

# Coventry and Warwickshire Partnership NHS Trust Specialist community mental health services for children and young people

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RYGCR	Wayside House	Coventry CAMHS	CV1 4FS
RYGCR	Wayside House	North Warwickshire CAMHS	CV11 4SG
RYGCR	Wayside House	Rugby CAMHS	CV21 2AW
RYGCR	Wayside House	South Warwickshire CAMHS	CV31 1JQ
RYGCR	Wayside House	Stratford Healthcare CAMHS	CV37 6NQ

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

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

# Summary of findings

Where applicable, we have reported on each core service provided by Coventry and Warwickshire Partnership NHS Trust and these are brought together to inform our overall judgement of Coventry and Warwickshire Partnership NHS Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services 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 child and young people as good because:**

- All care records reviewed contained up to date, personalised, holistic, recovery-oriented care plans. The majority of care plans evidenced that young people and their families were involved in planning their care.
  - Most staff completed a risk assessment for every young person during the initial assessment. The assessments were comprehensive, and staff updated them regularly. Although we could not find three risk assessments out of 21 case records reviewed.
  - Staff completed a variety of assessments to monitor, record severity and outcomes for young people.
  - Young people had rapid access to a psychiatrist when required, including an out of hours service.
  - Managers assessed and managed caseloads and the waiting list at a weekly multidisciplinary meeting and staff meetings.
  - There was effective working across different pathways within the children's service in order to meet the individual needs of the young people.
  - All staff knew what incidents needed reporting, and how to report them using an electronic incident reporting system. The service had no serious incidents in the last 12 months.
  - Staff evidenced consent to treatment in case notes and the views of both the young person and their family were recorded.
  - We observed staff interactions with service users and their families in clinic appointments and found that they were responsive, respectful, and provided appropriate practical and emotional support.
  - Families told us that staff were responsive to the needs of the young people and used a variety of techniques to help support the young people with their treatment.
- Staff supported young people to be involved in the recruitment of new staff to the service and in designing the CAMHS link on the trust website.
  - The provider used team board reports to gauge the performance of the team. The reports were presented in an accessible format.
  - Staff reported that they enjoyed their roles and that morale within the team was good. They were committed to improving the service by participating in Quality Network for Community CAMHS and research.

### However:

- The service had 11% vacancies, this included two team managers and seven qualified nurses.
- 265 young people had not been allocated a care coordinator.
- Waiting times could be up to 49 weeks for young people to access treatment.
- Staff had not followed the safeguarding policy correctly for two safeguarding concerns.
- Managers did not ensure that the 95% compliance rate for mandatory training across the service had been achieved.
- Interview rooms were booked for adult community teams to use. This meant young people could be placed at risk when waiting for an appointment.
- Two services did not have alarms fitted in interview rooms and did not provide personal alarms for staff to summon help if required.
- Compliance with Mental Health Act and Mental Capacity Act was low at 53%. This training was mandatory for staff within the service. Staff had not evidenced that they had considered that capacity to consent covered all areas of treatment.

# Summary of findings

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

### Are services safe?

We rated safe as good because:

- Most staff completed a risk assessment for every young person during the initial assessment. They were comprehensive and staff updated them regularly. Although we could not find three risk assessments in case records.
- Young people had rapid access to a psychiatrist when required, including an out of hour's service.
- Managers assessed and managed caseloads and the waiting list at a weekly multidisciplinary meeting and staff meetings.
- Managers used bank and agency staff regular to the service to support young people when they were admitted to the paediatric ward due to their mental health issues.
- 100% of staff were trained in safeguarding children to level three.
- All staff knew what incidents needed reporting and how to report them using an electronic incident reporting system.
- The service had no serious incidents in the last 12 months.
- The sickness rate was 3.5% which was below the trust average sickness.

However:

- The service had seven vacant posts for qualified nurses. Four teams did not have team managers in post. The total vacancy rate for the service was 11%.
- Staff had not followed the safeguarding policy correctly for two safeguarding concerns.
- Interview rooms were booked for adult community teams to use. This meant young people could be placed at risk if an adult did not accompany them to their appointment as there was only one waiting area.
- Two services did not have alarms fitted in interview rooms

Good



### Are services effective?

We rated effective as good because:

- Staff followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medication and providing psychological therapies recommended by NICE.
- All care records reviewed contained up to date, personalised, holistic, recovery-oriented care plans.

Good



# Summary of findings

- Staff assessed physical healthcare needs and ensured annual health checks were completed. This included monitoring young people taking prescribed medication.
- Staff evidenced consent to treatment in case notes and recorded the views of both the young person and family members.
- Staff completed a variety of assessments to monitor, record severity and outcomes for young people.
- There was effective working across different pathways within the children's service in order to meet the individual needs of the young people.
- Staff had access to a variety of CAMHS specific training.
- A total of 99% of staff received monthly clinical and managerial supervision.

However:

- Compliance with Mental Health Act and Mental Capacity Act was low at 53%. This training was not mandatory for staff within this service.
- The majority of staff told us that the psychiatrist assessed capacity as they prescribed medication. They had not considered that capacity to consent covered all areas of treatment. The trust had recently introduced a mental capacity document but we only found one in a young person's case notes although this was not completed.
- Case records were computer and paper based. We found that it was difficult to locate all the information and in some cases, staff had duplicated paper work. Managers told us that these issues would be rectified when all care records are transferred on to a new electronic system.

## Are services caring?

We rated caring as good because:

- We observed staff interactions with service users and their families in clinic appointments and found that they were responsive, respectful, and provided appropriate practical and emotional support.
- Families told us that staff were responsive to the needs of the young people and used a variety of techniques to help support the young people with their treatment.
- The majority of care plans evidenced that young people and their families were involved in planning their care.
- Staff offered parents access to a parent support group.

Good



# Summary of findings

- Staff supported young people to be involved in the recruitment of new staff to the service and designing the CAMHS link on the trust website.
- Families and young people were able to give feedback on the care they receive by completing the families and friends test.

## Are services responsive to people's needs?

We rated responsive as requires improvement because:

- Data showed 138 young people had waited up to 24 weeks and 117 had waited from 25 to over 49 weeks to access treatment.
- 265 young people had not been allocated a care coordinator.

However:

- The service completed young people's initial assessment within an 18 week target.
- Staff were able to see all referrals quickly, this included outside of working hours.
- The acute liaison team assessed young people who had been admitted to a paediatric bed and 1:1 support was given for the duration of the admission.
- All services had a full range of rooms and age appropriate equipment to support treatment and care, including family and therapy rooms.

Requires improvement



## Are services well-led?

We rated well-led as good because:

- Staff knew and agreed with the organisation's values. Team managers ensured they shared these values with their team in monthly meetings.
- The provider used 'team to board' reports to gauge the performance of the team. The reports were presented in an accessible format.
- Staff reported that they enjoyed their roles and that morale within the team was good.
- Team managers identified areas of risk within their teams and submitted them to the trust wide risk register.
- Staff were committed to improving the service by participating in Quality Network for Community CAMHS and research.

However:

- Managers did not ensure that the 95% compliance rate for mandatory training across the service had been achieved.

Good



# Summary of findings

## Information about the service

Child and Adolescent Mental Health Services (CAMHS) offered a comprehensive range of community services that provided help and treatment to children and young people experiencing emotional, mental health problems, disorders and illnesses.

These services are delivered from five locations:

1. Coventry - City of Coventry Health Centre
2. North Warwickshire - Whitestone Centre
3. Rugby – The Railings
4. South Warwickshire (Warwick district including Leamington Spa, Kenilworth and Southam) – Orchard House

5. Stratford Healthcare – Building One.

The services were available to children and young people up to their 17th birthday. Referral into the service was through professionals such as general practitioners, educational psychologists or schools. The service preferred to see young people in clinics rather than seeing them at home.

Multi-disciplinary teams included child psychologists, child psychiatrists, nurses, primary mental health workers, child psychotherapists, and art therapists delivered services. They offered specialist services and the focus of work was child-centred with a multi-agency approach.

## Our inspection team

The inspection team was led by:

**Chair:** Paul Jenkins Chief Executive of Tavistock and Portman NHS Foundation Trust.

**Team Leader:** Julie Meikle, Head of Hospital Inspection (mental health) CQC.

**Inspection Manager:** Margaret Henderson Inspection Manager mental health hospitals CQC.

The team included CQC managers, inspection managers, inspectors, Mental Health Act reviewers and a variety of specialist advisors.

The team, which inspected the specialist community mental health services for children and young people, consisted of two CQC inspectors, a social worker, and an occupational therapist, all of whom had recent mental health service experience of working in mental health services.

The team would like to thank all those who met and spoke with inspectors during the inspection and who were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

## Why we carried out this inspection

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

## How we carried out this inspection

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

- Is it safe?

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

# Summary of findings

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- Visited five community mental health teams and reviewed the quality of the environment.
- Spoke with one young person and six carers/family members.
- Interviewed one service manager and one team manager.

- Interviewed 14 other staff members; including doctors, mental health practitioners that included nurses, occupational therapists and psychologists and psychotherapists.
- Inspected 21 individual care and treatment records.
- Inspected the environment at services that service users attended included therapy rooms.
- Observed five clinic appointments.
- Reviewed in detail a range of policies, procedures and other documents relating to the running of the service.

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

- Families told us that waiting times to gain access to treatment were long, but once treatment started, it was very good.
- They were pleased that staff liaised with schools so that they could support the young person when at school.
- Staff, including reception staff, were very understanding and welcoming. They felt staff were responsive to the needs of their children and used a variety of techniques to help them work through their issues when they were unable to talk about them.
- Parents told us that they were informed of the treatment plans for their children.
- Parents reported that the parenting group was very good and that they learnt a lot from attending and found support from other families too.

## Areas for improvement

### Action the provider **MUST** take to improve

- The trust must ensure all eligible young people are allocated a care coordinator.

### Action the provider **SHOULD** take to improve

- The trust should ensure that systems are in place for effective staff recruitment and retention.

- The trust should ensure that all staff are up to date with mandatory training including MHA and MCA.
- The trust should ensure that staff follow the trust safeguarding policy correctly to maintain the safety of the young people who use the service.

# Coventry and Warwickshire Partnership NHS Trust

## Specialist community mental health services for children and young people

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Coventry CAMHS	Coventry and Warwickshire Partnership NHS Trust
North Warwickshire CAMHS	Coventry and Warwickshire Partnership NHS Trust
Rugby CAMHS	Coventry and Warwickshire Partnership NHS Trust
South Warwickshire CAMHS	Coventry and Warwickshire Partnership NHS Trust
Stratford Healthcare CAMHS	Coventry and Warwickshire Partnership NHS Trust

#### Mental Health Act responsibilities

- Data showed that 53% of staff had training in the Mental Health Act. However, the service manager told us that MHA was not on the mandatory training programme for staff in this service. Due to the lack of training their overall understanding of the MHA and the code of practice was limited.
- Staff evidenced consent to treatment in case notes and both the young person and families views were recorded.
- The trust provided administrative support and legal advice on implementation of the MHA and code of practice when required.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Compliance with Mental Health Act and Mental Capacity Act was low at 53%. This training was not mandatory for staff within the service.
- The Mental Capacity Act does not apply to young people aged 16 or under. For children under the age of 16, the young person's decision making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves. The staff we spoke with appeared to have some knowledge of Gillick competence, but the majority told us that the psychiatrist dealt with capacity as they dealt with medication. They had not considered that capacity to consent covered all areas of treatment. Although we did see in case notes that they had considered young people over the age of 16 wishes with regards to the sharing of information with their families.
- The trust had recently introduced a MCA document, but we only found one in a young person's case notes although this was not completed. Psychiatrists told us they completed MCA assessments during initial assessments and at follow up, but recognised they needed to be better at evidencing this process.
- Staff were aware of the trust's policy on MCA and had a link person who delivered training and support when required.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- The majority of interview rooms were fitted with alarms for staff to summon help if needed. Interview rooms at Whitestone and family therapy and children's rooms at Orchard House did not have alarms in place. The service did not provide personal alarms for staff to summon help if required.
- Staff at Orchard House told us that the interview rooms were booked for adult community teams to use. Staff tried to book them when the CAMHS team did not have a clinic but this was not always possible. The CAMHS team were not aware of any risk issues related to the adults attending the service. This meant there was potential for young people to be at risk whilst waiting for their appointment, if an adult did not accompany them.
- Clinic rooms had a sufficient supply of the necessary equipment to carry out physical examinations.
- All areas were clean and well maintained. Cleaning records were up to date and demonstrated that the environment was regularly cleaned. We saw infection control and hand washing posters throughout the service.

### Safe staffing

- The trust set the core staffing levels for the service. The established level of qualified nurses across the service was 29 whole time equivalent (WTE). At the time of the inspection, there were 23 in post with six posts unfilled. Fifty-nine WTE multidisciplinary staff worked within the service to complete the team that provided services to young people. The total vacancies for the service were 11%. Senior managers had identified staffing levels as a risk, and highlighted it on the trust's risk register.
- Senior managers were aware of the negative impact on clinical availability caused by having only one permanent team manager in place, and four other staff "acting" in other areas.
- The total caseload for the service was 3917. The average caseload was 23 cases per care co-ordinator. Managers told us that staff with high-risk young people would be lower than a low risk caseload. The caseloads for the psychiatrist were between 101 and 260 young people.

- Managers assessed and managed caseloads regularly at the weekly multidisciplinary meeting and monthly staff meetings.
- The sickness rate was 3.5%, which was below the trust's average sickness. In order to cover staff sickness, leave or vacancy posts, managers ensured that caseloads were reassigned to other mental health practitioners rather than using bank and agency staff.
- Managers only used bank and agency staff to support young people when they were admitted to the paediatric ward due to mental health issues.
- Young people had rapid access to a psychiatrist when required. The service also offered out of hours services, this meant that children and young people could have access to a child and adolescent psychiatrist 24 hours a day, seven days a week.
- Compliance with mandatory training for the service was 93.2%, which did not meet the trust target of 95%.

### Assessing and managing risk to patients and staff

- Most staff completed a risk assessment for every young person during the initial assessment. Staff reviewed risk assessment every six months or when there was a change in the young person's risk. We reviewed 21 risk assessments, we found that 19 were comprehensive, and staff updated them regularly. However, three case records did not have a risk assessment on file. We brought this to the attention of staff during the inspection.
- Managers monitored young people on the waiting list weekly. Young people on the waiting list were not allocated care coordinators so staff were assigned to a duty system, which monitored young people on the waiting list to detect increases in level of risk. When increased risk was identified, the acute liaison team responded promptly and to see the young person.
- 100% of staff who required training in safeguarding children level three were trained. Since April 2015, the service had made 37 referrals to children's social care referral and assessment services (RAS). Staff could name the lead doctor for safeguarding and child protection for the service. They knew how to make a safeguarding alert and would seek advice if required from the trust

# Are services safe?

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

safeguarding team. However, we found on two case records that staff had not reported safeguarding as per policy. Staff had reported the issue to the local authority but not the trust's safeguarding team.

- The trust had personal safety protocols including lone working practice in place that all staff followed.

## Track record on safety

- Data provided by the trust showed that from 18 February 2015 to 17 February 2016 there had been no serious incidents for the CAMHS service.
- Incidents from other areas of the trust were shared on the staff bulletin page on the intranet including lesson learnt, which all staff had access to. Managers shared this information in monthly staff meetings.

## Reporting incidents and learning from when things go wrong

- Staff knew what incidents needed reporting and how to report them using an electronic incident reporting system. Staff recorded incidents in case notes. We reviewed two incident reports and noted staff had completed them fully and actions had been taken to reduce the risk to the young person.
- Staff were able to describe their duty of candour responsibilities as the need to be open and honest with young people and their families when things go wrong.
- Managers and staff held monthly meetings to discuss feedback about the service.
- Staff told us that managers offered de-briefs and support to their teams after serious incidents.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- Staff completed comprehensive assessments for all young people in a timely manner.
- All care records reviewed contained up to date, personalised, holistic, recovery-oriented care plans. Staff sent copies of care plans to young people or their families and primary care workers.
- Managers and staff had access to a multi-agency reporting system that allowed staff to monitor their caseload including open cases, last contact with the young person, and completion of outcome scales. Managers used this system during staff supervision to ensure that case records were up to date.
- The information needed to deliver care and treatment effectively was stored securely within computer-based records and paper records. We reviewed both systems and found that it was difficult to locate all the information and in some cases, paper work had been duplicated. When a young person transitioned to adult services, staff highlighted that the transfer of information was difficult as adult services only used electronic records. Managers told us that this issues will be rectified when the trust transfer all care records on to a new electronic system.

### Best practice in treatment and care

- Case records evidenced that staff followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. This included regular reviews and physical health monitoring, blood tests and electrocardiograms.
- The service provided psychological therapies recommended by NICE. This included psychotherapy, play therapy, cognitive behavioural therapy, eye movement desensitization and reprocessing (EMDR), attachment based parenting, non-violent resistance group, and parenting support. The service had pathways that offered treatment and therapy for anxiety, attachment and trauma, depression and eating disorder
- Staff had run an attention deficit hyperactivity disorder (ADHD) parenting strategies group three times in the last

year, supporting 16 families. The aim was to challenge violent and destructive behaviour by increasing parenting presence and rebuilding young people and parents' relationships.

- A mental health practitioner at Orchard House had published a paper on the principles of non-violent resistance in practice.
- Staff wrote to service users' primary care givers to ensure that physical healthcare needs were addressed. This included annual health checks.
- Staff completed strengths and difficulties questionnaires, children's global assessment scales, Beck's depression Inventory, Weiss functional impairment rating scales, Health of the Nation Outcome Scales for Children and Adolescents and took part in Child Outcomes Research Consortium to assess and record severity and outcomes for young people.
- Managers completed clinical audits of young people's case records. Staff carried out an audit on borderline personality disorder in young people to inform the service's practice and identify training needs.

### Skilled staff to deliver care

- The care team consisted of nurses, occupational therapists, family therapists, psychotherapists, art therapists, doctors and administrative staff. Staff referred young people who required specialist assessments, such as speech and language therapy staff, when required. This meant that young people had access to a variety of skills and experience for care and treatment.
- Managers and staff we spoke with were experienced and qualified. Staff had access to a variety of CAMHS specific training for example, improving access to psychological therapies, supervision training, and EMDR training.
- Across the service, there was 99% compliance for staff attending monthly clinical and managerial supervision. We reviewed supervision records and found staff had completed them fully and had discussed a variety of issues. Staff also had access to child protection, safeguarding, and peer supervision groups monthly. Records showed that staff regularly attended these sessions and staff reported that the additional supervision was invaluable in supporting their practice.

# 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.

- Across the service, an average of 69% of non-medical staff had received an appraisal in the last 12 months. The acute liaison service at Whitestone clinic was fully compliant at 100%. The team with the lowest compliance rate was Orchard House at 67%.
- Managers addressed poor staff performance promptly and effectively with the support of human resources.

## Multi-disciplinary and inter-agency team work

- Weekly multi-disciplinary meetings took place and all staff attended to discuss young people's care and treatment.
- If required, discussion for complex cases took place. Minutes of the meetings highlighted clinicians' concerns and identified named individuals to complete actions to improve the care and treatment offered to young people.
- There was effective working across different pathways within the children's service. For example, we noted a referral of a young person to the neurodevelopmental team and had a diagnosis of autism spectrum disorder (ASD) and ADHD. Staff identified that the young person's risk was associated with the management of their ADHD and therefore staff referred the young person to the CAMHS team for treatment.
- Staff reported good working links with external teams, which included effective handovers with primary care, social services, and adult community teams. We saw evidence of this in the young people's case notes.

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

- Data showed that 53% of staff had training in the Mental Health Act. However, the service manager told us that MHA was not on the mandatory training programme for staff in this service. Due to the lack of training their overall understanding of the MHA and the code of practice was limited.

- Staff evidenced consent to treatment in case notes and both the young person and families' views were recorded.
- The trust provided administrative support and legal advice on implementation of the MHA and code of practice when required.

## Good practice in applying the Mental Capacity Act

- Compliance with Mental Health Act and Mental Capacity Act was low at 53%. This training was not mandatory for staff within the service.
- The Mental Capacity Act does not apply to young people aged 16 or under. For children under the age of 16, the young person's decision making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves. The staff we spoke appeared to have some knowledge of Gillick competence, but the majority told us that the psychiatrist dealt with capacity as they dealt with medication. They had not considered that capacity to consent covered all areas of treatment. Although we did see in case notes that they had considered young people over the age of 16 wishes with regards to the sharing of information with their families.
- The trust had recently introduced a MCA document, but we only found one in a young person's case notes although this was not completed. Psychiatrists told us they completed MCA assessments during initial assessments and at follow up, but recognised they needed to be better at evidencing this process.
- Staff were aware of the trust's policy on MCA and had a link person who delivers training and support when required.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- We observed staff during five clinic appointments. Staff ensured that they carried out a comprehensive assessment of the young people's needs. Staff involved family members and valued their input and offered them support too. Staff were respectful and responsive to their needs. They addressed concerns professionally and provided practical and emotional support in a way that the young people could understand.
- Families told us that waiting times to gain access to treatment were long, but once treatment started, it was very good. Staff liaised with schools so that they could support the young person when at school. Staff, including reception staff, were very understanding and welcoming. They felt staff were responsive to the needs of their children and used a variety of techniques to help them work through their issues when they were unable to talk about them.
- Staff showed in-depth knowledge and understanding of the individual needs of the young people and their families.

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

- The majority of care plans evidenced that young people and their families were involved in planning their care. Parents told us that they were informed of the treatment plans for the children.
- Staff offered parents access to a parent support group.
- The service had access to a youth engagement worker who encouraged young people to be involved in the care that they received for example they worked with young people when designing the CAMHS link on the trusts website.
- Young people could access to advocacy when needed.
- Staff supported young people to be involved in the recruitment of new staff to the service.
- Families and young people were able to give feedback on the care they received by completing the friends and families test. From December 2014 to December 2015, 408 people reported they were highly likely to recommend the service to others.

# Are services responsive to people's needs?

Requires improvement 

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

## Our findings

### Access and discharge

- The trust had a set target of 18 weeks from referral to initial assessment. The service was 100% compliant with this. The service had also met the targets for 48hrs emergency assessment and 5 working days to see a CAMHS psychiatrist.
- Staff reported they offered advice to the young person in the initial assessment so the trust classified this as the start of treatment. However, families reported the only negative about the service was the long wait for treatment to start. Data showed 138 young people had waited up to 24 weeks and 117 had waited from 25 to over 49 weeks. Although this was dependant on the team providing the treatment and on what treatment the young person required.
- There were 265 young people awaiting allocation of a care co-ordinator.
- Staff were able to assess urgent referrals quickly, this included outside of working hours. All referrals came in via the single point of entry where staff triaged the young people to the appropriate team. If needed, the on call consultant would see young people out of hours.
- The acute liaison team was available from 0800hrs to 2000hrs to respond promptly when young people were admitted to the paediatric ward. If a young person called the single point of access team, staff referred them to their care coordinator or to the clinician who completed the initial assessment. The contact with the young person would be dependent on the risk they presented.
- In the last 12 months, 557 young people had been admitted to a paediatric ward due to mental health issues, as the service did not have an inpatient CAMHS service. To support the young person during the admission, managers would book agency or bank staff to provide support for the duration of the admission. If required, the service would admit young people to adult acute wards. A total of 12 young people had been admitted to an adult inpatient bed. We saw a policy was in place to maintain the safety of the young person during their stay on the ward.

- There were clear criteria for which young people would be offered a service. Staff signposted young people who did not meet the criteria to other services that could support them.
- Staff sent follow up appointment letters to young people who did not attend their appointments. If the team assessed the patient as high risk then they would offer repeated appointments and if necessary go to the young person's home to encourage the young person to engage with staff. If staff assessed the young person's risk as low, then the team would notify the referee that they would be removed from the waiting list after failing to attend two appointments.
- Where possible, staff tried to be flexible with the times of appointments.
- Staff told us that appointments were rarely cancelled and when they were it was necessary. We saw posters in waiting rooms advising young people and their families that if they had been waiting longer than 15 minutes after their appointment time, they should inform reception staff and an explanation would be given.

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

- All services had a full range of rooms and equipment to support treatment and care including family and therapy rooms. Toys, books and magazine were available to meet the different age groups of young people attending the service.
- Interview rooms did not have specific soundproofing. Although we noted that you could not hear service users in other rooms. At Orchard House, staff informed us that a radio played throughout the day in order to ensure that people in the waiting room could not hear conversations in the room.
- There was information leaflets in waiting rooms on local services and how to make a complaint. Information about treatments were given to young people during their first appointment or when their care plan were sent to them. This included the trust's own young person's website link and other agencies website addresses.

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

- The services were fully accessible for people requiring disabled access. This included the provision of wheelchair access to toilets.

# Are services responsive to people's needs?

Requires improvement 

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

- We did not see information leaflets available in other languages spoken by people who use the service, however, staff told us that the trust could provide these if needed and they could access interpreters and/or signers if required.

## **Listening to and learning from concerns and complaints**

- The service had nine complaints in the last 12 months. The complaints were about waiting times, lack of support and staff attitude. Staff were currently investigating five complaints, one was not upheld, two were upheld, and one was resolved informally. The complaints process identified changes in practise and areas of learning for staff.
- Data showed the service had received 14 compliments from October 2014 to October 2015. Staff showed us compliments that they received and the majority showed that young people and their families were pleased with the care and support they had received.
- Young people and their families knew how to make a complaint, although families we spoke with said they did not need to complain.
- Staff knew how to handle complaints appropriately. Staff received feedback on the outcome of investigations of complaints in monthly team meetings and would discuss and act on the findings of the investigations to reduce the likelihood of repeated complaints.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- Staff knew and agreed with the organisation's values. Team managers ensured they shared these values with their team in monthly meetings.
- Staff knew who the most senior managers in the organisation but not all staff had seen them in the services.

### Good governance

- A total of 76% of staff received mandatory training however this did not meet the required 95% compliance set by the trust.
- Manager's ensured staff took part in annual appraisals and monthly supervision.
- Staff reported incidents and senior managers reviewed all incidents to ensure that staff had recorded incidents correctly and any actions required were completed.
- Staff participated in clinical audits specific to the service and trust wide audits.
- Processes were in place for staff to learn from incidents, complaints, and service user feedback.
- Staff followed safeguarding procedures correctly in the majority of the cases. A central safeguarding team provided support to the teams when required.
- The trust did not provide mandatory training on MHA and MCA. Most staff were aware of MCA procedures and we found some evidence of this in case records. Although, there was no formal paperwork completed when staff assessed young people capacity.
- The provider used 'team to board' reports to gauge the performance of the team. These were presented in an accessible format. Staff discussed them at the monthly meetings and used them to develop action plans to improve outcomes for the service.
- Team managers and staff had administrative support across the service.
- Managers told us that they reported any risk issues to their line manager. Staff would discuss the issues at the safety and quality meeting and they then submitted to the trust risk register.

### Leadership, morale and staff engagement

- Sickness and absence rates were low at 3.5%.
- There were no bullying or harassment cases within the service.
- Staff reported that they enjoyed their roles and that morale within the team was good. Staff reported that the team worked well together and respected each other. The only negative comments made throughout the inspection were staff having extra duties because of staff shortages. Staff were happy to carry out the additional duties, but they identified this put added pressure on the team.
- Staff were open and transparent and explained to patients when something went wrong.
- Staff had opportunities for leadership development by attending the transformation leadership programme.
- Staff were offered the opportunity to give feedback on services through the staff survey although there were unsure if the trust listened to their feedback.

### Commitment to quality improvement and innovation

- The service participated in Quality Network for Community CAMHS. This is a members' network that works with professionals from health, social services, education and the voluntary sector to improve the quality of CAMHS services.
- The service was involved in two research projects. The first was looking at improving health outcomes for young people with long-term conditions by looking into the role of digital communication in current and future patient-clinical communication for NHS providers of specialist clinical services (the LYNCS study). The second was the 'MILESTONE' Project: Managing the Link and Strengthening Transition from Child (CAMHS) to Adult Mental Health Care Services (AMHS). The main aim of the project is to understand and improve transition of care from CAMHS to adult mental health services.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The trust had 265 young people awaiting allocation of a care co-ordinator.

This was a breach of Regulation 17(1)(2)(a)(b)