The Hayes

Quality Report

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

Ratings

Overall rating for this location	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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated The Hayes as **good** because:

- The service provided safe care. Clinical premises where children and young people were seen were safe and clean. There were no waiting lists ensuring that young people were seen promptly. Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. All information needed to deliver patient care was available to all relevant staff when they needed it and in an accessible form.
- Staff developed care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the children and young people and staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff considered risk within their appointments and care notes but did not always complete the risk assessment document to evidence that risk had been considered, for example by documenting there was no risk.
- The teams included or had access to the full range of specialists required to meet the needs of the children and young people. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multi-disciplinary team and with relevant services outside the organisation.
- Staff treated children and young people with compassion and kindness and understood the individual needs of children and young people. They actively involved children and young people and families and carers in care decisions.
- The teams met the needs of all young people who use the service – including those with a protected characteristic. Staff helped children and young people with communication, advocacy and cultural support.
- The service had clear criteria for which children and young people would be offered a service. The service had a range of rooms and equipment to support treatment and care. Staff treated concerns and complaints seriously, investigated them and learned lessons from the results
- The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However:

- Whilst notes were accessible staff did not always follow best practice when completing their care note; notes were not always continuous with page numbers, dated and signed. There was no index and therefore records were not always easy to navigate.
- Not all staff could explain the principles of Gillick competence as they applied to people under the age of 16 and we did not find evidence that Gillick competence had been assessed in one record. Gillick competency is where a person (under 16 years of age) is assessed and deemed to have the competence to make decision about their own care, without the need for parental consent.
- We found four responses to complaints to be defensive in their tone and content.

Summary of findings

Contents

Good

The Hayes

Services we looked at:
Specialist community mental health services for children and young people

Summary of this inspection

Background to The Hayes

The Hayes is a community-based clinical centre provided by Midlands Psychology Community Interest Company. The Hayes provides specialised assessment, diagnostic and intervention services for children (0-18 years) with an Autism Spectrum Condition (ASC). At the time of the inspection it was commissioned by the local clinical commissioning group to provide 600 autism assessments and since April 2019, 25 associated interventions across the South Staffordshire area, each year. The commissioning contract is due to be re-tendered in September 2019.

The Hayes also provide training programmes to children, parents and professionals. They take referrals from any professional who knows the child and thinks they need an assessment for autism.

They see young people in a range of venues such as health centres, schools, libraries but their main base is at The Hayes in Stafford.

The Hayes autism service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Personal care
- Diagnostic and screening procedures

We last carried out a comprehensive inspection for this hospital in December 2016, we rated it as good overall and good for all five domains; safe, effective, caring, responsive and well led.

There was a registered manager at the time of inspection

Our inspection team

The team that inspected the service comprised two CQC inspectors and a variety of specialists: one consultant psychiatrist with specialisms in autism services, one nurse specialist in autism services and an expert by experience.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, contacted 21 local stakeholders, asked a range of other organisations for information and sought feedback from parents at six parent groups, via comment cards and from our local Healthwatch colleagues. We gave 48-hours' notice of the inspection to enable the service to contact families for permission to observe their appointment.

During the inspection visit, the inspection team:

Summary of this inspection

- spoke with five parents, children and young people who were using the service during the inspection;
- collected feedback from 47 parents, children and young people using comment cards;
- collected feedback from 40 parents and seven children and young people using parent groups;
- spoke with 17 staff members including the registered manager and chairperson;
- received feedback about the service from eight stakeholders;
- attended and observed five assessment appointments;
- looked at 17 care and treatment records of children and young people;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We sought feedback from focus groups, comment cards and interviews. We received 47 comment cards of which 41 were positive, five neutral and one negative and we spoke with 34 current users of the service (children and young people, parents and carers).

Overall feedback was that the service was responsive to family needs offering a caring and knowledgeable service. However, there were concerns about how the service would manage to provide a robust service with the increasing number of referrals being received and concerns around occasional lack of information surrounding the services offered.

We also heard from some parents who had experience of the service in the last five years. They described difficulties with accessing the service and raised doubts about the quality of care. However, they were a small minority when the views of current parents were considered and the concerns they raised had been addressed by the provider.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **good** because:

- Premises where children and young people received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the children and young people and received basic training to keep young people safe from avoidable harm.
- Staff assessed and managed environmental risks to children and young people and themselves. Staff followed good personal safety protocols.
- Staff understood how to protect young people from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it. There was an identified named safeguarding lead.
- Staff considered risk within their appointments and care notes but did not always complete the risk assessment document to evidence that risk had been considered, for example by documenting there was no risk.
- Staff kept detailed records of children and young people' care and treatment. Records were up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave children and young people honest information and suitable support.

However:

- Staff did not always follow best practice when completing their care notes; notes were not always continuous with page numbers, dated and signed. There was no index and therefore records were not always easy to navigate.

Are services effective?

Good

We rated effective as **good** because:

- Staff developed individual care plans specifically designed for young people with autism and updated them when needed. Care plans reflected the assessed needs and were personalised.

Summary of this inspection

- Staff provided a range of care and treatment interventions suitable for a small number of the patient group in line with the commissioning. They supported children and young people to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of children and young people under their care. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit children and young people. All staff received training in autism and were supported by leaders experienced in working with children and young people with autism. They supported each other to make sure that children and young people had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. However, the staff we spoke with said that the relationship with the local child and adolescent mental health service needed improving.
- Staff supported children and young people to make decisions on their care for themselves proportionate to their competence.

However:

- Not all staff could explain the principles of Gillick competence as they applied to people under the age of 16 and we did not find evidence that Gillick competence had been assessed in one record. Gillick competency is where a person (under 16 years of age) is assessed and deemed to have the competence to make decision about their own care, without the need for parental consent.

Are services caring?

Good

We rated caring as **good** because:

- Staff treated children and young people with compassion and kindness. They understood the individual needs of children and young people and supported children and young people to understand and manage their care, treatment or condition.
- Staff involved children and young people in care planning and actively sought their feedback on the quality of care provided.
- When appropriate, staff involved families and carers in assessment, treatment and care planning.

Summary of this inspection

- Young people and parents and carers were involved in the design and delivery of the service.

Are services responsive?

Good

We rated responsive as **good** because:

- The service had clear criteria for which children and young people would be offered a service and did not have a waiting list. Staff followed up with parents and young people who missed appointments.
- The service had a range of rooms and equipment to support treatment and care. The environment was suitable for children and young people with autism. The service used non-stigmatising external locations (locations that would not be traditionally used for autism assessments) such as libraries.
- The teams met the needs of all young people who use the service – including those with a protected characteristic. Staff helped children and young people with communication and cultural support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- We found four responses to complaints to be defensive in their tone and content.

Are services well-led?

Good

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

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed and were visible in the service and approachable for children and young people and staff.
- Staff knew and understood the provider's vision and how they were applied in the work of their team.
- Worked closely with the commissioners to meet the future needs of the service.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Summary of this inspection

- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.
- Managers worked closely with other organisations (schools, public health, local authority, voluntary, public health and independent sector) to ensure that there was an integrated local system that met the needs of young people living in the area.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Service.

As a specialist, community service for children and young people specifically focused on the assessment and treatment of autistic conditions, staff did not routinely receive training on the Mental Health Act. If any young people became mentally unwell, staff referred them to the local child and adolescent mental health service.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff (100%) had received Mental Capacity Act training. Most of the staff had a good understanding of the Mental Capacity Act 2005 however, we found staff understanding of Gillick competence to be mixed. Gillick competency is where a person (under 16 years of age) is assessed and deemed to have the competence to make decision about their own care, without the need for parental consent. In the records we looked at, in those cases where the child was not considered Gillick competent, there were consent forms for parents to sign to say they gave consent for information to be shared with other agencies and for intervention work to be commenced.

Overview of ratings

Our ratings for this location are:

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

Specialist community mental health services for children and young people

Good

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

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

Good

Safe and clean environment

- The service was located within a two storey house and entry was restricted via use of locked doors. On arrival children and young people and their families and carers rang a door bell and were then asked to complete a sign in book, where upon they would then be seated in the waiting area which was staffed by a member of the team.
- Staff regularly completed robust risk assessments of the care environment. The service had contracted an external company who completed annual environmental risk assessments of the premises and provided templates for monthly internal assessments. The latest annual report was in the process of being compiled at the time of this inspection. The previous report had only one action; to complete monthly internal assessments.
- The service completed regular monthly environmental risk assessments and we reviewed seven. They were completed in detail, containing actions and evidenced when actions were completed. There were ligature risks within this service however, staff mitigated this by never allowing children and young people to be on their own in the premises. Additionally, the electronic database highlighted alerts to staff to make them aware when a patient could be at risk of self-harm.
- The service had suitable premises and equipment and looked after them well. The therapy rooms were visibly clean and well decorated with adequate seating. The rooms were not fitted with alarms and staff did not carry personal alarms. However, the premises were contained in size, staff said they would shout for assistance and there were staff on site to respond. There had been no instances reported that would have necessitated an alarm. All areas were clean, had good furnishings and were well maintained. We saw that furnishings were suitable for children and young people of all ages.
- Physical health equipment had been maintained well. The service did not have a medical clinic room or physical health examination room. However, the service did provide basic physical healthcare checks such as height, weight and blood pressure. On our last inspection, in 2016, we found that the physical health equipment had not been calibrated. This was followed up during this inspection and we found that all equipment had been calibrated in February 2019 and had the corresponding certificate.
- Cleaning records were up to date and demonstrated that the premises were cleaned regularly. The service employed a cleaner who did a deep clean three days a week. In between staff completed basic cleaning duties following a weekly cleaning schedule. The service used hard toys which service users could play with in the waiting area and during their appointment. All toys were sanitized as part of the weekly cleaning schedule.
- Staff adhered to infection control principles, including handwashing. We observed a member of staff follow good hand washing practice. Hand sanitizer was made available in communal and staff areas for staff and public.

Safe staffing

Specialist community mental health services for children and young people

Good

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. All staff had received training in autism and were supported by leaders who had significant experience of working with children and young people with autism. The service employed 26 whole time equivalent staff members including psychologists, assistant psychologists, trainee psychologists, a psychiatrist, speech and language therapists, occupational therapists, counsellors and support staff. The staffing establishment had been determined by the original commissioning contract to provide 600 assessments and 600 associated interventions.
- Additionally, the service employed a number of associates who worked as and when demand required them. These associates had previously worked for the service and had left either due to retirement or to start their own practice. This ensured that there were appropriate cover arrangements for sickness, leave, vacant posts and absence.
- The service reported that there were no vacancies and that they had been funded to increase the number of psychologists by three and were in the process of recruiting into those roles.
- In the 12 months prior to the inspection, the sickness rate was 3.2% and the staff turnover rate was 7.6% which was due to retirement and staff moving on for career progression. The service did not use any bank or agency staff.
- Staff reported that caseloads were manageable but high. Assessments were allocated based on patient location to enable them to visit the closest therapy location and as such individual caseloads were difficult to estimate. On average staff had four to five assessment appointments per day; assessments would take place over a number of appointments.
- Staff said that caseloads were discussed within the team and managers supported them when necessary. However, the service recognised that they had seen a significant increase in the number of referrals to the service, more than double the number they were commissioned for, which would impact on their future ability to cope with caseloads. The service leaders were working with commissioners to lessen any future impact caused by this.
- The service had access to a psychiatrist when required. The psychiatrist visited the service monthly but would also be available if the service required them in between visits.
- Staff had received and were up to date with appropriate mandatory training.

Assessing and managing risk to children and young people and staff

- An external review commissioned by the local commissioning group had recommended that the service adopt a more formal approach to risk assessment than that previously used. The service had subsequently implemented a risk assessment matrix in January 2019, but staff were not consistently completing it.
- We reviewed 17 records and in ten of them there was no evidence of a completed risk assessment matrix. However, the autism screening tool, used with all children and young people, did ask questions on any risk issues and provided another avenue to capture this information. We saw evidence that risks had been discussed within the care notes. Staff said they completed the risk assessment if there was any indication of risk. As such we were assured that risk was being assessed appropriately and that improvements were needed in the recording of risk.
- The service was not commissioned to provide crisis support nor was it a mental health service. Staff said they would refer any child or young person experiencing a mental health crisis to the local child and adolescent mental health service.
- However, the local protocol to support this process and communicate risk between providers was not functioning effectively. This was due to the full range of the needs of children and young people with autism not being commissioned to ensure clear responsibility of the management of the most complex cases. This was reflected in what some parents told us that they felt there was a gap in service provision and if their child presented with more complex problems of behaviour or mental health problems care could be delayed as the appropriate provider was determined. The Hayes, the local child and adolescent mental health service provider and the commissioners were working together to address these concerns. The vast majority of parents said staff had been supportive and provided guidance and advice when they had experienced crisis.

Specialist community mental health services for children and young people

Good

- Where risk was identified clinicians wrote detailed referrals to the relevant service explaining their concerns and detailing risk and clinical background of the person involved. They would also make telephone calls in the most urgent cases.
- Once the referral had been accepted the service saw children and young people promptly within the national target of 12 weeks and as such did not have a waiting list. The service was accepting referrals significantly above the number they were commissioned to do and had raised this with their local commissioners. Any patients who required crisis support were referred to the local child and adolescent mental health service.
- The service had developed good personal safety protocols, including lone working practices. We examined the service's lone working policy and saw that staff had signed to state they had read and understood it. Staff gave examples of how they worked with local facility services to ensure they were safe.

Safeguarding

- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff were trained in safeguarding and knew how to make a safeguarding alert. The service had reported one safeguarding concern within the 12 months prior to the inspection.
- All staff, including support staff, received level 3 safeguarding children training. There was a named safeguarding lead and deputy safeguarding lead, both of whom had received level 4 safeguarding training. Staff were able to describe when and how they would raise a safeguarding alert but with the exception of one example, had very little need to raise such an alert. Both safeguarding policies for children and adults were up to date and contained all the relevant information and guidance to keep staff informed; including contact details for relevant agencies.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm. That included working in partnership with other agencies. The service had an electronic system that alerted staff to make them aware of children and young people that had been identified as being at risk of suffering harm. Additionally, the children and young people were referred in via other professional agencies and as such safeguarding concerns were highlighted as part of the referral process.

Staff access to essential information

- Staff kept appropriate records of children and young people' care and treatment on paper records collated into case files. Records were written clearly, up-to-date and available to all staff providing care. However, not all records were orderly. Care records were not always continuous with page numbers, dated and signed as per good working practice. This meant that if papers became loose it would not always be possible to ensure the records were chronologically correct.
- Staff followed a safe and secure process for storing and recording patient information. The service used a paper working record which was then backed up by an electronic database. The electronic database gave clear details of any known alerts such as whether a patient required wheelchair access or was known to the safeguarding team, to ensure children and young people were kept safe. Staff reported that the two systems worked well and did not cause them any difficulty in entering or accessing information.
- A recommendation had been made to move to a wholly electronic care record as part of an external review of the service. The provider was working to implement the recommendation which would require significant capital investment.
- All information needed to deliver patient care was available to all relevant staff when they needed it and in an accessible form however, staff would have to look through the records to find what they required rather than just be able to place their hands on it. Managers told us that they were planning to introduce an index to standardise the layout of care records. When paper records were removed from their storage they were replaced with a card which indicated who had retrieved the file.

Medicines management

- No medicines were administered or stored on site and prescriptions were stored securely.

Track record on safety

Specialist community mental health services for children and young people

Good

- The service did not have any serious incidents within the 12 months prior to the inspection. However, staff were confident that they would receive a debrief if one did ever occur.

Reporting incidents and learning from when things go wrong

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave children and young people honest information and suitable support.
- Staff knew how to describe what incidents to report and how to report them. The service kept a record of minor incidents and staff said incidents were discussed as a team at the weekly meeting where feedback was also received. We reviewed the documentation for a recent minor incident and saw evidence that the service had conducted a debrief with the parents, patient and the clinician. There was evidence that a discussion had occurred regarding updating the risk assessment.
- Staff understood the duty of candour. They were open and transparent and gave children and young people and families a full explanation if and when something went wrong.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff completed a comprehensive autism assessment of each patient. We reviewed 17 records and saw that staff used a recognised autism screening tool and that findings were fed back to the parents with an opportunity for further questions to be asked. There was a process in place that if the diagnosis outcome was not agreed a second opinion could be sought from another provider.
- Staff developed care plans that met the needs identified during assessment. We saw that the care plans were updated as needed but found them to be basic and generalised in their information. We saw that when necessary, staff ensured the child or young person's physical health needs were recorded ,referenced and appropriately addressed within care plans. We saw two good examples of care plans which contained photos to show how a child was feeling which were written to address the child.

Best practice in treatment and care

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by and were delivered in line with National Institute for Health and Care Excellence guidance.
- The service used recognised diagnostic tools such as the Diagnostic Interview for Social and Communication Disorders (DISCO), Autistic Diagnostic Observation Schedule (ADOS) and Autism Diagnostic Interview-Revised (ADI-R).
- The service had been selected by the National Society of Autism to pilot a new brief version of the DISCO. They were the only service selected in England to run this pilot, which would begin in early 2020, and would see the DISCO assessment reduce from six hours to 90 minutes.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. As a member of the child outcomes research consortium (CORC), the service collected and used evidence to assess the effectiveness of their interventions.
- Staff participated in clinical audit to improve the quality of the service. Between 2018 and 2019, the service had participated in six clinical audits including an audit of returned referrals which identified specific areas of need. The outcome had resulted in the service providing training workshops to local GPs on how to effectively complete a robust referral. The service was in the process of producing something similar to assist schools.

Skilled staff to deliver care

- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of the patient group. All staff had received training in autism and the team

included psychologists, assistant psychologists, psychiatrist, feeding specialists, speech and language therapists, occupational therapists, counsellors and support staff.

- Managers provided new staff with appropriate induction. This five part induction introduced new starters to the service models of care, ethos of the service, policies and mandatory training.
- Staff received regular supervision and annual appraisals. Clinical staff received regular monthly supervision and non-clinical staff regular weekly supervision. Staff said they found the supervision to be good quality. Staff with additional specialisms were supported to receive supervision from external peers.
- Staff had access to regular team meetings. Staff we spoke with said they found the meetings to be effective and were give opportunity to feed into them. The heads of service met additionally every six weeks and produced a report which then fed into the board meeting.
- Managers ensured that staff received the necessary specialist training for their roles. Staff said they were encouraged to develop their skills. They gave examples of parents of children and young people developing and becoming members of the staff team.
- Managers could explain how there would deal with poor staff performance effectively. However, there were no examples of them having to put this into action. Staff felt that the size of the team led to a more harmonious working relationship where any issues could be discussed openly and quickly to avoid any poor performance concerns.

Multi-disciplinary and inter-agency team work

- Staff from different disciplines worked together as a team to benefit children and young people. Staff held regular and effective multidisciplinary team meetings. The service provided joint clinics with community paediatricians and we saw examples, in the records, where the service had worked with the local autism outreach team and the special educational needs and disabilities teams. There were examples where the service had worked with GPs to educate them on autism traits and how to complete a robust referral.
- The service met regularly with their local child and adolescent mental health service provider and had created a joint working protocol. However, staff acknowledged that more could be done to join up their working practices and were in the midst of agreeing a joint plan of action. The provider was involved in a strategic working group led by the clinical commissioning group (CCG) including parent representatives and the other main provider to facilitate better systems working.
- As part of our inspection process we contacted 21 local stakeholders for feedback and received responses from eight. The feedback was mostly positive particularly with reference to the speed of the assessments, the content of the workshops and inter-agency working. There were also concerns regarding the lack of crisis team, the provision of support for mental health issues and that the service would not be able to attend external meetings to support service users. However, the service was not contracted to provide these services and the gaps in services were being addressed as part of a CCG led consultation.

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

- Staff did not routinely receive training on the Mental Health Act. The service reported that 15% of the staff team had received training and as such colleagues could contact them for support. However, the service was commissioned to only provide autism assessments and would refer any child or young person who became mentally unwell to the local child and adolescent team.

Good practice in applying the Mental Capacity Act

- Not all staff understood their roles and responsibilities under the Mental Capacity Act 2005. All staff (100%) had received training in the Mental Capacity Act. We found staff had a mixed understanding of the consent and capacity in particular with regard to Gillick competency. Gillick competency is where a person (under 16 years of age) is assessed and deemed to have the competence to make decision about their own care, without the need for parental consent. In one record where Gillick competency was expected to be considered, we did not see specific evidence that this had been considered. However, there was evidence that the wishes of the young person had been considered and actioned.
- In our review of the care records there was evidence that the person(s) holding parental responsibility and who were legally capable of consenting on behalf of the child had been identified and consent obtained. We also observed consent being obtained within appointments.

Specialist community mental health services for children and young people

Good

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

Good

Kindness, privacy, dignity, respect, compassion and support

- Staff cared for children and young people with compassion. Feedback from children and young people and their families confirmed that staff treated them well and with kindness. Within the comment cards we saw statements such as the staff treated us with great respect and showed a lot of empathy and sensitivity, staff are caring and respectful, I felt listened to.
- Staff supported children and young people and their families to understand and manage their care, treatment or condition. They gave us examples of siblings being supported to help them in turn support the patient.
- Staff directed children and young people to other services, such as the autism outreach team and the local child and adolescent mental health team, when appropriate and, if required, supported them to access those services
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards children and young people without fear of the consequences.
- Staff maintained the confidentiality of information about children and young people. Consent had been obtained before information was shared with other appropriate services.

Involvement in care

- Staff involved children and young people and those close to them in decisions about their care and treatment.
- Our review of patient records showed that parents were actively involved in the care of the child or young person. There were detailed letters that outlined the diagnosis and support measures. Where parents attended an appointment, but the child or young person did not, we saw person centric letters written to the child or young person explaining that their reason for not attending was understandable and then a summary of what was discussed in the appointment.
- Staff involved children and young people and their families when appropriate in decisions about the service. They gave examples of members of the parent advisory group (PAG) sitting on recruitment panels of staff. The PAG was additionally another avenue through which the service supported community initiatives.
- Staff communicated with children and young people so that they understood their care and treatment, including finding effective ways to communicate with children and young people with communication difficulties. Staff gave examples of working with local interpreters.
- Staff enabled children and young people to give feedback on the service they received via comment cards, social media, face to face or via email. There were comment cards available in public areas for children and young people and their families to complete.

Are specialist community mental health services for children and young people responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- The service had clear criteria for which children and young people would be offered a service and did not have a waiting list. At the time of the inspection children and young people were receiving their initial assessment within seven weeks from the date of referral and their second appointment within a further four weeks. This was well within the national target of 12 weeks from referral to treatment time.
- From July 2018 to June 2019, the service had received 3,608 referrals of which 2,940 (81.5%) had been accepted. Of the 688 referrals that had not been accepted, 37.7% were rejected as being inappropriate and 62.3% as incomplete.

Specialist community mental health services for children and young people

Good

- From October 2018 to June 2019 the service had completed 657 assessments, 654 individual interventions and 707 group interventions. This was well over the 600 assessments and associated interventions for which they were commissioned.
- We reviewed nine referrals that had not been accepted. We found the response to those referrals to be in line with national guidance and to be thorough in the detail as to why the referral was not accepted.
- The service was able to see referrals within an acceptable time. The service was not commissioned to provide crisis services and would refer to the local child and adolescent mental health service if needed.
- The service responded promptly and adequately when children and young people telephoned the service. They had a target of responding to calls and emails within 48 hours, and we saw evidence that they were usually responded within 24 hours. The service had reduced the times that their general enquiries telephone line was staffed to 10am to 1pm. The aim of this was to release clinician time so they could offer more assessment slots. The service had consulted their parent advisory group before doing so and received agreement. However, there had been complaints about this reduction and as such the service had increased the phone support to cover 9am to 5pm. Additionally, the service offered an email service which was then triaged to ensure it was received by the appropriate clinician to respond and feedback had been positive.
- Additionally, the service ran a professional's telephone line which allowed professionals from external agencies to contact the relevant clinician. We heard from one external agency that there were times when this was not responded to in a timely manner, but no examples were provided.
- The service worked flexibly to ensure children and young people and their families could attend their assessment. There was evidence within the care records that the service tried to make multiple follow-up contacts with people who did not attend appointments, and this was recorded on the electronic record. The service offered children and young people flexibility in the times and locations of appointments. They were offering appointments in the evenings and weekends to assist despite only being commissioned to provide a Monday to Friday 9am to 5pm service.
- Appointments usually ran on time and people were kept informed when they did not run on time. Staff cancelled appointments only when necessary and when they did, they explained why and helped children and young people to access treatment as soon as possible.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms and equipment to support treatment and care. The service used non-stigmatising locations (locations that would not be traditionally used for autism assessments) such as libraries. The main premises had four therapy rooms all of which were well maintained and had plenty of comfortable furniture. There was adequate sound proofing to ensure that patient's privacy and dignity were maintained. Additionally, the service had access to other rooms within the building such as the library if demand needed them.
- Patient and staff areas were clean, tidy and comfortable. The waiting area was well maintained, and we saw posters and notice boards with autism friendly information. Children and young people had access to leaflets in the waiting room that gave information on how to make a complaint and what services and types of treatment were available.

Meeting the needs of all people who use the service

- The service made adjustments for disabled children and young people. The building provided wheelchair access to children and young people. Children and young people had access to a ramp at the rear of the building and staff could see children and young people in consulting rooms on the ground floor. If needed, staff were able to access external interpreters and gave children and young people the option of bringing their own interpreters.
- Staff ensured that children and young people could obtain information on treatments and local services. The service had produced leaflets in the additional languages such as Chinese, Polish and Lithuanian. Staff gave examples of working with local deaf services to ensure they met the needs of their patient. Additionally, the service could access easy read documentation but did not supply them as standard due to feedback that many children and young people felt it inappropriate.
- The service had a number of clinicians with additional specialisms such as learning disabilities, and triaged

children and young people so they could meet with the most appropriate staff member. Staff also gave examples of working with the local child and adolescent mental health service to support LGBTQ+ children and young people.

- The service was in the second year of running a three year community project called Keep Achieving in conjunction with Sport England. Keep Achieving was designed around the needs of children who have autism and their families to support them to become more physically active by taking part in a programme of enjoyable activities which are as autism-friendly and family-friendly as possible. We saw a number of feedback forms which gave positive feedback about the activities and how much children and young people enjoyed them.

Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. The service gave information on how to make a complaint both in their correspondence and on their website. Children and young people and their families knew how to complain or raise concerns.
- Between 2017 and 2019, the service received 36 complaints. We reviewed 18 complaints and saw that when children and young people complained or raised concerns, they received feedback. However, we found four of the responses to be defensive in tone. Two complaints had been escalated to the Parliamentary Ombudsmen and had not been upheld.
- There was a newly implemented process for managing complaints which more effectively managed any potential conflicts of interest. This change was a result of another recommendation of the external review of the service conducted in 2018. We reviewed the current complaints policy and found it to be up to date and containing pertinent information.
- Staff knew how to handle complaints appropriately and protected children and young people who raised concerns or complaints from discrimination and harassment. Staff we spoke with said that complaints were discussed at team meetings and gave an example of the written feedback reports being altered as an outcome of a complaint.
- The service received 113 compliments in the twelve months prior to the inspection and we reviewed three whilst on inspection.

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

Good

Leadership

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leaders had a good understanding of the services they managed and the challenges it faced. They could explain clearly how the teams were working to provide high quality care.
- Staff said leaders were visible in the service and approachable for children and young people and staff. Leadership development opportunities were available, including opportunities for staff below team manager level. Staff gave examples of how they had been supported to develop within the service from administration to management roles.
- However, we did receive feedback from two stakeholders and a small number of parents with reference to the defensive response received from the service's leaders when criticism was given.

Vision and strategy

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, children and young people, and key groups representing the local community.
- The service vision was to offer a range of services to support the emotional health and well-being of individuals, families and communities for autism. Working in partnership with service users, putting them at the centre of everything they did and give them a meaningful and direct say in shaping services.
- Staff told us they had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. The service had a parent advisory group and we spoke with members who said they had opportunity to feed into the service development.

Specialist community mental health services for children and young people

Good

- The service had contacted their local clinical commissioning group to highlight concerns around the increasing number of referrals and the reduction in interventions being offered under the current contract.

Culture

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All staff we spoke with said that there was a happy staff team with a culture of openness and honesty. Staff felt respected, supported and valued, and were proud to work for the service.
- Staff appraisals included conversations about career development and how managers could support staff.
- Staff were able to explain the whistle blowing policy and felt able to raise concerns. Many stated they would raise concerns either within team meetings or with their line manager and felt listened to.

Governance

- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service was provided by a limited company with a board of directors. The registered manager met monthly with the board of directors to discuss operations and share information. Minutes of meetings showed that there were regular items on the agenda and we saw that these then fed into the board meetings.
- Staff understood arrangements for working with other teams, both within the provider and external, to meet the needs of the children and young people.
- The service did have appropriate systems to ensure the premises were clean and safe.
- Staff met on a regular basis to discuss referrals, good practice, safeguarding and complex cases. Staff saw children and young people quickly and efficiently.
- There were enough staff and they were trained and supervised.
- Referrals and waiting times were managed well and incidents were reported, investigated and learned from.
- The service had a quality improvement plan which was reviewed and revised annually, and risk was logged, actioned and managed through their risk register and associated processes.

Management of risk, issues and performance

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Managers maintained and had access to the risk register and could escalate concerns when required from a team level. The risk register contained 20 risks and contained a clear overview of each risk, the control measures and the mitigation. We saw the board assurance framework contained the high risks scoring 15 or over.
- Staff highlighted the main concerns and we saw that they matched those on the risk register.

Information management

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.
- Information governance systems included confidentiality of patient records. Patient records were stored in locked filing cabinets which in turn were housed within a locked office.
- Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.
- Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Engagement

- The service engaged well with children and young people, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. However, staff acknowledged that the relationship with the local child and adolescent mental health service needed to be improved.
- Staff, children and young people and carers had access to up-to-date information about the work of the provider and the services they used.
- Children and young people and carers had opportunities to give feedback on the service they received in a manner that reflected their individual

needs and were involved in decision-making about changes to the service. The service had a well-established parent advisory group (PAG) which met regularly and fed into the development of the service. They gave us examples of when the service has consulted with the PAG before implementing changes.

- Any parent or carer who had a child who had a diagnosis of autism was invited to join the PAG. The PAG met every six to eight weeks with the Chief Executive Officer, Chief Operations Officer and Head of Autism.
- The service had created a support group called Au-Sums which met regularly to support children who were unable to attend school. This group worked with ASDAN, an education charity whose programmes and qualifications were widely recognised by mainstream educators. Which then was recognised by the school if the child then returned to mainstream education.
- Managers and staff had access to the feedback from children and young people, carers and staff and used it to make improvements. The service provided a feedback form for children and young people to complete which they could then post anonymously within a 'post box' located in the main entrance.
- During the focus groups we heard feedback from current service users that the service had engaged well with all but one local parent support groups and that they felt informed about changes to the service.

Learning, continuous improvement and innovation

- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The service had created a quality management plan to support their continuous development and used quality improvement methodology to support this.
- Staff we spoke with said they were given the time and support to consider opportunities for improvements and innovation which led to changes. Staff had opportunities to participate in research and the service had been selected to trial a new version of Diagnostic Interview for Social and Communication Disorders (DISCO).

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should ensure that there is a consistent record of risk within every care record.
- The service should ensure that care records follow good practice in that they are complete, continuous, paginated, dated and signed.
- The service should consider making their written care plans more holistic and person centred.
- The service should consider its written response to complaints to reduce any defensive tone.