Good

Northamptonshire Healthcare NHS Foundation Trust

Specialist community mental health services for children and young people

Quality Report

Sudborough House
St Mary's Hospital
77 London Road
Kettering
NN15 7PW
Tel: 01536 410141
Website: www.nht.nhs.uk

Date of inspection visit: 23 to 27 January 2017
Date of publication: 28/03/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RP1F2	Northamptonshire Healthcare NHS Foundation Trust	CAMHS - Early Response and Intervention Team, Initial Assessment Team and Skills Based team - Isebrook Hospital	NN8 1LP
RP1X1	Northamptonshire Healthcare NHS Foundation Trust	CAMHS - Specialist Intervention Team (South) - Newland House	NN1 3EB
RP1X1	Northamptonshire Healthcare NHS Foundation Trust	CAMHS - Children's Crisis Response Team - The Brambles	NN1 3EB

Summary of findings

RP1A1	Northamptonshire Healthcare NHS Foundation Trust	CAMHS Specialist Intervention Team (North) - Sudborough House	NN15 7PW
RP1F2	Northamptonshire Healthcare NHS Foundation Trust	Children and Young People's Referral Management Centre - Isebrook Hospital	NN8 1LP

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act / 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 findings

Overall summary

We rated specialist community mental health services for children and young people as good because:

- All patients using the service had a comprehensive risk assessment and care plan, which was regularly reviewed and updated.
- The service protected children and young people from abuse through clear safeguarding policies and procedures.
- The service complied with local safeguarding children board procedures and appropriate national guidance.
- Staff, including temporary staff, had undergone a Disclosure and Barring Service check (or local equivalent) and were checked against the Protection of Children Act register before appointment.
- Staff used nationally recognised assessment tools.For example, the child and young people self-harm pathway, and completed integrated assessments with acute hospital staff.
- Staff provided a range of therapeutic interventions in line with National Institute for Health and Care Excellence (NICE). For example cognitive behaviour therapy provided by Improved Access to Psychological Therapies training practitioners.
- Regular team meetings took place, and staff told us they felt supported by colleagues.
- Young people and their carers reported they were treated with dignity and respect and gave positive feedback about staff.

However:

- Interview rooms were not fitted with alarms at any of the locations we visited. Staff mitigated this by always telling colleagues where they were and who they were with. Managers had not completed ligature audits in any of the locations we visited.
- Two of the first aid boxes we inspected at Isebrook Hospital and Sudborough House had out of date materials in them, such as bandages.
- One patient we spoke with told us they were kept waiting for an hour for an appointment
- Interview rooms appeared to have adequate sound proofing for normal rate and volume speech, but if voices were raised this could be heard outside of the interview room, meaning that in those cases confidentiality may not be maintained.

Summary of findings

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

Are services safe?

Good

W**e rated safe as good because**:

- Across all community services, there were adequate interview rooms. All locations we visited were clean and well maintained.
- There were clinic rooms at Isebrook Hospital and Newland House which were equipped with necessary equipment to carry out physical examinations. Staff checked the blood pressure monitor and scales regularly to ensure they were in full working order.
- Cleaning records were up to date and demonstrated that the environment was regularly cleaned. Equipment was well maintained, clean and displayed visible in date testing stickers.
- Staff adhered to infection control principles including handwashing techniques.
- The service only used known bank staff when required.
- Patients had rapid access to a psychiatrist when required.
- The service had robust safeguarding procedures including regular multiagency supervision with the local authority safeguarding team. There was a named nurse responsible for child protection
- Carers we spoke with told us staff had responded promptly when their relative had experienced deterioration in their health and the case records supported this.
- Two senior clinicians monitored the waiting list on a weekly basis and ensured that those young people waiting for an assessment had access to crisis support or the consultation line if required.
- The service had robust safeguarding procedures including regular multiagency supervision with the NHFT Safeguarding Team. There was a named nurse responsible for child protection. Staff knew what incidents to report and how to report them on an electronic reporting system, this meant managers were alerted to an incident straight away. Staff received feedback from both internal and external incident investigations; this was evident in team meeting minutes. Staff we spoke with told us incidents were also discussed in supervision, and staff were de-briefed and supported after serious incidents.
- Patients we spoke with told us staff were open and transparent and explained to them when something went wrong.

However:

Summary of findings

- Interview rooms were not fitted with alarms at any of the locations we visited. Staff mitigated this by always telling colleagues where they were and who they were with.
- Managers had not completed ligature audit in any of the locations we visited.
- Two of the first aid boxes we inspected at Isebrook Hospital and Sudborough House had out of date materials in them such as bandages.

Are services effective?

Good

We rated effective as good because:

- We examined 23 care records and they contained comprehensive assessments completed in a timely manner. Staff had completed the care records in in a person centred, personalised and holistic way.
- Care plans were recovery orientated. There was no missing information in the records we examined and patients had been offered a copy of their care plan.
- Information needed to deliver care was stored securely on an electronic record system which the GP also had access to, this improved continuity of care.
- Patient records were available to staff when they needed them including when patients moved between teams.
- Staff were fully aware of Gillick competency and Fraser Guidelines.Consent was recorded in all patient records.
- The teams included a full range of mental health disciplines including psychiatrists, clinical psychologists, mental health nurses, social workers, occupational therapists, specialist mental health practitioners, and a participation worker.

Are services caring?

Good

We rated caring as good because;

- We observed positive interactions between patients and staff.
- Staff attitudes were responsive, respectful and provided appropriate practical and emotional support to patients and their families. We observed staff being kind and respectful to carers when speaking to them on the phone.
- Staff we spoke with showed a good understanding of the individual needs of patients and maintained patient confidentiality.
- Patients we spoke with told us staff treated them with kindness, dignity and respect and offered them high level support.

Summary of findings

- The participation worker involved patients in service development, including training patients to participate on interview panels for new staff.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- The service had a referral to treatment target time of 13 weeks. The majority of the patients received treatment within four to six weeks of initial assessment.
- Urgent cases were picked up within a week or passed to the children's crisis response team who were able to see patients immediately
- The service responded promptly when patients, carers or other professionals who phoned in. The service had a dedicated consultation line which offered advice to healthcare professionals, patients and carers Monday to Friday. The children's crisis response team offered a crisis service from 9am until 10pm seven days per week
- Patients we spoke with told us appointments generally ran on time and were only cancelled when absolutely necessary.
- Information leaflets could be accessed in a range of languages on request and the service had access to language line, there were hearing loops in the team bases.
- Staff could easily access multilingual interpreters and communication signers when necessary.

However:

- One patient we spoke with told us they were kept waiting for an hour for an appointment.
- Interview rooms appeared to have adequate sound proofing for normal rate and volume speech, but if voices were raised this could be heard outside of the interview room, meaning that in those cases confidentiality may not be maintained.

Are services well-led?

Good

We rated well-led as good because:

- Staff were aware of the trust's vision and values and these were embedded across the team. Staff talked about how the values informed their practice and the values were clearly displayed on posters in team offices.
- Staff were based alongside senior managers and reported good relationships with them.
- Senior managers visited all the teams regularly.

Summary of findings

- The service encouraged patients to give feedback on the care they received through initiatives such as “I want great care”.
- The service included patients on interview panels for new staff.
- Managers promoted the use of key performance indicators around good clinical care, supporting clinicians to regularly audit care records.
- Staff told us that they received good quality regular supervision from managers.
- Managers submitted issues to the trust risk register when necessary, for example the recent issues with staffing and development of a new team.

Summary of findings

Information about the service

Northamptonshire Healthcare NHS Foundation Trust (NHFT) specialist community mental health services for children and young people provide specialist mental health support and intervention for children and young people across Northamptonshire. The service also offers consultation, support and advice to other healthcare professionals working with children, young people and families.

The four teams we inspected were made up of a range of professionals including doctors, clinical psychologists, nurses, Improving Access to Psychological Therapies (IAPT) therapists, social workers and mental health practitioners, as well as assistant practitioners and administration staff.

The four teams were:

- The prevention and community engagement team this team provides training based on the needs of young people provides consultations, support and advice to healthcare professionals and short-term brief intervention work.
- The initial assessment and intervention team assess and follow up referrals with monthly reviews and provide a skills-based workshop programme for children and young people, as well as workshops for parents and carers of the young people using the service.
- The specialist intervention team provides a range of evidence-based interventions, including individual therapy, family therapy, therapeutic groups and psychiatric assessment and review.
- The children's crisis response team provides a fast response to children and young people who may be in a crisis situation, and which may otherwise result in hospital attendance or admissions.

We last inspected this core service on 26 August 2015 and rated it as requires improvement. We told the trust to take the following actions:

- The trust must review its provision of assessment and treatment to young people to ensure they receive it in a timely manner.
- The trust must review its provision of crisis services for young people to ensure that young people using crisis services have an assessment by appropriately skilled staff.
- The trust should review its procedures with commissioners for admitting young people to services and out of area placement arrangements.
- The trust should review its procedures for assessing mental capacity and consent to treatment.
- The trust should review its procedures for using the information gained by the trust and feedback from people using the service, staff and others to continuously improve and ensure the sustainability of its services.
- The trust should ensure that children have an updated care plan that is informed by the Voice of the Child.
- The trust should ensure that children and young people accessing the service have an up to date risk assessment.

On examination of data provided by the trust and on evidence collected during the inspection we found that the trust has achieved all of these actions.

Our inspection team

Chair: Mark Hindle, Chief Operating Officer, Merseycare NHS Foundation Trust

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

Summary of findings

Inspection Manager: Tracy Newton, Inspection Manager (mental health), CQC

The inspection team included two CQC inspectors, three specialist advisors including a consultant psychiatrist, a social worker and a mental health nurse.

The team would like to thank all those who met and spoke with the team during the inspection and were open and balanced in sharing their experiences and 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?

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 four team bases and observed how staff were caring for patients
- spoke with four patients who were using the service, and six carers
- interviewed the service manager with responsibility for these services and managers or acting managers for each of the teams
- spoke with 23 other staff members; including doctors, nurses and social workers
- attended and observed a hand-over meeting and a multi-disciplinary meeting
- reviewed 23 treatment records of patients
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

- Young people and carers told us they were treated with dignity and respect and they received good care.
- Patients told us there were opportunities for involving them and their carers in the service.Regular focus groups were held to obtain their views and explore changes they would like to make.
- Patients felt staff listened to them and were responsive when concerns were identified.

Summary of findings

Good practice

- The trust had trained a number of the staff to be Improving Access to Psychological Therapies) therapists, giving patients better access recommended therapies such as cognitive behaviour therapy.
- The trust employed a dedicated participation worker to promote patient involvement in the service. Examples of this included patient representatives on interview panels and dedicated focus groups looking at service improvements.
- The service opened an initial assessment clinic on Saturday mornings which helped to reduce waiting times.
- The service provided a consultation telephone line offering support to allied professionals, patients and their carers during office hours Monday to Friday.

Areas for improvement

Action the provider SHOULD take to improve
Action the provider SHOULD take to improve

- The trust should ensure that interview rooms are fitted with alarms.
- The trust should ensure that first aid boxes contained relevant up to date materials.
- The trust should ensure that interview rooms have adequate soundproofing in order to maintain patients confidentiality.

Northamptonshire Healthcare NHS Foundation Trust

Specialist community mental health services for children and young people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
CAMHS - Early Response and Intervention Team, Initial Assessment Team and Skills Based Team -Isebrook Hospital	RP1F2 NN8 1LP
CAMHS Children's Specialist Intervention Team (South) - Newland House	RP1A1 1st Floor, Newland House Campbell Square Northampton NN1 3EB
CAMHS - Children's Crisis Response Team – The Brambles	RP1A1 2nd Floor, Newland house, Campbell Square Northampton NN1 3EB
CAMHS Specialist Intervention Team (North) - Sudborough House	RP1A1 Sudborough House, St Mary's Hospital, Kettering NN15 7PW
Children and Young People's Referral Management Centre -Isebrook Hospital	RP1F2 NN8 1LP

Detailed findings

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

We did not monitor responsibilities under the Mental Health Act (1983) within this core service as during our inspection none of the young people were subject to community treatment orders or section 117 aftercare.

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

When required staff could contact the approved mental health professionals (AMHP) service to co-ordinate assessments under the Mental Health Act 1983.

Mental Capacity Act and Deprivation of Liberty Safeguards

This service provides assessment and treatment for people under the age of 18 years of age, therefore the Deprivation of Liberty Safeguards do not apply.

A standardised consent form for recording the consent of children and young people in relation to the Data Protection Act 1998 was used.

There was good quality recording of discussions about consent to treatment and information sharing with carers and other health professionals in patient's records.

Good

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 locations we visited were clean and well maintained. Cleaning records were up to date demonstrating the environments were regularly cleaned.
- Each location we visited had an interview room. However, there were no alarms fitted in any of the rooms. Staff mitigated this by always telling colleagues where they were and who they were with. Other staff confirmed they would look for their colleagues if they were longer with patients than intended.
- There were clinic rooms at Isebrook Hospital and Newland House which were equipped with necessary equipment to carry out physical examinations. Staff checked the blood pressure monitor and scales regularly. However, the first aid box at two locations had contents such as bandages, which were out of date, and had no contents list.
- Equipment was well maintained, clean and displayed visible in date testing stickers. Staff adhered to infection control principles including handwashing techniques.
- Managers had not completed ligature audits for the sites we visited.

Safe staffing

- The established level of registered nurses across the services was 28.7 whole time equivalents (WTE). At the time of the inspection, there were 8.3 vacancies. The established level of unqualified nurses was 8.8. The service had 7.24 vacancies.
- Managers covered vacancies and staff sickness with regular bank and agency staff. 1267 shifts were filled by bank or agency staff with 824 qualified nurse shifts being filled by agency staff in the CAMHS Community Team, while 19 shifts were left unfilled.
- Staff shortages were filed with long term bank and agency staff. Two bank staff had worked at the service for over a year, all bank staff were known to staff and patients ensuring continuity of care.
- The children's crisis response team had recently recruited new staff but maintained their staffing as an issue on the trust risk register due to the appointments being made so recently, allowing the staff time to develop into their roles.
- The average staff sickness rate for this core service was 3.8%. This was below the trust overall average of 4.4%. However, the children's crisis response team reported higher staff sickness at 5.8%.
- Across the specialist intervention teams, the average caseload was 30 per full time clinician. The children's crisis response team had a team caseload of 30 when we visited.
- The number of patients waiting for an allocation of a care coordinator was 110 across the service. However, the waiting list was reviewed regularly by two senior clinicians who monitored the list on a weekly basis and maintained contact with patients.
- The service had rapid access to a psychiatrist when required although access had been limited recently when two full time psychiatrists were off sick at the same time in the south of the county.
- The trust training data reports that this core service has a compliance rate of 79% for mandatory training which is below the trust target of 90%

Assessing and managing risk to patients and staff

- Staff completed a comprehensive risk assessment for every patient. We examined 23 risk assessments and crisis plans and found that staff completed them at initial assessment or triage, and updated them regularly.
- Carers we spoke with told us staff had responded promptly when their relative had experienced deterioration in their health. We saw evidence of this in patients' records.
- The teams had two senior band 7 clinicians who monitored the waiting list on a weekly basis. This ensured people on the waiting list had access to crisis support or the consultation line if they needed it.

Good

Are services safe?

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

- Data for the period 01 September 2015 to 30 November 2016 showed there had been 22 safeguarding notifications for this service.
- 94% of staff were trained in safeguarding adults and children and they explained the procedure for raising a safeguarding alert when interviewed.
- Specialist community mental health services for children and young people had no incidents of restraint and no incidents of seclusion between 01 October 2015 and 30 September 2016.
- The children's crisis response team had a lone worker policy which staff adhered too.

Track record on safety

- Between 01 October 2015 and 30 September 2016, the service reported one serious incident involving the death of a patient. There was evidence that this had been investigated and dissemination of learning from this incident was evident in team meeting minutes.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents were and how to report them.Staff reported incidents on an electronic reporting system, which were forwarded to managers who then had to review the information. This meant managers were alerted to an incident straight away.
- Staff were able to describe their duty of candour as the need to be open and honest with patients when things go wrong.
- Managers gave feedback to staff on the outcomes of incident investigations. This was evidenced in team meeting minutes we reviewed.
- Staff we spoke with told us incidents were also discussed in supervision, and they were supported and received de-brief 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 assessment for all patients, which they completed in a timely way. We reviewed 23 care plans and they were all up to date, personalised, holistic and recovery orientated. In the records we examined there were no gaps in information. Staff had offered patients a copy of their care plan.
- Staff stored the information needed to deliver care securely on electronic record system. The GP also had access to this system which improved continuity of care and communication. The electronic system was transferrable across the trust when the patients were moved between teams.

Best practice in treatment and care

- We reviewed 10 clinic letters written by the psychiatrist to patients' GPs.We found in all cases staff followed National Institute of Health and Care Excellence (NICE) guidelines when prescribing medication.
- The team were also able to offer psychological therapies recommended by NICE including Improving Access to Psychological Therapies (IAPT), giving patients access to cognitive behaviour therapy and family interventions.
- Staff considered patient's physical healthcare needs when assessing and planning for care. GPs carried out specific physical healthcare checks when staff requested.
- The team used Health of the Nation Outcome Scales for children and adolescents to assess and record severity and outcomes for all patients.
- Clinical staff participated in clinical audit with support from their line manager. We saw evidence of discussion about this in supervision records where staff had audited care records.
- Staff were fully aware of Gillick competency and Fraser Guidelines. Consent was recorded in all patient records.

Skilled staff to deliver care

- The teams included a full range of mental health disciplines required to care for this patient group.The teams comprised of nurses, psychiatrists, social workers, occupational therapists, IAPT therapists, psychologists, regular bank and agency staff and a participation worker committed to patient involvement.They also had specialist mental health practitioners who did not have a core professional qualification but had a master's degree in child and adolescent mental health.
- Staff received a two day trust induction followed by a further induction to the CAMHS service.
- Ninety-eight per cent of staff received monthly supervision.
- From 01 October 2015 to 30 September 2016, 96% of non-medical staff had received an appraisal.
- Staff received the necessary specialist training for their role.Managers actively encouraged qualified staff to undertake the IAPT training and back filled their posts with regular bank or agency staff whilst they were on training.
- Managers addressed poor staff performance promptly. We saw evidence of this happening whilst on inspection.

Multi-disciplinary and inter-agency team work

- The teams held regular and effective multidisciplinary meetings.We observed one multidisciplinary meeting and one handover within two locations.On both occasions, the patient's welfare was central to discussion. Staff spoke with genuine kindness about patients.
- Staff reported effective handovers between teams within the organisation, for example from the children's crisis response team to the specialist intervention team.
- We saw evidence of good working links with external organisations.For example local social service team holding monthly safeguarding supervisions with CAMHS staff to discuss and manage safeguarding concerns.

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

- During the time of this inspection there were no patients subject to the Mental Health Act 1983.
- Staff we spoke with had little knowledge of the Mental Health Act and its application for the patients they worked with. All new staff were expected to attend training if the Mental Health Act was relevant to their area of work to ensure that they are aware of the legal

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.

provisions of the Act in their day to day practice. There was no expectation for staff to update this training, despite the fact that the trust offered regular Mental Health Act training sessions on a monthly basis at locations in both the north and south of the county. Staff told us that should they need to work with patients who had been detained under the Mental Health Act they would seek advice from their colleagues in inpatient services.

- Although no patients were detained under the Mental Health Act, patients were able to access independent mental health advocacy services, and staff were able to describe how they would support patients to access this service, and information about this service was displayed in the waiting areas of the locations we visited.

Good practice in applying the Mental Capacity Act

- As of 30 September 2016, the overall compliance rate for Mental Capacity Act Training in this core service was 69%.This was below the trust target of 90%. The CAMHS community team had the lowest compliance rate at 41%.
- Despite the low training figures, staff we spoke with had a good understanding of the Mental Capacity Act, and how the guiding principles impacted on their work with this patient group.Staff were aware of the trust policy on the Mental Capacity Act, which was available on the trust intranet.
- We saw evidence in patient's notes that for people who might have impaired capacity, capacity to consent was assessed and recorded in patient's notes.There was evidence that patients were given every possible assistance to make specific decisions for themselves.
- Staff told us that they knew where to get advice regarding the Mental Capacity Act within the trust.

Good

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 positive interactions between patients and staff, both in observed appointments and when listening to staff speak on the consultation line.
- Staff attitudes were responsive, respectful and provided appropriate practical and emotional support to patients and their families.An example of this was the consultation line, which had been originally set up for professionals to access but had been opened up to the public and was a particularly useful resource for patient's carers.
- Patients we spoke with told us that staff treated them with kindness, dignity and respect and offered them high level support.
- Staff we spoke with showed a good understanding of the individual needs of patients. Staff maintained patient confidentiality.We observed staff being kind and respectful to carers when speaking to them on the phone.

The involvement of people in the care that they receive

- We saw evidence in patient records how patients were actively involved in the care they received.Patients were offered copies of their care plans and encouraged to maintain their independence.We observed staff speaking to patients on the telephone in a calm, caring and respectful manner, showing genuine compassion to patients.
- The service made every effort to involve patients in the development in the service and employed a participation worker to work directly with patients.The participation worker ran regular focus groups to gather patient opinion of the service, and trained patients to participate on interview panels when employing new staff.The participation worker gave examples of how the focus groups were fundraising to get a computer gaming area in the waiting room at one service.
- There was information displayed in waiting areas detailing how patients could access external advocacy services.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- The service had a referral to treatment target time of 13 weeks. The majority of the patients received treatment within four to six weeks of initial assessment. Urgent cases were picked up within a week or passed on to the children's crisis response team who were able to see patients immediately
- The service responded promptly when patients, carers or other professionals phoned in.The service had a dedicated consultation line which offered advice Monday to Friday and a crisis service in the children's crisis response team working 9am until 10pm seven days per week.
- The service had clear inclusion criteria, and took active steps to engage people who found it difficult to engage with services. The specialist intervention team offered home visits for patients who struggled to get to appointments at the base. They also offered early evening appointments and assessment appointments on a Saturday morning for those patients not wishing to miss school or college.
- Patients we spoke with told us appointments generally ran on time and were only cancelled when absolutely necessary, and patients were kept informed about this and appointments were promptly rearranged. Although one patient we spoke with told us they were kept waiting for an hour.
- Patients who did not attend appointments or who disengaged with the service were written to in order to give details of how they could access the service in the future, and given details of other agencies with whom they may prefer to work with. GPs were also made aware if patients disengaged.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a full range of interview rooms in which to see patients in all locations. Interview rooms appeared to have adequate sound proofing for normal rate and volume speech, but if voices were raised this could be heard outside of the interview room, meaning that in those cases confidentiality may not be maintained.
- None of the locations we visited dispensed medication from the clinic room.
- The waiting rooms contained information about the treatments and therapies available to patients as well as information about other local services, patients' rights and how to make a complaint.

Meeting the needs of all people who use the service

- The service had made necessary adjustments for disabled access at each location.
- Information leaflets could be accessed in a range of languages on request and the service had access to a language line and there were hearing loops in the team bases.
- Staff could easily access multilingual interpreters and communication signers when necessary.

Listening to and learning from concerns and complaints

- During the 12 months preceding the inspection specialist mental health services for children and young people had received 12 complaints. Three upheld and three partially upheld. 6 complaints were not upheld.No complaints had been referred to the ombudsman. Reasons for the complaints included long waiting times and poor staff attitudes.
- The service also received 26 compliments during the last 12 months.
- Patients we spoke with told us they knew how to complain and there were leaflets displayed in the waiting areas giving details of how to complain.
- There was evidence that staff knew how to handle complaints. Outcomes of complaints had been recorded in team meeting minutes, showing that staff received feedback on the outcome of complaints.
- In response to complaints, managers told us that they had introduced weekend assessment appointments to reduce waiting times.
- Staff we spoke with told us that complaints were also discussed in individual staff supervision when necessary.

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 were aware of the trusts' vision and values and theses were embedded within the team.Staff talked about how the values informed their practice and the values were clearly displayed on posters in team offices.
- Staff were based alongside senior managers and reported good relationships with them.
- Senior managers visited all the teams regularly.

Good governance

- Managers ensured that staff received regular supervision and annual appraisals and this was clearly documented.
- Staff were able to maximise time on shift on direct care as opposed to administrative tasks.
- Incidents were reported on the electronic recording system
- Managers shared learning from incidents, complaints and service user feedback in team meetings and staff supervision.
- The provider used key performance indicators to gauge the performance of the team. These were presented in an accessible format and used by the staff team who developed action plans where there were issues. An example of this was managers encouraging staff to participate in regular clinical audit of care records.
- Managers had sufficient authority and administrative support to carry out their role.
- Staff had the ability to submit issues to the trust risk register via supervision with their manager.
- Managers ensured that staff files were clear and well organised and included job descriptions, terms of employment, professional registration and up to date disclosure baring checks.

Leadership, morale and staff engagement

- Staff told us that morale was good within the team. They spoke highly of the managers and reported good working relationships with them.
- Staff were not aware of any cases of bullying or harassment within the team.
- Staff reported that they enjoyed their work, had job satisfaction and a sense of empowerment from their role. The team supported each other and they felt safe in their practice.
- Staff were able to give feedback on services and input into staff development.Several staff were training to become IAPT workers.
- Staff were open and transparent with patients explaining when things went wrong.

Commitment to quality improvement and innovation

- The team had committed to reducing waiting times and had opened an assessment clinic on a Saturday morning to continue to commit to keeping waiting times short.
- The service had appointed a participation worker to support user involvement within the service.Their role included supporting patients to feedback to the trust via the "I want great care" initiative.
- The patient consultation line had extended the scope of their service to receive calls from patients and families as well as allied professionals.