Hope House

Quality Report

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

Ratings

Overall rating for this location	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 Hope House as good because:

- We observed staff to be interacting with young people in a person centred, caring and nurturing manner.
- Young people spoke positively about the clinical staff, they reported that staff listened to them; they were easy to talk to, respectful and understanding.
- Young people were involved in recruiting and selecting staff and the design of the waiting area of Hope House.
- Young people were actively involved in their care planning, with the use of the recovery star to monitor progress.
- Records reviewed contained detailed risk assessments and risk management plans for the young people.
- Clinical nurse specialists communicated with GPs regarding annual health checks and required screening.
- Detailed care plans were in place in relation to young people prescribed medicines with specific monitoring requirements.
- The multidisciplinary team included nurses, phycologists, a consultant psychiatrist, a family therapist and an art therapist. The therapist provided a range of therapies, which met with best practice.
- Staff attended a variety of training relevant to the needs of the young people. This included the graduate diploma in child and adolescent mental health practice. Staff understood their role in relation to the Mental Capacity Act and Mental Health Act.
- Care programme approach meetings were person centred and fully involved the young person.
- A service user coordinator role had been introduced which had resulted in the creation of a young person friendly guide about the service and the involvement of young people in other areas of the service.
- Staff were following the complaints policy and keeping a log of complaints made.
- There was a clear corporate governance meeting structure with defined terms of reference.
- Managers and directors had attended training in leadership and management.
- The senior managers were visible within the service and staff reported they were approachable.
- Staff had received an appraisal and regular supervision, both clinical and managerial.

However:

- Not all young people knew how to complain about the service.
- There was no information on display on how young people could contact CQC.
- Mandatory training levels were below 75% for therapeutic risk underpinned by safe supportive techniques, conflict resolution and personal safety and emergency first aid.
- There was no formal method of sharing learning from incidents within the clinical services.

Summary of findings

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Good

Hope House

Services we looked at

Specialist community mental health services for children and young people

Summary of this inspection

Background to Hope House

Hope House has been registered with CQC since November 2016; previously the service was registered as Care in Mind and was based at a different location in Stockport. The service provides community based care and treatment for young people aged 16 to 25 with complex mental health needs. The service is multidisciplinary and includes a psychiatrist, two psychologists, six nurse consultants, a family therapist and art therapist.

Hope House assists young people in their discharge from hospital and other secure settings. Currently, the young people receiving treatment and care from Hope House are young people living within the provider's partner organisation. Young people primarily have their appointments with Hope House therapists at their head office in Stockport. Appointments with the Hope House nurses take place in their residential home, which is part of the provider's partner organisation. There are two hubs, one in Yorkshire and one in Chorley where young people who live in that region can access therapies locally.

Support offered by the team includes monitoring of mental state, therapeutic risk management, contributing to the care planning and review, advice, training and support to the residential staff that support the young people within their homes. The service were supporting 24 young people at the time of our inspection.

There was a registered manager in post.

Hope House is registered to provide the following regulated activities:

• Diagnostic and screening procedures

• Treatment of disease, disorder or injury

Our inspection team

Team leader: Sarah Heaton

The team that inspected the service comprised two CQC inspectors and a specialist advisor with experience of child and adolescent mental health services.

Why we carried out this inspection

We inspected this service as it had moved location and changed its name since the last inspection.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- attended a presentation from the executive management team including an update on service provision and progress made

Summary of this inspection

- spoke with the nominated individual, clinical director, risk and compliance manager and human resources manager
- spoke with eight other staff members; including the service user coordinator, three nurses practitioners, two psychologists, the consultant psychiatrist and art therapist
- spoke with six young people; five who were receiving care and treatment from the service and one who had received support from the service in the past
- spoke with a family member
- attended and observed a care programme approach review for a young person;
- reviewed eight care records
- conducted a tour of the premises and therapy rooms
- looked at a range of policies, procedures and other documents relating to the running of the service including minutes of meetings, training records and staff files.

What people who use the service say

We spoke with six young people. Young people knew who their clinicians were, they reported that staff listened to them; they were easy to talk to, respectful and understanding. Young people reported being involved in planning their care and felt they had made progress as a result of the care and treatment provided by the clinical team.

Young people reported that Hope House met their needs more than the previous building. They told us they had been involved in the design of the waiting room.

Two young people reported being involved in recruiting staff. Young people gave positive feedback about the newly introduced service user coordinator role, how helpful they were and that they had co-facilitated the recruitment and selection training.

Young people told us that staff involved them in the preparation for their care programme reviews; however, one young person reported they did not always receive a copy of the report prior to the meeting.

Two young people told us that they did not know how to complain about the service and one had not been given any information about the clinical service.

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:

- All records we reviewed had detailed risk assessments and risk management plans for the young people.
- Caseloads were manageable for clinicians and allowed for intensive support to be provided to both the young person and their residential staff team.
- Staff attended training in safeguarding and were knowledgeable about how to respond to safeguarding concerns.
- The physical health lead had introduced physical observations charts. Clinical nurse specialists communicated with GPs regarding annual health checks and required screening.
- Detailed care plans were in place in relation to young people prescribed medicines with specific monitoring requirements.

However:

- Mandatory training levels were below 75% for therapeutic risk underpinned by safe supportive techniques, conflict resolution and personal safety and emergency first aid. However, there was always a member of staff on duty with up to date first aid skills.
- The on call policy had not been updated to reflect the changes in practice.
- There was no formal method of sharing learning from incidents within the clinical services.

Are services effective?

Good

We rated effective as good because:

- All records reviewed had a comprehensive assessment in place. This included the history of the young person and a consideration of their capacity.
- Care plans were person centred and based on the identified needs of the recovery star.
- The multidisciplinary team provided a range of therapies, which met with best practice.
- Staff attended a variety of training relevant to the needs of the young people. This included the graduate diploma in child and adolescent mental health practice.
- Care programme approach meetings were person centred and fully involved the young person.

Summary of this inspection

- Staff had attended training in the Mental Capacity Act and Mental Health Act and understood their role in relation to this legislation.

However:

- Record keeping was a challenge. Each young person had two records, one at the therapy base and one at the residential service. Not all information was in both files.
- Nurses requested the physical health screening results from the GP; however, these had not always been received.

Are services caring?

Good

We rated caring as good because:

- We observed staff to be interacting with young people in a person centred, caring and nurturing manner.
- Young people spoke positively about the clinical staff, they reported that staff listened to them; they were easy to talk to, respectful and understanding.
- Young people were involved in the planning of their care including their care plans and their care programme approach meetings.
- A service user coordinator role had been introduced which had resulted in the creation of a young person friendly guide about the service, young people were trained in and involved in interviewing staff and tin planning the decoration of the waiting room.

However:

- One young person reported not receiving their care programme approach report prior to the meeting.

Are services responsive?

Good

We rated responsive as good because:

- There was a clear admission and exclusion criteria available on the website. Staff discussed new referrals within the weekly referrals meetings.
- The environment was welcoming and accessible to young people and they had been involved in the furnishings of the waiting room and activities available.
- Staff were able to meet the needs of the young people and accessed appropriate services to enable reasonable adjustments for people with specific needs.
- Staff were following the complaints policy and keeping a log of complaints made.

However:

Summary of this inspection

- Not all young people were aware of how to complain about the service.
- There was no information on display on how young people could contact CQC.

Are services well-led?

Good

We rated well-led as good because:

- Staff were aware of the quality framework and this informed their everyday practice.
- There was a clear corporate governance meeting structure with defined terms of reference.
- A human resources manager was now in post who had introduced an interactive electronic system for human resources.
- Staff contributed to the risk register and the executive team had taken actions to reduce the identified risks.
- All directors had completed the annual fit and proper person declaration document.
- The service offered leadership and management training to managers and directors.
- Consultation and communication had improved with staff via newsletters and team briefs.

However:

- Not all actions and requests raised via the departmental governance reports were actioned and responded to promptly within the clinical governance meetings.
- Not all of the director's files had all of the necessary recruitment documentation within the staff records.
- Two policies were overdue for review.

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 Provider.

Hope House has a Mental Health Act policy, dated April 2016, which referred to the revised Mental Health Act code of practice 2015.

Staff completed Mental Health Act training, with 92% compliance.

The service was supporting one young person with restrictions under the Ministry of Justice. Staff we spoke to were aware of their role in relation to supporting this young person effectively, including seeking permission from the Ministry of Justice regarding their restrictions.

Staff we spoke with were aware of their role in relation to supporting young people on a Community Treatment order or detained under section 136 and their liaison with staff at the Accident and Emergency department.

Mental Capacity Act and Deprivation of Liberty Safeguards

Hope House had a Deprivation of Liberty Safeguards policy, dated May 2017, and a capacity and consent policy. There were two documents for staff to use in relation to assessing capacity and making best interests decisions regarding the young people. Staff completed the "Assessment of Mental Capacity form" first, which guided staff through the stages of the capacity assessment. If staff assessed that the individual did not have capacity to consent to the particular decision, there was a second form "Best Interests decision" that prompted staff to consider all elements of the Best Interests process including who to consult.

All records we reviewed had completed "consideration of capacity" forms, which included reasonable adjustments staff may take to ensure the information is accessible for the individual. The "A & E letters" created by the consultant psychiatrist to explain the young person's needs, how to assist in their recovery and history had been revised to include the capacity of the young person and what factors would influence their capacity.

Staff we spoke with understood the principles of the Mental Capacity Act. Staff had attended training in the Mental Capacity Act and Deprivation of Liberty Safeguards with 92% compliance.

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

Staff provided the therapy sessions and reviews of young people either at Hope House or one of the hubs or at the residential service that the young people lived in. Therapy rooms were very welcoming and the building had recently opened with a full refurbishment. To enter the premises there was a buzzer, which staff at reception answered, and they controlled the release of the doors, people had to advise who they were and whom they were to see prior to gaining entry. Young people arrived for the therapy sessions with their support workers. Although the therapy rooms did not have alarms fitted, staff were trained in deescalating situations and young people's support workers would wait in the reception area and could respond if required.

Hope House had four therapy rooms, one was used by the art therapist with a locked cupboard for their equipment and young people's art. There were two large meeting rooms, used for care programme approach reviews and staff meetings and training.

All areas were clean and maintained to a high standard.

Safe staffing

There were six clinical nurse specialists and two clinical psychologists in post. There were three clinical psychologists going through their recruitment checks and were awaiting a start date. Once they joined the team there would be no vacancies.

Sickness rate between August 2016 and August 2017 was 0.5%, which was very low. Turnover rate for the same period was 48% this equated to four staff. The executive team were aware that the turnover rate was high, primarily for psychologists and were evaluating the reasons for people leaving and the human resources department were actively planning to resolve this.

There was a clear plan in place of matching the number of clinicians to the growth of the service. The model was one clinical nurse specialist worked with eight young people. The caseload of psychologists was between 10 and 12 young people dependant on the level of intervention required. Hope House had over recruited to allow for the imminent growth of the service and ensure the clinicians were available when the young people moved in and during their transition.

The clinical director reviewed the caseloads of clinicians within supervision. There was a system in place, where Monday to Friday in office hours a clinical nurse specialist was on duty. Their role was to respond to any incidents that occurred and follow up on incidents that were reported to the on call and to cover for colleagues who were off. The clinical nurse specialists staffed the on call; they were on call once or twice a week and carried the phone out of office hours. Their responsibility was to offer advice to staff in how to respond to situations they were struggling to manage, also to other professionals, including if young people needed to attend hospital. Occasionally they would need to go out to respond to a situation. There was also a

residential on call for support. If one of the staff on call had to go out then they would inform the other on call of their whereabouts and safety at the end of the visit. The on call policy, dated April 2017 advised staff when they needed to escalate risk to the senior management team.

Hope House did not use bank or agency staff, due to the nature of their work and the importance of building a therapeutic relationship with the young people. Currently staff covered for each other during a period of absence. If staff needed to contact a consultant in an emergency, they had the contact details for the consultant psychiatrist. When the consultant psychiatrist was on holiday, the chief executive officer of the organisation, who was also a child and adolescent consultant psychiatrist provided cover. However, the executive team acknowledged that with the growth of the organisations they required additional consultant psychiatrist cover and were in the process of recruiting to the post.

Mandatory training for the clinical team included an induction workbook for staff joining the organisation since January 2017. The workbook included health and safety, moving and handling, lone working, fire safety, infection control, food hygiene, safeguarding, information governance, service user involvement, mental health awareness and Mental Capacity Act. The workbook had tests within it that were marked, prior to being recorded as completed. All clinical staff that had joined the organisation since January 2017 had completed this. Other mandatory training included the boundary see saw model with 100% compliance, safeguarding with 92% compliance, safewards for safehomes with 92% compliance, therapeutic risk underpinned by safe supportive techniques, which is their management of potential and actual violence accredited training, conflict resolution and personal safety two day course with 67% compliance, however the other staff had been booked on courses. Emergency first aid has recently been agreed to be a mandatory course as it was included in the induction historically. Four clinical staff had recently completed the training. The other seven clinicians had completed a refresher course in cardiopulmonary resuscitation in June 2016. The Resuscitation Council (UK) Quality standards for cardiopulmonary resuscitation practice and training, May 2017, state that training must be in place to ensure that clinical staff can undertake cardiopulmonary resuscitation. Clinical staff should have at least annual updates. However, within Hope House, there were three first aiders with cardiopulmonary resuscitation training, and one was always on site. This means there would always be a member of staff with current training that could respond to a first aid situation.

Other mandatory training for the clinical team was therapeutic risk management with 92% compliance, personality disorders, structured clinical management for adolescents, mental health recovery star, attachment and equality and diversity all with 100% compliance. Training in duty of candour, serious untoward incidents and quality audits was also mandatory with 92% compliance.

Assessing and managing risk to patients and staff

We reviewed eight care records. All the files we reviewed had current, detailed risk assessments and management plans which were reviewed within the multi-disciplinary meeting too. Staff used the Salford Tool for Assessing Risk.

Accident and Emergency letters were in each file we reviewed. The letters were written by the consultant psychiatrist. They included an explanation of the history and presentation of the young person and their current needs, how to assist in their recovery in relation to treatment options. The aim of the letters were to avoid young people having to explain their history to the staff at the hospital and for the hospital staff to work with the model of care provided and the desired outcome of young people's time at hospital being as short as possible.

Where appropriate to the young person, care plans were in place in relation to physical health, medicines and missing from home.

Physical health monitoring took place. The physical health lead had introduced a physical health monitoring sheet where staff recorded the physical observations. Staff liaised with the young person's GP to request for additional monitoring and screening to take place, the responsiveness of this seemed to vary dependant on the GP. Some records included electrocardiogram readings and blood test results. The service had created a guide for young people to physical health monitoring explaining the different tests and measures taken. There was an ensuring effective management and monitoring of physical health policy in place, dated August 2017, which included service level agreements with GPs regarding tests and screening. The policy also included management and support for people

with an eating disorder which is good practice and follows National Institute for Health and Care Excellence guidance: Eating disorders: recognition and treatment (NG69) Published date: May 2017

There were safeguarding leads within the service who had attended level seven training. Their role was to offer advice and guidance to other clinicians and oversee any safeguarding concerns. There were two policies in relation to safeguarding. Safeguarding children policy, dated May 2017, which referred to the Children Act and PREVENT agenda. The safeguarding adult's policy, dated March 2016, included the requirement to notify CQC of any safeguarding allegations or incidents. The safeguarding leads managed the log of safeguarding concerns, which were stored in young people's files and had a summary of the concerns, actions taken and outcome. Any sensitive information was stored separately in a locked cupboard, which only the leads could access, the reference code to this evidence was stored on the safeguarding log to assist in locating the information. There was a file with all local authority safeguarding board's details and how to make referrals for each region as young people may be placed from a variety of local authorities. Staff attended training initially at level three then level five. Safeguarding training had 92% compliance.

Staff were aware of the lone working policy dated April 2017, this advised that staff need to attend TRUSST(Therapeutic Risk Underpinned by Safe Supportive Techniques) training, which is their management of potential and actual violence accredited training, there was 67% compliance and the remaining staff had been nominated to attend the training. However, the policy did not reflect the current practice in place for the staff on call, which were expected to liaise with the other on call regarding their whereabouts if they were required to go on a visit out of office hours. This could make the practice confusing for staff, particularly staff new to the team.

Track record on safety

Hope House had a serious incident policy, dated May 2016. The policy stated that the report should have clear introduction, terms of reference and member of the review team with a conclusion at the end of the report. We reviewed a report for an investigation into an incident involving both the clinical and residential services and found that the report did not have a terms of reference or a root cause identified. We reported this to the risk and compliance manager who said they would action this. There had been no serious incidents in the 12 months prior to May 2017.

Reporting incidents and learning from when things go wrong

Staff we spoke with knew how to respond to incidents, what to report and how. Staff completed an electronic incident form as specified in their incident and near miss reporting policy, dated September 2016. Clinicians were involved in the review of incidents that staff within the residential services had submitted via the designated risk email address.

There was evidence within the care records we reviewed that staff and young people received a debrief following incidents. This complied with the self harm policy dated August 2013.

Although there was no formal method for sharing learning from incidents within the clinical services, we found that the service was learning from incidents. Staff we spoke with gave examples of changes following learning from incidents, for example, the change of the assessment documentation to ensure the gathering additional information regarding learning needs of individuals as there had been individuals accepted into the services where their needs caused challenges within the dynamics of the services. We also reviewed an email that had been sent to the clinical team to advise of the changes in escalating concerns regarding risk to senior managers.

Duty of candour

Hope House had a duty of candour policy, dated November 2015. Staff attend training in duty of candour with 92 % compliance. Staff we spoke with regarding the duty of candour knew what the duty of candour was. There had been no incidents that met the threshold for duty of candour.

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

(for example, treatment is effective)

Specialist community mental health services for children and young people

Good

Good

Assessment of needs and planning of care

We reviewed eight care records. All had a comprehensive assessment in place. This included the history of the young person and a consideration of their capacity.

Care plans were person centred and based on the identified needs of the recovery star. Care plans included the young person's view, goals, what the young person could do to help and what their team could do to help. Care plans were regularly reviewed in conjunction with their clinical nurse specialist and both parties signed their care plans and the review of these. All records reviewed had current care plans in place.

Record keeping was a challenge as there were two files for each young person. One based at their residential service and another based at their therapy base. Records in the therapy based were stored securely in locked storage. Records were paper based and copies of necessary information had to be stored in both records. This allowed for discrepancies due to human error. Information was archived every three months; however, in one of the records we reviewed staff had archived all of the information regarding psychological therapy, making it difficult to review the therapy provided or attempted intervention. The senior management team had added records to the risk register and identified an electronic record system to improve this situation. They were due to pilot it from September 2017, with the aim of it being live within six months.

Best practice in treatment and care

We reviewed records relating to a young person who was being titrated onto clozapine, a medicine that requires special monitoring, within the community. We found clozapine care plans in place, information for staff about side effects and arrangements with the pharmacy. This complied with National Institute for Health and Care Excellence guideline: Psychosis and schizophrenia in adults: prevention and management Clinical guideline [CG178] Published date: February 2014.

Therapies provided by the clinical psychologists within the team were all based on the attachment theory. Therapies included cognitive behavioural therapy, cognitive analytical therapy and compassion-focused therapy. The therapist chose the most appropriate model for the young person and their presenting needs. This met the National Institute for Health and Care Excellence guidance: Obsessive-compulsive disorder and body dysmorphic disorder: treatment Clinical guideline [CG31] Published date: November 2005 and Depression in children and young people: identification and management Clinical guideline [CG28] Published date: September 2005.

Nursing interventions were based in the structured clinical management model, which was adapted for use with adolescents. This is a problem solving based approach and was offered in both one to one sessions and a group session. The group explored understanding emotions, managing emotions and building relationships. Problem solving based therapy is recommended by National Institute for Health and Care Excellence in Self-harm in over 8s: long-term management

Clinical guideline [CG133] Published date: November 2011

We reviewed the physical health interventions provided by the service. The service had introduced physical observations charts, which were stored in each file we reviewed. Clinical nurse specialists communicated with GPs regarding annual health checks and required screening. Nurses requested the results however, these had not always been received. This could make it difficult for the clinical team to review a young person and the effectiveness of their treatment. Care plans were in the files we reviewed in relation to physical health and medicines. Staff were following the "ensuring effective management and monitoring of physical health policy", dated August 2017, including the completion of the baseline physical health screening during the transition into the service by their clinical nurse specialist.

An art therapist worked for Hope House on a consultancy basis one day a week, young people were referred for art therapy via the multidisciplinary meetings and reviews. Having this therapy as an option for young people reflects the recommendation from the National Institute of Health and Care excellence guidance: Psychosis and schizophrenia in children and young people: recognition and management. Clinical guideline [CG155] Published date: January 2013 Last updated: October 2016

The recovery star was used within the service. Young people rated themselves at the point of admission to the

service and then prior to each care programme approach review, young people we spoke with talked about the use of the recovery star and how helpful it was to capture the progress they had made.

There was a risk and compliance manager in place who managed the implementation of audits including the monitoring of document completion, training attended and incidents recorded. Findings of audits fed into the audit and compliance meetings. There had been a review of the terms of reference for the group in June 2017.

Skilled staff to deliver care

The team consisted of nurses, clinical psychologists and a consultant psychiatrist. The service employed a family therapist and an art therapist on a consultancy basis. A number of staff, in addition to their professional qualification had completed the graduate diploma in child and adolescent mental health practice at the university of central Lancashire.

When staff joined the organisation they completed an induction training workbook which covered an introduction to the organisations, models of care provided, health and safety, moving and handling, lone working, fire safety, infection control, food hygiene, confidentiality, safeguarding, information governance, service user involvement, mental health awareness and Mental Capacity Act. Each section had a test, which was marked to confirm staff's knowledge.

Staff received both clinical and managerial supervision. The service had a supervision policy dated March 2016, stating that supervision should be monthly. We reviewed six clinical supervision logs and found that staff were receiving regular supervision, usually on a monthly basis until September 2016 and then there was a gap until February 2017. Since then staff have been receiving supervision every four to six weeks. This met their policy requirements. The gap in supervision taking place coincided with staff within the executive team changing their roles and the clinical director being on maternity leave. We discussed this with the team about managing this situation differently in future and they advised of the new clinical hub lead roles, recently introduced to ensure regional management. We reviewed 11 management supervision records and found since February 2017 staff were receiving supervision every four to six weeks.

Clinical team meetings took place on a monthly basis. We reviewed minutes and found topics included the recovery star, policies and models of care, duty, reports, safeguarding leads, induction and audits. There was good attendance at the meetings and evidence of discussion regarding the topics with all present contributing.

The service had an appraisals policy dated July 2017, which explained that staff define their objectives, which are reviewed at six monthly intervals. Of the 10 clinical staff eligible for an appraisal, nine had been completed which equates to 90%.

Following induction staff completed a variety of training relevant to their role including: the boundary see saw model with 100% compliance, safeguarding with 92% compliance, safewards for safehomes with 92% compliance, therapeutic risk underpinned by safe supportive techniques, conflict resolution and personal safety two day course with 67% compliance, however the other staff had been booked on courses. Specific courses relevant to the clinical staff's role included therapeutic risk management and formulations with 92% compliance, personality disorders with 100% compliance, structured clinical management for adolescents with 100% compliance, recovery star with 100% compliance, and attachment with 100% compliance. These courses underpinned the therapeutic model of care provided to the young people.

Continuous professional development events took place, usually in an evening to enable all clinical staff to attend and have an informal get together of sharing food prior to the event. Topics included structured clinical management, the boundary see saw model, borderline personality disorder in adolescence, children's attachment, Mental Capacity Act and compassion focused theory. Staff talked positively about the events and the opportunity to share their knowledge with other colleagues.

Within the clinical team there were no staff under performance management. The probationary period allowed a process for a structured review of staff's practice including progress and areas for development.

Multi-disciplinary and inter-agency team work

The multidisciplinary team reviewed young people's care on a monthly basis. Young people reviewed their progress in relation to the recovery star as part of the meeting. Care programme approach reviews took place where external

Specialist community mental health services for children and young people

Good

professionals involved were invited to, this included the young person's care coordinator from their home team. We observed a care programme approach review with the young person's consent and found the meeting to be extremely person centred, starting with their review of their recovery star and seeking feedback from the young person regarding aspects of their care and treatment.

Clinical nurse specialists who were on call would pass onto the nurse on duty the next day, any events reported to the on call, actions taken and any follow up actions required. Incidents reported to the risk email address went to the clinical team for their review and action. The clinical team were based within the same office for the majority of the time, allowing for effective verbal communication, in addition, they had work phones and lap tops to facilitate mobile communication and updates regarding young people. Clinical nurse specialists visited the young people within the residential services, also allowing for handovers and guidance with the staff team.

Minutes from the care programme approach reviews were shared with all parties, ensuing commissioners and home care coordinators were updated. When young people were discharged from the service there was a discharge summary sent to professionals including their GP.

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

There were no young people on a community treatment order at the time of the inspection, although staff understood their role if there was. A service level agreement was still in place with a local independent hospital to complete the Mental Health Act administration roles.

One young person had restrictions from the Ministry of Justice, which they had to adhere to. On occasion young people were taken to a hospital under section 136 of the Mental Health Act as a place of safety. Clinicians would liaise with the hospital staff in these scenarios.

Staff had received training with 92% compliance. Staff talked positively about the training, including the delivery and content and felt it was a useful refresher.

The service has a Mental Health Act policy, dated April 2016, which referred to the revised Mental Health Act code of practice 2015.

Good practice in applying the Mental Capacity Act

Staff we spoke with understood the principles of the Mental Capacity Act. Staff had attended training in the Mental Capacity Act and Deprivation of Liberty Safeguards with 92% compliance.

The service had a Deprivation of Liberty safeguards policy, dated May 2017, and a capacity and consent policy. There were two documents for staff to use in relation to assessing capacity and making best interests decisions regarding the young people. Staff completed the "Assessment of Mental Capacity form" first, which guided staff through the stages of the capacity assessment. If staff assessed that the individual did not have capacity to consent to the particular decision, there was a second form "Best Interests decision" that prompted staff to consider all elements of the best interests process including who to consult. Consideration of mental capacity was also reviewed as part of the multidisciplinary team.

All records we reviewed had completed "consideration of capacity" forms completed which included reasonable adjustments staff may take to ensure the information is accessible to the individual. The "A & E letters" created by the consultant psychiatrist to explain the young person's needs, how to assist in their recovery and history had been revised to include the capacity of the young person and what factors would influence their capacity. The aim of the letters was for staff in Accident and Emergency departments to read the letter and respond in a way to the young person, which was in keeping with their care plan and desired outcomes of care and treatment.

The model of care provided by the service was least restrictive in its approach, not restricting young people's movements. Staff did understand the Deprivation of Liberty Safeguards and had made one application in the past however, that person has since moved on from the service.

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

Good

Kindness, dignity, respect and support

We observed a care programme approach meeting and found the consultant psychiatrist and clinician to be very

person centred, caring and nurturing. The clinical nurse specialist responded to heightened levels of anxiety of the young person in an appropriate and subtle way. The young person was involved throughout the meeting and staff had a good level of knowledge of the young person's needs.

We spoke with six young people and a family member. They all spoke positively about the clinical staff, they reported that staff listened to them; they were easy to talk to, respectful and understanding. Young people reported being involved in planning their care and felt they had made progress as a result of the care and treatment provided by the clinical team.

Staff we spoke with understood the needs of the young people well, their triggers and reasons for presenting behaviours. Staff were able to tailor their approach accordingly, especially within the art therapy sessions.

Confidentiality of young people was maintained in conversations that took place, the clinical records had a code, and initial on the spine to avoid the young person's name being on display. All records were stored in a locked cupboard.

The involvement of people in the care they receive

We reviewed eight care records and found that young people signed their care plans to record their involvement and agreement. Young people were offered copies of their care plans, however, on occasion it was noted in the file that the young person refused a copy of their care plan. Care plans were personalised and tailored to the individual and outcome focused, they were based around the recovery star and the young person in conjunction with their staff team could review this and capture progress made.

In the last six months, a new post had been created and appointed to, a service user coordinator role. The person in this role had previous experience of services and was recruited to ensure young people's voices are heard within the organisation and to increase young people's involvement in the service. Since joining the organisation, the service user coordinator had created a guide to Hope House with the young people. The guide was colourful, age appropriate and explained the service expectations, the role of the team members and the therapy model, other contacts and how to give feedback about the service, provided in a language that was accessible and meaningful to young people. The guide is a helpful resource for young people now, and will assist in their understanding of the service and for future young people accessing the service.

Other areas that the service user coordinator has focused on is making the waiting room more welcoming for young people, feedback from young people was acted upon and a computer provided for young people to use whilst they wait, a variety of drawing materials, blankets and cushions in bright colours and drinks available. Feedback from the young people we spoke with was that they felt involved and were pleased with the outcome.

Young people knew who the service user coordinator was and what their role was. Another project led by the service user coordinator has been the development of recruitment and selection training, which was co-facilitated by the human resources manager to equip young people with the knowledge and skills to be involved in recruiting staff. Two young people reported being involved in recruiting staff. Young people gave positive feedback about the newly introduced service user coordinator role, how helpful they were and that they had co-facilitated the recruitment and selection training.

Young people reported being involved in the preparation for their care programme reviews; however, one young person reported they did not always receive a copy of the report prior to the meeting.

There had been a family day planned on a Saturday to increase families' understanding of the services provided including therapies and an opportunity to meet the team however this time and date was not convenient for the families who were interested, therefore the event had been postponed as the staff were keen to rearrange this to increase the attendance.

There was a suggestions box in reception and also a friends and family text box for people to give feedback next to the signing in box on reception too. A questionnaire had recently been sent to the young people to give their view about the clinical services. The collated results showed that 23 questionnaires were sent out with 14 returned. Positive feedback included that young people felt cared for, listened to and involved in their service. Areas for improvement included a lack of information about the service; the newly created guide will address this. Three young people reported the sessions were difficult to get to,

Specialist community mental health services for children and young people

Good

did not know how to complain and did not feel involved in the development of the service. The clinical director was going to discuss the results at the clinical team meeting and ensure each young person receives the new guides, which also contains information about how to complain.

Young people feedback forums had been tried in the past, however when the service user coordinator attempted to have a forum, there were challenges with the distance the young people needed to travel. Following this, the service user coordinator has been visiting the services and has identified a staff member as a participation lead in each property with the aim of disseminating information and being a contact regarding involvement and participation issues.

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 an admission criteria on their website for potential referrers to review. This included exclusion criteria of people with a significant learning disability and people with extensive forensic history. However, the criteria clearly stated that staff conducting the assessment make individual consideration. Young people have to meet with other young people within the residential service on a gradual introductory basis; therefore, the service did not accept emergency referrals. The director of commissioning held weekly referrals meetings to review potential referrals and progress with current referrals.

The service had enough clinical nurse specialists with capacity to take on referrals. Nurses usually met the new referrals at the assessment stage, with the aim of building a professional relationship prior to them joining the service.

Nurses generally conducted the sessions with the young people within the residential services to ensure young people felt as comfortable and relaxed as possible. Therapy sessions took place at one of the hubs as it was acknowledged that young people needed to separate this experience from where they lived as they may be exploring difficult emotional subjects and they did not want to associate this with the residential service. Each young person had an allocated psychologist, if the young person was not ready for therapy, the psychologist would support the staff team until the young person was ready to engage in therapy.

Sessions took place within office hours; however, the clinical team planned the sessions with the young people around their college, voluntary work or other commitments.

Discussions with young people regarding moving on from the service took place in their care programme approach review meetings and multidisciplinary meetings. Young people could see their progress from the review of their recovery star. When young people moved on from the service, the service sent a discharge summary to the GP and other parties involved with the young person.

The facilities promote recovery, comfort, dignity and confidentiality

Hope House was a modern office building which the provider had converted for its use. Young people had been involved in the furnishing of the waiting room. There was a computer for their use, soft drinks and hot drinks were available. A variety of drawing materials aimed at different ages and abilities. A basket of blankets if young people felt they needed a degree of privacy or isolation. There were four therapy rooms at Hope House; all were welcoming with neutral colours and soft furnishings. The room where art therapy took place had a locked cabinet for storing of young people's work and a variety of art materials available.

Information on display in the waiting area included a suggestions box, a young person's guide to physical health monitoring and a young people's guide. The service user coordinator and young people had recently created the guide to explain the role of the clinical team. Notice boards included a suggestion poster, being involved in interviews, CQC invite to meet people during the inspection. However, there was no poster advising people how to give feedback to the CQC outside of the inspection.

Meeting the needs of all people who use the service

All therapy and meeting rooms were on the ground floor of the building with an accessible toilet. There was also a lift if people needed to access the upper level of the building.

Specialist community mental health services for children and young people

Good

Within the consideration of capacity documents, staff included how to make information as accessible as possible for young people to aid their decision making.

Although there were not any young people currently who required an interpreter, this had happened previously. Staff had also linked with the local Imam regarding support for a young person.

Staff were sensitive to the needs of a transgender individual, assisting with name changes and support to research local groups and support networks.

Listening to and learning from concerns and complaints

The service had received one complaint in the last 12 months, which was not upheld. We reviewed the complaints file and the policy. The complaints policy, dated January 2016 included three stages of complaint investigation and management. We reviewed the complaint and investigation and found the log had been completed and they had responded to the complainant with an investigation in writing. They had followed their complaints policy.

A compliments folder held information about the employee of the month and thanks from staff to other staff via their electronic human resources system. There was a thank you from a young person supported by the service in the form of a piece of artwork.

Young people we spoke with were not aware of how to complain about the clinical service. The newly created guide had a page at the back about how to complain, however not all young people had received a guide as they were in the process of being distributed.

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

Good

Vision and values

Within the presentation from the provider, they explained the "care in mind quality framework". The framework included:

- Working together
- Therapeutic risk management
- Innovation
- Achieving good outcomes
- Valuing families and carers
- Good communication
- Satisfied staff who feel valued
- Strong teams with good leadership

Staff we spoke with understood these aims and we found they were embedded in their everyday practice.

There had been a strategy away day in early August 2017 incorporating the executive team and two business consultants. The day evaluated their unique selling points and aims for future growth.

Clinicians worked alongside the executive management team, with the clinical director providing direct management and guidance. The executive management team were approachable and welcoming, we saw examples of clinicians interacting with the executive management team and seeming relaxed in their presence.

Good governance

There was a clear corporate governance meeting structure with defined terms of reference. There were two cycles of corporate governance meetings, which the service introduced in March 2017. The first involved human resources, finance, risk and compliance. The second involved residential services, development and referrals. The clinical team and service user coordinator fed into this meeting. Actions from the meetings were RAG (red, amber, green. A traffic light system for identifying the status of issues.) rated to show progress made, however this was a recent introduction and staff planned to incorporate accuracies including dates added and achieved.

Each department lead submitted a detailed progress report prior to each governance meeting. Recommendations and requests for consideration at the governance meeting were within the reports. We reviewed the minutes and found that lessons learnt were included in some of the meetings but this was not a regular agenda item. Actions regarding service user requests took a couple for months for agreement. The minutes did not show that some actions were discussed at the next meeting. We fed this back to the executive team, human resources and risk and compliance manager who were going to review this.

Specialist community mental health services for children and young people

Good

The risk and compliance manager had good systems in place to monitor staff attendance at training, audits that had taken place and action plans for a variety of areas. Information was easily accessible.

The addition of the human resources manager had been a positive addition to the organisation. They had introduced an electronic system for human resources, which include a background check for staff, right to work, reminders for submission of driving documentation. Staff could also book annual leave through the system and there was an application available for staff to use on their phones. A news page was also on the system, which included the cycle to work scheme, and staff could add thanks badges to express their appreciation of their colleagues. Managers added sickness to the system too. The human resources manager could easily extract information regarding leavers from the services, vacancies and sickness levels. The human resources manager was also the caldicott guardian; a caldicott guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing. They had attended training in relation to their role.

The risk register had four current items relevant to the clinical team. The clinical director had added these to the risk register. Staff were aware of the risks and actions had been taken to address these. This included the procurement of an electronic record system, recruiting an additional clinical psychiatrist to support the growth of the organisation and the pending start of three clinical psychologists.

Policies were under review and we found two policies that were overdue for review, this included the self harm policy, due for review August 2015 and employing board members, due for review July 2017. The compliance and risk manager and human resources manager had created an audit of policies due for review.

Fit and Proper Person Requirements

The Fit and Proper Person Requirement is a regulation of the Health and Social Care Act 2008(Regulated activities) Regulations 2014, which applies to all independent health providers from April 2015. Regulation 5 says that individuals, who have authority in organisations that deliver care, including providers' board directors or equivalents, are responsible for the overall quality and safety of that care. This regulation ensures that those individuals are fit and proper to carry out this important role and providers must take proper steps to ensure that their directors (both executive and non-executive), or equivalent, are fit and proper for the role. Regulation 19 advises that persons employed must also have the qualifications, competence and skills to carry out their role.

Directors, or equivalent, must be of good character, physically and mentally fit, have the necessary qualifications, skills and experience for the role, and be able to supply certain information (including a Disclosure and Barring Service check (DBS) and a full employment history).

The organisation had an employing board members policy, dated July 2015. The policy explained the regulation and expectation of directors and that directors will complete an annual fit and proper person declaration document. The human resources manager monitored the compliance with the requirements. The review of the policy was due.

There were four staff who were directors or equivalent, two of whom had recently been promoted to a director role. We reviewed the four employment records. All files had the completed, signed fit and proper person declaration document. All other information was present apart from one file missing the employment history, another file only had one rather than two references. There were no completed health declarations in the files. We highlighted this with the provider, during the inspection the human resources manager created the health declarations and requested the reference and employment history.

Since the human resources manager joined the service, staff had received training in attendance and absence management, appraisal and conducting internal investigations. The director of commissioning was completing the national vocational qualification in level five leadership and management.

Leadership, morale and staff engagement

Staff newsletters has been introduced since January 2017, to share updates with colleagues regarding staff awards, new starters to the organisation and staff wellbeing including the five ways to wellbeing.

Specialist community mental health services for children and young people

Good

The managing director introduced monthly team briefs from February 2017 where the managing director held sessions for staff to give updates regarding changes in the organisation and staff had the opportunities to ask questions and clarify information.

Sickness rates were low at 0.5%. There were no cases of harassment or bullying. When staff joined the organisation, they were given an employee handbook, which explained the whistleblowing procedure and sickness procedure. Another recently introduced employee handbook provided contact details for payroll, the electronic human resources system, introduced the staff based at head office and provided contact for the care in mind academy. The care in mind academy was for all staff that have passed their probationary. Staff could access a variety of accredited courses, including vocational qualifications and medicines management. Once completed staff received a care in mind badge for achievement and were invited to an academy awards evening. At the awards evening refreshments were provided, staff could bring guests including their family and a presentation was made with acknowledgement from the directors.

Staff we spoke with enjoyed their role and working for the organisation, they felt valued and able to be innovative and provide the level of support needed for the young people to facilitate change and progress.

The service has introduced the role of the hub leads, which internal clinicians had applied for, and been successful. They felt their experience and commitment had been recognised and it provided an opportunity for development.

The ethos of the organisation was one of openness and transparency, there was evidence within meeting minutes we reviewed that staff felt able to express their views and be involved in a discussion regarding topics.

The art therapist who was a consultant and independent to the service provided monthly staff support to both the clinical team and the executive team, which they reported was helpful, and an opportunity to express their challenges and work through them in a structured way with colleagues.

Commitment to quality improvement and innovation

The service had reviewed the available quality networks and felt the service did not meet the specifications. However, the staff were passionate about quality and improvement.

The service had presented at the British and Irish group for the study of personality disorder conference in 2016 on the topic of safe wards for safe homes. One of the clinical psychologists had linked with the University of Salford with a research proposal regarding the service model. Staff were measuring outcomes, which had been collated in to a report. The consultant psychologist was due to present to the Royal College of Psychiatrists conference in October 2017.

An art therapy student was on placement with the service, the art therapist mentored them. The service welcomed students with fresh ideas and hoped to have students from other courses too.

The service had developed in conjunction with the Crisis Prevention Institute a bespoke package of restraint training called TRUSST (Therapeutic Risk Underpinned by Safe Supportive Techniques). TRUSST was based on the structured clinical management model and the training days include sections on managing risk without restraint, de-escalation techniques and the safe wards for safe homes model. There was also a section on post incident reflection and de-brief.

The organisation was working in partnership with a charity to offer training opportunities including vocational accredited courses to the young people supported. Several staff had been trained to be assessors too.

Outstanding practice and areas for improvement

Outstanding practice

The "A & E letters" created by the consultant psychiatrist to explain the young person's needs, how to assist in their recovery and history now included the capacity of the young person and what factors would influence their capacity. The letters communicated the needs of patients to staff in emergency departments to improve young person's experience and outcome.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should review their lone worker policy to include their changes in practice of staff on call liaising with the other on call for whereabouts and ringing in safe.
- The provider should ensure that they follow their policy in relation to serious incident reports and review how they share lessons learnt.
- The provider should review their training arrangements according to the Resuscitation Council (UK) Quality standards and offer staff annual training in cardiopulmonary resuscitation.
- The provider should ensure that all staff attend the mandatory training including therapeutic risk underpinned by safe supportive techniques, conflict resolution and personal safety.
- The provider should ensure there is a contemporaneous record for each young person, including therapy and interventions provided.
- The provider should display information in all of its hubs advising young people how to contact CQC.
- The provider should ensure that young people know how to complain and give feedback about the service.
- The provider should ensure they follow the fit and proper person requirements and have all necessary recruitment documentation in the staff records.
- The provider should ensure that they review all of the policies due for review. Including the self harm policy and employing board members policy.