

Requires improvement

Avon and Wiltshire Mental Health 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)
RVN1H	Trust HQ	South Bristol CAMHS	BS14 OBB
		South Gloucester CAMHS	BS15 4DA
		Central outreach, assessment and triage (COAT)	BS5 0AX

This report describes our judgement of the quality of care provided within this core service by Avon and Wiltshire Mental Health 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.

Where applicable, we have reported on each core service provided by Avon and Wiltshire Mental Health Partnership NHS Trust and these are brought together to inform our overall judgement of Avon and Wiltshire Mental Health 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	6
Information about the service	10
Our inspection team	10
Why we carried out this inspection	10
How we carried out this inspection	10
What people who use the provider's services say	11
Areas for improvement	11

Detailed findings from this inspection

Findings by our five questions	14
Action we have told the provider to take	22

Summary of findings

Overall summary

We rated specialist community mental health services for children and young

people as **requires improvement** because:

- Teams did not currently have the right numbers of staff or skill mix to deliver a safe service to all who needed it. There were staffing issues at each of the teams, including high vacancy rates and difficulties in recruiting staff. As a consequence, there were high case loads and a number of staff experienced work related stress. There were plans in place to address the staffing shortfalls but these had not been progressed at the time of the inspection.
- Care records were not sufficiently holistic or recovery focused. They contained limited evidence that staff responded to children and young people's physical health care needs, and did not show that the views of children and young people were taken into account in planning care. Records contained limited evidence of specific outcomes, treatment goals or strengths. Similarly, the majority of the care records we viewed contained no evidence of the patient's consent to treatment.
- Care records were stored on different systems and in different formats which caused confusion, disruption and an increased workload for staff who had to search both systems to find information out about children and young people.
- A large number of staff were not up to date with essential mandatory training and over a third of staff had not had a valid and up-to-date disclosure and barring check.
- There were long waiting lists in each of the locality team which translated into corresponding delays and long waits from referral to assessment, and from assessment to treatment for a large number of children and young people. The trust was aware of the situation and had some plans in place to address the waiting lists.
- The service had been through a prolonged period of uncertainty and considerable change. High caseloads, staff vacancies and disconnect from the senior

management had impacted on staff morale. There had been a change of provider, and some staff were still unsure of which organisation they actually worked for and which organisation was responsible for them.

- Although the service had transferred from North Bristol NHS Trust to Avon and Wiltshire Mental Health Partnership NHS Trust as part of a consortium, it had still not been completely formalised as to which organisation/s were responsible for overseeing the contract or for how long they would deliver that service.
- Some staff we spoke to were unable to tell us about the organisation's values and were uncertain as to its vision and the governance systems were not yet fully embedded.

However:

- Staff were taking appropriate steps to monitor and respond to the risks to those children and young people on a waiting list. Teams were able to see and assess urgent and crisis referrals quickly and effort was being made to respond to less urgent referrals according to identified risks.
- Risk assessments were in place in care records and were generally up to date. We found staff responded well to identified risks, such as changes in a child or young person's personal circumstances which increased their risk level.
- The community bases at which care and treatment were provided were safe and clean and supported comfort, dignity and confidentiality. Staff alarm systems were in use and staff followed clear lone working and personal safety protocols.
- Despite key staff vacancies, there was effective multidisciplinary working and a good range of different professional disciplines provided input at each team. Teams provided a range of psychological therapies as recommended by the National Institute for Health and Care Excellence.
- Young people and their carers told us they were treated with kindness, dignity and respect. Without exception, the staff we met were conscientious, professional and committed to doing the best they could for the children and young people in their care.

Summary of findings

- Young people and carers told us they were kept up to date and involved in assessments and decision making processes. They were given opportunity to provide feedback on the service they received and were able to be involved in decisions about the service, including helping to recruit staff.
- Staff in different roles told us they felt valued and appreciated by their colleagues, and all staff spoke positively of their immediate peers and line managers. Most staff were positive about the potential for improvement under a new provider, one which had greater mental health focus and specialist experience.

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:

- Teams did not currently have the right numbers of staff or skill mix to deliver a safe service to all who needed it. There were staffing issues at each of the teams which included issues with recruitment and retention of staff to fill vacancies caused by increased numbers of staff leavers over the last 12 months. Efforts were being made by the trust and the local teams to recruit replacement and additional staff, but a significant number of vacancies had not yet been filled.
- The impact of staff vacancies could be seen in increased waiting lists at those teams worst affected. At South Bristol, for example, where there had previously been no waiting list, a waiting list had grown considerably over the previous 18 months, and this coincided with the increase in staff vacancies.
- A large number of staff across the teams were not up to date with their mandatory training. This training included areas of learning essential for safe practice such as safeguarding children, basic life support, and medicines management.
- Information supplied by the trust indicated that just under a third of staff across the specialist community mental health services for children and young people teams did not have an up-to-date disclosure and barring check. Senior managers assured us that steps were being taken to ensure all staff had appropriate and up to date background checks in place.

However:

- All areas accessible by staff and children and young people at the locations inspected were clean and had furnishings which were well maintained.
- Risk assessments were in place and were generally up to date. Risk was assessed and recorded, and where necessary a risk plan was in place. Crisis plans were completed as necessary as part of the recorded risk assessment.
- Despite obvious pressures on the service, they were able to see and assess urgent and crisis referrals quickly and that every effort was being made to respond to less urgent referrals according to identified risks.

Requires improvement



Are services effective?

We rated effective as requires improvement because:

Requires improvement



Summary of findings

- The quality, completeness and how up-to-date care records were varied across the different teams. Care records were not sufficiently holistic or recovery focused. They contained limited evidence of specific outcomes, treatment goals or children and young people's strengths.
- There were issues related to the storage and accessing of care records, which were kept on different systems and in different formats. There were challenges negotiating multiple IT systems which took up a considerable amount of staff time, caused confusion, disruption and increased the workload of staff.
- Care records contained limited evidence of staff responding to children and young people's physical health care needs.
- A large number of staff had not received regular supervision and some had not attended regular team meetings.
- The availability of different disciplines varied across teams and in some teams staffing shortfalls were identified which potentially impacted on the effective running of those services.
- Staff described a 'breakdown' in the relationship between the locality and the central triage teams. They felt there were difficulties in the communication and referral channels between them.
- The trust acknowledged that there were issues about the quality and consistency of care records, and plans were in place at a local level to address issues identified.
- Locality teams had a strong therapeutic focus, and young people were provided with a variety of different therapies and treatments recommended by the National Institute for Health and Care Excellence.
- A wide range of disciplines and workers provided input to each of the different teams we visited.
- Staff received specialist training specific to their roles and were able to access additional training if they needed it
- We saw good examples of multi-disciplinary and inter-agency team work.

Are services caring?

We rated caring as good because:

- Children, young people and carers said they were treated with kindness, dignity and respect.
- Without exception, the staff were conscientious, professional and committed to doing the best they could for the children and young people in their care. Children and young people were discussed in a respectful manner, and it was apparent that all staff were driven by a wish to deliver an effective, caring service to the children and young people they supported.

Good



Summary of findings

- Children and young people said that they had been involved in planning their own care.
- Carers of people who used the service said they were kept up to date and involved in decision making processes.
- Children and young people were able to provide feedback on the service they received, and were involved in making changes to services and in the recruitment of staff.

However:

- The majority of care records we looked at did not contain details of whether or not children and young people had been involved in completing the care plan or had received a copy of their own care plan.
- The parents of one young person told us that they felt their concerns about their child had not always been properly listened to. However, they felt able and confident in raising a complaint if they chose to do so.

Are services responsive to people's needs?

We rated responsive as requires improvement because:

- Due to a number of forces, including staff vacancies and increased acuity of referrals which required more time and input, there were waiting lists at each of the four locality teams. Of greatest concern was the waiting list at Bristol South, as this team had previously not had any waiting list and over the previous 18 months had grown to have the largest waiting list of the four locality teams.
- Young people and carers told us that accessing the service had, in some cases, been quite a difficult and lengthy process.
- At the South Bristol office, the disabled adapted toilet on the ground floor was only accessible by children and young people leaving the building and passing through another service.
- The trust was aware of the pressures on the service and the issue of large waiting lists, and had plans in place to try to address the situation.
- In spite of the clear pressures on the service, children and young people in crisis and the most urgent referrals were seen quickly.
- Community premises had a range of different rooms and equipment to support treatment and care. There was a range of useful and relevant information provided for people who used services.

Requires improvement



Are services well-led?

We rated well-led as requires improvement because:

Requires improvement



Summary of findings

- The service had undergone a lot of changes in the previous year and was still very much in a state of flux. It had moved from one NHS trust to Avon and Wiltshire Mental Health Partnership NHS Trust as part of a consortium. Staff at each of the teams we inspected were still not entirely clear who they worked for and which organisation was ultimately responsible for overseeing and delivering the service.
- The lack of robust, effective governance systems and processes resulted in a variance in performance and quality across the teams.
- There were issues with low morale of some of the staff at the teams inspected. Staff felt the transfer from one provider to another had been poorly managed, and they did not really understand who was who in the new structure, who was accountable for them and who the senior managers in the trust were.

However:

- Staff were generally very positive about transferring over to a specialist mental health trust, as this was putting greater focus on their service.
- Governance systems and processes were starting to be put in place.
- Staff spoke positively, without exception, of the support they received from their team managers and colleagues. All staff felt confident about speaking up freely if they had any concerns or ideas for how the service could be improved.

Summary of findings

Information about the service

The specialist community mental health services for children and young people provided by Avon and Wiltshire Partnership NHS Trust in Bristol and South Gloucestershire are part of the Community Children's Health Partnership (CCHP), which includes all community-based children's healthcare services across the area. CCHP is made up of Sirona care & health, Bristol Community Health interest Company, Barnardo's and Avon and Wiltshire Partnership NHS Trust.

Community child and adolescent mental health services (CAMHS) are provided by four locality teams across Bristol and South Gloucestershire. Referrals came through a central outreach, assessment and triage team, which serves as a single point of access to the service.

The locality teams are based in Kingswood (South Gloucestershire), Barton Hill Settlement (east and central Bristol), Monks Park House (north Bristol) and Whitchurch and Knowle (south Bristol). These teams deliver tier 3 (assessment and consultation services delivered by multidisciplinary CAMHS teams) and tier 2 (early intervention) services.

A number of different health professionals made up the teams. These include:

- child and adolescent psychiatrists
- clinical psychologists
- mental health and learning disabilities nurses
- family therapists
- occupational therapists.

Our inspection team

The inspection was led by:

Karen Bennett-Wilson, head of hospital inspection, CQC.

The team that inspected Avon and Wiltshire Mental Health Partnership NHS Trust specialist mental health

services for children and young people was led by an inspection manager, and comprised an inspector and a specialist advisor with a background in children and young people's mental health services.

Why we carried out this inspection

This was an announced inspection to inspect and rate the specialist community mental health services for children and young people as part of our on-going 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?

During the inspection visit, the inspection team:

- visited three of the community-based mental health services for children and young people, including two of the four locality teams and the central outreach, assessment and triage team
- looked at the quality of the environment at each location where people who used the services were seen on the premises
- spoke with three children and young people who used these services and five carers

Summary of findings

- spoke with the managers or acting managers for each of the teams
- spoke with 16 other staff members made up of consultant psychiatrists, psychologists, social workers, occupational therapists, senior service managers, community mental health nurses and administrators
- looked at care records of 22 people who used community mental health services
- looked at a range of policies, procedures and other documents relating to the running of the services.

What people who use the provider's services say

Children and young people who used the services and their carers were positive overall about the care and support they received. Two young people told us the support they had received had made a massive difference, and had actually changed their life. Young people spoke highly of staff and said they treated them with kindness and dignity. One described how staff had listened to them, and this had helped to make them feel like a person once again.

All young people and carers spoken with confirmed they had been given opportunity to feedback about the quality of the service, through questionnaires or in face to face meetings. They said they were given different treatment choices, once they had gained access to the service. In addition they said they were given a range of information about different conditions, what other services were available and how to complain if they were not happy. They told us they would feel comfortable raising any concerns or complaints with staff if they had any.

Most of the children, young people and their carers we spoke with said it had been quite a difficult and lengthy process to gain access to the service. Young people who had been diagnosed with an autistic spectrum condition (ASC) and their carers also identified a specific issue in relation to the lack of support and resources for their condition. For example, one young person and their carer said that although they had been provided with an ASC information sheet after they had received their diagnosis of ASC, they were frustrated that the community CAMHS team was not able to provide further specialist support. Carers for another young person said that they felt that once their child had received a diagnosis of ASC, then support had become more limited as everything in their child's experience and behaviour was attributed to that condition.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must take all possible steps to reduce the waiting lists across the service and ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are employed in each team at all times in order to meet the needs of the children and young people using the service.
- The provider must address the issues related to the storage and accessing of care records, which were kept on different systems and in different formats. Negotiating multiple IT systems took up a considerable amount of staff time, caused confusion and disruption, and increased the workload of staff.

- The provider must ensure shortfalls in mandatory staff training are addressed as soon as is possible.
- The provider must ensure that all staff have a valid and up-to-date disclosure and barring check in place.

Action the provider **SHOULD** take to improve

- The provider should take steps to ensure consistency of quality of care records, that all care plans are holistic and sufficiently recovery focused, and that they contain clear evidence of how staff respond to children and young people's physical health care needs. There should be clear evidence to demonstrate children, young people and their carers (as appropriate) have been involved in their own care.

Summary of findings

- The provider should ensure all staff receive appropriate information about the future of the service and clarification about which organisation is ultimately responsible for its delivery.
- The provider should support the individual teams to embed the necessary governance and support systems to enable the service to be as effective and efficient as possible within resource and financial constraints.
- The provider should take steps to ensure a positive culture and that all staff feel a part of the provider organisation's vision and are able to share in its values in order to address the low morale of some staff.

Avon and Wiltshire Mental Health Partnership NHS
Trust

Specialist community mental health services for children and young people

Detailed findings

Name of service (e.g. ward/unit/team)

Name of CQC registered location

South Bristol CAMHS

South Gloucester CAMHS

Central outreach, assessment and triage (COAT)

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

- All areas accessible by staff and children and young people at the locations inspected were clean and had furnishings which were well maintained. Staff told us that the provider's maintenance team responded quickly when fixtures or furnishings needed attention. For example, at South Bristol a window sill in one of the interview rooms had recently been damaged and the maintenance team had called the following day to fix and make it safe.
- Interview rooms were safe for both staff and children and young people. Alarms and panic buttons enabled staff to respond quickly in the event of an emergency. At the central team's Barton Hill location, window restrictors and door handles placed at height helped to prevent vulnerable and agitated younger children from getting out of consultation rooms. The manager advised that specific protocols were in place to help ensure the safety of particularly challenging or risky children and young people in the clinic environment.

Safe staffing

- Teams did not have the right numbers of staff or skill mix to safely meet all the requirements of those using the service.. There were staffing shortfalls at each of the teams inspected. These included difficulties with recruitment and retention of staff to fill vacancies caused by increased numbers of staff leavers over the last 12 months. Staffing figures supplied to us by the trust confirmed there was significant variance in vacancy rates across the different teams. This had resulted in a greater impact on the effectiveness of some teams and, consequently, on the well-being of staff on those teams worst affected.
- At South Bristol, for example, from figures supplied by the trust there was a 38% vacancy rate (1.5 wte) for qualified nursing staff, and an overall vacancy rate of 19% (5 wte). Staff told us that remaining team members had to take on caseloads of colleagues who had left, which were often comprised of challenging and long term children and young people.

- The service worked according to a choice and partnership (CAPA) demand and capacity model, but staff said that this system was no longer effective or appropriate to meet the pressures on the service. Although there had not yet been a serious incident related to the staffing pressures on the team, staff said there was a potential risk for this if the team was not quickly brought back up to full strength.
- At South Gloucester, from the figures supplied by the trust there was a 19% vacancy rate (1.5 wte) for qualified nursing staff, and an overall vacancy rate of 11% (3.2 wte). All staff spoken with felt staffing was the greatest challenge facing the service. They cited similar issues to South Bristol of staff leaving and handing over unfinished cases to colleagues, with remaining staff having consequently to work excessive hours. Staff raised concerns about the use of fixed term contracts, which they felt deterred people from applying to join the team and affected continuity of service delivery as staff did not stay for very long. A reduction in administration support staff was seen as having had a negative effect across the team, as clinicians had to spend more of their time on administrative tasks.
- The Central team faced the biggest challenge with vacancies, operating at a 50% vacancy rate (2 wte) for qualified nursing staff and an overall vacancy rate of 32% (3.62 wte). Staff said that there were plans going forward to recruit additional staff to cover evenings (until 10pm) and all day Saturday and Sunday. Although efforts were clearly being made to recruit replacement and additional staff, the vacancies had not yet been filled and staff expressed concerns about the impact this had on the overall effectiveness of the service and on staff well-being.
- The impact of staff vacancies could be seen in increased waiting lists at those teams worst affected. At South Bristol, for example, where there had previously been no waiting list, a waiting list had grown considerably over the last 18 months to reach 120 at the time of our inspection), this coincided with the increase in staff vacancies.
- There were plans to recruit new permanent team managers to each of the teams. However, interim team managers, who were clinicians acting into the role, also carried their own substantial clinical case loads. This

Are services safe?

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

impacted on their ability to carry out their roles and duties as team managers. For example, a large number of staff across the teams were not up to date with their mandatory training. This training included areas of learning essential for safe practice such as safeguarding children, basic life support, and medicines management. The trust's training records showed that mandatory training completion rates varied considerably across the different community teams. At South Bristol, for example, the team's overall completion rate for mandatory training was only 66%. Less than half of the eligible staff had completed basic resuscitation training. Only half of those staff identified as needing medicines management training were up to date. There was a similar picture at the Central team. At South Gloucester the interim team manager had been successful in getting staff up to date with their mandatory training, and the team's overall completion rate for mandatory training was 86%.

- Similarly, figures supplied by the trust indicated that just under a third of staff across the teams did not have a valid or up-to-date disclosure and barring (DBS) check. The trust had become aware of this shortfall when the service had transferred over to AWP in April 2016. The trust's own policy was that fresh DBS checks would be carried out for staff every 3 years. We were subsequently given assurance by the trust that steps were being taken to ensure all staff had the necessary valid and up to date background checks in place.
- In spite of increased staffing pressures, staff at each of the teams confirmed that they were able to access the input of a psychiatrist quickly when required.

Assessing and managing risk to children and young people and staff

- We looked at 22 care records across the different teams inspected. Risk assessments were in place and were

generally up to date. Risk was assessed and recorded, and where necessary a risk plan was in place. Crisis plans were completed as necessary as part of the recorded risk assessment. Staff responded well to identified risks, such as changes in a young person's personal circumstances which increased their risk level. Staff took appropriate steps to monitor and respond to the risks to those children and young people on a waiting list. In spite of the pressures on the service, staff saw and assessed urgent and crisis referrals quickly and that every effort was being made to respond to less urgent referrals according to identified risks.

- Although we found staff were assessing and managing risks appropriately, staff at each of the teams said they felt that managing risk effectively was becoming increasingly difficult. This was due to a combination of factors, such as staffing vacancies and increased caseloads. However, staff from each of the teams told us they had seen a noticeable increase in the acuity of risk and care needs of the children and young people accessing the service in recent years.
- Appropriate systems were in place to help keep staff safe and secure. Staff followed clear lone working and personal safety protocols, which helped to ensure their safety when out in the community or when supporting children and young people back at the community bases.

Track record on safety

- There had been 61 recorded and reported incidents over the previous 12 months across the service. The majority of these incidents had resulted in no harm or minor, non-permanent harm to staff or children and young people. Of these reported incidents, only a small number involved personal injury to either a child or young person using the service or member of staff. Only one of the incidents was classed as red (high) risk level.

Are services effective?

Requires improvement 

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

- We looked at 22 patient care records and found some variance in the quality, completeness and how up-to-date care records were across the different teams. Assessments of needs had been completed, but overall care records were not sufficiently holistic or recovery focused. They contained limited evidence of specific outcomes, treatment goals or children and young people's strengths.
- At South Gloucester and South Bristol teams we found the care records we reviewed for 16 children and young people were of mixed quality. For example, in one young person's care plan it was recorded simply 'Video interactive guidance offered', with no further information or explanation regarding the care and treatment to be provided. Records at each of the teams also contained limited evidence to demonstrate that the views of children and young people were incorporated in care planning. Similarly, the majority of the care records we viewed contained no formally recorded evidence of consent to treatment.
- There were issues related to the storage and accessing of care records, which were kept on different systems and in different formats. Due to ongoing changes at trust level and the involvement of a number of different organisations in the delivery of the service historically, a number of different systems were in operation for the recording and sharing of information related to children and young people's care and treatment. Staff at each of the teams were united in their frustration at having to navigate multiple systems in order to access and retrieve patient care records, and also because work-related information was contained in emails on separate systems of the organisations involved. Staff at locality teams told us that the transfer of information from paper records to electronic had caused a great deal of extra work for clinicians. They also identified a specific issue in that some of the paper records from two years earlier had not yet been uploaded to the electronic system and were therefore difficult to access. The challenges of negotiating multiple IT systems and changes to care records, and the time these consumed, were key concerns raised by staff at each of the teams visited.

- In addition, the service used a different care records system to that used in the rest of the trust. The service was in the process of moving over from a paper care records system to the IAPTUS electronic system. Staff generally felt this would be a much more effective system once fully embedded, but expressed concern that this was a different system to the RiO records system in operation in the rest of the trust. Although steps were being taken to address some of these concerns, such as providing all appropriate staff with laptops so they can more easily access the IAPTUS system, issues with records and IT systems had not yet been fully resolved and continued to cause considerable disruption and increased workload for staff.
- We discussed care records with a senior trust manager, who was open in acknowledging that there were known issues in relation to the quality and consistency of care records. Plans were in place at a local level to address issues with care records. For example, at South Gloucester the intention was that the new deputy team manager, once in post, would start to address any specific issues records directly with staff in that team.

Best practice in treatment and care

- Locality teams had a strong therapeutic focus, and children and young people were provided with a variety of different therapies and treatments recommended by the National Institute for Health and Care Excellence (NICE). At South Bristol, the team's ability to deliver vital family therapy had been affected by staff vacancies. In the other teams, staff felt they were able to provide a good spread of therapies. These included eye movement desensitization reprocessing (EMDR), cognitive behaviour therapy (CBT) for pre-school children, and interpersonal psychotherapy. Staff also highlighted a renewed focus on developing innovative group therapy work, such as specific groups for teenagers with autistic spectrum conditions and anxiety and CBT groups. This was intended to help them provide support to as many people as they could within staffing and resource constraints.
- Staff gave examples of how they worked to support people's physical health care needs. For example, physical health care checks were being carried out every six months for children on ADHD medication and children on antipsychotic medication were also

Are services effective?

Requires improvement 

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.

monitored. However, this was not appropriately reflected or recorded in care records, which contained limited formal information of staff responding to children and young people's physical health care needs.

Skilled staff to deliver care

- With the exception of key staff vacancies, a wide range of disciplines and workers provided input to each of the different teams. Each team included occupational therapists, psychiatrists, psychologists and social workers, nursing staff and support workers. However, the availability of these different disciplines varied across teams and in some teams staffing shortfalls were identified which impacted on the effective running of those services. For example, at South Bristol the unfilled vacancy for a family therapist made it difficult for the service to provide consistent family therapy.
- Rates varied between teams, but not all staff had received regular supervision, attended regular team meetings and received an appraisal in the past year.
- Although not all staff were up to date with their mandatory training, staff spoken with told us they had received specialist training specific for their roles and were able to access additional training if they needed it. For example, all staff were receiving additional specialist training to be better able to support children and young people with autistic spectrum conditions.
- Staff spoken with told us they received regular supervision, including included peer supervision, safeguarding supervision and supervision by their manager. Staff commented that supervision had not been regular under the previous provider, but had improved considerably after AWP had taken on a more defined role in running the service. All staff spoken with told us they received adequate supervision and felt well supported by their immediate peers and local managers. According to figures supplied by the trust, most of the service's staff had received annual appraisals

Multi-disciplinary and inter-agency team work

- There was good multidisciplinary and inter-agency team work. This included effective working agreements and relationships with other teams within the organisation and external statutory and voluntary sector organisations. Staff at the central team, for example, spoke positively of the work they did in partnership with 'Off the Record', a local voluntary sector project. Staff at South Gloucester told us that one of the most positive aspects of their office location was that they were co-located with other teams, such as the paediatric team, with whom they were able to build an effective working relationship. This in turn benefited children and young people, who received more holistic support.
- Staffing structures demonstrated that every service engaged in multidisciplinary team (MDT) working, and regular MDT meetings to discuss children and young people were held. Each of these meetings was attended by a range of different staff disciplines. They covered a spread of different agenda items essential for service operation, such as caseloads, risk, safeguarding and learning from incidents and events. At the Central team, for example, fortnightly MDT team meetings were taking place and there were daily MDT triage meetings.
- Some staff described a 'breakdown' in the relationship between the locality and the central triage teams. They felt there were difficulties in the communication and referral channels between them. We discussed this with a number of managers who all acknowledged that there had been difficulties in the management of referrals and communication between the teams. It was likely that the issues had been caused and compounded by the staffing issues facing the service, as ongoing vacancies had impacted on the capacity of all teams to deliver an effective service. The trust had already identified the situation itself, and that representatives from the different locality and central teams were working collaboratively to bring about necessary improvements to the service model and referral pathways.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- Children and young people and their carers told us they were treated with kindness, dignity and respect. One person's carer told us that their life had changed the day they first accessed the service. Their child told us that staff had made them feel like a person and had treated them more as a friend, rather than as someone they were trying to help. They were positive about all staff, but made special mention of the service's reception staff who made a big difference when they arrived at the service and provided a welcoming point of first contact.
- Without exception, the staff we met were conscientious, professional and committed to doing the best they could for the people in their care. Children and young people were discussed in a respectful manner, and it was apparent how staff were driven by a wish to deliver an effective, caring service to the children and young people they supported.

The involvement of people in the care they receive

- Care plans did not reflect that children and young people were fully involved in the planning of their own care. The majority of care records we looked at did not detail whether or not children and young people had been involved in completing the care plan or had received a copy of their own care plan. However, children and young people told us they had been

involved in planning their own care. One patient, for example, told us they had a care plan which they'd agreed to and which met their needs. Another said they had regular medication reviews and changes, and had been given a choice of therapy.

- We spoke to carers of children and young people who used the service who said they were kept up to date and involved in decision making processes concerning their family members. One carer told us that they were able to meet with staff separately, and that the service had been a good source of support for them. Another carer told us that nothing had ever been forced on them in relation to the care and support their child received. The parents of one child told us that although they had no complaints about the kindness and respect they received from staff, they felt their concerns about their child had not always been properly listened to. They were considering their options in respect of raising this more formally with the trust, but felt confident in raising a complaint if they chose to do so.
- Young people and their carers confirmed they had been able to provide feedback on the service they received, through periodic questionnaires and feedback forms. Children and young people were involved in making changes to services and in the recruitment of staff. Staff said that this was not tokenistic involvement, and gave an example of when an otherwise appointable candidate had actually not been appointed because the children and young people involved in the recruitment process had been adamant they weren't appropriate.

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

- Referral to the service was through the central outreach and assessment team (COAT), which served as a single point of access through which all referrals were triaged. All referrals came from statutory health and social care agencies, and children and young people were not able to self-refer. Under the service model, urgent or crisis cases would ordinarily be picked up by COAT, and standard referrals would be allocated to the appropriate locality team for longer term partnership working. Locality teams operated a 'choice and partnership' system of appointments, with introductory choice assessment appointments potentially then leading to longer term partnership appointments, if appropriate. Locality teams were required to keep free a set number of partnership appointments to see more urgent referrals from COAT. Previously, if the slots were not used by COAT referrals, they were available to be allocated to choice or partnership working appointments. We were told that due to pressures on the service, this had not been an option more recently as COAT referrals were actually exceeding the allocated slots. Staff at each of the teams raised concerns that the choice and partnership (CAPA) model, used to calculate staffing according to demand and capacity, was now not suitable. For example, it was based on a treatment partnership that lasted 9 sessions, but staff believed that increased acuity of the risks and care needs of children and young people accessing the service now meant that a figure of between 15 – 20 sessions was much more realistic.
- Due to a number of issues, including staff vacancies and increased acuity of risks and care needs of referrals which required more time and input, there were waiting lists at each of the four locality teams. There was no waiting list at the central team, which triaged the referrals, so 'waits' were held by the allocated locality teams. We were informed by the trust that the locality teams were working to an 18 week referral to treatment pathway, and that this was under discussion with commissioners around new key performance targets for the service. Therefore, according to the trust's figures, the number of young people that had breached the current waiting list target (18 weeks) across the service was 120 as of 16 July 2017.
- According to trust's figures, the total waiting list at South Bristol was 120. Of those, 41 had been waiting for between 8-18 weeks, and 44 for more than 18 weeks for an initial face to face meeting with a member of the team. The total waiting list at South Gloucester was 115. Of those, 30 had been waiting for between 8-18 weeks, and 41 for more than 18 weeks for an initial face to face meeting with a member of the team.
- Waiting times for the two teams we didn't visit at this inspection – Bristol Central and East and Bristol North – were slightly lower overall, and there were notably fewer children and young people who had breached the 18 week target for those two localities. We had concerns about the waiting list at South Bristol, as this team had previously not had anyone on the waiting list and over the past 18 months this had grown so it now had the largest waiting list of the four locality teams.
- The trust was aware of the pressures on the service and the issue of large (and in some cases growing) waiting lists, and already had plans in place to try to address the situation. Each of the locality teams had its own action plan, specific to the greatest areas of concern for that locality. Actions included steps to improve recruitment and retention of staff, caseload review to expedite discharge from the service where possible, and contacting all those who had been on waiting lists for 12 weeks in order to ensure they actually still needed to be seen. The trust also had an overarching and detailed plan to address the waiting lists. This included immediate, medium term and longer term actions. Immediate actions included development of group therapies, which would enable more children and young people to access support more quickly. Medium term actions included a review of the referral pathway and possible introduction of a telephone advice service. Longer term plans included the finalisation and introduction of a new service model, with new service outputs agreed with commissioners.
- Despite the clear pressures on the service, we were assured that children and young people in crisis and the most urgent referrals were seen quickly. It was clear from speaking with managers at each of the services, that they prioritised referrals appropriately according to identified risk and were prepared to do whatever was necessary, including staff working extra hours and rescheduling of less urgent work, in order to respond to those most in need. We were given good examples of how staff had worked flexibly and responsively in order

Are services responsive to people's needs?

Requires improvement 

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

to support vulnerable children and young people who were difficult to reach or who had difficulty engaging. We were told that there were plans for the recruitment of additional staff to COAT, to enable them to extend their service to cover evenings and weekends, and that a bid had been put in to local commissioners for a seven day child and adolescent mental health crisis service. This was still to be confirmed, but staff believed there had been initial agreement for the service. If agreed, this would have a positive impact on waiting lists and lessen some of the pressure on the service.

- Children and young people and carers confirmed that accessing the service had, in some cases, been quite a difficult and lengthy process. The carers of one patient, for example, said they had been told their other child was on a two year waiting list to get seen by the service. Another young person and their carer were very positive about the support they had received once they had been seen, but said that it had initially been very difficult to access the service and they had really had to push to get seen.

The facilities promote recovery, comfort, dignity and confidentiality

- At the locations inspected where children and young people were seen on the premises, there were a range of different rooms and equipment to support treatment and care. This included rooms for interviews and therapy, and larger communal rooms for group activities. At South Bristol, although interview rooms were sufficiently soundproofed to maintain confidentiality under normal conditions, they weren't able to prevent the spread of noise completely if children and young people using the rooms were particularly distressed. This was raised as an issue by one young person, who told us it could sometimes be quite distracting if they were in a session and there was a lot of noise in an adjoining room. We experienced this during our inspection, and could hear a distressed patient in one of the rooms when we were in another room.

Meeting the needs of all people who use the service

- At each of the locations we inspected there was a range of information provided. This included information on

different conditions and treatments, service users' rights, local support projects including advocacy, and how to make a complaint if they were not satisfied with the service they received. Team managers told us they were able to obtain information in different formats and languages if needed, so as to support patient's different communication needs. Staff were also able to access the support of interpreters for children and young people whose first language was not English.

- At the locations inspected buildings had been adapted to ensure disabled access. This included flat surfaces and ramps for wheelchair users and disabled adapted toilets. However, at the South Bristol office, which was located on a trading estate, there was no disabled access to first floor of the building. There was also a potential dignity issue in that there was a disabled adapted toilet on the ground floor, but it was only accessible by leaving the building and passing through another service.

Listening to and learning from concerns and complaints

- Children and young people and carers we spoke with told us they felt able to complain and would be confident doing so if they needed to. Information supplied by the trust identified that the service received 10 complaints during the 12 months from April 2016 to the end of March 2017. One complaint had been upheld, and two complaints had been partially upheld. No complaints were referred to the parliamentary and health service ombudsman. CAMHS Bristol North and CAMHS South Gloucester had received the most complaints, with three each. Of the complaints which were not upheld, three were listed as being about clinical treatment, two concerned communication and information for parents, one involved delay to appointments, one concerned admission and discharge arrangements, and one was about the attitude of staff.
- Of the other two complaints, one had been upheld but the process was still ongoing and had yet to be fully resolved. One had been partially upheld, and appropriate steps had been taken to address the issues raised in that instance.

Are services well-led?

Requires improvement 

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

- The service had undergone a considerable amount of change in the previous year and was still very much in a state of flux. It had transferred from one NHS provider to Avon and Wiltshire Mental Health Partnership NHS Trust in April 2016 who operated as part of a consortium. Staff at each of the teams inspected were still not clear who they worked for and which organisation was ultimately responsible for overseeing and delivering the service. Staff believed that a five year contract for the delivery of the service had now been agreed. However, the trust confirmed that the contract had not yet been fully finalised. However, staff were generally very positive about transferring to a specialist mental health trust, as they felt this would put greater focus on their service. One manager said that the service had been “a bit rudderless” under the previous provider.

Good governance

- Whilst there were some positive signs that governance systems and processes were being introduced, this was clearly work in progress and further improvements were needed. There was variance in completion rates for mandatory training across teams, with large numbers of staff having not completed all their mandatory training. There was variance in the quality of key records, including care plans, across the teams we inspected and variance in performance and quality across teams due to a lack of robust and effective governance systems.
- It was clear the South Gloucestershire team had been successful in increasing staff supervision and appraisal rates, and was starting to address shortfalls in mandatory staff training. Managers at each of the teams visited were positive about the governance and systems that were being introduced under AWP. They told us that data analysis and interpretation was now much better, which supported them in the effective management of

their teams. They felt that the move to the IAPTUS records system was a good thing, as it allowed them to see what work staff were doing. Similarly, staff felt that recording work on IAPTUS would enable them to demonstrate exactly what the primary mental health workers contributed. Staff felt that as AWP was a specialist mental health trust, all of the appropriate support they needed was now being put in place, such as systems to help ensure they met their responsibilities under the Mental Health and Mental Capacity Acts.

Leadership, morale and staff engagement

- Morale was low in some of the staff we spoke with at the teams inspected. High caseloads and waiting lists and the associated pressures this created, insufficient staffing, and ongoing uncertainty as to the future of the service, were examples of the concerns raised by staff which impacted on their morale. Staff at one of the locality teams in particular described a sense of disconnect from the trust's senior management team, and weren't convinced they really listened to them and understood local pressures. They felt the transition from one provider to another had been poorly managed, and did not really understand who was who in the new structure, who was accountable for them and even who their more senior managers were. They felt that directives were being sent remotely from an organisation they didn't yet feel to be a part of, for things they had to do in order to meet the requirements of their new employer.
- However, all staff we spoke with were positive about the leadership and support they received from managers at a local level. Staff spoke positively, without exception, of the support they received from their team managers and colleagues. None of the staff we spoke with raised issues of bullying or harassment, and all staff felt confident about speaking up freely if they had any concerns or ideas for how the service could be improved.

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 18 HSCA (RA) Regulations 2014 Staffing
Due to ongoing staff vacancies, sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in each team in order to meet the demands on the service and the needs of the children and young people using it.

Not all staff were up to date with mandatory training, necessary to enable them to carry out the duties they were employed to perform.

This is a breach of regulation 18(1) & 2 (a)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not taken sufficient steps to ensure that all persons employed for the purposes of carrying out the regulated activity were of good character.

A large number of staff across the specialist community mental health services for children and young people teams did not have a valid and up-to-date disclosure and barring check in place.

This is a breach of regulation 19(1)(a)