

Sheffield Children's NHS Foundation Trust

Specialist community mental health services for children and young people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RCU51	Becton Centre for Children and Young People	Beighton community child and adolescent mental health services	S20 1NZ
RCU51	Becton Centre for Children and Young People	Amber Lodge	S20 1NZ
RCU51	Becton Centre for Children and Young People	STAR team (Supportive Treatment and Recovery Team)	S20 1NZ

This report describes our judgement of the quality of care provided within this core service by Sheffield Children's Hospital 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.

Summary of findings

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

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We found that:

- There continued to be issues with the waiting list for the community child and adolescent mental health team for both initial assessment and following this an internal waiting list for treatment. The key performance indicators reported that the trust was achieving an assessment to treatment target which was not an accurate reflection of the performance. The services' risk register, which contained an item on internal waiting list for treatment, and the services' business continuity plans had not been reviewed regularly. The team did not actively monitor the waiting list for initial assessment to review changes in patients' risks and needs.
- There were lapses in the assessment of risk and implementation of management and mitigation in relation to fire and ligature risks. Ligature cutters were not quickly accessible. Patient risk assessments completed by the community child and adolescent mental health team were brief and basic. Only one patient record reviewed contained a crisis plan.

- Staff working at Centenary House did not have sufficient procedures in place to raise an alert for assistance quickly when required.

However:

- Staff reported that leaders were visible and approachable and observations showed staff displayed the trust values.
- The trust had made some improvements to the services through the introduction of the STAR team and health based place of safety. The services had implemented an electronic incident reporting system and addressed the issues identified at our last inspection that related to management of clinic rooms and emergency equipment.
- The services had new initiatives including a daily clinical assessment team to screen referrals, pathway tracking reports and meetings to monitor waiting lists and had created job plans for staff.

Summary of findings

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

Are services safe?

We found that:

- The trust had not made improvements to ensure that sufficient staff in the community child and adolescent mental health team were deployed to meet the requirements of the service. The team had a significant waiting list for initial assessments and a further internal waiting list for treatment. They did not actively monitor the waiting list for initial assessment to review changes in patients' risks and needs.
- Eight out of the 26 mandatory training requirements fell below 75%.
- Staff at Centenary House had not received a copy of the fire risk assessment completed two months previously that had actions required reduce fire risk.
- Patient risk assessments at the community child and adolescent mental health team contained brief and basic information. Only one record of the 22 records used contained a crisis plan.
- Despite improvements made to the assessment of environments including ligature risks, we found that management and mitigation plans referred to techniques which were not followed by staff. These included supervising patients in the service and patient risk assessments that did not refer to visiting the team bases.
- Ligature cutters were not quickly accessible due to their location in the services.
- Staff at Centenary House did not have a system to call for assistance from others when working alone in the building with patients and carers.

However:

- The trust had improved the management of clinic rooms and emergency equipment. We found that these were all checked regularly and ready for use.
- A new health based place of safety was available for patients aged between 16 and 17 years old and the trust had developed the STAR team.
- The trust had implemented an electronic incident reporting system. Staff demonstrated the duty of candour principles in practice following incidents.

Are services effective?

We did not inspect this key question.

Summary of findings

Are services caring?

We did not inspect this key question.

Are services responsive to people's needs?

We found that:

- The community child and adolescent mental health team continued to have a significant waiting list. There were 332 patients waiting for an initial assessment and a further 464 patients waiting for treatment.
- The trust's key performance indicator which they reported to commissioners did not accurately report on the team's performance. The trust reported that over the last two years that they had consistently met a target of over 92% of patients receiving treatment within 18 weeks of referral. However, managers confirmed that the trust reported referral to initial assessment as part of this performance indicator.

However:

- The services had clear referral criteria.
- New initiatives had been introduced including a daily clinical assessment team to triage referrals, pathway tracker reports and meetings for waiting lists and job plans for staff.

Are services well-led?

We found that:

- The trust had not remedied all the issues that we identified at our last inspection. The systems and procedures did not ensure that the community mental health team was able to manage the waiting list for initial assessment and treatment. Key performance indicators did not reflect the actual performance of the service.
- The trust had not ensured that the divisional risk register and business continuity plans had been reviewed regularly. Although the trust had completed a fire risk assessment, Centenary House had not received a copy and therefore had not addressed any of the actions.
- Systems for staff mandatory training had not ensured that staff received training in all the required training courses. The overall compliance rate was 78% which was below the trust target of 90%. Eight courses fell below 75%.
- We identified issues with the quality of risk assessments completed by the community child and adolescent mental health team. The trust had not carried out audits in this area.
- Business continuity plans for the services had not been reviewed.

Summary of findings

However:

- Staff reported that leaders were visible and approachable.
- Observations showed that staff demonstrated the trust' values in their interactions with patients and their carers.

Summary of findings

Information about the service

Sheffield Children's Hospital NHS Foundation trust provides city-wide specialist mental health services for children and young people across Sheffield.

The trust provides one community child and adolescent mental health team based across two locations; the Becton Centre and Centenary House. The team provide assessment and treatment for children and young people up to 18 years old with mental health conditions, learning disabilities, autism and/or emotional and behavioural difficulties. The service operates between Monday and Friday 9am until 5pm. Staff work with patients and their carers at a range of locations including respite, school, home and in clinic.

The trust also provides a day unit and outreach service for children and young people at the Becton Centre. Amber Lodge is a regional unit and accepts referrals from child and adolescent mental health services throughout South Yorkshire. It provides services for children and young people aged between five and 11 years old who have severe and complex mental health problems.

We last inspected the specialist community mental health services for children and young people in June 2016 and published our report in October 2016. At that inspection, we rated the core service as 'requires improvement' overall. We rated all the key questions as 'requires improvement' with the exception of caring which was rated as 'good'.

Following that inspection, we issued the trust with three requirement notices due to breaches of the following regulations of the Health and Social Care Act (Regulated Activity) Regulations 2014:

- Regulation 12 Safe care and treatment
- Regulation 17 Good governance
- Regulation 18 Staffing

We told the trust that it must take the following actions:

- The provider must ensure that environments are assessed in order to identify and mitigate risks that may be present to people using the service.

- The provider must ensure that lone working procedures are risk assessed as necessary and lone working processes are suitably robust to maintain safety.
- The provider must ensure that there are appropriate systems in place at service level to effectively monitor and assess the service and how it operates. This should include the ability to identify and monitor that staff supervision are undertaken in accordance with policy.
- The provider must ensure that the clinic room equipment is safe and suitable for use. There must be effective systems and processes to monitor infection control practices. These should be able to identify and highlight shortfalls in practice.
- The provider must ensure that staffing levels are sufficient to enable young people to access treatment within the timescales set out in trust and NHS national targets.

We told the trust that it should take the following actions:

- The provider should review how it demonstrates that young people have been deemed to have Gillick competent have been assessed as such.
- The provider should ensure that relevant staff receive the necessary training where required in relation to the Mental Capacity Act 2005 and Mental Health Act 1983.
- The provider should offer flexibility of appointments to meet the needs of young people and carers where possible and appropriate.
- The provider should ensure that waiting areas provide necessary information for young people and carers.

In July 2017, the trust started to provide the STAR team. The team operates between 9am and 9pm seven days per week. This team provides assessment and three brief intervention sessions to children and young people aged up to and including 16 years old who are at risk of deliberate self-harm or suicide that have presented at accident and emergency department at Sheffield Children's Hospital. For young people aged between 17 and 18 years, the team provide interventions. Assessments for young people of these ages are completed at an accident and emergency department and by staff from different providers. The team also

Summary of findings

provide community intensive treatment. This is commissioned for typically three sessions per week for up to eight weeks. The team has capacity to provide community intensive treatment for up to 10 patients at any time.

The trust opened a health based place of safety for young people aged 16 to 17 in July 2017. A health based place of safety is a place at a hospital where people are taken by the police or ambulance service for mental health assessment when they have been found by the police to appear to be suffering from a mental disorder and in

need of immediate care or control. This must be necessary in the interests of the person or for the protection of others. The health based place of safety is situated at the Becton Centre alongside the child and adolescent mental health wards. Access to the health based place of safety is gatekept by the trust's STAR team. Outside of the team's operating hours a clinical liaison nurse was on a responsive on call for the service.

The CQC had not inspected the STAR team and health based place of safety previously.

Our inspection team

The team was comprised of one CQC Inspector, one CQC Assistant Inspector and two Specialist Advisors who were registered mental health nurses.

Why we carried out this inspection

We inspected this core service in response to specific concerns during our monitoring activity that indicated

potential regulatory breaches. We carried out this inspection to address these concerns sooner than our ongoing planned annual well-led inspection and core service inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we 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 received information regarding specific concerns relating to the safe, responsive and well-led key questions. Therefore, we focussed our inspection on these key questions. Our inspection was unannounced (staff did not know that we were coming).

During the inspection visit, the inspection team:

- visited the two bases where the community child and adolescent mental health teams were based, Amber

Lodge and the STAR team (Supportive Treatment and Recovery Team) at the Becton Centre. We looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with six patients who were using the service
- spoke with five carers of patients
- spoke with the service manager and clinical nurse specialist for the community child and adolescent mental health team and the STAR teamspoke with 19 other staff members; including a doctor, modern matron, clinical psychologists, registered nurses, support worker, an art therapist, clinical liaison nurses, bookings team manager, psychological well-being practitioner and a psychotherapist.
- attended and observed one clinical assessment team meeting, one safety huddle and two appointments with patients.
- looked at 22 treatment records of patients.

Summary of findings

- 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

Patients and carers provided consistently positive feedback about staff that worked with them. They described the staff as respectful, polite, understanding and that they listened to them. Carers expressed that they felt that they spent prolonged time on the waiting list before receiving assessments and treatment. However, were very satisfied with the services they received once actively involved with the team.

Patients at both locations told us they would prefer therapy rooms to be more age appropriate for older young people that used the service. They felt that the therapy rooms were more centred towards younger children. Patients and carers who visited Centenary House told us that the environment would benefit from some modernisation work.

Areas for improvement

Action the provider **MUST** take to improve

The trust must ensure that all staff receive mandatory training.

The trust must ensure that an effective system is in place to manage the waiting list. Where waiting time exceeds 18 weeks, there must be an effective system to identify this as a risk and an effective plan to resolve this.

The trust must review the key performance indicators for the services to ensure these assess performance accurately.

The trust must ensure that risk registers are reviewed regularly.

The trust must consider standard use of crisis plans.

The trust must ensure that risk assessments are comprehensive and detailed with the relevant information.

The trust must ensure that the identified mitigation and management techniques for ligature anchor points are followed by staff.

Action the provider **SHOULD** take to improve

The trust should ensure that where ligature cutters are in place these are accessible quickly if required.

Sheffield Children's NHS Foundation Trust

Specialist community mental health services for children and young people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Community child and adolescent mental health team	Becton Centre
Amber Lodge	Becton Centre
STAR team (Supportive treatment and recovery team)	Becton Centre

Mental Health Act responsibilities

At this inspection, we did not review adherence to the Mental Health Act and Mental Health Act code of practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

At this inspection, we did not review adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards.

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

Although staff from the trust's estates and health and safety teams completed regular risk assessments of the care environments, these did not ensure that environmental risks, including ligature risks, were managed and mitigated robustly. The last fire risk assessment for Centenary House was completed in June 2018. Staff had identified risks that did not have sufficient mitigation and required remedial actions. This included ensuring safe fire evacuation and taking practicable steps to prevent fire where possible. However, the most recent fire risk assessment available at the service was dated 2015 and staff including the service manager could not recall whether a fire risk assessment had been completed since. Staff were not aware of the risks and could not address the issues identified promptly to ensure safety as they had not received a copy of the risk assessment. The trust advised that the fire risk assessment for the Becton Centre was in progress. The environment at Centenary House was worn, tired and cluttered. There were storage and materials in corridors and inside some of the treatment rooms. Examples of these included filing cabinets and chairs.

The trust had ensured that they had carried out ligature audits to identify potential ligature anchor points in the services. A ligature anchor point is something that can be used for the purpose of hanging or strangulation. These listed that most ligature points would be 'managed'. The risk assessment referred to 'managed' as all patients having a risk assessment, two staff allocated if required, patients not being unattended in the building, escorting patients to the toilet where a risk was identified and updating care plans and risk assessments if required. However, during our inspection we saw patients left at the Beighton community base without staff supervision. None of the risk assessments that we reviewed for patients attending services contained information about how safe patients would be attending the services. For example, being left alone. The services had introduced ligature cutters. These were not easily and quickly accessible if

required. At Centenary House, staff would be required to go through a series of locked doors to access these and at the Beighton community base, they were locked in the clinic room inside the grab bag.

Since our last inspection, the trust had developed a lone working policy for when staff may work in the building alone when it was unoccupied or in the community. Interview rooms were not fitted with alarms. There was a difference in lone working practices across the locations we inspected. Staff working at the Becton Centre were issued with personal alarms to wear. When the alarm sounded, staff were allocated responders. All alarms carried by staff showed the location where the alarm had been activated. At Centenary House, the lone working procedure was not fit for purpose. Due to the layout of the building over three floors, staff may be at risk in isolated parts of the building when with patients and their carers. Staff did not have individual alarms, there were telephones in some of the therapy rooms should a member of staff require assistance. Staff would have to call the receptionist who would press a panic button to call for assistance from an appropriate member of staff or the emergency services if necessary. This was not adequate to allow staff to call for assistance in urgent situations. Incident reporting data showed that there had been an incident when staff were working in the building with a patient and their carers.

Clinic rooms were equipped with the necessary equipment that the teams required. They ensured that all equipment in place to obtain physical health measurements had been calibrated and was clean and ready for use. At Centenary House, the flooring had been replaced from a carpet to a linoleum style which could be cleaned to ensure infection control and prevention. The trust had ensured that resuscitation grab bags had up to date equipment and there was a system that staff followed to ensure that these were routinely checked. All staff knew where to find resuscitation bags and could easily access them if required.

All the areas visited were clean and feedback from patients and carers did not express any concerns about the cleanliness of the environment. However, the environment at Centenary House was dated and tired. The furnishings were mismatched. At the Becton Centre, the environment was clean, spacious and rooms were well decorated.

Are services safe?

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

Cleaning rotas submitted showed cleaning took place daily and where cleaning rotas were not available the trust had completed an incident form to escalate this to the service manager and housekeeping managers to be addressed. The last infection prevention control audits for the Becton Centre scored 92% and for Centenary House 80%. The pass mark for the audit was 85%. This audit had an action point with information about what action was required to remedy the issues identified.

The trust had comprehensive and robust arrangements for the provision and management of the health-based place of safety. When the police contacted the service and prior to using section 136 of the Mental Health Act, the service provided advice on other provisions or services which would be more suitable and less restrictive for the patient. The environment of the suite was discreet with its own entrance and private road access. The suite had all the facilities required by national guidance.

Safe staffing

At our last inspection in 2016, we identified shortfalls in the number of staff deployed and the staffing requirements of the service to meet patient need. At this inspection, although the trust had undertaken some work around staffing, this had not improved staffing levels within the community child and adolescent mental health team. This team still had a significant waiting list for initial assessments and following this an internal waiting list for treatment.

The key staffing indicators for the teams inspected were:

Community child and adolescent mental health team

Establishment level registered nurses (whole time equivalent) – 17.6

Establishment level healthcare assistants (whole time equivalent) – 0

Number of vacancies registered nurses (whole time equivalent) – 0.6

Number of vacancies healthcare assistants (whole time equivalent) – 0

Staff sickness in a 12-month period – 4%

Staff turnover rate in a 12-month period –

The number of patients awaiting allocation to a care co-ordinator – 384

The number of patients on the waiting list for an initial assessment – 332

Overall average vacancy rate (12-month period) – 8%

Amber Lodge

Establishment level registered nurses (whole time equivalent) – 6.8

Establishment level healthcare assistants (whole time equivalent) – 1.6

Number of vacancies registered nurses (whole time equivalent) – 0

Number of vacancies healthcare assistants (whole time equivalent) – 1

Staff sickness in a 12-month period – 6%

Staff turnover rate in a 12-month period – 2%

Overall average vacancy rate (12-month period) – 17%

STAR team

Establishment level registered nurses (whole time equivalent) – 6

Establishment level healthcare assistants (whole time equivalent) – 0

Number of vacancies registered nurses (whole time equivalent) – 0

Number of vacancies healthcare assistants (whole time equivalent) – 0

Staff sickness in a 12-month period – 1%

Staff turnover rate in a 12-month period – 0%

Overall average vacancy rate (12-month period) – 6%

The trust reported that the community child and adolescent mental health services estimated team sizes based on capacity, need and the commissioned budget. The trust and the clinical commissioning group were working on a capacity and sustainability review to re-evaluate the service provision and need. This was due to be completed in December 2018.

Staff working in the community child and adolescent mental health team, had specific job plans relevant to their role which included their planned workloads. Staff reported positively about the workload and reported to feel

Are services safe?

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supported to raise any concerns about managing workloads. Staff also received clinical supervision which included caseload supervision. The team had also introduced daily safety huddles attended by staff. This initiative was part of the team's action plan based on feedback received from the last staff survey. We requested information from the trust on caseloads. The trust reported that the community child and adolescent mental health team had an overall caseload of 2163 and the team was made up of 60 whole time equivalent time for clinical delivery within the job plans. This equated to 36 cases per staff member.

In the three months leading up to our inspection, 132 days were worked by medical locum staff in the community child and adolescent mental health team. No other teams used bank or agency staff in the three months leading up to our inspection. During our inspection, Amber Lodge had agency staff working on shift. Staff told us that this was due to substantive staff leaving the service. During our inspection, managers were undertaking recruitment to fill vacant posts.

Staff had access to on call psychiatrists and managers at any time out of hours.

Mandatory training

Overall, staff in this service had undertaken 78% of the various elements of training that the trust had set of mandatory. This was below the trust target of 90%. Eight out of the 26 training elements had less than 75%. This represented the following courses: fire safety, health and safety level two, infection control level two, information governance, moving and handling level four, resuscitation level two and three and risk management level two.

Mandatory training rates at team level for this core service were as follows:

Community child and adolescent mental health team:

Bullying and Harassment and Equality and Diversity - 98%

Conflict Resolution - Level 2 - 80%

Conflict Resolution - Level 3 - not required

Fire Safety - 69%

Health and Safety - Level 1 - 100%

Health and Safety - Level 2 - 66%

Infection Control - Level 1 - 97%

Infection Control - Level 2 - 60%

Information Governance - 63%

Moving and Handling - Level 2 - 97%

Moving and Handling - Level 3 - not required

Moving and Handling - Level 4 - 0%

Resuscitation - Level 1 - 96%

Resuscitation - Level 2 - 63%

Resuscitation - Level 3 - 51%

Risk Management - Level 1 - 100%

Risk Management - Level 2 - 62%

Safeguarding Children Level 1 - 93%

Safeguarding Children Level 2 - 100%

Safeguarding Children Level 3 - 81%

Blood Transfusion - Level 1 - not required

Blood Transfusion - Level 2 - not required

Blood Transfusion - Level 3 - 100%

Health Records Keeping - Level 2 - 94%

Medicines Management - Level 2 - not required

Medicines Management - Level 3 - 64%

Overall team average rate - 79%

STAR team

Bullying and Harassment and Equality and Diversity - 86%

Conflict Resolution - Level 2 - 100%

Conflict Resolution - Level 3 - not required

Fire Safety - 57%

Health and Safety - Level 1 - not required

Health and Safety - Level 2 - 71%

Infection Control - Level 1 - not required

Infection Control - Level 2 - 43%

Information Governance - 71%

Moving and Handling - Level 2 - 86%

Are services safe?

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

Moving and Handling - Level 3 -not required

Moving and Handling - Level 4 - not required

Resuscitation - Level 1 - not required

Resuscitation - Level 2 - not required

Resuscitation - Level 3 - 71%

Risk Management - Level 1 - not required

Risk Management - Level 2 - 86%

Safeguarding Children Level 1 - 83%

Safeguarding Children Level 2 - not required

Safeguarding Children Level 3 - 100%

Blood Transfusion - Level 1 - not required

Blood Transfusion - Level 2 - not required

Blood Transfusion - Level 3 - not required

Health Records Keeping - Level 2 - 86%

Medicines Management - Level 2 - 100%

Medicines Management - Level 3 - not required

Overall team average compliance rate - 77%

Amber Lodge:

Bullying and Harassment and Equality and Diversity - 89%

Conflict Resolution - Level 2 -100%

Conflict Resolution - Level 3 - 75%

Fire Safety - 67%

Health and Safety - Level 1 - 100%

Health and Safety - Level 2 - 86%

Infection Control - Level 1 - 80%

Infection Control - Level 2 - 69%

Information Governance - 56%

Moving and Handling - Level 2 - 100%

Moving and Handling - Level 3 -not required

Moving and Handling - Level 4 - 50%

Resuscitation - Level 1 - 100%

Resuscitation - Level 2 - 75%

Resuscitation - Level 3 - 73%

Risk Management - Level 1 - 100%

Risk Management - Level 2 - 73%

Safeguarding Children Level 1 - 67%

Safeguarding Children Level 2 - not required

Safeguarding Children Level 3 - 100%

Blood Transfusion - Level 1 - not required

Blood Transfusion - Level 2 - not required

Blood Transfusion - Level 3 - not required

Health Records Keeping - Level 2 - 86%

Medicines Management - Level 2 - 71%

Medicines Management - Level 3 - 100%

Overall team average compliance rate - 78%

Core service average training compliance rates:

Bullying and Harassment and Equality and Diversity - 91%

Conflict Resolution - Level 2 - 93%

Conflict Resolution - Level 3 - 75%

Fire Safety - 64%

Health and Safety - Level 1 - 100%

Health and Safety - Level 2 - 74%

Infection Control - Level 1 - 89%

Infection Control - Level 2 - 57%

Information Governance - 63%

Moving and Handling - Level 2 - 94%

Moving and Handling - Level 3 - not required

Moving and Handling - Level 4 - 25%

Resuscitation - Level 1 - 98%

Resuscitation - Level 2 - 70%

Resuscitation - Level 3 - 65%

Risk Management - Level 1 - 100%

Risk Management - Level 2 - 74%

Safeguarding Children Level 1 - 81%

Are services safe?

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

Safeguarding Children Level 2 - 100%

Safeguarding Children Level 3 - 94%

Blood Transfusion - Level 1 - not required

Blood Transfusion - Level 2 - not required

Blood Transfusion - Level 3 - 100%

Health Records Keeping - Level 2 - 89%

Medicines Management - Level 2 - 86%

Medicines Management - Level 3 82%

Overall team average compliance rate - 78%

The services had an action plan for staff training needs. The plan had identified that all teams will have a training champion and the teams had prioritised training for staff in risk assessments, developmental assessments, holistic assessments and care programme approach co-ordination. Managers were in the process of sourcing the appropriate training to deliver the action plan.

Assessing and managing risk to patients and staff

Assessment of patient risk

Across the services, three different risk assessment tools were used. The STAR team and community child and adolescent mental health team used the same generic risk assessment and management plan. Staff working at the health based place of safety used a risk assessment more appropriate for that service. Staff working at Amber Lodge completed a different type of risk assessment. All the risk assessments in use were developed by the trust and the format was designed to be used to assess risk to self, to others and risk from others.

Most patient records contained an up to date and regularly reviewed risk assessment. Of the 22 records reviewed, all but one record had a completed risk assessment by specialist community mental health services. That record contained a risk assessment dated 2016 and it had been completed by professionals from a different team. Nineteen out of 22 risk assessments had either been completed at the triage or initial assessment. Only two risk assessments out of 22 had not been reviewed regularly.

Risk assessments reviewed had variable information. We found that 12 risk assessments reviewed completed by staff working in the STAR team and at Amber Lodge had more detailed information on patient risk. The 11 risk

assessments reviewed completed by the community child and adolescent mental health team contained brief and basic information on risk. The risk assessments mostly contained some risk management information however, this was often a repetition of the patient's care plan and some generic statements around the use of restraint and incidents reporting where applicable.

Only one of the 22 patient records reviewed contained a brief and basic crisis plan. This directed patients and their carers to accessing accident and emergency services in the event of a crisis. The remaining 21 patient records did not contain a crisis plan.

Management of risk

The STAR team responded promptly to patient's health deteriorating. They were available 24 hours a day, seven days a week should a young person aged 16 to 17 years old require a place of safety. The team also carried deliberate self-harm assessments for young people up to their 16 birthday that attended the emergency department. The team could undertake assessments up to 7pm each day of the week and they provided three follow up treatment sessions. The team also held 10 cases for community intensive treatment for up to eight weeks. Staff from the team explained that they usually provided three sessions per week but may increase this dependent on individual patient need.

Staff working at Amber Lodge had access to staff from the Becton Centre to manage individual patient risk and deterioration if required.

Managers of the community child and adolescent mental health team monitored waiting lists through patient tracker meetings. This method was used to try and monitor waiting times and did not allow the trust to monitor and assess risk for patients on the waiting list for initial assessment. The team became aware of changes in risk by carers or other professionals escalating these to the team for response. This meant that the trust did not have oversight of the changing risks and needs of patients waiting prolonged periods of time on the waiting list for assessment. For patients waiting for treatment, treatment pathway leads monitored risks monthly and this included contacting referrers, patients and their carers.

Safeguarding

Are services safe?

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

Safeguarding children training was mandatory for all staff. The trust provided level one to three safeguarding training. Apart from safeguarding level one compliance rate for Amber Lodge which was 67%, all the courses and teams had high compliance rates for safeguarding training.

Staff understood their responsibilities on protecting patients from harm and abuse. They had access to lead nurses for safeguarding who attended some team meetings and could facilitate safeguarding supervision for staff. In the 12 months between 1 August 2017 and 31 July 2018, the trust had made 41 safeguarding referrals in relation to these services.

Staff access to essential information

A combination of paper and electronic patient records were in use. At our last inspection, the trust had paper based records only. At this inspection, we found that they had different combinations of paper and electronic patient records which differed across the teams inspected. Amber Lodge used paper records only. The STAR team used paper based records to record health based place of safety records. Once completed, these were scanned onto the electronic patient record system. All other records maintained by the STAR team were electronic.

The community child and adolescent mental health team maintained a complete paper-based patient record file. They documented risk assessments on the electronic patient record system and printed out a copy on paper for the patient's files. This meant that out of hours that other teams could access a copy of the patients' risk assessment electronically. However, the risk assessments for the child and adolescent mental health team contained only brief and basic information on risk.

Medicines Management

The community child and adolescent mental health team and STAR team did not administer medication on site or in patients' own homes. Where staff had prescribed a medication treatment, this was obtained by patients and their carers from community pharmacies. The routine ongoing management of prescriptions was through patients' own GP surgeries. For example, any ongoing monitoring of medications for side effects and any physical health observations required.

Registered nurses at Amber Lodge administered medication to patients which they had brought to Amber

Lodge with them. Staff at Amber Lodge ensured that all the relevant procedures were in place such as, the medication being stored securely and appropriately in the clinic room, that medications administered to patients were prescribed and consent from persons with parental responsibility for the patient was obtained to administer medication. Staff at Amber Lodge did not carry out monitoring of medication as this was carried out by the prescribing medical professional.

Track record on safety

There were two serious incidents in the last 12 months. These both under investigation at the time of our inspection.

Reporting incidents and learning from when things go wrong

The trust had made improvements to incident reporting through the implementation of an electronic incident reporting system which replaced the paper-based incident reporting system. Staff received training on how to use the electronic incident reporting system. All staff had access to the system through the trust's intranet page. Staff reported that although in the early stages, the trust had been able to identify trends and themes more easily and they received information on lessons more since the introduction of the electronic incident reporting system. They also found incident reporting easier to complete and more consistent as the system provided fixed categories to select from. The system had also been developed to share and report compliments received.

Staff received appropriate support and feedback following incidents including but not limited to: debriefs, post-incident reviews, team meetings, huddles, emails, independent counselling services and anti-stress workshops. When staff were required to attend coroner's inquests, the trust provided support for staff to help them understand the process and to attend the inquest. However, staff reported that they did not always receive feedback on incidents and lessons learnt from incidents that occurred outside of the services they worked in. This meant that they may not be aware of important information that may prevent or lower the risk of incidents happening again.

Staff explained when incidents occurred that they would be open and transparent with relevant persons and the trust would provide an explanation and apology when

Are services safe?

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

something went wrong. Incident reports showed that staff demonstrated these actions in practice and they provided information about the trust's complaints policy and procedure.

Are services effective?

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

We did not inspect this key question.

Are services caring?

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

Our findings

We did not inspect this key question.

Are services responsive to people's needs?

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

Our findings

Access and waiting times

The services had clear referral criteria. These also outlined which other services may be more appropriate to signpost referrals that did not meet the service's referral criteria.

The trust reported on the following treatment targets:

- Referrals triaged in one working day.
- Referral to assessment and treatment was a maximum wait of 18 weeks from referral to first definitive treatment.

The services had the following key performance indicators:

- Ninety two percent of patients should wait less than 18 weeks for treatment.
- Ninety nine percent of patients referred for a diagnostic test or procedure should be seen within 6 weeks from request.
- Fifty percent of patients who are referred with suspected first episode psychosis must be seen and treated within 14 days of the referral received date.
- Ninety three percent of patients who are referred as a two-week wait must be seen within 14 days of the referral received date.

Although the trust reported that they had met referral to treatment target of over 92% consistently over the last two years. Managers confirmed that they measured and reported referral to assessment which did not include treatment. Therefore, the trust key performance indicator was not an accurate reflection of their performance. We found that the trust's performance was worse than reported.

We found that there continued to be waiting lists for the child and adolescent mental health team. At the time of our inspection, there were 332 patients waiting for an initial assessment 327 of these had been waiting up to 18 weeks and five had been waiting for more than 18 weeks. Of these,

256 had not been provided with an initial assessment date and 81 patients had. The trust reported that the average waiting time for initial assessment was 7 weeks. The range that patients waited for varied between zero and 21 weeks. There were no patients with suspected first episode psychosis waiting for initial assessment and four out of the five patients referred with eating disorders had waited less than four weeks for assessment.

Following an initial assessment, the community child and adolescent mental health team had an internal waiting list for treatment of 464 (in addition to the 332 patients waiting for initial assessment). Of these 384 had not been allocated to a named clinician. The range that patients waited for treatment was between 0 and 70 weeks. This was in addition to the time spent waiting for initial assessment.

The community child and adolescent mental health team had introduced measures to try and assess and improve the service. These had not been effective in addressing the issues around the waiting list for the service. They had a clinical assessment team to screen and triage referrals daily. Once triaged, referrals were categorised as rapid response (offered an initial assessment within two weeks), first available appointment (at the time of inspection was approximately six weeks), or routine referral (up to 18 weeks for initial assessment). The service had a dedicated bookings team who worked on refining the initial assessment process. They had introduced initial assessment clinics, text message reminders and immediate follow up appointment booking to try and improve patient outcomes and experience. The bookings team managed a pathway tracker report which managers and staff used to monitor the initial assessment waiting list and the internal treatment waiting list. Managers told us that this report could be used when increasing the team's workforce as they could identify which skills and experience the team required the most. However, there continued to be a significant waiting list for initial assessment and an internal waiting list for treatment and there was no clear plan to reduce these.

Are services well-led?

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

Leadership

The services had a service manager, modern matron and lead nurse for mental health who worked as part of a leadership team. Staff reported that leaders were visible and approachable.

Vision and strategy

The trust had the following values: committed to excellence, team work, accountability, compassion and integrity. Staff showed understanding of the trust's values. In our observations, we saw that staff demonstrated the trust values when working with patients.

Culture

Staff reported that they felt valued, respected and supported. They said that members of teams worked well together and staff were mutually supportive. Staff told us that they would feel confident to raise concerns without fear of retribution. The trust's freedom to speak up guardian had been involved where staff had previously raised concerns.

The services' sickness absence rates low for the STAR team at 1% and average for the other teams inspected at 4-6%.

Governance

Governance systems and procedures were not sufficiently robust. Not all the issues that identified at our last inspection had been fully addressed and remedied by the trust.

The community child and adolescent mental health team continued to have significant waiting lists for both initial assessment and treatment. Key performance indicators for the trust reported that the trust was achieving above 92% target for referral to treatment which was not an accurate reflection of the performance of the team. The internal waiting time had been placed on the divisional risk register however, this had not been reviewed at the interval set. This meant that there was insufficient assurance that the trust was managing these risks and implementing an

effective plan to resolve these issues. At the factual accuracy stage, the trust submitted a risk register which was dated September 2018, that risk register showed recordings for June and August 2018. That risk register, also showed there was little progress on the risk identified and no assurance that the trust had an effective plan to resolve the issues.

We found that procedures relating to training had not ensured that staff received training in all the mandatory training elements. Eight out of the 26 mandatory training courses fell below 75% and training overall fell short of the trust target of 90% at 78%. The Becton Centre had not had a recent fire risk assessment and staff including managers at Centenary House had not received a copy of the fire risk assessment completed in June 2018. This meant that the actions identified had not been addressed. Despite the trust carrying out ligature risk assessments, staff had not followed actions identified to mitigate the risks. The quality of the patient risk assessments at the community child and adolescent mental health team was poor.

Management of risk, issues and performance

The divisional risk register relevant to this service was last dated June 2018. It had the following items relevant to this core service: self-harm opportunities provided by building design and fittings, introduction of policy and guidance supporting practice around restrictive interventions, lone working at various locations due to community working, length of patient wait from first appointment to treatment. All actions were due for review between May to July 2018. These actions had not been reviewed.

The business continuity plans for the services were dated June 2017 and had a review date of June 2018. There was no evidence that the plans had been reviewed. In addition, the sections that related to Amber Lodge and the vulnerable children's team/learning disability mental health team had not been reviewed since June 2016.

Learning, continuous improvement and innovation

The trust did not participate in any accreditation schemes relevant to this core service.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not met:</p> <p>Half of the patient risk assessments reviewed contained only brief and basic information. These all related to the community child and adolescent mental health team.</p> <p>Only one record of the 22 records used contained a crisis plan. This stated that the patient could attend accident and emergency.</p> <p>Despite improvements made to the assessment of environments including ligature risks, we found that management and mitigation plans referred to techniques which were not enacted by staff. These included supervising patients in the service and patient risk assessments did not refer to visiting the team bases.</p> <p>This was a breach of regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 Good governance Health and Social Care Act (Regulated Activity) Regulations 2014</p> <p>How the regulation was not met:</p>

This section is primarily information for the provider

Requirement notices

The community child and adolescent mental health team had significant waiting lists for assessment and treatment.

Key performance indicators for referral to treatment did not accurately assess the service's performance.

The risk register was not being reviewed regularly.

The business continuity plans were not reviewed regularly.

Staff at Centenary House could not raise an alert for assistance when working with patients and their carers easily.

Centenary house did not have a copy of the latest risk assessment. Therefore, had not been able to work on the actions identified.

This was a breach of regulation 17 (1) (2) (a) (b).

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
How the regulation was not met:

Staff had not received all the required mandatory training. Eight out of the 26 training elements had less than 75%.

This was a breach of regulation 18 (1) (2) (a).