

Requires improvement**Alder Hey Children's NHS Foundation Trust**

Specialist community mental health services for children and young people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RBS25	Alder Hey Children's NHS Foundation Trust	Single Point of Access	L12 2AP
RBS25	Alder Hey Children's NHS Foundation Trust	Community Mental Health Team	L12 2AP

This report describes our judgement of the quality of care provided within this core service by Alder Hey Children's NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Alder Hey Children's NHS Foundation Trust and these are brought together to inform our overall judgement of Alder Hey Children's NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

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

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

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

Summary of findings

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Summary of findings

Overall summary

- **We rated specialist community mental health services for children and young people as requires improvement because:**

- There were waiting times for non urgent referrals with a small number of young people waiting up to 21 weeks to be seen for a 'Choice' appointment which is a combination of assessment and treatment. Nationally, this placed the service at 22 out of 47 trust providing this service.
- There was a lack of effective system to monitor people who were waiting to access the service.
- There were a large number of vacancies which the trust were struggling to recruit into.
- Mandatory training rates were below 75% for a number of subjects including fire training and safeguarding level 3 training.

- Staff were not always protected from risks with a lack of alarms in offices and for community visits.
- Environmental and fire risks were not being effectively addressed at Seymour House.
- Patient records were regularly not available at Seymour House due to connectivity issues.

Staff had the skills to carry out their roles within the trust. There were comprehensive assessments of needs. Care was delivered in line with best practice and outcome measures were used. Staff training, supervision and appraisal structures were set up to support staff at all levels.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- There was no protocol in place to effectively monitor and respond to changes in risk of people waiting to be seen.
- Staff had not all received mandatory training.
- The service did not use a recognised tool to assess staffing numbers required to deliver a safe service.
- The service had a large number of vacancies which meant heavy workloads and long waiting times for non urgent referrals
- There had been no fire drills for two years at Seymour House and no record of fire alarm testing. An environmental risk assessment was not available. Wiring was exposed in a stairwell at Mulberry House, although not in an area that could be frequented alone by people who used the service (not live wires).
- There were no alarms in interview rooms at Mulberry House and not enough alarms for all staff working in the community.
- However risk assessments were completed for patients but were not stored consistently making them difficult to find. Multi disciplinary team (MDT) meetings were held to manage risk and re-allocate workloads when staff were sick. The Rainbow Centre Safeguarding Service has been awarded an “Outstanding” rating by the Office for Standards in Education, Children’s Services and Skills (Ofsted).

Requires improvement



Are services effective?

We rated effective as good because:

- Staff made a comprehensive assessment of people who used the service.
- Staff had the requisite skills to carry out their roles.
- The computer system was secure,; a new system was due to be put in place the week after the inspection.
- The service monitored outcomes with a range of measures, effectively supporting people who used the service and ensuring services delivered were monitored.
- Staff received mandatory training in the Mental Health Act and Mental Capacity Act, and were able to demonstrate its application.

Good



Are services caring?

We rated caring as good because:

Good



Summary of findings

- Staff were kind and respectful to people who used the service, considerate in their approach and manner.
- Staff actively involved people who used the service and their carers in their care plan, allowing them to take ownership of goals.
- People who used the service were very positive in their comments about staff.
- People who used the service were involved in the choice of new location for the service in the near future.
- There were strong networks for carers.

Are services responsive to people's needs?

We rated responsive as requires improvement because:

- There were waiting times for non urgent referrals with a small number of young people waiting up to 21 weeks to be seen for a 'Choice' appointment which is a combination of assessment and treatment. Nationally, this placed the service at 22 out of 47 services.
- At Seymour House access to the internet failed regularly, which meant that staff were not able to access patient records which were all electronic. These issues often lasted for several hours.
- Facilities at one community team base were not suitable for people with disabilities as there were steps up to the building and no lifts within. Staff at the single point of access were aware of these limitations and arranged for people who could not manage stairs to be seen at home or other locations. There were plans to move to a new location with more accessibility.

Staff were proactive in their approach to dealing with people who used the service who did not attend appointments. The service had a duty system allowing people who used the service to call and request information or assistance during the working day.

Requires improvement



Are services well-led?

We rated well-led as good because:

- There were clear service objectives which reflected the provider's values and strategy.
- Staff knew who the service senior management team were as they were visible but felt disconnected from the main trust and their executive team.

Good



Summary of findings

- There was a good meeting structure in place to escalate and cascade information through all levels of staff. This included management review and improvements of risks, incidents and performance monitoring. Staff training, supervision and appraisal structures were set up to support staff at all levels.
- Staff understood their roles and responsibilities, including accountability. Staff felt respected, valued and supported by the management team and their peers.
- The unit had good relationships with commissioners. There was a monthly contract monitoring review meeting trust wide
- Patient's views and experience were not routinely used to drive performance.

Staff were aware of and understood the values of the trust, identity card lanyards were printed with the values, and the values were discussed as part of Personal Development Reports (PDRs). Items of concern had been submitted to the trust risk register.

Performance indicators were monitored at service level. Teams worked well together, and regular team meetings took place.

There was a good meeting structure in place to escalate and cascade information through all levels of staff. This included management review and improvements of risks, incidents and performance monitoring. Staff training, supervision and appraisal structures were set up to support staff at all levels. However the system in place did not allow for effective monitoring of appraisals.

Summary of findings

Information about the service

Alder Hey community child and adolescent mental health service (CAMHS) service offered specialist services to support children and young people in Liverpool and Sefton, up to the age of 18, who are experiencing mental health difficulties. They also provide support to their families or carers. The service was provided from four bases. Single point of access were the gatekeepers for the CAMHS service. All referrals to the Liverpool and Sefton area were made to this service.

The trust provided information to us that their service model was different to adult community mental health as they were commissioned for the delivery of psycho-social care for children and young people. The model was based on the Choice and Partnership Approach (CAPA). The Choice appointment was the for the first contact the young person had with the service, which was a combination of assessment and treatment at one appointment. Of the referred patients, the proportion diagnosed with mental illness was approximately one third. A significant proportion of children and young people on the open caseload had co-morbid neuro-developmental conditions. The main presenting problems to the service were emotional disorders, generalised anxiety, behavioural issues and self-harm.

The service provided consultation, advice and training to other agencies and accepted referrals from a wide range of other health professionals. The team was multi-disciplinary. Figures showed that the CAMHS community service, in its entirety, received 2083 referrals in the period October 2014 to March 2015.

The service worked with the young people, parents, carers and partner agencies to make sure that the right care is provided to each individual, depending on their needs and circumstances

The CMHT at Seymour House was the tier 3 team for Liverpool. Its role was to target resources at those with the greatest need. They were a specialist, multi-disciplinary team which provided expert mental health assessments and interventions to people who use the service.

This core service had not been inspected before at the Alder Hey Children's NHS Foundation Trust.

Our inspection team

The full inspection team was led by Ann Ford, Head of Hospital Inspection and Inspection Managers Simon Regan and Sarah Dunnett

The team comprised of:

1 CQC inspection manager

3 CQC inspectors

1 specialist advisor (community mental health nurse)

1 specialist advisor (consultant psychiatrist)

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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 visiting, we reviewed a range of information we hold about the trust and asked other organisations to share what they knew. We met with local and specialist commissioners of the service.

During the visit we met and interviewed 15 members of staff who worked within the service, including:

- Clinical/Assistant Clinical Leads
- Band 6 nurses
- Band 7 nurses
- Managers
- Psychiatrists
- Psychologists

- Doctor in training
- Social workers
- Health care assistants

We held two focus groups: one for staff and one which was attended by three people who used the services. We asked them to share with us their views and experiences of the services we visited.

We contacted by telephone three people who used the services and talked with three carers. We reviewed care or treatment records of 10 patients. We looked at a range of records both clinical and management, including care records, and minutes of meetings. We went on a visit to a school with a youth worker and shadowed a worker at the single point of access, we attended multidisciplinary team meetings,

We also collected feedback from 32 service users using feedback cards.

We inspected the single point of access at Mulberry House, based on the Alder Hey Children's NHS Foundation Trust main site, and also the Liverpool Community Mental Health Team (CMHT) based at Seymour House in Liverpool city centre.

What people who use the provider's services say

We received 32 feedback cards from people who used the service, and the overall feedback was very positive about the care received from staff and the service in general. There were seven concerns raised over the length of time taken from referral to intervention but once seen by the service they all felt that the quality of care was good.

We spoke on the telephone with three carers of people who used the service, each giving very positive feedback about the service and the staff who were involved in their treatment regime.

A focus group was held with three people who had used the service, and again positive feedback was given; when one complained about his care worker he was fully involved in finding another more suitable care worker.

Good practice

The Liverpool CMHT is involved with a project called "What's the Story?", and involves the grandparents of people who use CAMHS to compile stories of hardship

during treatment, known as "CAMHS Nans", and a book of these stories has been published: "What's the Story?" (The aim is to guide other Kinship Carers with their writing.

Summary of findings

The service employed youth workers and had strong links with local schools where they worked to identify children and young people early to improve outcomes for them.

Areas for improvement

Action the provider **MUST** take to improve

The trust must take action to improve the overall waiting time from referral to assessment to intervention and to ensure that there are effective systems in place to monitor the risk of people waiting to be seen

Action the provider **SHOULD** take to improve

- The trust should ensure that risk assessments are correctly recorded on the patient record system.
- The trust should ensure that there is an effective system in place to keep staff safe when visiting people in the community.
- The trust should ensure that there are suitable alarm systems in place in community offices where people are seen.
- The trust should ensure that staff are receiving mandatory training.
- The provider should ensure that staff know what action to take in case of fire.
- The trust ensure that there is an effective system in place to monitor the safe storage and use of FP10 prescription pads.

Alder Hey Children's NHS Foundation Trust

Specialist community mental health services for children and young people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Single Point of Access	Alder Hey Children's NHS Foundation Trust
Community Mental Health Team	Alder Hey Children's NHS Foundation 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 Provider.

The service had a Mental Health Act administrator who could be approached for information or guidance regarding the Act.

The documentation in respect of the Mental Health Act was generally good. Few of the people who used the service were treated under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training in the Mental Capacity Act though there were no figures available to show who had attended training. In discussion staff had a good knowledge of the Mental Capacity Act five principles.

Mental Capacity Act policy was available for staff on the trust intranet pages. A consultant psychiatrist was the service lead for Mental Capacity Act issues.

Care records showed that capacity was considered on assessment but for under 16s was often dealt with under parental consent.

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

Summary of findings

We rated safe as requires improvement because:

- There was no protocol in place to effectively monitor and respond to changes in risk of people waiting to be seen.
- Staff had not all received mandatory training.
- A CAPA framework existed to determine staff establishment, from 2011/12, which was prior to the change in delivery model of service.
- The service had a large number of vacancies which meant heavy workloads and long waiting times for non urgent referrals
- There had been no fire drills for two years at Seymour House and no record of fire alarm testing. An environmental risk assessment was not available. Wiring was exposed in a stairwell at Mulberry House, although not in an area that could be frequented alone by people who used the service (not live wires).
- There were no alarms in interview rooms at Mulberry House and not enough alarms for all staff working in the community, although community staff did have trust provided mobile phones.

However risk assessments were completed for patients but were not stored consistently making them difficult to find. Multi disciplinary team (MDT) meetings were held to manage risk and re-allocate workloads when staff were sick. The Rainbow Centre Safeguarding Service has been awarded an “Outstanding” rating by the Office for Standards in Education, Children’s Services and Skills (Ofsted).

Mulberry House was a former secure unit, Seymour House a converted three storey private house that had been converted from two adjoining houses, and this was still clearly apparent in their structure.

- There were no internal alarms fitted in interview rooms at Mulberry House, and only 10 personal alarms issued to staff working in community CAMHS, although community staff did have trust provided mobile phones.
- At Seymour House, there was no lockable door between the reception area and the rest of the house. This meant there was a risk that people could enter the building and access all offices.
- There were no designated clinic rooms at either site, with a small room containing a vital signs monitor available at Seymour House. There was no record of when the monitor had last been calibrated.
- We saw hand gel dispensers at both sites, although the hand gel dispenser at the entrance to Mulberry House was empty.

Furniture was dated, serviceable, but with an impending move to new premises it was clear that decorating and furniture expenditure was limited.

Safe staffing

- A CAPA framework existed to determine staff establishment, from 2011/12, but this was prior to the change in delivery model of service, and feel that this change should be reflected in the framework.
- Vacancies were found at both single point of access and the community mental health team (CMHT); two Band 8as, four band 7s and a band 5 at CMHT, with one band 8a, two band 7s, one band 6 and one band 5 at single point of access.
- Caseload breakdown was requested, but due to the move to the new Electronic Patient Records (EPR) system and migration of data the trust could not provide this.
- 12 staff had left the service within the previous 12 months.. Recruitment of new staff was an on-going exercise, with the trust struggling to recruit staff to specialist posts..
- Caseloads were managed when staff were sick or absent. We witnessed an MDT meeting held specifically to manage the caseload of a sick staff member.

Our findings

Safe and clean environment

- Both buildings, Mulberry House and Seymour House were clean, but both had been adapted for use.

Are services safe?

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

- Agency staff were used, but appropriately skilled staff were difficult to recruit, so the service manager tended to utilise specific bank staff to support service delivery.
- There was always a psychiatrist on duty during working hours, and there was also an on call rota.

Mandatory training figures were checked on 15 June 2015 and compliance found to be less than 75% in Fire Training (67%), Education & Development (51%), Mental Health training (74%), Information Governance (46 %) and Safeguarding Level 3 (27 %).

Assessing and managing risk to patients and staff

- A risk assessment of each person who used the service was carried out at triage/initial assessment, confirmed by checks of care records at both sites. However, these were not always stored consistently. One of the care records showed no risk assessment, but searching through the records we found a comprehensive risk assessment had been done, but not recorded correctly on the computer system. The trust was in the process of introducing a new system to ensure staff could access and store information consistently.
- There was no adequate system to ensure that people who used the service were safely monitored whilst on the waiting list to be seen.
- Crisis plans were created for people who used the service, and an example of such a plan was seen to be comprehensive (recorded as a “Safety Plan” on the system).
- Deterioration in the health of children and young people was discussed in multi-disciplinary team meetings (MDT). We saw a discussion in such a case and appropriate actions were taken to respond to the worsening of symptoms. The service also directed people who used the service to websites that contain information to help when in distress, such as the Liverpool Early Help Directory, a local government website, or Liverpool FYI, a CAMHS specific website.
- People were assessed and offered either urgent, emergency or routine appointments.
- Following a serious incident involving a person waiting to be assessed, a system had been introduced for administrative staff to call those longest on the waiting list to monitor their situation. There was no protocol for this, or system to record and monitor.
- Staff received mandatory training in safeguarding, levels one to three as appropriate to their role. However

training rates were low. The clinical lead for the CMHT was involved in the Rainbow Centre Safeguarding Service at Alder Hey Hospital, which provided a 24 hour a day safeguarding role awarded “Outstanding” by Ofsted.

- There was a lone worker policy in place which staff were aware of. There was a signing out and signing in system in use, as well as a buddy system that meant a colleague was aware of the location of staff, whilst not all staff had personal alarms they all had a trust mobile phone. Where risks to staff were perceived to be higher, people would be asked to attend team bases.

Medication was not administered or kept by staff. Medicines were prescribed on an FP10 prescription form to be taken to a pharmacy. Blank forms were kept and maintained by individual psychiatrists but there was no audit in place for these prescription forms.

Track record on safety

- There has been one serious incident reported in the last 12 months for this service which involved a person who was waiting for an appointment to be seen.
- No fire drill had been held at Seymour House since October 2012. Staff said there was a fire alarm test each Monday, but there was no record of this.
- Fire appliances had been checked in September 2014.
- We were told the building risk assessment for Seymour House was kept by the estates office for Alder Hey NHS Children’s Foundation Trust. We requested this and it was not supplied.

Reporting incidents and learning from when things go wrong

- The service used the Ulysses system to record incidents. Staff were aware of the need to report untoward incidents via the system and knew how to use the system.
- Staff informed people who used the service when things went wrong: we saw an example of a confidential letter that was sent by mistake to the wrong person, there was direct contact with the person whose details were disclosed, they were informed verbally and by letter, and the confidential letter was recovered; the family were kept informed at all times.
- Staff were no longer reporting as an incident when there were problems with using the electronic system.

Are services safe?

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

- Team meetings were used to give feedback from incidents. Team away days were used to discuss learning more fully.

Are services effective?

Good 

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

Summary of findings

We rated effective as good because:

- Staff made a comprehensive assessment of people who used the service.
- Staff had the requisite skills to carry out their roles.
- The computer system was secure. A new system was due to be put in place the week after the inspection.
- The service monitored outcomes with a range of measures, effectively supporting people who used the service and ensuring services delivered were monitored.
- Staff received mandatory training in the Mental Health Act and Mental Capacity Act, and were able to demonstrate its application.

Our findings

Assessment of needs and planning of care

- Ten sets of care records were checked and showed comprehensive assessments done in a timely manner. Seven of the care records were up to date, although a reported fault in the computer system showed that records information was sometimes kept elsewhere in the record, and updated information was located on the other records.
- The computer system, EPR (Electronic Patient Records) was secure. At Seymour House the system was found to be markedly slower than at the main hospital site, impacting on the ability of practitioners to access records in a timely manner. Staff told us that they were regularly unable to access records. They described connectivity problems occurred on a weekly basis and sometimes lasted for several hours. The trust had tried to improve internet access but had not been able to. The system, when available, allowed full access to those requiring it.

Best practice in treatment and care

- The service was a member of the Children and Young Persons Improving Access to Psychological Therapies (CYP IAPT) programme; this is a national curriculum

which outlines best practice, and the Clinical Lead for Seymour House was a stakeholder for NICE (National Institute for Health and Care Excellence) Guidelines and was involved in the drafting of guidance.

- Staff were experienced and qualified appropriately. At the CMHT, the MDT teams were split into their relative skill sets and cases were allocated via an administrator dependent upon the needs of the person using the service. Staff told us that whilst all three teams were supposed to be generic, they felt that referrals were made to staff who had experience in that area which led to uneven caseloads in terms of complexity.
- Care records showed that physical healthcare needs were checked, and notes showed that people who used the service who were taking antipsychotic medication were reviewed regularly, with relevant physical checks done to monitor side effects. We saw a presentation prepared in relation to antipsychotic medication prepared by a doctor in relation to NICE CG 170: Management of autism in children and young people.
- Staff were involved in clinical audits relating to case notes and NICE Guidelines. A NICE Guidance compliance report was circulated to staff to keep them updated, and a copy of this was seen.
- Strengths and Difficulties Questionnaires (SDQ) and Revised Children's Anxiety and Depression Scale (RCADS) were used by the service to monitor outcomes and severity, as well as the Sheffield Learning Disabilities Outcome Measure (SLDOM) for people who used the service who had a diagnosis in relation to learning disabilities.

Skilled staff to deliver care

- The service comprised of a full range of mental health disciplines, including registered mental health nurses, consultant psychiatrists, psychologists, psychotherapists, occupational therapists and social workers.
- Staff were fully qualified in their roles, and were found to be taking part in relevant training to enhance their roles, including Children and Young Persons Improved Access to Psychological Therapies (CYP IAPT), and Cognitive Behavioural Therapy (CBT) training.
- Staff were given a trust induction and staff at single point of access were also given a checklist of targets they must meet as part of induction. We did not have figures for attendance.

Are services effective?

Good 

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

- Staff had regular performance development reviews (PDR) following a supervision structure, which we saw with team meetings held weekly, monthly for administrative staff, and all full time staff were expected to attend. All staff interviewed stated they had regular PDRs, but no electronic evidence was available to show PDRs completed.
- Staff received specialist training, including neuro-cognitive testing, systemic family therapy and child psychodynamic psychotherapy.
- Poor staff performance was dealt with, but staff said that it sometimes took too long to process.

Multi-disciplinary and inter-agency team work

- Multi-Disciplinary Team (MDT) meetings were held weekly, giving the opportunity to fully discuss patient care. We observed two MDT meetings and saw a comprehensive discussion concerning patient care and how it was recorded. The meetings were highly effective and staff were respectful and supportive of each others roles.
- Links with external organisations/services were reported to be good overall, but staff reported occasional problems with their liaison with social services.
- Feedback from a local service for looked after children described strong working relationships with staff.

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

- 74 % of staff in the service were up to date with MHA training; and staff showed a good knowledge of the MHA.
- We were told that very few of the people who used the services were subject to the MHA.
- Advocacy was accessed through the National Youth Advocacy Service (NYAS), when required by people who used the service.

Good practice in applying the Mental Capacity Act

- Staff received training in the MCA though no figures were available to show exact numbers who had attended training. In discussion staff had a good knowledge of the MCA five principles
- A policy on applying the MCA was available to all staff on the trust intranet pages.
- A consultant psychiatrist was the service lead for MCA issues.
- Care records showed that capacity was considered on assessment but for under 16s was under parental consent, in line with the MCA Code of Practice.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

We rated caring as good because:

- Staff were kind and respectful to people who used the service, considerate in their approach and manner.
- Staff actively involved people who used the service and their carers in their care plan, allowing them to take ownership of goals.
- People who used the service were very positive in their comments about staff.
- People who used the service were involved in the choice of new location for the service in the near future.
- There were strong networks for carers.

- The computer system was accessed by password, and was therefore deemed secure enough to maintain confidentiality.
- People were greeted warmly when they arrived at Seymour House, and staff lowered their voices to promote privacy at reception.

The involvement of people in the care that they receive

- We reviewed 10 care plans and found evidence of active independent encouragement in the care plans for people who used the service: the system of recording was goal-oriented, and each goal for the service user was outlined and ownership of the goal was stressed, including that of the person who used the service, the carer of that person, and the staff involved.
- Involvement in care plans was apparent from interviews with carers and focus groups, as well as reviewing the patient records.
- We saw documentation to show that people who used the service were giving input into the plans for the new building (either at Wavertree Innovation Park or the Cardiology Unit on the Alder Hey hospital site).
- We saw minutes from Young Peoples Group Forum meetings, actively encouraging people who used the service and their parents to feed back to improve the service. A campaign to promote positive mental health called “Fresh” was launched in 2014, with strong involvement of young people who used the service. They had presented to the board of the trust.

Our findings

Kindness, dignity, respect and support

- We interviewed one mother face to face and attended a focus group with three young people who used the service. We also saw one assessment of a person who used the service. Staff attitudes were seen to be respectful, empathic, sympathetic and caring.
- We had 32 response cards from service users and carers outlining their experience of staff and the care they had received, and had three telephone interviews with carers. All feedback relating to staff behaviour and treatment was positive, saying staff understood needs and were good listeners.

Are services responsive to people's needs?

Requires improvement 

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

Summary of findings

We rated responsive as requires improvement because:

- There were waiting times for non urgent referrals with a small number of young people waiting up to 21 weeks to be seen for a 'Choice' appointment which is a combination of assessment and treatment. Nationally, this placed the service at 22 out of 47 trust providing this service.
- At Seymour House access to the internet failed regularly, which meant that staff were not able to access patient records which were all electronic. These issues often lasted for several hours.
- However, facilities at one community team base were not suitable for people with disabilities as there were steps up to the building and no lifts within. Staff at the single point of access were aware of these limitations and arranged for people who could not manage stairs to be seen at home or other locations. There were plans to move to a new location with more accessibility.
- Staff were proactive in their approach to dealing with people who used the service who did not attend appointments. The service had a duty system allowing people who used the service to call and request information or assistance during the working day.

was a combination of assessment and treatment at one appointment. The aims of the Choice appointment were to build the therapeutic alliance by clarifying the young person's hopes for change, exploring whether the service or another or multiple agencies were best placed to help, considering risk, including safeguarding/child protection, allowing the client to make an informed choice about what they need and want and what services they may need, identifying what they can do for themselves and providing written information about the problems they were struggling with and solutions and other sources of help, such as other agencies and websites.

- Criteria were in place to identify who would benefit from this tier three service in the Service Specifications agreed with the Clinical Commissioning Group (CCG).
- The service had a local system of sending two letters requesting new appointments for people who do not attend (DNA) their appointments, along with telephone calls to carers. If safeguarding issues were present, then this system was adjusted accordingly.
- We found from comments by two carers on response cards that appointments did not always run on time. One person who used the service had arrived to find that the person with whom they had an appointment had not been present, and a further appointment was booked.
- The only negative comments on the comment cards were about the wait to access services.

Our findings

Access and discharge

- There were waiting times for non urgent referrals with a small number of young people waiting up to 21 weeks to be seen for a 'Choice' appointment which is a combination of assessment and treatment. Nationally, this placed the service at 22 out of 47 trust providing this service.
- Four referral to initial assessment dates reviewed showed an average wait of 19 weeks.
- Emergency referrals were seen within 24 hours, and urgent referrals within 10 working days.
- The model of care was based on the Choice and Partnership Approach (CAPA). Choice was the term for the first contact the client had with the service, which

The facilities promote recovery, comfort, dignity and confidentiality

- At Mulberry House the single point of access service interview rooms were not very bright and the rooms looked out at the security fences still in place from its former use as a secure unit.
- We saw exposed wires in a wall in one room at Mulberry House (not live wires).
- The rooms at Seymour House were all fitted with alarms, and one room had full recording facilities for interviews or group work, with a one-way glass observation booth.
- There were leaflets relating to services and how to complain in the reception area of both Mulberry House and Seymour House.

Meeting the needs of all people who use the service

Are services responsive to people's needs?

Requires improvement 

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

- Seymour House was based in an old terraced building and was not accessible for people who could not climb stairs. Staff said when people were referred any mobility issues would be flagged up and these people would be seen at home or at Mulberry House which was fully accessible. We saw a member of staff who was clearly in pain struggling to get up the stairs to her office on the third floor. We asked if there was an enablement plan, but there was no plan in place.
- We did not see any leaflets in other languages or format, but were told that there were leaflets available for printing from the intranet system, and that Language Line could be accessed if urgent translation was required. On the day of inspection a translator was being used to discuss treatment between a CMHT practitioner and a person who used the service.

Listening to and learning from concerns and complaints

- We spoke to three carers of people who used the service and they were aware of how to complain, although they stressed they felt no need to complain for the service their children had received.
- We saw documents relating to a complaint made by the mother of a person who used the service, which showed there had been a thorough review of issues and an open and transparent response letter. Staff were also planning to meet with the complainant as they remained unsatisfied.
- Staff were given feedback from complaints and issues raised in weekly team meetings, and minutes confirmed this.

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.

Summary of findings

We rated well-led as good because:

- There were clear service objectives which reflected the provider's values and strategy.
- Staff knew who the service senior management team were as they were visible but felt disconnected from the main trust and their executive team.
- There was a good meeting structure in place to escalate and cascade information through all levels of staff. This included management review and improvements of risks, incidents and performance monitoring. Staff training, supervision and appraisal structures were set up to support staff at all levels.
- Staff understood their roles and responsibilities, including accountability. Staff felt respected, valued and supported by the management team and their peers.
- The unit had good relationships with commissioners. There was a monthly contract monitoring review meeting trust wide
- Patient's views and experience were routinely used to drive performance.

Staff were aware of and understood the values of the trust, identity card lanyards were printed with the values, and the values were discussed as part of Personal Development Reports (PDRs). Items of concern had been submitted to the trust risk register.

Performance indicators were monitored at service level. Teams worked well together, and regular team meetings took place.

There was a good meeting structure in place to escalate and cascade information through all levels of staff. This included management review and improvements of risks, incidents and performance monitoring. Staff training, supervision and appraisal structures were set up to support staff at all levels. However the system in place did not allow for effective monitoring of appraisals.

Our findings

Vision and values

The provider's visions and strategies for the services were evident and staff considered they understood the vision and direction of the service. The service used the Liverpool Clinical Commissioning Group's Strategy 2014-2017 to plan their service delivery priorities. The action plan outlined the key developments for the next three years based on the priority areas. Priority areas were:

- Mental health promotion, tackling stigma and self-care,
- Intervening early in children and young people's lives to prevent mental distress and raising the visibility of CAMHS
- Transition of young people to adult provisions
- Equalities through CAMHS and improving access
- Integrated working
- Participation and stakeholder engagement
- Whole family
- Workforce development
- Neurodevelopment difficulties and complex needs
- Outcome monitoring
- Joint commissioning

The general manager told us that they were preparing a local service strategy to support the above priorities and working in conjunction with the commissioners regarding developments of service provisions.

- Staff were aware of the organisation's values. Lanyards for identity cards had the values printed on them, and we saw that personal development reviews (PDR) included questions on adherence to the values of the organisation.
- There were no agreed team objectives other than to follow trust objectives.
- Staff knew the names and details of senior management within the organisation. We were told that senior management did visit the service occasionally, but not very often.

Good governance

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.

- There was a clear governance structure in place that supported the safe delivery of the clinical business units which were part of the integrated community services. CAMHS formed part of the integrated community services clinical business unit.
- Lines of communication from the senior managers to the frontline services were mostly effective and staff were aware of key messages, initiatives and priorities of the service locally.
- The service had strong governance arrangements in place to monitor the quality of service delivery. They had monthly team meetings, CAMHS clinical governance meeting and an integrated community service quality assurance meeting.
- At the CAMHS clinical governance meeting discussions for the management staff were around considering issues of quality, safety and standards. We reviewed minutes of these meeting which showed that there was a standard template in place to report by exception on departmental governance, PDR compliance, mandatory training, complaints, clinical incidents, risk registers, morbidity and mortality, patient experience, research and audits. This included oversight of risk areas in the service. This helped ensure quality assurance systems were effective in identifying and managing risks to patients or staff.
- The CAMHS clinical governance meeting provided an update to the integrated community service quality assurance meeting on a monthly basis. This meeting also shared information from other corporate meetings attended by management, patient experience and customer care, safety, effectiveness, and NICE guidance. Nice guidance was reviewed individually considering the impact on the services and actions detailed to meet best practice. There is national practice lead who leads on the review of NICE guidance, they were part of the governance meetings to support service implementation and action plans.
- The trust held weekly harm meetings which the CAMHS could attend.
- The service had good relationships with commissioners. There was a monthly contract monitoring review meeting trust wide. This was the clinical performance quality group which included the five clinical commissioning groups and lead by the trust's Head of Quality / Director of Nursing. The particular focus for CAMHS was the capacity of the service provision and waiting times for community services. Within the contract monitoring, performance was monitored using targets, tolerances and currencies. The contract for CAMHS service was a "blocked contract" or fixed funding. This meant there were identified gaps within the provision of the service which were being reviewed by the trust and commissioners.
- Staff received mandatory training, but the completion rates were less than 75%.
- PDRs were on-track to be completed by July 2015. However, there was no system in place for this to be monitored centrally.
- At Seymour House staff tried to maximise shift time with people who use the service, but this was hampered by the poor computer system and the inability to access records in a timely manner. This issue has been put on the Executive Risk Register and a new system was to be put in place three days after inspection. This would not address the issues with internet access that the service was experiencing.
- Incidents were reported, but issues relating to poor computer access to records were no longer recorded as an incident by staff.
- Safeguarding procedures were observed, with staff actively involved in cooperation and guidance for 13 safeguarding leads across Liverpool. We viewed the CCG Safeguarding Report commissioned in 2014 outlining a strategy to improve safeguarding. The CCG report related to the whole trust, concentrating on training, supervision and attendance at multi-agency meetings. However, safeguarding training rates remained low.
- MHA and MCA training was undertaken, with a mandatory training rate of 74%.
- Key performance indicators (KPI) relating to Did Not Attend (DNA) rates, outcomes, sickness and training were measured by the teams, with actions put in place to address any issues. For example, there was a policy for the handling of DNA cases (M47, Patient Access Policy) which dealt with possible reasons for missing an appointment.
- Team managers felt that they had sufficient authority and administrative support to carry out their roles.

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.

- Staff could submit items to the trust risk register, but there was some confusion as to whether it could be done directly or if they had to go through a senior manager and some staff were unaware that there was a risk register

Leadership, morale and staff engagement

- Sickness rates for CAMHS medical staff tier three for the period June 2014 to May 2015 stood at a monthly average of 0.9%.
- Sickness rates for CAMHS Liverpool tier three staff for the period June 2014 to May 2015 stood at a monthly average of 4.6%.
- Sickness rates for single point of access/primary mental health in Liverpool for the period June 2014 to May 2015 stood at a monthly average of 4.2%.
- Records showed that where staff had raised a concern about bullying, this was being investigated.
- Staff were aware of how to use the whistle-blowing process; the policy was available to all on the intranet if they needed to use it.
- A staff survey (2014) showed that staff in this service disagreed or strongly disagreed that they were considered as part of the organisation's vision for the future (57% of single point of access staff, and 40% of CMHT staff). There was an action plan in place to address themes which had emerged from the staff survey.
- Staff interviewed said they felt able to raise concerns without fear of victimisation.
- Job satisfaction was high throughout the service, although morale was considered low by some staff due to workloads and vacancies in the teams. We found that there were 2,727 open cases for single point of access and Liverpool Specialist CAMHS, but a team breakdown was not available due to the implementation of the new Electronic Patient Records (EPR) and the migration of data.
- The trust provided opportunities for leadership development. Staff were attending CYP IAPT leadership courses and "Leading Transformational Change" leadership courses.

- We observed good team working during MDTs and during interviews with team members.
- We saw evidence of transparency and honesty in the dealing of a complaint from a person who used the service, displaying a willingness to admit to mistakes directly to the person who used the service.
- Staff felt they could give feedback on services and service development. They were involved in the decision to choose the location for their upcoming move to new premises.

Commitment to quality improvement and innovation

- There were a range of key performance indicators which were monitored for quality assurance. These were managed via the CAMHS clinical governance meeting with the clinical service manager on a monthly basis.
- Incidents and complaints were also managed and monitored by the CAMHS clinical governance meeting to review lessons learnt and monitor themes.
- There was a service action plan in place. This detailed the specific issues, actions required, responsible lead, expected completion date and updated position. The areas listed on the plan were activity reporting, role of the primary mental health, management of the SPA service, risk management including waiting lists and recruitment and retention. This showed that the service was aware of the gaps within the provision and had plans in place to drive improvements.
- Patient satisfaction surveys were not in place for the CAMHS service. This meant that the service was not routinely monitoring the quality of service delivery to drive improvements by using feedback from the patients.
- Staff had good access and opportunities for reflective practice, groups and individual supervision.
- Young people were involved in developing the welcome guide for new patients. Young people had also developed a leaflet for GPs to provide to patients on referral to help them understand the service they had been referred to.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were waiting times for non urgent referrals with a small number of young people waiting up to 21 weeks to be seen for a 'Choice' appointment which is a combination of assessment and treatment. Nationally, this placed the service at 22 out of 47 services. There was no effective system in place to manage and monitor the risks of those waiting for treatment. Regulation 17(2) (b)