Good

The Whittington Hospital NHS Trust

Specialist community mental health services for children and young people

Quality Report

3rd Floor Northern Health Centre, 580 Holloway Road, London,N7 6LB
Tel:020 3316 1824
Website:http://www.whittington.nhs.uk

Date of inspection visit: 8 - 11 December 2015
Date of publication: 08/07/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RKE	The Whittington Hospital	CAMHS	N19 5NF

This report describes our judgement of the quality of care provided within this core service by The Whittington Hospital 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 The Whittington Hospital NHS Trust and these are brought together to inform our overall judgement of The Whittington Hospital NHS Trust.

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	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 gave an overall rating for the specialist community mental health services for children and young people of **good** because:

- Young people and their families were treated as partners in their care. Staff treated young people and their families with compassion, dignity and respect.
- Managers supported staff to deliver effective care and treatment. Staff adopted a multi-disciplinary and collaborative approach to care and treatment. There were good working relationships with other agencies.
- The team had clinicians working in schools across the borough; this meant that the service was accessible.
- There were clear processes in place to safeguard young people and staff knew about these. Incident reporting and shared learning from incidents was apparent across the services.
- The service accepted referrals from a range of professionals and young people could refer themselves to the service.
- There were systems in place to manage referrals and the service provided an advice line to potential referrers.
- However, we also noted the waiting times for appointments were too long. The service had a transformation plan and had received funding for additional staff to assist in reducing waiting times.
- There was strong leadership at the local team level, which promoted a positive culture. There was a commitment to continual improvement across the services

Summary of findings

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

Are services safe?

Good

We rated safe in CAMHS as **good** because:

- There were sufficient staff with the appropriate skills and training to meet the needs of the young people accessing the teams. Caseloads were managed and reassessed regularly.
- Clear processes were in place to safeguard young people and staff knew about these. There was an identified safeguarding lead and the service had safeguarding champions.
- Staff knew how to report incidents. Incident reporting and shared learning from incidents was apparent across all teams. There was a culture of openness and transparency within the team.
- However, some improvements were needed to ensure risk assessments and management plans were completed in a timely manner.

Are services effective?

Good

We rated effective as **good** because:

- The team had a range of staff from various disciplines. They were encouraged to undertake training to improve their skills. The team worked in collaboration with other agencies to ensure that young people received the care and treatment they required.
- A thorough assessment of the young person's needs took place and staff adopted a compassionate and thoughtful style when doing this. There was a multi-disciplinary approach to the planning of care and treatment for young people and their families.
- The service had provided computer tablets to staff who worked away from the office base. This allowed staff to update information in a timely manner.
- When prescribing medication, clinicians considered NICE guidance.
- The service used outcome measures to monitor the progress of young people using the service.

Are services caring?

Good

We rated caring in CAMHS as **good** because:

Summary of findings

- Staff showed genuine compassion, understanding and warmth towards the young people and their families.
- The language used by staff about the patients and their families was respectful, considered, supportive and sensitive.
- The service actively encouraged feedback and implemented changes as a result.
- The parents we spoke with were satisfied with the support, care and treatment offered by the team. They felt valued and respected.
- Patients took part in recruiting new staff.

Are services responsive to people's needs?

Good

We rated responsive in CAMHS as **good** because;

- There was a clear referral criteria for accessing treatment. A range of professionals made referrals to the service; self referrals were also accepted.
- Young people could have appointments at their school or at the CAHMS office. Staff tried to be flexible when offering appointments. If young people did not attend their appointments, the staff tried to re-engage them.
- For young people who were approaching 18 years of age, the staff worked with adult community mental health services and ensured a planned transfer between the two services.
- However, there were long waiting times for young people and their families who wanted to access the service. The service had received additional funding for more staff in December 2015. The service was going to use the additional staff to reduce the waiting times.

Are services well-led?

Good

We rated well led in CAMHS as **good** because:

- Staff felt supported in the work they undertook. Although some staff reported, feeling stressed there were still high levels of morale and all the staff we spoke with said they enjoyed their job.
- We observed and staff were encouraged to undertake this.
- There was an open culture within the team, which focused on improvements. Staff understood the importance of being transparent with those who used the service and apologising when things went wrong.
- There was commitment to improving the service. Staff behave in ways that reflected the trust vision, purpose and commitments and the senior managers within the trust visited the service.

Summary of findings

- Managers met to discuss how to improve care and treatment. There were regular leadership forums.
- Staff felt able to raise concerns and knew about the whistleblowing policy.
- There were opportunities for training

Summary of findings

Information about the service

Islington CAMHS formed part of the children's services integrated care service unit (ICSU). It provided a mental health service for children and adolescents (0-18) in Islington. The team was a multidisciplinary service consisting of clinical psychologists, child and adolescent psychiatrists, psychotherapists and family therapists.

They provided specialist and multidisciplinary assessment and treatment services for young people experiencing emotional, behavioural of psychiatric difficulties.

There were a number of teams, however, we only inspected the team dealing with core CAMHS referrals using the Choice and Partnership Approach (CAPA) model of treatment.

Our inspection team

The team comprised of: an inspector and three specialist advisors with experience of working in child adolescent mental health services.

Why we carried out this inspection

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

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about this service. After the inspection, we also asked the trust to provide us with additional information to enable us to make our judgements.

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 the visited the CAMHS tier 3 service (Choice and Partnership Approach (CAPA)) providing community services across the borough of Islington and looked at the quality of the environment.
- spoke with one young person who was using the service.
- spoke with four parent/carers.
- interviewed the service manager with responsibility for this service.
- spoke with and received information from 16 staff members; including doctors, nurses, an occupational therapist and psychologists.
- attended and observed four meetings.
- looked at three care records of patients.
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

- watched a video footage of seven parents giving feedback about the service they had received.

What people who use the provider's services say

Young people and their families felt that the support they received from clinicians was appropriate and well organised. Two were critical of the long waiting times for appointments.

All of the people we spoke to felt staff were caring, polite and interested in the well-being of young people. They said they felt well informed of the care they received and felt as if they could make their own choices.

The views of young people and families were gathered regularly by the service by use of surveys and groups held for them. Feedback had been utilised to inform changes to the service.

Good practice

- Young people were involved in decision making about the teams, for example on interview panels for staff.
- The team had a highly visible presence in schools across the boroughs and were able to provide interventions to families that might have had difficulty in accessing the service.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that patient risk assessments and management plans are reviewed and updated following risk incidents.

The Whittington Hospital NHS Trust

Specialist community mental health services for children and young people

Detailed findings

Locations inspected

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

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.

Mental Capacity Act and Deprivation of Liberty Safeguards

The majority of staff we spoke with demonstrated a working knowledge of the application of capacity and consent for children. Care records had clear evidence of Gillick competency and Mental Capacity Act (which applies to young people over the age of 16) assessments.

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

- The design, layout and cleanliness of most of the areas where young people met staff was safe and suitable.There were up to date cleaning records available.
- The receptionist area was secure but there was no closed circuit television (CCTV) in the building.
- Two clinic rooms were available for patients to have physical examinations, both rooms were lockable.These rooms did not have a panic alarm, which meant that staff would not be able to alert other staff easily if there was an incident in these rooms.

Safe staffing

- The service was undergoing changes and expanding.There were 50 staff in the team at the time of our inspection.
- Many of team members had been in post for a number of years and there was a stable staff group.The work of the team had increased and the team had recently submitted a business case for additional posts as part of their transformation process.The service model was changing and the team would be recruiting nurses, an approved mental health professional and other grades of staff.
- There had been concerns about psychiatry capacity around the service.As part of the transformation plan, the service planned to increase the amount of psychiatrist time available.The anticipated impact for the patients would be better responsiveness as young people and their families could be seen more quickly.
- On average, a clinician had 20 cases on their caseload. These caseloads were managed and assessed through supervision.
- Staff had a programme of mandatory training there was good completion of training across the team.

Assessing and managing risk to patients and staff

- The CAMHS team had a duty system to manage referrals.If the CAPA approach was not suitable, the team signposted the referrer to other services that could meet the young person's needs.
- There was no routine monitoring of risk for those young people who were on the waiting list for a choice appointment (initial assessment).Young people and their families were advised to contact the service or accident and emergency department if there was a rapid deterioration in their health.
- Individual risk assessments on young people using the service involved input from members of the team.After the initial assessment, the risk assessment was completed on the electronic recording system.
- The recording of changes in risk and associated risk management plans was not always robust. In one of the care records we reviewed, the young person had been involved in an incident with a weapon. However, it was unclear from the file what risk management plans had been put in place to ensure the protection of staff and other young people using the service.
- If there was a rapid deterioration in the mental health of an existing patient, they could be seen by one of the psychiatrists. In one of the care records we reviewed, we noted that a young person had become unwell and the team had made a referral to an inpatient unit for this young person so that they could receive appropriate care and treatment.
- Staff had received training in safeguarding adults and children. Staff we spoke with knew how to raise a safeguarding alert and had a good understanding of safeguarding protocols and procedures.
- There was a safeguarding lead in the trust and staff in the team we spoke with told us they could get advice and support for complex safeguarding matters.
- The service had safeguarding champions based in the team.The champions met every quarter to discuss issues with the trust's safeguarding nurse. They recently focused on topics such as social media and self- harm and how best to keep young people safe.

Track record on safety

Good

Are services safe?

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

- Ten incidents were recorded between October 2014 and September 2015. None of the incidents was classified as high harm.
- There was evidence of learning from incidents.As a result of an incident that required the evacuation of the building, the team realised that evacuation procedures were unclear and needed to be improved.The team had discussed the incident at length during the team away day.

Reporting incidents and learning from when things go wrong

- Incidents were reported to the manager and recorded on the trust electronic incident reporting system.
- In November 2015, the service had conducted an analysis of incidents since May 2013 within community CAMHS. A review of 13 incidents showed a need for improvement and more middle managers in the team required datix training.Seven incidents related to information governance.The review recommended improving staff knowledge on how to protect the personal information of patients.
- We asked a number of staff about the duty of candour. The duty of candour required providers to ensure they are open and honest with people when something goes wrong with their care and treatment.Staff were able to explain what this meant and the impact this would have on their work. There was a culture of openness and transparency and staff understood that it was important to be open with families and young people if something went wrong with their care and treatment.

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

- The service used the choice and partnership approach (CAPA) model of treatment.Young people and their families who were referred to the service were offered a choice appointment (initial assessment).During this appointment, the young person and their family were given information about the service and the types of interventions offered. The second appointment was a partnership appointment and during this appointment the clinician made plans with the patient regarding the support they would be offered.Young people and their families were offered ongoing specialist support after the second appointment if they met the referral criteria.
- The team thoroughly assessed the mental health needs of young people accessing the service.The assessment was carried out at a pace to suit the young person and their family.There was a compassionate and thoughtful approach and practitioners used a person centred approach to ensure that they met the needs of the young person.
- Staff planned for care and treatment during the assessment and agreed further actions with the young person and their family.
- Information needed to deliver care was stored securely and available to staff when they needed it. For staff who were located off site, for example in schools, they were able to input their notes into a computer tablet.This meant that delays in updating the patients' records were reduced, as staff did not have to come back to the office base to input information into the electronic records database.

Best practice in treatment and care

- National institute for health and social care (NICE) guidance was used to inform treatment pathways, particularly the use of psychological therapies. Clinicians considered NICE guidance when prescribing medication.
- The team used outcome measures to monitor a young person's progress in a systematic way. Clinicians used routine outcome measures including the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and a strengths and difficulties questionnaire.

Skilled staff to deliver care

- Staff working across the team came from a range of professional backgrounds, including consultant psychiatrists, clinical psychologists and therapists.
- New staff received a trust and local induction to the service.
- Training and developing staff was a priority for the service.
- There were regular team and business meetings and staff we spoke with said they felt well supported by managers and colleagues.
- Supervision was a priority and staff were given sufficient time to reflect upon the work they undertook with young people and their families.
- The majority of staff (70%) had received an appraisal in the past 12 months

Multi-disciplinary and inter-agency team work

- CAMHS had built strong links with the local authority.They had participated in critical reflection groups with colleagues from social care. Ten groups had run every six weeks over a period of two years.Attendees had used this space to think about the impact of the work they did with young people and their families. They had also used this group to improve their practice and focus on the recommendations made in the 'Munro' report regarding the safeguarding of children.There was ongoing work with CAMHS and social care to look at child development, solution focused plans and positive parenting.
- There were examples of effective working with other teams within the trust such as the paediatric liaison team.
- The team worked in three special educational needs schools, ten secondary schools and 56 primary schools and worked closely with colleagues in education as part of their schools programme.
- Young people could also access the service at 16 children's' centres within the borough.

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.

- The team worked with Camden and Islington adult community mental health team to improve the transition of young people into adult services.
- On a monthly basis, the team participated in a teleconference with general practitioners and discussed how to support specific families.
- The majority of staff we spoke with demonstrated a working knowledge of the application of capacity and consent for children.
- The records had clear evidence of Gillick competency and Mental Capacity Act (which applies to young people over the age of 16) assessments.

Good practice in applying the MCA

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

- Staff showed genuine compassion and warmth towards the young people and their families. They appeared to understand their needs.
- We observed that language used by staff about the patients was always respectful, considered, supportive and sensitive.
- The parents we spoke with were satisfied with the support, care and treatment offered by the team.
- We watched video footage of a feedback session of seven parents who attended the attention deficit hyperactivity disorder (ADHD) group. They were positive about the support they had received. The staff had provided them with education and improved coping skills. The parents stated that they felt accepted and valued by the staff.
- Two parents said their CAMHS worker was approachable and they could contact them whenever they needed to.
- We observed an initial assessment. The staff ensured that the meeting focused on the needs of the young person. They explained things in age appropriate language and allowed the young person to ask questions and give their opinion. We spoke to the young person after the assessment and they said they felt included in the discussion and that they felt "safe".

The involvement of people in the care they receive

- The service had a comments box in the reception area and people were encouraged to give feedback.
- The waiting room had responses to patients' comments and suggestions displayed on a noticeboard. The service reported what patients had said and what staff had done in response. The service had changed because of feedback from patients and their parent/carers. The young person's council had made some suggestions around making changes to the waiting area; they provided feedback on the environment, furniture, and magazines.
- Patients had an active voice in who was appointed to the service and were involved in the recruitment of new staff. Young people participated in interview panels and had been involved in developing questions for interviewees. The service had a protocol for this and young people received expenses for taking part in the interview process.
- Families told us they were involved in the development of care plans and decision making

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 received 13,500 referrals per year. There was a clear referral criteria and where the service did not accept a referral, they signposted people to other services appropriately.
- The team accepted referrals from general practitioners and a range of professionals and other agencies. Young people could refer themselves to the service and 15% of the caseload were individuals who had self-referred. There was a daily duty and advice system offered by senior clinicians.Referrers could contact the team to discuss patients who might require a referral.The team received on average 15 new referrals a day.
- The waiting time from referral to initial appointment, (choice appointment) was four to six weeks.After the initial appointment, the wait for the second appointment (partnership appointment) was 12-15 weeks.An increase in the waiting times for appointments had occurred because fourteen members of staff had gone on maternity leave and this had left service understaffed whilst they backfilled these positions.This had a major impact on the schools programme. To minimise the impact, the service had provided a consultation service to the affected schools.
- The service recognised that long waiting lists was not acceptable and received funding in December 2015 as part of the transformation plan to recruit more staff to reduce the waiting list.
- New targets for waiting times had been set at four weeks for a choice appointment and four weeks for the partnership appointment.
- Young people and their families received information to support them whilst they waited for their assessment.Additionally they were advised to call back if in difficulty and they could be seen by another CAMHS team or report to the trusts accident and emergency department, where the paediatric liaison team could support them.
- We observed flexibility around appointment times offered by staff to suit the needs of the young person and their families. Staff told us that cancellations of appointments rarely happened. However, in the event of un-planned absence of staff, they rescheduled non-urgent appointments. This meant that as far as possible people could access care and treatment at a time to suit them. The team did not undertake home visits but were considering it as part of the transformation plan.
- The work in schools allowed the team to meet the needs of young people and their families who may have had difficulty in accessing the service.The joint work with schools identified young people who were showing early signs of anxiety.Clinicians offered one to one interventions and group meetings to support these young people.
- There was no re-engagement policy; however, clinicians took active steps to re-engage patients who had dropped out of treatment.This led to a variation in practice and some members of staff keeping cases open for too long.
- There was a process for supporting young people in transition to adult mental health services. This is the planned movement of young people from child centred to adult orientated healthcare systems. Staff described joint team working with colleagues in the adult team.
- Where young people were being discharged from the service, the team ensured they identified services that could support the young person after discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- The service was on the third floor. There was a lift available for those who had impaired mobility.
- The facilities promoted comfort, recovery, dignity and confidentiality of the young people. Waiting areas were child friendly.There were photos of the staff on display.
- A disabled and gender-neutral toilet was available to those using the service.
- All team had access to meeting rooms where young people and their families could meet with staff in private.
- Physical health equipment to monitor young people was available to clinicians.

Meeting the needs of all people who use the service

Are services responsive to people's needs?

Good

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

- Young people and their families told us that appointments could be flexible to suit individual commitments.
- There were a range of information leaflets displayed in the reception area.A number of these were in different languages.
- The team made efforts to ensure that the service was accessible to all sectors of the community. The ethnic breakdown of those using the service matched the ethnic breakdown of the borough.The CAMHS team was mainly female with very few members of staff from visible ethnic minority backgrounds.The team ensured that groups were run in community languages eg turkish and somalian.Interpreters were used when necessary to interpret but to also culturally inform the team.

Listening to and learning from concerns and complaints

- Information regarding the patient and liaison services (PALS) and leaflets on how to make a complaint were available in the reception areas.There was also a suggestion post box for young people and families to leave comments.
- The manager of the team concerned, would deal with complaints initially.The manager met with patients to discuss their complaints.
- All of the parents we spoke to felt they would be listened to if they made a complaint.
- The service had not received any complaints in the last 12 months.

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

- We observed staff behave in ways that reflected the trust vision, purpose and commitments.
- Senior managers had visited the service and most staff were able to identify them.

Good governance

- The clinical leadership group discussed and reviewed all incidents at the monthly quality committee meeting.
- The monthly professional leadership group discussed clinical issues relating to the work. The professional leads of the service attended this meeting.
- A CAMHS leadership group met regularly. The meetings focused on clinical governance and management issues. Information from this meeting was reported to the quality committee for Children's' Integrated Care Service Unit (ICSU), which had managers from other teams within children's services in the trust sitting on it. The quality committee discussed incident reporting, reviewed NICE guidance, risk, compliments and complaints. There was sharing of information across children's service and the trust because of this meeting.
- Line managers had oversight of mandatory training through access to a database and could monitor the completion of training by staff within the team.
- The service used a range of key performance indicators to measure their performance.
- On-going systems to assess, monitor and improve the quality and safety of the service were in place. The clinical governance meeting on the 9 December 2015 discussed auditing case records. There had also been audits around clinical guidelines and ADHD.
- The trust had a risk register. The manager said that some staff were aware of it but might not be aware of the process of entering information on to it. The waiting list and information technology were identified risks on the risk register. The CAMHS clinical leadership group reviewed the register during their meetings.

Leadership, morale and staff engagement

- There was strong leadership across the teams.
- Morale was good within the team and they were supportive of each other. Three members of the team said that they were very busy and sometimes felt stressed. Despite this, they told us they enjoyed their jobs.
- The most recent staff survey showed heightened levels of stress amongst the team. This was due to the amount of administration they had to undertake and high levels of vacancies within the team. Management had met with some of the junior staff to discuss how to mitigate this. They had deleted a clinical post and created a new data management post. The service had also appointed an administrator to support the schools work, however, the person was not in post due to sickness.
- Staff felt able to raise concerns without fear of victimisation or bullying from managers. They were aware of the whistleblowing policy if they needed to use it and felt they could use it without fear of reprisals.
- Staff said they felt supported to access the training they required for their learning and development.
- One manager had been given developmental opportunities in other teams to broaden their experiences and improve their skills.
- There was an open culture within the team, which focused on improvements. Staff understood the importance of being transparent with those who used the service and apologising when things went wrong.

Commitment to quality improvement and innovation

- Staff remained highly committed to the continuous improvement of the service. They had undertaken research into the prevalence of early onset psychosis in young people aged 14-18 years.
- The professional leadership group met in December2015 to review the treatment model used in CAMHS. They focused on how psychotherapy and family therapy worked as part of the treatment model.