

Worcestershire Health and Care NHS 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)
R1AYZ	The Pear Tree Centre	Worcester north CAMHS	B97 4BD
R1AXZ	Aconbury North, Worcester Royal Hospital	Worcester south CAMHS	WR5 1JG
R1AYZ3	Kidderminster Health Centre	Wyre Forest CAMHS	DY10 1PG

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

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Worcestershire Health and Care NHS Trust and these are brought together to inform our overall judgement of Worcestershire Health and Care NHS 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 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 gave specialist community mental health services for children and young people an overall rating of good because they had made improvements since the last comprehensive inspection in January 2015. Some of these improvements include:

- Staff vacancy rates had reduced and recruitment to posts continued. Administration roles had been filled to support CAMHS delivery of care. Staff shortages had been taken off the trust risk register.
- The service had moved towards an electronic patient records system and records were kept securely.
- A single point of access to CAMHS was embedded across the county, meaning that referrals were triaged quickly and young people in crisis were responded to appropriately.
- Waiting times for assessment were within trust and commissioner targets. CAMHS monitored waiting times through a spread sheet and multi-disciplinary team meetings.
- Risk assessments were of good quality and person centred, although three new referrals to the Wyre Forest team in November 2015 did not have a risk assessment. Staff were using accredited risk assessment tools.
- Young people were allocated a care coordinator who supported clinical and risk issues prior to accessing psychological therapies.
- Staff were flexible to meet the needs of young people, for example, they had a choice of appointment times and staff held therapeutic groups in different trust buildings to suit local need.

- Access to, and recording of supervision was more consistent across services.
- Staff received training on the Mental Health Act and the Code of Practice. Staff demonstrated an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had a good understanding of how to identify and report safeguarding concerns.
- Staff had access to, and most staff attended, de-escalation, safety & disengagement, and conflict resolution training.
- Staff continued to use the nationally recognised 'Choice and Partnership Approach'.
- The trust had engaged young people to join a youth trust board and they were engaged with service re-design.
- Services at Worcester south had undergone redesign and redecoration.
- Regular team meetings were held and staff supported each other.
- Staff told us, and we saw from the staff survey that, they were motivated at work and had good support from immediate managers.
- Although young people who required specialist inpatient treatment were admitted outside of Worcestershire, the trust liaised with NHS England to facilitate appropriate admission and provided contact to support discharge.

Waiting times to access specialist psychological treatment was reduced, however, some young people were waiting over 25 weeks.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Waiting lists are monitored and there had been improvement in young people accessing treatment.
- The services we visited were clean, well-maintained and provided a range of therapeutic interventions. There had been service redesign at one location that involved the views of young people.
- Although three new referrals to Wyre Forest CAMHS did not have a risk assessment, all other young people had an up-to-date risk assessment. Staff were experienced and completed a recognised risk assessment tool.
- Incidents were reported, reviewed and lessons learned through feedback to staff.
- Appropriate systems were in place to manage risks.
- Staff received training in safeguarding and they knew how to do this effectively in practice.

However;

- There was no window restrictors in ground floor interview rooms in one location, however, staff said they never left young people on their own and it could be used as a secondary point of escape in case of fire. There were restrictors to windows on the first floor at Redditch. There were ligature risks in interview rooms however, staff assessed and managed risk appropriately.
- Although staff vacancy rates were lower than January 2015, recruitment to key posts was still required.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- A single point of access for referrals was embedded across CAMHS. This role supported better access for younger people to services.
- The target time from triage to assessment was eighteen weeks for routine referrals. Although there had been one breach in November 2015, CAMHS were meeting the target.
- Skilled staff were allocated to support young people whilst waiting for specialist psychological work.
- Contact was re-established with patients who found it difficult or were reluctant to engage with the service, through written and/or telephone communication.

Good



Summary of findings

- Staff used trust buildings to run groups that supported young people.
- Appointments after 4pm were popular and the most frequently requested due to school/college hours. Staff could visit a young person at college or liaise with schools.
- Patients were given the option to decide which appointment times best suited them.
- A carer told us that their child was in transition between CAMHS and Early Intervention Services. The CAMHS psychiatrist remained involved for a six-month transition period to ensure safe transition.
- We were told that CAMHS was accessed by a number of families from an Eastern European background and that there was easy access to interpreters and signers. There were no information leaflets in the waiting room. We were told that leaflets could be printed off the internet if required in a variety of languages.
- Complaints were monitored at local and trust level. Younger people and their families were provided with leaflets from PALS informing them of how to make a complaint. Staff generally knew how to make a complaint.

However;

- Waiting times to access treatment was improving, however, 16 young people were waiting longer than the 25 week target.

Are services well-led?

We rated well-led as good because:

- The staff survey for 2015 reported that staff felt supported by their immediate managers and it was above the national average. Staff were very positive about their team managers. Staff reported they were motivated at work and would recommend the trust as a place to work.
- The trust listened to young people and acted on their recommendations, for example, on service re-design and through the trust youth board.
- Team managers were aware of the organisation's vision and values and was able to tell us about them. Senior managers were known and visible.
- Key performance indicators (KPI's) were used effectively to monitor performance, for example mandatory training and waiting times.
- Compliments and complaints were recorded on the team's computer system. At the end of every month, a copy of this was sent to the Patient Advice and Liaison Service (PALS).

Good



Summary of findings

- The manager told us they felt good about their job. They had opportunity to give feedback on services and input into service development.
- The team were taking part in the international milestones study and were recruiting young people for the two-year study. The study helped research transitions for young people accessing services into adult mental health services.

Summary of findings

Information about the service

Community children's and young person's services were provided across Worcestershire. The services included children's short breaks unit, outpatient and community contact activity for children with complex care needs and their families. The service also provided universal and universal plus services to all children from conception to school leavers throughout the health visiting and school health nursing teams.

Services were delivered by locality between the north and south of the county. Countywide professional leads exist for nurses, occupational therapists, physiotherapists, and speech and language therapists.

At this follow up inspection of 30 November 2015, we visited Wyre Forest child and adolescent mental health service (referred to as CAMHS throughout this report) at Kidderminster Health Centre to determine if they had made the changes identified at the inspection in January 2015. We further inspected two CAMHS on 13 May 2016 in the north and south of the County, based respectively in Worcester and Redditch.

Our inspection team

The team that inspected specialist community mental health services for children and young people consisted of four CQC inspectors.

Why we carried out this inspection

We inspected these locations as a follow up to our comprehensive mental health inspection programme of January 2015. This was to review the outcomes of actions identified at the original inspection. We inspected these locations on 30 November 2015 and 13 May 2016.

The provider was instructed that they MUST take action to improve specialist community mental health service for children and young people so that:

- The trust must ensure that administrative tasks are undertaken in a timely manner
- The trust must review its contingency arrangements for staffing to ensure young people receive assessment and treatment without long delays
- The trust must review its procedures for assessing and monitoring environmental risks to ensure that young people's health and safety is maintained

- The trust must review its procedures for maintaining assessment and treatment records, storage and accessibility including out of hours provision
- The trust must review its provision of crisis services for young people to ensure that young people using crisis services have an assessment by appropriately skilled staff.

Action the trust SHOULD take to improve

- The trust should review its procedures for ensuring that staff receive regular supervision and that this is recorded
- The trust should ensure that staff effectively record the mental capacity and consent to treatment assessments of young people
- The trust should review its procedures with commissioners for admitting young people to out of area inpatient services.

Summary of findings

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?

During the inspection visit, the inspection team:

- looked at the quality of the unit environment and observed how staff were caring for patients.

- spoke with three young people and two carers who were using the service

- spoke with the team managers for all services

- spoke with eight other staff members; including one doctor, two psychologists, three nurses, one clinical nurse specialist and one administrative staff

- looked at 17 care records of young people

- looked at a range of policies, procedures and other documents relating to the running of the service including, the updated trust action plan.

What people who use the provider's services say

The youth board hold monthly meetings and provide feedback to the trust and they are developing a mystery shopper protocol to evaluate the trust's services.

We spoke with a small number of young people and carers who were generally positive about their experience. One young person described receiving "brilliant" care and the service was very responsive to their specialised needs.

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **SHOULD** take to improve

The trust should meet agreed targets with commissioners for young people to access treatment within 25 weeks.

The trust should continue to recruit to this service and reduce vacancy rates.

Worcestershire Health and Care NHS 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
Worcester south CAMHS	Worcestershire Health and Care NHS Trust
Worcester north CAMHS	Worcestershire Health and Care NHS Trust
Wyre Forest CAMHS	Worcestershire Health and Care NHS Trust

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 Trust.

We did not monitor responsibilities under the Mental Health Act (MHA) within this core service as during our inspection none of the young people were detained.

Staff would contact the Mental Health Act administrative team if they needed any specific guidance about their roles and responsibilities under the Mental Health Act.

When required staff could contact the Approved Mental Health Professionals (AMHP) service to co-ordinate assessments under the Mental Health Act 1983.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 is not applicable to children under the age of 16. Gillick competence and Fraser guidelines, which balance children's rights and wishes with the responsibility to keep children safe from harm, should be used for those under 16 years of age.

This service caters for people under 18 years of age so the Deprivation of Liberty Safeguards do not apply.

Detailed findings

We saw the use of a standardised consent form for recording the consent of children and young people and carers in relation to the Data Protection Act 1998.

We found that the recording of discussions and assessments with young people regarding consent to treatment varied across teams.

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 and staff did not carry personal alarms in trust premises. The trust had removed a ligature point from the Wyre Forest service however, there were ligature points in interview rooms. There was no window restrictors in the Wyre Forest and Worcester south services however, patients and family were never left on their own in interview rooms. There was window restrictors to the first floor at Redditch CAMHS. Worcester south had frosted glass to the doors for privacy however staff could use a spyhole to check staff and patient safety if required.
- The waiting area and consulting rooms in Wyre Forest appeared clean and tidy but the waiting area was uninviting. The service recognised this and a successful bid had gone in for capital investment to make the improvements. The décor in Worcester north was similar and again a capital bid for improvements had been made. Worcester south had been redecorated and re-designed with the support of young people. The rooms had been designed to support patients with treatment and therapy, including the use of a water play room.
- In Worcester north, there was vacancies for three band 6 nurses and a clinical psychologist. They had been recruiting into these positions. Two locum nurses were covering vacant positions and they knew the service well.
- In Wyre Forest, in November 2015, there was a vacancy for a psychiatrist however, it was filled by a locum. There were two vacancies out to advert.
- Staff were concerned about vacancies and short staffing, however, caseloads were being managed and reassessed regularly. Staff were confident they could respond in the event of a crisis.
- There was sufficient administrative staff across services we inspected to support the delivery of care and treatment.
- The trust rolling sickness rates for the past 12 months fell from 7.1% in November 2015 to 6.5% in April 2016. The trust monthly average similarly fell in these two months from 6.5% to 5.4%. Team managers were monitoring sickness and absence in line with the trust policy. There was two staff off long term sick in Wyre Forest and one in Worcester south.
- The trust average for mandatory training was 85% however, safeguarding training for children and adults was at 90.2%.

Assessing and managing risk to patients and staff

Safe staffing

- Vacancy rates had reduced from 22.8% in January 2015 to 17.5% in April 2016. Although there was locum cover for key roles, for example, a consultant psychiatrist and two psychologists, continuity of care was raised as a concern by families. Recruitment activity continued with 18 new starters and 16 leavers in the past 12 months. The trust was pro-active to recruit from six different trust and reasons for leaving included promotion, internal transfer, work life balance and dismissal.
- In Worcester south, a review of the skill mix was taking place. There was one band 8A vacancy for a clinical psychologist however, it was covered by a locum. There was a team manager vacancy and this had been recruited into however, the applicant had subsequently declined the position.
- The Trust operated a single point of access (SPA) for all referrals to CAMHS. Staff undertaking the SPA role received referrals and triaged based on risk and clinical need.
- We looked at four sets of clinical notes in November 2015. The Galatean Risk and Safety Tool (GRIST) and children's global assessment scale (CGAS) was used for all new clients coming into the service. There was one completed assessment out of the four sets of notes viewed. Three of the service users without GRIST were very new to the CAMHS team and had not been with the service long. Of the 13 care records reviewed in May 2015, all had an up to date risk assessment. Risk assessments and crisis plans in Worcester north and south services were appropriate and of good quality.
- We were advised that CAMHS were due to go live on a new electronic clinical records system "Care Notes" on 7

Are services safe?

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

December 2015. They had been working closely with the care notes implementation team to ensure that specific assessments and GRIST are included on the new system. The patient electronic system was in place in May 2016 and staff were familiarising themselves with the new system. Staff were positive about care notes and the Worcester north team could access the system when working remotely in the community.

- Staff were using a risk screening summary pro-forma specifically adapted to ensure that it was age appropriate for CAMHS. We saw a blank copy of this on the computer. We saw documentation to show that staff were developing “My Safety Plans” with clients which looked at how a young person might manage self-harming and impulsive behaviours whilst awaiting more specific work. We were told that safety plans are shared with the young person, parent/carer and school where appropriate and consent is given.
- Lone working had improved since the last inspection. More than 80% of staff had received de-escalation, safety and disengagement, or conflict resolution training. Staff had access to each others electronic calendar to know where each other was. Young people and families were booked in and out of buildings and staff assessed risk prior to interviewing. Staff would support each other if the risk was deemed high. There were no alarms in community buildings.

Track record on safety

- Staff told us there had been no serious untoward incidents within this service in the last year. Trust data we looked at confirmed there had been no serious incidents.
- We were given an example of an adverse event in Wyre Forest, which was reported on the trust's incident reporting system. The event involved the loss of a client file. The file was discovered in a staff member's drawer following return from annual leave. The file had failed to be tracked correctly using the file tracking system and therefore was unavailable for use in out-patient clinic. Improvements to the use of the tracking system have since taken place. The team manager gave feedback to the team via email and the incident was discussed within the multi-disciplinary team (MDT) meeting. Minutes of this meeting were viewed during the inspection.

Reporting incidents and learning from when things go wrong

- All CAMHS staff told us they were aware of how to report incidents using the electronic recording system and gave us an example of when this process and system had been used.
- De-briefing after incidents were carried out during MDT meetings and the safeguarding lead and other staff may be invited as appropriate.

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

- Referrals into community mental health services for children and young people was through a single point of access (SPA). The SPA assessed and triaged referrals as urgent and non-urgent, and allocated to teams according to risk and need. The target time, a key performance indicator (KPI), from referral to assessment was eighteen weeks for routine referrals. There had been one breach to this in November 2015 to the inspection. Worcester north and south teams were meeting this target.
- CAMHS is provided on a multi-disciplinary team basis so referral to treatment times included psychology. There was agreement with commissioners that the trust would work towards a maximum waiting time of 25 weeks. There was 179 young people waiting for treatment in November 2015 and 26 had waited over 25 weeks. In April 2016, 95 young people were waiting for treatment of which 16 had been waiting over 25 weeks. The trust was working towards no children waiting over 25 weeks by June 2016.
- Urgent cases were seen more quickly and emergency referrals were seen within two working days. There was scope to be seen quicker where there was an imminent risk. Where a mental health act assessment was required, this was completed the same day.
- Tier 3 CAMHS accepted those with a mental health problem, for example; serious depression, eating disorders, and self-harm. If the issues appeared to be more related to family relationships or behavioural problems for example, then the young person was seen by the SPA professional within tier 3 who then assessed the mental health need. Staff care coordinated young people, providing support and low level psychological interventions, whilst waiting to access specialised psychological treatments.
- Patients who found it difficult or were reluctant to engage with the service, were re-engaged through written and/or telephone communication to re-establish contact. If there was clinical concern, the service attempted to make verbal contact.
- Appointments after 4pm were popular and the most frequently requested due to school/college hours. Tier 2 staff could visit a young person at college or liaise with schools. The 3 Plus service is for those children and young people who were more acutely ill and so Wyre Forest CAMHS staff may meet them after school and walk home with them to engage them effectively. Children supported by tier 3 services are often complex and require more intensive interventions and different types of therapy. Tier 3+ further supported children who were admitted to paediatric beds and need assessment and potential admission to tier 4 specialist inpatient beds.
- One carer reported good support from the team during their young person's transition period to the Early Intervention Service.
- One young person we spoke to told us that they had seen their GP one day, then quickly seen by CAMHS the next day and that they had been with the service for three years.
- There were no inpatient beds in the county for children and young people. Most young people who needed inpatient admission were admitted to Birmingham beds, which were commissioned through NHS England. CAMHS and bed managers in the trust liaised directly with NHS England when a Tier 4 inpatient bed was required. CAMHS remained in contact with providers outside of area and supported transfer back to the area on discharge. The 136 suite in the trust is on an adult mental health unit.
- We were told that CAMHS is accessed by a number of families from an Eastern European background and that there is easy access to interpreters and signers. There were no information leaflets in the waiting room and we were told that leaflets could be printed off the internet if required in a variety of languages.

The facilities promote recovery, comfort, dignity and confidentiality

- Services were being re-designed and Worcester south had been decorated. Rooms were designed, with input from young people, to support therapy for example, use of a water play room. Rooms in Worcester north were more bare however, we were told that psychology staff preferred to work in that environment. Toys were clean and accessible to younger children across services. One patient that we spoke to reported that the waiting room chairs were not comfortable in Wyre Forest.
- The inspection in January 2015 observed young people in Worcester south had their height and weight measured in a corridor due to lack of space. Staff now assess young people in a specific clinic room.

Are services responsive to people's needs?

Good 

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

- Interview rooms were not soundproofed, however, we could not hear the content during the inspection. Interview rooms were situated next to reception areas where staff worked and if voices were raised they would check that staff, young people and their family were safe.
- A range of leaflets and service information for young people and carers was available across team sites. Self-help guides were available to young people and families on the trust website. This includes information about a well-being hub for young people over 16 years of age who may experience low level symptoms of anxiety and depression.
- The trust had an action plan to meet the Accessible Information Standards (2015). This meant that the Trust had to ask people if they have communication needs and how this is recorded in care records. The new electronic records system was starting to record this information.

Meeting the needs of all people who use the service

- The CAMHS waiting room at Kidderminster health centre was accessed off the main reception via a narrow corridor, which may be difficult for patients with physical disabilities to navigate or access. There was a separate, shared and accessible room available for CAMHS service users with physical disabilities at the centre if required.
- The January 2015 inspection of Worcester north commented that although there was a lift to the first floor another short set of stairs precluded use of meeting rooms and offices. Young people could access

the waiting and some meeting rooms, and the service could use rooms on the ground floor. One clinical nurse specialist provided group treatment in another trust site to meet the needs of young people.

- Information leaflets was available on request in languages other than English. Easy read versions were also accessible on request.
- Access to interpreters and/or signers is available on request.

Listening to and learning from concerns and complaints

- There were 19 complaints to CAMHS over the past 12 months. Five complaints remain on-going. The trust was open about complaints and offered apologies when it was appropriate to do so. There were no particular themes attached to complaints.
- One carer told us that they would feel comfortable raising concerns with the service, and could ask questions if things do not seem right. One young person who used CAMHS on and off for five years said they never had reason to complain however, she knew how to if required.
- PALS information leaflets were given to young people and families to make complaints. We were told that there had been some telephone complaints from parents recently following the locum doctor leaving at short notice (one week) because they were not informed that the doctor was leaving the service. Staff told us that they called to apologise to families following the complaints.
- Information on how to make a complaint was available in waiting areas and on the trust website.

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

- Team managers was aware of the organisation's visions and values and was able to tell us about them. The managers knew who the most senior managers in the organisation were and told us that the team had received visits from the chief executive and the clinical service manager.

Good governance

- There was improvement in governance arrangements to CAMHS from the trust since the inspection in January 2015.
- The trust average mandatory training rate at April 2016 was 85%. The trust has increased attendance on de-escalation training for CAMHS staff from 49% to 81.7%.
- All staff had an appraisal who were eligible to do so. All staff received supervision and staff confirmed they felt supported.
- There was evidence of learning from incidents. This was undertaken through supervision, team meetings and trust bulletins.
- Staff are trained in safeguarding, the Mental Health Act and the Mental Capacity Act. Staff know how to report safeguarding and 90.3% had completed safeguarding training in children and adults.
- CAMHS used key performance indicators (KPIs) to gauge performance, for example, there were KPIs around waiting times and mandatory training for staff. Team managers and the trust had access to a range of data, including appraisal, training and waiting times. The trust reported to commissioners if waiting times for treatment exceeded 25 weeks.
- Compliments and complaints were recorded on the team's computer system. At the end of every month, a copy of this was sent to Patient Advice and Liaison Service (PALS). We viewed the latest list sent to PALS, which included a compliment from a GP and one from a family.

Leadership, morale and staff engagement

- The staff survey of 2015 was completed by over 50% of staff, higher than the national average for completion. Overall, the survey was positive and improvements were seen. Staff reported positive outcomes for, and recommended, following:

- the organisation as a place to work or receive treatment
- their role makes a difference
- staff are motivated
- support from immediate managers, however, the trust scored below the national average for:
 - effective team working
 - the quality of appraisals.
- Sickness and absence rates had improved
- There were no known reports of bullying or harassment cases in the team.
- Staff told us they were aware of the whistle-blowing process and felt able to raise concerns without fear of victimisation.
- Team managers' told us they felt good about their job. Staff spoke positively about their job and the support from their immediate managers, especially over the past six months. This included the Wyre Forest team that had reported low morale at the previous inspection.
- There had been opportunities for the manager's development and they recently completed an Improving Access to Psychological Therapies (IAPT) course at postgraduate level
- Although effective team working was negative in the staff survey of 2015, CAMHS staff spoke positively about working with colleagues and their impact on care.
- The manager felt that they had opportunity to give feedback on services and input into service development.

Commitment to quality improvement and innovation

- The trust were taking part in the international Milestones Study and were recruiting young people for the two-year study. The aim of the project is to understand and improve the transition from children to adult service and of discharge.
- The trust issued a newsletter specifically focussed on young people called 'soundbite'. Soundbite detailed a range of information, including, about physical and mental health, how to join the youth board, apprenticeship schemes and how to access help and support.
- The trust continued to participate in the CAMHS research outcome consortium (CORC). The commission for health improvements experience of service questionnaire (CHI-ESQ), as reported in the CQC report

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.

of the trust in 2015, showed parents/carers were highly satisfied with the service they received. A referrer satisfaction survey was completed and high levels of satisfaction were identified.