensive support service to open in March 2016 in response to an identified need to improve crisis care for adolescents.

However:

- Not all young people had an up to date risk assessment present in their care records.
- Staff were not always clear how they should share crisis plans with young people and their parent or carer. Some young people and parents were not aware who they should contact in a crisis.
- There was no formal schedule for cleaning toys in order to reduce the risk of spread of infection between young people who used the toys.

**Good**

**Are services effective?**

We rated effective as good because:

- The refugee service had a diverse staff group with a rich breadth of experience and cultural competence within the team.
- Staff had a good understanding of national guidance and each team had a NICE champion who made sure their team was aware of and up to date with the latest guidance.
- Staff used a range of outcome measures with young people and parents. Quarterly service reports showed aggregated data from outcome measures for each service. Outcome measures showed that the majority of young people made good progress in the services.
- Teams met each week and staff had regular supervision. Staff felt the trust was supportive of their training needs and there were a wide range of training opportunities available. All staff had received an annual performance appraisal.

**Good**

- Staff from CAMHS, schools and GPs reported good communication and working relationships with one another, allowing effective referral between these services.
- The teams worked closely with local schools and provided support to GPs and health visitors. Partnership working with these groups was excellent. Feedback about joint working and communication was very positive.
- Staff had good understanding of issues of consent and Gillick competence.

However:

- Not all patient records, particularly in the family mental health service, contained clear information about the young person's plan of care.
- Staff were struggling to use the new electronic patient care record system. There were inconsistencies in the recording of information, staff did not always know where to record information and it was difficult to read historical information about patients that had been scanned onto the electronic records system.
- Staff assessed smoking and alcohol intake for young people over the age of 14, although not all records contained these assessments. Staff did not routinely assess other aspects of young people's physical health.

**Are services caring?**

**Good**

We rated caring as good because:

- All parents and young people said staff listened to them, were open, positive and respectful. All young people and parents said they found the service incredibly helpful and described many positive changes that treatment had brought about.
- Parents said they could easily contact staff and with the needs of everyone in the family, not only the young person.
- The services routinely collected experience of service questionnaires from children, young people, parents and carers. A high number of these were returned, most of which had very positive feedback.
- Young people could access support groups outside of their treatment that ran on a monthly basis.

However:

- Most parents, young people and staff were not aware of the independent advocacy service available. The advocacy service was not advertised in waiting rooms.

# Summary of findings

### Are services responsive to people's needs?

We rated responsive as **good** because:

- Services were meeting the target time of 11 weeks from referral to assessment and usually completed assessments in less than eight weeks from the time of referral. Service managers ensured urgent referrals were seen quickly.
- The refugee service had done a lot of work to engage with ‘hard-to-reach’ communities and families.
- Services monitored the numbers of patients who did not attend appointments and employed strategies to reduce this. The number of appointments where patients did not attend was less than the target of 11%
- The trust website provided clear information about each service and contacts for self-referral.
- Waiting rooms for young people and adolescents across all sites were bright, colourful and spacious.
- The trust was involved in a project to provide services to young people aged between 16 and 24 who may have difficulty with transferring to adult services.

However:

- Leaflets about how to complain were not available in waiting rooms for young people. Where information was displayed, it was only in English.
- Information was not easily available in accessible formats for younger children or for young people with learning disabilities.

Good

### Are services well-led?

We rated well-led as **good** because:

- Staff said they enjoyed and felt proud to work for the organisation and felt the trust had a strong identity.
- The associate service director produced service line reports for the commissioners each quarter. These reports outlined team achievements and progress towards meeting directorate and trust wide objectives.
- The trust maintained high rates of staff compliance with mandatory training, supervision and annual appraisals. The services had low levels of staff turnover and low rates of sickness.
- All staff said their teams and managers were supportive. Staff felt that colleagues valued each other and trainees told us that the wider team were aware of their role and colleagues were supportive of them.

Good

# Summary of findings

- Staff felt the trust supported development and that developmental opportunities were excellent.
- The trust received very positive results in the annual staff survey.

However:

- Services did not have individual risk registers. It was not clear how risks identified in the teams were formally escalated to the overall trust risk register.
- Managers had not identified that young people did not always have up to date risk assessments and care plans in place that clearly addressed their needs and were accurate and complete.

# Summary of findings

## Information about the service

The services we visited provide outpatient support to young people struggling with psychological or emotional difficulties. Young people are offered a range of treatments from a team of professionals including psychotherapists, psychologists, family therapists, doctors, nurses and social workers.

The refugee service provides support and intervention to young people who are refugees and asylum-seekers in Camden and other London boroughs. The team works closely with schools, cultural advocates and interpreters and runs community outreach programmes.

The adolescent and young adult service offers community mental health services to young people between the ages of 14 and 25. The service consists of two generic teams and a number of specialist teams, such as, trauma, complex needs, and family therapy, and the young people's consultation service.

Open Minded child and adolescent mental health services (CAMHS) north and south are two teams based at two different sites. They offer support to young people from the London Borough of Camden. They offer support in schools, GP practices and health centres.

The family mental health service offers support to young people and their families from the London boroughs of Barnet, Enfield, Haringey, and Islington.

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Tim Kendall, Director, National Collaborating Centre for Mental Health, Royal College of Psychiatrists; medical director and consultant psychiatrist, Sheffield Health and Social Care NHS Foundation Trust; visiting professor, UCL.

**Team Leader:** Judith Edwards, inspection manager for mental health, learning disabilities and substance misuse, Care Quality Commission

The team that inspected the specialist community mental health services for children and adolescents consisted of an inspector, an assistant inspector, a social worker, a consultant psychiatrist, a clinical psychologist and an expert by experience, who was a person with experience of using services.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from young people and a parent attending a patient support group.

# Summary of findings

During the inspection visit, the inspection team:

- visited five community and out-patient services, looked at the quality of the environment and observed how staff interacted with young people
- spoke with 23 young people and parents who were using the services
- received 23 written comments cards from young people and parents
- spoke with five team managers and one service manager
- spoke with 50 other qualified and trainee staff members including administrative staff, psychotherapists, psychiatrists, nurses, psychologists and social workers
- spoke with 10 staff from external agencies, including staff from local schools and a GP
- spoke with the associate service director and the service director with responsibility for these services
- attended and observed two team meetings and a young person support and feedback group
- looked at 34 treatment records of young people
- looked at a range of policies, procedures and other documents relating to the running of the services

## What people who use the provider's services say

Young people and parents were very positive about the service they received. Everyone we spoke with said staff listened to them very well and offered support without judgement. Young people said that staff spoke in a way that was easy to understand. Parents and carers said staff were very accessible. Several parents gave examples of how they felt the support received from the service had saved their child’s life. Young people and parents said the staff were very friendly, helpful, professional and knowledgeable.

## Good practice

- The child and family refugee team offered multidisciplinary interventions to children and families from refugee and asylum seeking communities to improve their emotional and mental health. The trust employed three community mental health practitioners in the team, who spoke local languages and were from the largest refugee communities in Camden. Staff co-led groups with Somali and Congolese communities to produce leaflets in different languages. Work with these communities led to the training and employment of people from the communities as child and adolescent mental health workers. The service had provided outreach projects including narrative groups for children and their parents in schools, youth clubs and sports centres and mental health awareness raising sessions.
- The teams had established close links with local schools. Trust staff provided training to school link workers, who could directly refer pupils to child and adolescent mental health services. The school and trust staff ran several interactive projects together. School link workers reported that staff were easy to contact, informed the school when they were about to discharge a young person, always attended safeguarding meetings and sent reports on time. Trust staff had good cultural knowledge and understanding and readily offered support on social issues, such as housing. One link worker said, “I would like to work with everyone the way we work with the Tavistock.”
- The trust was involved in a project to provide services to young people aged between 16 and 24 who may have experienced difficulty transferring from one service to another, for example, from child and adolescent mental health services to adult mental health services. This project was called Minding the

# Summary of findings

Gap and included two outreach teams of staff operating out of a community youth base. This base was co-designed with young people and the whole project was co-created with a young people's board.

- The community child and adolescent mental health teams provided support to GPs and health visitors. Partnership working with these groups was excellent. Feedback about joint working and communication from partners was very positive.

## Areas for improvement

**Action the provider SHOULD take to improve**

- The trust should ensure that staff complete and record risk assessments for all young people, review these regularly, and share information on risk with other health professionals involved in young people's care and treatment.
- The trust should ensure that toys used by children are cleaned after use and staff keep records of this.
- The trust should ensure that staff share crisis plans in writing with young people and their parent or carer.
- The trust should ensure that staff are able to record information about young people in the electronic patient records system effectively.
- The trust should ensure all young people have a clear plan of care and treatment, or equivalent, in their care records, particularly in the family mental health service.
- The trust should ensure that staff routinely assess the physical health needs of young people in addition to those related to smoking and alcohol intake.
- The trust should ensure information leaflets on how to complain are displayed in the waiting rooms used by young people and ensure these are available in different languages.
- The trust should ensure that information is provided in accessible formats for younger children and young people with learning disabilities

Care Quality Commission

Tavistock and Portman 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 |
|---|---|
| The Adolescent and Young Adult Service | The Tavistock Centre |
| Family Mental Health Service | The Tavistock Centre |
| Open Minded CAMHS North | The Tavistock Centre |
| Open Minded CAMHS South | The Tavistock Centre |
| The Refugee Service | The Tavistock Centre |

## Mental Health Act responsibilities

We did not inspect or report on Mental Health Act responsibilities. The trust did not provide inpatient services and did not detain people under the Mental Health Act 1983. There were no young people, who were subject to a community treatment order. Staff were able to obtain advice on the Mental Health Act if needed.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 applies to young people aged 16 and 17 and mental capacity assessments should be carried out to make sure that the patient has the capacity to give consent. The Mental Capacity Act (MCA) does not apply to young people aged 16 or under.

For children under the age of 16, the young person's decision-making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may be mature enough to make some decisions for themselves. When working with children, staff should assess whether a child has a sufficient level of understanding to make decisions regarding their care.

Staff in the specialist child and adolescent services were able to access training in the MCA. Young people, parents and carers said staff asked for consent to treatment and we found records of informed consent across the services we inspected. We also found records of appropriate assessment of Gillick competence and staff were able to describe of how competence would be considered and assessed.

The trust had a detailed consent to treatment policy and procedure that included guidance for clinicians on competence, consent, and refusal of treatment for children and young people; the procedure for obtaining consent for people aged 16-18; and the procedure for obtaining consent for people under 16.

Good

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- Interview rooms were not fitted with alarms. However, staff had access to personal alarms if they needed. Staff at Open Minded CAMHS south had access to a pinpoint alarm within the building where they were based, which would alert the police to attend the service. Staff said they had not experienced a high level of aggression and felt safe using the interview rooms.
- All areas were visibly clean and uncluttered. Furniture was in good condition. There was artwork displayed in all communal areas and the environments were well maintained. Waiting areas for young people and adolescents were bright and colourful.
- At the Open Minded CAMHS south, a cleaning schedule outlined 49 different cleaning activities that were carried out across the premises, with high and low risk areas identified. The record for December 2015 showed domestic staff had marked all areas as complete. At the Tavistock Centre, cleaning records for bathrooms were available and completed in the months leading up to the inspection. There were no cleaning records for other areas. In addition, there was no schedule in place for cleaning toys at any of the services. This meant there was no process to ensure toys that were available in reception and used in sessions with children, were cleaned regularly, to reduce the risk of the spread of infection.
- Fire extinguishers were present in communal areas and were in date.
- The trust carried out a ligature risk assessment in November 2015. The assessment report rated the premises overall as high risk in relation to the number of potential ligature points but low risk in relation to realising a suicide attempt by ligature, by the nature of the patient group using trust services.

### Safe staffing

- The teams varied in size and had many staff working on a sessional basis. There were trainees working in many of the teams. All trainees received supervision from qualified staff. Staff came from a range of professional backgrounds including psychology, psychotherapy, family therapy, psychiatry, nursing and social work. There were no vacant posts in any of the teams.
- Staff described caseloads of between eight and 25. This did not exceed the recommended average caseload as set out in Royal College of Psychiatrists guidance on workforce, capacity and functions of child and adolescent mental health services. Staff said the number and complexity of referrals had increased over the last 12 months, which had led to an increase in workload and pressure on staff.
- Team managers did not use a formula to manage caseloads. They allocated cases according to staff availability. Cases were allocated at team meetings and through supervision.
- Staff in the adolescent and young adult service told us that some posts were not filled when staff left or were reduced to part-time posts. The trust had not replaced two child psychotherapist posts that became vacant in the last year. However, there were currently no staff vacancies in any of the teams.
- During the week, between 9am-5pm, the child and adolescent psychiatrists across the trust worked an on-call rota. This rota provided rapid access to a psychiatrist for a young person at a time of crisis. Outside of these times and at the weekend, access to a psychiatrist was through a rota of junior doctors and consultants from the Tavistock and another local health trust. All psychiatrists were aware of this arrangement and took part in the rota system. One GP told us that they had experienced not knowing the arrangements for out of hours access to a psychiatrist for a young person in a crisis. They felt clarity on how to access a mental health crisis assessment for someone under 18 would be helpful.
- All staff had completed and were up to date with mandatory training, apart from in the family mental health service, where one member of staff had not completed update training. Staff told us the trust were supportive around mandatory training, provided this regularly and supported staff to attend.

Good

# Are services safe?

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

### Assessing and managing risk to patients and staff

- We reviewed 34 patient care records across the specialist child and adolescent community mental health services. Of the 34 care records, 28 included a risk assessment of the young person. All patient records we saw in the refugee service and adolescent and young adult service included a risk assessment. Of the 28 risk assessments available, 27 were up to date.
- At Open Minded CAMHS south two of six patient care records did not have risk assessments present. One of these related a young person who was initially referred to the service in 2013. The second young person without a risk assessment was referred to the service in 2015. At Open Minded CAMHS north one of seven patient records we reviewed did not contain a risk assessment. Staff had assessed this young person in their school. At the family mental health service, three of seven patient records we reviewed did not contain a risk assessment.
- The care records system had an alert system that staff could use to highlight identified risks. Staff in the adolescent and young adult service told us there was a duty rota within the team to deal with risk issues. We observed that risks affecting young people were discussed in detail at a team meeting in the service.
- Staff in all the services said that crisis plans were developed for young people, but some were unsure whether a copy of the plan was given to the young person or shared verbally with them. Some staff said they provided young people with telephone numbers to use in a crisis. The trust had previously received feedback from the parent and public involvement group that parents did not know what to do out of hours in a crisis. The trust took action to make information more accessible on the website and asked staff to repeat the communication in sessions. One young person we spoke with during the inspection told us that staff had given them a phone number of a hospital to call in a crisis, but they were unsure of which hospital this was. There was no clear, service-wide process for the sharing of written crisis plans with young people and families.
- The associate director as well as service staff identified a need to improve crisis care for adolescents and the trust was developing an adolescent intensive support service, which was due to open in March 2016. The trust had started recruitment for this. This service would offer intense support to young people and if possible, would work to prevent admission to inpatient services.
- The trust target for waiting times between initial referral and initial assessment was 11 weeks. All services were meeting this target and seeing young people for assessments in under eight weeks. There was no formal system for staff to monitor young people on the waiting list to detect increasing levels of risk. However, service managers screened referrals to ensure urgent referrals were seen quickly
- All staff were trained in safeguarding children level three and received alerts when they were due to receive an update. Staff said there was additional regular training and that safeguarding issues and scenarios were discussed at staff workshops. Staff could also access Camden local authority safeguarding training days.
- The trust had a policy on safeguarding children and the management of suspected child abuse. Staff were able to describe the steps of making a safeguarding alert as outlined in this policy. Most staff from across the different teams described good links with the safeguarding leads for the trust. We saw that staff discussed safeguarding issues at team meetings and took decisions to make appropriate safeguarding referrals to the local authority safeguarding team.

### Track record on safety

- There had been one serious incident in the child and young people's services in the last 12 months. This related to the death of a young person, although the young person had not been receiving a service from the trust at that time. The trust had carried out a detailed investigation of the incident. The root cause analysis of the incident was shared with the trust board at their meeting in January 2016.

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

- The trust had a written procedure for reporting incidents that defined different types of incident and outlined the steps for staff to take. The document included a sentence that the safety manager would assess each incident for meeting the criteria for the duty of candour. They would then action this if necessary.

Good

# Are services safe?

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

- The trust encouraged staff to report incidents. Staff understood their roles and responsibilities in relation to raising concerns and reporting incidents. Staff were aware of what types of incidents should be reported and gave examples of these and of incidents they had recently reported. Most staff knew how to report an incident. Staff at Open Minded CAMHS south said incident reporting was more consistent following a change of management six months before.
- Clinical incidents were discussed at child and adolescent services management meetings every month. Staff from the refugee service, the family mental health service and Open Minded CAMHS south gave examples of trust-wide changes that had resulted from learning from incidents. These included the development of procedures for not leaving young people unattended in corridors if parents were having a discussion with clinicians in private and staff being given individual numbers to collect their printing from printers in communal areas, which helped maintain security and confidentiality. Some teams had weekly forums for the discussion of cases and learning from issues.
- However, not all staff were aware of incidents that had occurred in other trust services and any lessons learned. Some staff in Open Minded CAMHS north and the adolescent and young adult service staff were aware of incidents in their own service but could not give examples of incidents in other services.

**Duty of candour**

- Most staff had a clear understanding of their responsibilities under the duty of candour. The duty of candour requires a provider to be open and transparent with patients in relation to care and treatment and outlines requirements to follow if something goes wrong with a patient's care and treatment.
- The trust's written procedure on the reporting of incidents included a sentence that the service manager would assess each incident for meeting the criteria for the duty of candour, which they would then action if necessary. Following an information governance incident, staff had contacted the young person involved and apologised.

# Are services effective?

**Good**

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

## Our findings

### Assessment of needs and planning of care

- Each service had a weekly intake meeting where staff discussed new referrals and allocated referrals to clinicians. Staff said the discussion included risks, the reasons for referral, family background and educational need. Staff would then carry out assessments with each new referral.
- The refugee service carried out joint assessments with colleagues where necessary to get a more rounded assessment of the young person.
- Staff told us that after an initial assessment they sent a letter to the young person, their family and referrer, which summarised the assessment and outlined the plans for care. We reviewed the care records of 34 young people across the child and adolescent services and found clear plans of care for young people in 23 of 34 the records, some of which were holistic and covered a range of identified needs. This meant that 68% of young people had a clear plan of care in place, although these were sometimes limited in detail. For example, they contained information on the assessment formulation of the child or young person and a description of the therapy they were receiving, such as cognitive behaviour therapy or family therapy. We found plans of care in most of the records of child and adolescents receiving services from the community mental health teams and refugee service. However, we could not find a plan of care in five of seven records we reviewed in the family mental health service.
- Staff were struggling to use the new electronic care record system introduced by the trust in July 2015. Twelve staff said adapting to the new system was challenging. In Open Minded CAMHS north, staff told us they had asked for additional training from the trust on the new system, but had been unable to do this yet because of clinical time pressures. Some staff described instances where a young person or parent called the service for information and the clinician had not updated their entry on the electronic system, which meant administrative staff were unable to provide information.
- The new care record system did not allow for information from school consultations with young people, who not yet been accepted to the service, to be stored. This meant that if they were formally referred to the service following a consultation, this information was not readily available and staff may have to ask the young person the same questions again.
- Paper records from before the change in recording system had been scanned into the new electronic system. These documents were difficult to read and in some cases had been scanned upside down. This meant staff could not easily access historical information held about young people.
- One member of staff from the refugee service said they felt staff needed a second round of training in the new system, particularly around filling in goal-based measures so that this was completed consistently by all staff.

### Best practice in treatment and care

- In 2014, the trust introduced National Institute for Health and Care Excellence (NICE) champions to each team. The NICE champion had the role of liaising with the trust NICE lead and had responsibility for cascading the latest relevant guidelines within their team. In the adolescent and young adult team, the NICE champion developed a treatment summary document in January 2016. This 21-page document outlined NICE recommended treatments for common diagnoses relevant to the team. Thirteen different diagnoses were included. NICE champions in different services linked together informally via email. The psychiatrist at Open Minded CAMHS south ran a programme of monthly workshops to share evidence-based practice with the multi-disciplinary team, including NICE guidance. Staff had a good understanding of NICE guidance.
- Staff said that sometimes approaches other than psychotherapy would be helpful to the young people using the services. They considered there was an over-reliance on trainees providing treatment, which could result in psychotherapy being offered to young people when there may have been other alternatives. A clinical psychologist was due to join the team in March 2016 to help reduce a waiting list for cognitive behavioural therapy (CBT). Staff reported that CBT and mindfulness were becoming more accepted within the trust and resources for these treatments were increasing.

# Are services effective?

**Good**

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

- Services offered several support groups, which were advertised in waiting rooms. These included a mindfulness group in Open Minded CAMHS south for 9-13 year olds, service user feedback groups for both Open Minded CAMHS south and north, a parents group and a non-violent resistance group in the family mental health service. Staff ran these groups in the evening in order to allow parents and young people who were at work and school to attend.
- There were referral pathways for young people with attention deficit hyperactivity disorder (ADHD), learning disabilities and autism spectrum disorder (ASD). For example, young people with diagnoses of learning disability and ASD followed a referral pathway to Mosaic, another local service the trust helped to provide. Young people with ADHD followed a referral pathway to another local health trust.
- The assessment of physical health needs covered questions about smoking and alcohol intake for young people over the age of 14. One member of staff said this form could be improved in order to cover more areas of physical health. Not all records we looked at contained completed physical health forms for young people over the age of 14 although at the Open Minded CAMHS south team meeting staff discussed the physical health needs of some young people.
- At Open Minded CAMHS north, records showed that the formal recording of physical health needs relating to smoking and alcohol intake had improved since the introduction of the new care record system. Patient records from the refugee service showed that four of eight records had information about smoking and alcohol intake but did not mention other physical health needs.
- A parent from the family mental health service said that trust staff were very good at liaising with a local hospital for physical care. One parent from Open Minded CAMHS north said staff had discussed the physical health needs of their child.
- There was no dedicated clinic room available to Open Minded CAMHS south. The team psychiatrist carried out physical health checks in a therapy room using portable equipment. GPs were asked to complete blood tests and tests on young people's heart function if they were prescribed antipsychotic medicines.
- In Open Minded CAMHS south, an audit of medication for young people with ADHD from August 2015 showed that of 25 young people with a diagnosis of ADHD, 18 were on medication. The audit showed that staff carried out the necessary physical tests health with all of the young people on medication.
- Staff used a range of outcome measures to measure the progress of patients. These included the strengths and difficulties questionnaire, the revised children's anxiety and depression scale, the children's global assessment scale (CGAS) and goal based outcome measures. Staff felt there was a challenge in making the data meaningful to young people.
- Records showed that staff did not always record outcome measures consistently. The completion of outcomes was lower amongst psychotherapy staff.
- At Open Minded CAMHS north, 81% of young people showed improvement in at least one goal and at Open Minded CAMHS South, 92% of young people showed improvement in at least one goal. Across the Open Minded CAMHS teams, staff completed CGAS with around 60% of young people over time and with 32% at the end of treatment. Over 80% of young people at Open Minded CAMHS north and 50% young people at Open Minded CAMHS south had an improvement in their score which indicated an improvement in
- The family mental health service reported in January 2016 that of 90 cases where goal based monitoring was used, 79% of young people showed an improvement in at least one goal. For CGAS in 84 cases, 57% of young people showed an improvement.
- A service line report for the adolescent and young adult service from March 2015, showed that of 14 young people, 79% showed an improved score on pre and post-treatment outcome measures.
- Open Minded CAMHS south also reported on parent/carer strengths and difficulties questionnaires. In a parental mental health summary report of questionnaires completed between April 2015 and December 2015, end of treatment measurements for parent mood scores showed that out of 26 parents, 21 showed an improvement and five had a score that stayed the same. For parent goal-based measures, at the end of treatment, 25 of 25 parents rated an improvement in at least one goal.

# Are services effective?

Good

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

- Staff did not routinely participate in clinical audit and the trust did not have a structured annual audit programme. However, staff at Open Minded CAMHS south had carried out two audits in 2015, an audit of young people who did not attend appointments and an audit of the management of children and adolescents with ADHD. The adolescent and young adult team had carried out an audit of self-harm amongst patients in December 2015 and an audit of the accessibility of the service out of hours in January 2016.

### Skilled staff to deliver care

- Teams were made up of a range of mental health disciplines that provided care for the patient group, including psychotherapists, family therapists, nurses, psychologists, social workers and psychiatrists.
- Trainees felt it was very helpful to have the range of disciplines available. Trainee clinical psychologists said they had opportunities for supervision from psychotherapists in addition to their standard supervision. Psychotherapy trainees felt there was a variety of cases and disciplines to work with. Qualified staff said the training element of the trust meant they had many opportunities to learn in a multidisciplinary way and there was a culture of continuous learning.
- All staff had received an induction. The induction helped staff to understand the organisation and included mandatory training. The trust-wide induction event programme from September 2015 included presentations on Caldicott principles, child protection, prevention of violent extremism, information governance, prevention and management of suicide and self-harm and safeguarding level three.
- Ninety nine per cent of all staff had received an appraisal in the last 12 months. Staff objectives were reviewed every six months.
- Each service had a team meeting once a week. Each service kept minutes from team meetings on a shared drive that all staff could access. We saw records of these minutes in each service.
- At Open Minded CAMHS south the service manager recently updated the agenda for the weekly team meeting to allow more time for clinical discussion. Staff within the team said they felt this was a positive change. We observed the team meeting at Open Minded CAMHS south and saw that it was well attended and well led. We observed the refugee service team meeting, which was also well attended by a range of staff. This meeting was structured and well organised and each member of staff participated. The depth of knowledge the Congolese and Sudanese staff had about their communities was clear within this meeting.
- All clinical staff told us they received regular supervision on a weekly or monthly basis in an individual or group format. Staff said they felt supervision was very high on the priority list for teams. Staff said supervision was excellent and there were also opportunities for clinical discussion in team meetings.
- Each service manager held a supervision matrix, which outlined what type and frequency of supervision each member of staff in their team received. This included at least hourly, monthly or weekly group or individual supervision. It also outlined who had responsibility for supervising whom. Where staff discussed cases in supervision, staff uploaded notes about this discussion to individual case records.
- Administrative staff in the teams were less aware of supervision and in some cases they had not received any, although they did feel supported in their role by managers. Administrative staff had the option to attend a monthly support group.
- The trainees we spoke with told us they felt there were many opportunities to see family work taking place, to be part of a reflective team and to see theory being put into practice by qualified staff. They felt it was a good learning environment with a lot of learning opportunities and varied group discussions.
- In Open Minded CAMHS north, one consultant psychotherapist received training funded by the trust in dynamic interpersonal therapy to use with parents. Other staff from Open Minded CAMHS north said staff received updates on the digital lives of young people three times a year. This was in response to a serious incident involving a young person three years ago.

### Multi-disciplinary and inter-agency team work

- Staff described effective referrals between services on occasions where this was necessary. Staff from the refugee service said they often referred parents to the trauma service for adults, whilst the refugee service

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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.

worked with the young person. Similarly, the community CAMHS teams sometimes referred young people who were refugees or asylum seekers to the refugee service. Staff carried out joint home visits with staff from other teams where necessary.

- A service line report highlighted that the refugee service staff held a weekly programme of forums that staff from other services could attend. These forums included case discussions, presentations of theoretical papers and talks from outside speakers on topics such as radicalisation.
- Staff members from both Open Minded CAMHS teams provided sessions in several local schools. In Open Minded CAMHS south, clinicians provided sessions to 21 primary schools. We spoke to nine staff from several local schools, including head teachers, assistant head teachers, special educational needs co-ordinators and link workers. All the school staff said that CAMHS staff provided a high quality of care and a range of input for young people and families. CAMHS staff offered to work with all members of the family, took referrals from schools, offered consultations and supervision to school staff and ran parent groups. Feedback from school staff was that CAMHS staff were excellent, very knowledgeable and compassionate and able to offer a range of treatments to young people. They said there was a prompt and easy referral pathway with access to other CAMHS staff if needed. Three schools gave examples of where CAMHS staff had supported siblings and gave several examples of work with young people and parents where staff were flexible and gave appropriate support. Schools made rooms available on site for sessions as some young people and families did not want to be seen at the trust site. School staff said they met with CAMHS workers regularly and planned which young people needed the service. School staff said they felt listened to and had developed very good working relationships with CAMHS.
- School staff told us that CAMHS staff helped them to understand new ways and strategies to support a young person. These made a large difference to how they could support young people and families through school. School staff felt that they could better support those young people that did not meet the threshold for a CAMHS service. They said if a child needed to access CAMHS, they were seen quickly and CAMHS staff communicated well with the young person and family about the progress of treatment.
- Staff from Open Minded CAMHS south had attended a parents evening at a local school and gave a presentation to parents about mental health to try to reduce stigma.
- CAMHS staff had provided clinical sessions at GP practices from many years. Since July 2015, the scope of this work had expanded with an increase in funding. One GP described the positive effects of input from the psychiatrist and described the working relationship with CAMHS as very positive. Young people referred to the service were generally seen within two to three weeks. The GP felt that having a member of CAMHS staff at the practice each week helped facilitate referrals and reduced the stigma attached to having mental health difficulties. Staff recorded notes from consultations carried out at the GP practice on the trust patient electronic system.
- One team member from Open Minded CAMHS north supervised 12 health visitors from local community services. This was to encourage a focus on the child as well as the parent and the staff carried out joint visits with health visitors where appropriate. The 12 health visitors completed an evaluation of the supervision to develop this work further. The evaluation showed they found it valuable and it had enhanced their relationship with the trust.
- Clinicians in the refugee service worked clinically with young people and families but also provided awareness days and consultations to other teams as well as partner agencies. Several clinicians taught on the University of Essex masters level degree course in Refugee Care.

### Consent to care and treatment and good practice in applying the Mental Capacity Act

- The Mental Capacity Act 2005 applies to young people aged 16 and 17 and mental capacity assessments should be carried out to make sure the patient has the capacity to give consent. The Mental Capacity Act (MCA) does not apply to young people aged 16 or under.
- For children under the age of 16, the young person's decision making ability is governed by Gillick

competence. The concept of Gillick competence recognises that some children may be mature enough to make some decisions for themselves. When working with children, staff should assess whether a child has a sufficient level of understanding to make decisions regarding their care.

- The trust had a detailed consent to treatment policy and procedure that included guidance for clinicians on competence, consent, and refusal of treatment for children and young people; procedure for obtaining consent for people aged 16-18; and the procedure for obtaining consent for people under 16.
- Staff said they had received training in the Mental Capacity Act (MCA) 2005 in the last six months. The trust had provided a programme of training in the last year. Thirteen MCA awareness seminars had been held in 2015 and these were due to continue in 2016. The trust had a Mental Capacity Act lead.
- Of 27 patient records we reviewed, there was evidence in 20 that staff had obtained informed consent for treatment. Three records contained evidence that Gillick competence had been discussed and one contained an appropriate assessment of competence.
- Seven parents and two young people we spoke with from across the services all said that staff had asked for their consent for treatment.
- One member of staff in Open Minded CAMHS south said they discussed Gillick competence in supervision. At the refugee service, two staff gave detailed descriptions of how Gillick competence would be considered and assessed.
- All nine school staff said CAMHS staff made their limitations around the sharing of information and confidentiality clear. Several teaching staff said that CAMHS staff explained that the young person or family would need to consent for information to be shared with other agencies about their care.

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

- Thirteen parents and three young people told us that staff were incredibly respectful and spoke to them in a way they understood. They said staff were open, positive and easily contactable, even at short notice. Eighteen parents and two young people said they felt listened to and young people said they felt supported and that staff did not judge them. All young people and parents said they found the service very helpful and described positive changes that treatment had brought about. One parent said that having the same care-coordinator for over two years had been helpful and helped with consistency. Parents said they felt therapists were very caring and dealt with the needs of everyone in the family, not only the young person.
- Twelve of 18 parents we spoke with said staff explained the limits of confidentiality and how and when staff share would information about care with parents. Parents said staff were very good at this and explained it from the start of treatment.
- Of the 23 comments cards we received, 15 were from people accessing Open Minded CAMHS south and eight were from the other services. Of these, 21 comments were very positive about the care and reported that staff provided in a compassionate and professional way. Two negative comments were in relation to the distance of the service from the patients' homes.
- A service line report from May 2015 outlined the results of an experience of service questionnaire filled in by 1001 parents and young people over 2014 and 2015. Results showed that 98% of people felt listened to; 96% felt it was easy to talk about their concerns; 99% felt well treated; 91% felt they were working together with the clinician; 95% felt services provided comfortable facilities; 84% would recommend the service to a friend; 89% felt they were seen quickly; and 96% felt they received a good level of help. The lowest score was for being given enough explanation, at 74%. The report highlighted that being given a good enough explanation of the service was historically the area with the lowest score. The trust had previously addressed this with more leaflets, an improved website design and encouraging clinicians to give an explicit explanation as part of the first appointment. This experience rating had improved from 66% in the previous year.
- The adolescent and young adult team experience of survey questionnaires from July 2015-September 2015 showed that of 15 questions, five had positive scores of over 90% and seven had scores of over 80%. The lowest score of 73% related to how quickly people were seen. Between 177 and 281 people answered each question and there were also 50 comments attached to the feedback, the majority of which were positive. The negative comments related to a clinician continually calling a young person the wrong name and not being informed a clinician was leaving in good time.
- Experience of service questionnaires for the family mental health service between January 2015 and January 2016 showed scores of over 75% for eight questions, for example about feeling it was easy to talk and that they were treated well. The lowest scores of 69% were for feeling they were given enough explanation and being seen quickly. There were no action plans addressing how to improve these ratings.

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

- Staff sent a letter to the young person and family that summarised their assessment and outlined plans for care. The new electronic patient record system allowed staff to record whether they had discussed the plan of care with the young person during the meeting. However, records from across the services showed that this was not routinely marked as completed. For example, in three of six case records we looked at from Open Minded CAMHS south, staff had noted discussion of the plan of care with the young person and their family. One parent we spoke with said they did not receive a copy of the plan of care but would have liked to have received this. Other parents we spoke with said they received information through letters from the service. One parent said they were able to discuss types of treatment and staff always discussed choices. Another said that staff always updated them over the phone with any concerns.
- At Open Minded CAMHS north trainees said the plan of care was co-produced with the young person or parent through the assessment process. In three of four care

# Are services caring?

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records we reviewed, there was evidence that staff discussed the plan of care with the young person. In one young person's notes, staff recorded their preference for treatment. Similarly, in the refugee service and the family mental health service we found evidence of the involvement of young people in their care. Parents and young people said they were felt involved in treatment decisions. Most said that staff presented the treatment options and they were able to choose the one they felt the most appropriate.

- The adolescent and young adult service ran a parents group and offered separate individual appointments to support parents. Parents could self-refer to this service.
- The trust had a contract with an advocacy service to supply independent advocacy services to patients. Advocacy services support people to defend and promote their rights and responsibilities, argue their case and ensure the care provider follows correct procedures. However, across the teams, 13 parents and young people we spoke with did not know how to access advocacy services. Four parents from Open Minded CAMHS south and one from the refugee service said they were aware of advocacy services, but had not been told about it by staff. There were no leaflets or posters advertising the advocacy services on display in waiting rooms. Not all staff and service managers were aware of the advocacy service.
- Open Minded CAMHS north ran a monthly young person's group where young people were able to meet one another and provide feedback about their service. This group had been running for 18 months and a similar group had started in January 2016 for young people using Open Minded CAMHS south. We observed one group and saw that the meeting followed a set agenda and staff encouraged young people to take part and set out ground rules, such as confidentiality, from the start.
- The services routinely collected experience of service questionnaires and had a high number returned.
- The refugee service ran several projects with local schools. For one project in the 2015 school summer holidays, staff collected feedback from seven young people and included this in service reports. For all 11 questions, the seven young people gave positive responses.
- The trust held a competition involving patients, families, carers, staff and trust visitors to rename the Camden CAMHS. The name 'Open Minded' was chosen.
- The Open Minded CAMHS south team had held a 'feedback fete', which included a visual straw poll for younger children who were asked "does coming here help?" Eighty-four children responded to the straw poll with 61% of them saying yes, coming here does help, 15% said no it did not. The service also displayed a comments box for private comments and put up brick wall wallpaper for young people to stick comments about the service. Fifty-two private comments were received and a range of comments were stuck to the wall. As a result of the 'feedback fete' the PPI team produced a 'you said, we did' poster campaign. This identified the action taken in response to the comments received.

# 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

- The trust target for waiting times between initial referral and assessment was 11 weeks and all services were meeting this target. A service line report from April to December 2015 showed that during this time the longest waiting times for the adolescent and young adult service and Open Minded CAMHS south was just over six weeks. For Open Minded CAMHS north, the longest waiting times were just over five weeks. For the refugee service, the longest waiting times was under six weeks, decreasing to three weeks by December 2015 and for the family mental health service the longest waiting time was just over seven weeks. The associate service director collated and monitored information on waiting times. Fourteen parents and three young people we spoke with said they did not have to wait long for their first appointment. One parent whose child accessed the service in a crisis said they received an immediate response.
- Young people were able to self-refer to the service and a clinician would carry out a telephone screening. Open Minded CAMHS south also offered assessments to people who walked in to the service on the day, although this did not take place often.
- Service managers screened referrals to ensure urgent referrals were seen quickly.
- Staff from all services said there had been an increase in referrals over the last year. A service line report from May 2015 showed that all services had provided first appointments for more than the target numbers. In Open Minded CAMHS north, staff carried out 328 assessments, above the target of 240. In Open Minded CAMHS south staff had carried out 322 assessments, which was above the target of 242. The associate service director said that services accepted 97% of referrals.
- Staff saw young people and families in schools when they did not want to be seen in the service premises. This was an effective method of reaching young people who were not keen to engage with mental health services.
- The refugee service described several different pieces of work they had done in 2015 to engage with' hard to reach' communities and families. The team had recruited specific staff to develop a high level of expertise in local communities. Staff from the refugee service encouraged research into their work and the service manager wrote an article for a national newspaper in November 2015 about the mental health problems that refugees can suffer from and the support they require. Staff in the service had a high level of awareness of the communities that lived in the boroughs they covered and their needs.
- Staff could explain the steps outlined in the trust did not attend (DNA) policy when a young person did not attend an appointment. In Open Minded CAMHS south we saw evidence in one person's care records that staff had acted proactively to engage with the family when the young person had not attended.
- A service line report covering both Open Minded CAMHS teams and the family mental health service showed that DNA rates for 2015 were 10.5% for first appointments and 8.5% for appointments after this. At the adolescent and young adult service, the DNA rate for first appointments was 9%. The DNA rate for appointments after that was 14.8%. The team had implemented text messaging to remind young people of appointments, but had not yet evaluated whether this had affected DNA rates.
- In Open Minded CAMHS south, staff carried out an audit in October 2014 to see whether the use of text reminders had reduced DNA rates for consultation and resource clinic appointments. Before texts, the DNA rate was 16%, after texts were introduced the DNA rate decreased to 9.5%. Cancellations also reduced at the same rate. One parent we spoke with told us they thought the use of text reminders was very helpful.
- Staff offered appointment times that suited the young person, but this was often a challenge as young people attended school during the day. At the adolescent and young adult service, staff offered 20% of appointments in the early morning and after 5pm in order to provide convenient times.

# Are services responsive to people's needs?

Good

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

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

- Waiting rooms for young people and adolescents were bright, colourful and spacious and had developmentally appropriate magazines available to read. All communal areas had artwork on the walls.
- Staff at the Tavistock Centre felt they had enough therapy rooms to support the delivery of care. At Open Minded CAMHS south there were six therapy rooms available. Two staff described situations where appointments could not be offered to young people as there were not enough rooms available. There was one large office for 14 clinical staff to use and the service manager and psychiatrist shared a separate office. There were resources and toys for younger children available in the therapy rooms, with additional toys stored in a cupboard. Interview rooms provided adequate soundproofing. Staff told us that windows at the service were kept closed at all times to ensure confidentiality and this meant it could become very warm. The team meeting took place in the waiting room as this was the largest space. During this time, staff with appointments took families through a car park to the back entrance of the service.
- Waiting rooms had several leaflets available for young people and families. These included leaflets about CAMHS and also local support services. There was also information about equal opportunities and confidentiality. Service leaflets for the adolescent and young adult service were very clearly written and included feedback about the service from service users and offered a lot of information about what to expect.
- In Open Minded CAMHS south, a care record audit from August 2015 of 25 young people with attention deficit hyperactivity disorder showed that staff had offered written information about the type of treatment and care they should receive to 64% of young people and parents. Staff did not highlight any action had been taken to address this and an action plan at end of report did not include plans or goals to provide information to more young people and families.
- The trust website provided clear information about each service and provided links to other websites that young people and families may find useful as well as information on self-referral.

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

- Premises were accessible for people with physical disabilities. Open Minded CAMHS south was based on the ground floor and the Tavistock Centre had a lift for access to several floors. Each site had toilets that were accessible to people with disabilities.
- The trust used a local service to provide interpreters for people who required them. These interpreters did not receive formal training in working in mental health, but staff said they had time before and after meeting to debrief and share cultural knowledge if it was relevant to the session.
- Trust leaflets about CAMHS had information on the back on how to access these leaflets in 10 different languages. However, we saw there were no leaflets in accessible formats for younger children or for young people with learning disabilities.
- One parent and one young person accessing the refugee service told us how staff considered their religion during treatment.
- Trainees at Open Minded CAMHS south described staff as having an awareness of social and economic factors in the clinical formulation process. They said the team discussed social and economic factors affecting young people and families in team meetings and there was an awareness of cultural issues. However, there was a lack of diversity in the staff group.
- The refugee service had a diverse staff group and we saw in the team meeting they had a very rich breadth of experience within the staff team around cultural competence that they brought to their discussions.

### Listening to and learning from concerns and complaints

- There were nine complaints from patients using these services made to the trust in the 12 months leading up to the inspection. Three of these complaints were upheld.
- Not all young people and parents knew how to make a complaint. Six parents from Open Minded CAMHS south and the family mental health service said they knew how to complain. Nine parents and young people from across all services did not know how to complain.

# Are services responsive to people's needs?

Good

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- The general waiting room at the Tavistock Centre had an information leaflet available on how to make a complaint, but this was only available in English and did not provide information on how to obtain a copy in different languages. Information on how to complain was also displayed on noticeboards on each floor at the Tavistock Centre. However, leaflets about how to complain were not available in waiting rooms for young people. Staff from the refugee service identified this as an area for improvement.
- Services responded to complaints appropriately. For example at the adolescent and young adult service, we saw a detailed complaint response, which included an apology.
- Staff we spoke with across services were able to give examples of a complaint which had resulted in changes in the way young people were contacted.

# Are services well-led?

**Good**

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

## Our findings

### Vision and values

- Trust values were displayed throughout the services. Staff also said there were monthly newsletters from the service director with updates from across the trust.
- Staff said they enjoyed and felt proud to work for the organisation and felt the trust had a strong identity.
- Most staff based at services at the Tavistock Centre said the senior leadership team were visible and spoke very positively about them. One member of staff said that communication was good and staff views were sought and listened to. Staff at the adolescent and young adult service gave an example of where the chief executive attended the team meeting on a number of occasions to discuss the merger of the service within a new service line. Staff from Open Minded CAMHS north said the members of the trust board had visited the team to discuss the issue of rising referral numbers.
- Staff in Open Minded CAMHS south, which was not located at the Tavistock Centre, varied in how connected they felt to the trust and its senior managers. One staff member said it would be good for more senior staff to visit the service and that it could be a challenge to engage in all trust events and forums. Other staff said they felt part of the wider organisation and felt aligned with the trust model of care.

### Good governance

- Team managers were members of the clinical governance and quality committee, chaired by the trust governance lead. This committee met monthly and looked at the quality of services through outcome measures, user involvement, audit, safety and clinical record keeping.
- The associate service director produced service line reports for the board of governors each quarter. These reports outlined team achievements and progress towards meeting directorate and trust wide objectives. Service managers were able to access these reports.
- The service manager at Open Minded CAMHS south had been in post for six months. Staff at this service said the service manager had worked to develop clear leadership structures with the disciplines to ensure that all staff received regular, individual supervision and case discussion opportunities.
- The trust had rates of 100% compliance in mandatory training across its services, with the exception of one service; where one member of staff was due to attend refresher mandatory training.
- Across the trust, 99% of all staff had received an appraisal in the last 12 months. All staff said they received regular supervision from a senior member of staff and each service held a weekly team meeting.
- Staff did not routinely participate in clinical audit and there was no audit schedule that staff followed. However, several teams had been active in carrying out clinical audits.
- Staff knew how to report incidents and were able to give examples of learning from incidents and changes in practice that had resulted from the lessons learned. The number of serious incidents was very low. However, staff were not always aware of incidents that had occurred in other services.
- Across the specialist child and adolescent services, staff said that administrative staff were very flexible, hardworking and supportive but there was not enough administrative support to meet the increasing demand on the teams. Administrative staff also described a high workload and the pressure of competing priorities. In the refugee service, clinical staff felt there was a lack of consistent administrative support that was having an impact on the clinical time they had available. They had informed the trust who, in turn, had provided more administrative resources to support clinical staff.
- Services did not have individual risk registers. It was not clear how risks identified in the teams were formally escalated to the overall trust risk register.

### Leadership, morale and staff engagement

- Sickness and absence rates across the trust were very low. A trust report from 2015 showed that sickness was below 1%.
- Staff from all the services told us they were aware of and understood the whistleblowing policy. Most staff said

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they felt able to raise concerns without fear of victimisation. However, one staff said it was difficult to raise concerns within a small organisation, as it was easy to identify from whom the concern originated.

- Staff were very positive about the support provided to them by managers. Staff in Open Minded CAMHS south said the new manager was very knowledgeable and professional.
- Reports of morale differed within the teams, some staff described morale as high and others said morale was low. Two staff said an increase in the number and complexity of referrals combined with a culture of not wanting to turn referrals away and adapting to the new electronic patient record system was causing stress.
- Staff felt the trust supported professional development and that developmental opportunities were excellent. Staff said they felt this was a particular strength of the trust. The trust had supported the service manager at Open Minded CAMHS south to access an NHS leadership course and supported study time for this.
- Staff valued their colleagues and felt they were part of well-functioning, reflective teams. Staff described their colleagues as friendly, hard-working and caring. Staff said they felt listened to and supported. Trainees told us that the wider team were aware of and supported their role. The trainees felt that qualified staff understood the pressures and needs of trainees well.
- Most staff had a clear understanding of their responsibilities under the duty of candour and the need to be open and transparent.
- The results of the annual staff survey showed that staff were extremely positive about working for the trust. The trust scored in the top 20% of trusts across England on 18 items in the survey. The trust scored in the bottom 20% of average trust scores in England in two areas.

### Commitment to quality improvement and innovation

- The trust were involved in a project provide services to young people aged between 16 and 24 who may have difficulty with transferring from one service to another, for example, from CAMHS to adult mental health services. This project was called Minding the Gap and included two outreach teams of young people's workers operating out of a community youth base. This base was co-designed with young people and the whole project was co-created with a young people's board.
- The specialist community child and adolescent mental health services were committed to innovation. This was demonstrated in their work with partner agencies, including schools, GPs and health visitors and in the creative ways they employed to involve young people in their care and gain feedback from them about services.