Outstanding ☆

Lincolnshire Partnership NHS Foundation Trust

Specialist community mental health services for children and young people

Quality Report

Trust Headquarters - Units 8 & 9
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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)
RP7HQ	Trust Headquarters	Lincoln CAMHS, Horizon Centre, Lincoln	LN5 7RZ
RP7HQ	Trust Headquarters	Grantham CAMHS, Grantham Health Clinic, Grantham	NG31 6TP
RP7HQ	Trust Headquarters	Louth CAMHS, Windsor House, Louth	LN11 0LF
RP7HQ	Trust Headquarters	Gainsborough CAMHS, Forum Dental Practice, Gainsborough	DN21 2UQ

Summary of findings

RP7HQ	Trust Headquarters	North East Lincs - Child and adolescent mental health services (NEL CAMHS), Freshey Green Primary Care Centre, Grimsby	DN34 4GB

This report describes our judgement of the quality of care provided within this core service by Lincolnshire Partnership 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 Lincolnshire Partnership Foundation Trust and these are brought together to inform our overall judgement of Lincolnshire Partnership 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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
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

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Summary of findings

Overall summary

We rated Lincolnshire Partnership NHS Foundation Trust specialist community mental health services for children and young people as outstanding because:

- Young people and carers told us that everyone was caring, friendly, compassionate and positive with them. All feedback including surveys collected by the trust was consistently positive about the way staff treat people. Other agencies said that there was a visible child centred culture within the teams. Staff consistently worked to empower young people to have a voice in their care.
- Staff were positive and enthusiastic about their roles in the service. Staff were committed to the young people and demonstrated an in-depth knowledge of their circumstances and empathy. All staff, both clinical and non-clinical, displayed a passion to meet young people's needs.Morale in the service was very high with low sickness and vacancy rates.
- Managers and leaders were passionate about the service, their staff and the care of young people.They were respected and appreciated by staff who said they were very supportive. There was good development and support for managers and future leaders were identified and nurtured.
- The service was actively involved in research and developing areas of best practice. Staff within the trust had developed "outcomes oriented child and adolescent mental health service". This evidence based model focussed on the outcomes for young people and had been recognised in NHS innovation awards. This demonstrated clear positive outcomes for young people using the service. Other CAMHS services were adopting this model.
- Access times were short for young people with mental health problems. There was good crisis provision with plans to expand this into home treatment assertive outreach teams.
- Incidents and complaints were well managed with good duty of candour.There was clear learning and actions taken.
- Psychological therapies in line with NICE guidance were evident including consideration of appropriate interventions when reviewing referrals. There were comprehensive clear treatment pathways in both services. There was innovation in how to meet individual young people's needs with the service being responsive and creating new interventions tailored to them.
- Comprehensive assessments were completed and care records, were up to date, considered the young person's needs with clear recovery-orientated care plans. Risk assessments were of a good standard with very good crisis plans.
- Other agencies described excellent relationships and partnership working.Social workers and school staff described good outcomes for young people who had used the service.

However:

- Young people with learning disabilities in Lincolnshire had delays of up to eight months in accessing a service.
- Staff and managers in Lincolnshire felt disconnected and uncertain about the service redesign and more could be done to communicate the changes and vision to them by the trust and commissioners.
- Safeguarding training compliance was lower than expected due to the trust using local authority safeguarding board training in line with recommended practice. The safeguarding board was not providing sufficient training to meet the service's needs. Despite this staff displayed excellent safeguarding knowledge.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- Services were well staffed with low sickness and vacancies.There was no use of agency staff.
- Risk assessments were of a good standard with very good crisis plans.
- There was a culture of learning from incidents with good reporting and clear actions taken
- There was safe lone working practice for staff.
- All the sites we visited were safe, clean and well maintained.

However:

- The trust used the local authority safeguarding board training in line with recommended practice. The safeguarding board was not providing sufficient training to meet the service's needs. Despite this staff displayed excellent safeguarding knowledge.

Are services effective?

Outstanding

We rated effective as outstanding because:

- Staff within the trust had developed an "outcomes oriented CAMHS model".This evidence based model focussed on the outcomes for young people and had been recognised in NHS innovation awards.This demonstrated clear positive outcomes for young people using the service. Other CAMHS services were adopting this model.
- Psychological therapies in line with NICE guidance were evident including consideration of appropriate interventions when reviewing referrals. There were comprehensive clear treatment pathways in both services.
- There was also innovation in how to meet individual young people's needs with the service being responsive and creating new interventions tailored to them.
- Comprehensive assessments were completed and care records were up to date and considered the young person's needs with clear recovery-oriented care plans.
- Other agencies described excellent relationships and partnership working.Social workers and school staff described good outcomes for young people who had used the service.

Summary of findings

Are services caring?

Outstanding 

We rated caring as outstanding because:

- Staff were positive and enthusiastic about their roles in the service. Staff were committed to the young people and demonstrated an in-depth knowledge of their circumstances and empathy. All staff, both clinical and nonclinical, displayed a passion to meet young people's needs.
- Young people and carers told us that everyone was caring, friendly, compassionate and positive with them. All feedback including surveys collected by the trust was consistently positive about the way staff treat people.
- Staff in other agencies said that there was a visible child centred culture within the teams.
- Staff consistently worked to empower young people to have a voice in their care. By using the 'outcome oriented' approach staff described how it was important that the young person was leading the sessions to achieve outcomes that were important to them.
- The service had an active participation group called the 'lost luggage user forum'. Young people said that they were listened to by all staff in the service and their views were valued.

Are services responsive to people's needs?

Good 

We rated responsive as good because:

- Access times were short for young people with mental health problems.
- There was good crisis provision with plans to expand this into home treatment assertive outreach teams.
- The environments were pleasant and child friendly.The service was also creative about where it saw young people in rural areas, using children's centres, GP's surgeries and schools.
- Complaints were well managed with good duty of candour.There was clear learning from both formal and informal complaints using "you said we did".
- Young people were involved in the design of information about services.

However:

- Young people with a learning disability had an average wait of 11 weeks for treatment in Lincolnshire, but could wait up to eight months.

Summary of findings

Are services well-led?

Good

We rated well-led as good because:

- Morale in the service was very high with low sickness and vacancy rates.
- Managers and leaders were passionate about the service, their staff and the care of young people.They were respected and appreciated by staff who said they were very supportive.
- There was good development and support for managers and future leaders were identified and nurtured.
- Supervision and appraisals were completed to a high standard.
- The service was actively involved in research and developing areas of best practice.

However:

- Staff and managers in Lincolnshire felt disconnected and uncertain about the service redesign and more could be done to communicate the changes and vision to them by the trust and commissioners.

Summary of findings

Information about the service

Lincolnshire Partnership NHS Foundation Trust provide specialist community mental health services for children and young people in the counties of Lincolnshire and North East Lincolnshire.

The services provide treatment and support to young people who may have a range of complex mental health and emotional health issues, including anxiety, depression, trauma, eating disorders and self-harm. This includes both tier two and tier three services. The trust also provides services to children with learning disabilities.

We have not previously inspected this service.

Our inspection team

Our inspection team was led by:

Chair: Stuart Bell, Chief Executive Officer, Oxford Health NHS Foundation Trust

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

Inspection Manager: Lyn Critchley, Inspection Manager, mental health hospitals, CQC

The team that inspected this core service comprised of a CQC inspection manager, a CQC inspector, a consultant psychiatrist, a psychologist and a nurse as our specialist advisors with experience of working in child and adolescent mental health services.

Our inspection team was led by:

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information

During the inspection visit, the inspection team:

- Visited six locations that specialist community mental health services for children and young people were provided from
- Spoke to six young people who use the service
- Spoke to 20 family members/carers of young people who used the services
- Reviewed 30 care records
- Spoke to 31 staff and eight managers working in the services
- Held a focus group for staff
- Reviewed nine supervision and appraisal records of staff within the service
- Observed nine episodes of care including a home visit
- Spoke to eleven external stakeholders including commissioners, schools and social workers
- 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

We spoke to six young people and 20 family members or carers who used the service. All were very positive about both the staff and the care and treatment they were receiving. Some carers said that getting a referral initially was difficult, but once that had been received by the service they were very happy with the provision.

We reviewed patient satisfaction surveys from people using the service and when they were discharged; these were also very positive.

Good practice

- Staff within the trust had developed “outcomes oriented CAMHS”.This evidence based model focussed on the outcomes for young people and had been recognised in NHS innovation awards.
- Within Lincolnshire, there was a drop in clinic for social workers to get advice and support regarding the work of CAMHS, and in ways of supporting a young person suffering from mental illness. This was found to be very useful by social workers and the CAMHS practitioner also supported them by teaching anxiety management techniques to help manage their work.
- In north east Lincolnshire the service regularly invited other professionals to their team meetings to provide training on how their services worked and how they could improve links with CAMHS.This included the police, NSPCC, school nurses, child protection social workers and others.
- In North East Lincolnshire a practitioner in the team supported young people in sessions in the local gym in line with research which showed physical exercise had positive outcomes on mental health. This was having a positive effect on young people.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should work with commissioners to look at the waiting times and level of provision for young people with learning disabilities in Lincolnshire.

- The trust should review the access to safeguarding training from the local safeguarding board.

Lincolnshire Partnership 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
Lincoln CAMHS, Horizon Centre, Lincoln	Trust Headquarters
Grantham CAMHS, Grantham Health Clinic, Grantham	Trust Headquarters
Louth CAMHS, Windsor House, Louth	Trust Headquarters
Gainsborough CAMHS, Forum Dental Practice, Gainsborough	Trust Headquarters
North East Lincs - Child and adolescent mental health services (NEL CAMHS), Freshey Green Primary Care Centre, Grimsby	Trust Headquarters

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.
- Staff understood the Mental Health Act as it applied to young people. However it was rarely used in either service. Managers and psychiatrists said that the Mental Health Act office in the trust provided good assistance when necessary.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- The Mental Capacity Act does not apply to young people aged 16 or under. For children under the age of 16, the young person's decision making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves. The staff we spoke to were conversant with the principles of Gillick and used this to include the young people where possible in the decision making regarding their care.
- Capacity and consent was discussed with young people and in the electronic records; however this could have been recorded more clearly.
- Training rates for Mental Capacity Act were low at 67%.

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 five of the sites we visited were well maintained and clean. Cleaning rotas for the general environment were regularly completed including records to show that toys in the waiting areas and used in appointments had been cleaned. However, they were not always completed in the Lincoln base.
- Personal alarms were available to staff in all the locations we visited.
- Equipment was well maintained and PAT testing was in date in all settings.

Safe staffing

- The services had good staffing levels with no vacancies in any of the tier three teams at the time of our inspection. Sickness levels were low with one team having a sickness rate of 1.4%. This meant that neither service used any bank or agency staff.
- There were three vacancies within tier two primary CAMHS in Lincolnshire, however these were proving difficult to recruit to pending a redesign of the service with commissioners. This was being managed within the service.
- Caseloads were an appropriate size of an average of 25 to 35 for tier two practitioners. Other caseload sizes in tier three CAMHS were in line with the hours staff worked and their profession. All caseloads were well managed by being reviewed regularly as part of staff supervision. Clinical outcome measures informed the discussion between staff and managers about the length of time young people stayed open to the service and whether staff had capacity to take new cases. If a young person was not making progress then this would be discussed with options for alternative interventions identified. This meant that caseloads stayed at manageable levels as there was a clear focus on the recovery of young people and their discharge from the service allowing new cases to come in.
- Access to psychiatrists within Lincolnshire was swift with staff describing their medical colleagues very positively in helping when needed. However, in north east Lincolnshire, staff described difficulties in accessing swift support from the psychiatrists due to the other responsibilities they had. Data provided by the trust showed that the two consultant psychiatrists in the service saw on average nine young people a week between them. This had been raised with senior managers by staff in the service but had not been addressed.
- There were low mandatory training rates for safeguarding and Mental Capacity Act. Safeguarding was at 60% and Mental Capacity Act was at 67%.There were issues for some of the teams in how to access the training, for example, the north east Lincolnshire team in Grimsby were over two hours away from the trust training department during peak travel times. However, there had been attempts to address this with the training department starting to go out to visit teams in their locality base. The service had booked two dates a year for the training department to visit and provide all the core mandatory training.

Assessing and managing risk to patients and staff

- Risk assessments were completed to a good standard in all 30 of the care records sampled. Staff told us that they reviewed them every six months or if there had been an incident that would change a risk. This was evident in the records we reviewed. A new risk tool had been implemented in August 2015 which identified the needs of the young people and actions to mitigate potential risks.
- Crisis plans were excellent with clear plans for young people if their mental state deteriorated called “keep safe” plans. These included telephone numbers of trusted adults the young person would want to contact such as family, friends or trusted teacher, it also had the childline number on. Copies were given to families with steps to take and contact numbers. One family said that they understood what to do in an emergency and that

Good

Are services safe?

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

staff in the service had explained fully how to access help but also gave advice on how to manage situations. They also said that staff checked they understood the plan and actions in a polite and supportive way.

- Young people waiting for treatment were effectively monitored in all the teams. This included calls to the families and referrers. Following initial assessment families were also given details of how to raise concerns if there was a change in the young person's presentation.
- Safeguarding training compliance was lower than expected due to the trust using local authority safeguarding board training in line with recommended practice. The safeguarding board was not providing sufficient training to meet the service's needs. Despite this staff displayed excellent safeguarding knowledge. Safeguarding referrals were made when required and with appropriate detail. There was a concern amongst some practitioners that the local authorities' threshold in North East Lincolnshire for safeguarding referrals was higher than they felt safe with. This had been escalated appropriately within the trust leading to meetings between the trust safeguarding leads and the local authority to try to address the concerns. In North East Lincolnshire, the CAMHS team met regularly with other agencies to address concerns regarding child sexual exploitation as part of a multiagency response to cases of young people trafficked from the area. This included the assessment, treatment and support of young people following such episodes.
- There was safe lone working practice for staff. During office hours admin staff kept a log of appointments and addresses of visits alongside the mobile phone details and information about the car the member of staff would be driving. Practitioners would be phoned if they did not check in. There was a clear escalation process for no response including when to contact the police.The service also had an innocuous duress code that was known to all staff for them to alert that they needed help when in a situation where they might be compromised.

Track record on safety

- There had been five serious and untoward incidents reported in the year prior to the inspection of deaths of young people in contact with the service. One was also recorded at Ash Villa inpatient service as the young person was known to the community team and the inpatient service. There were comprehensive investigations following the incidents. There was appropriate support in place for staff. Managers within the services had provided support to professionals in other agencies and families where appropriate.
- Learning was in place from the incidents. For example the screening tool for referrals had been reviewed and more emphasis was now placed on history of mental health in family members. A working group, with support from commissioners, was looking at how to introduce self-referrals for 16 and 17 year olds.
- Whilst the trust had identified learning from each individual incident and swiftly implemented changes, there had not been a coordinated review of all the incidents to see if there were any themes. Following discussion of this during the inspection the trust implemented a wider review.
- The coroner had not held their hearings into the deaths of young people who used the services that had occurred in the year prior to the inspection.

Reporting incidents and learning from when things go wrong

- Staff understood when and how to report an incident. 177 incidents had been reported in the 18 months prior to our inspection. These included where there were risks to patients and other incidents that could affect care, for example the electronic records system not being accessible. Actions were taken following incidents and the trust provided further training for staff where necessary.
- Team coordinators within the service reviewed incidents and the information on learning was shared appropriately in the teams. Staff were able to explain how learning is disseminated through team meetings and on the trust website. In the Grantham team, the staff office had information on the notice board regarding lessons learned from incidents. We observed a team meeting in which staff discussed risks, lessons learnt and action plans to mitigate risks.

Are services effective?

Outstanding ☆

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

- Comprehensive assessments were completed in all 30 records reviewed. Assessments were completed when a young person started in the service and were then updated as circumstances changed. Assessments looked holistically at young people's needs. For example in assessments for young people in crisis, staff clearly assessed protective factors as well as the triggers for the crisis.
- Care records were up to date and considered the young person's needs with clear recovery-orientated care plans. Staff used a care plan booklet that young people could personalise and keep. This enabled the young people to be involved in their care planning in a way that was meaningful to them.
- Information was stored securely on the silverlink electronic record system. However, staff expressed a concern that the system was not yet fully operational and did not auto populate all areas required, meaning they had to re-enter the same data several times following an assessment. Staff felt that this was time consuming that could be better spent on patient care. It also led to risk assessments being stored in three separate areas which could be a potential risk if someone unfamiliar with the young person had to identify concerns in a crisis.

Best practice in treatment and care

- Staff within the trust had developed "outcomes oriented CAMHS".This evidence based model focussed on the outcomes for young people and had been recognised in NHS innovation awards. Other CAMHS services were considering adopting this model. Young people measured the level of their distress and impairment at the start and end of each appointment with a CAMHS practitioner using the child outcomes rating scale. This looked at how they perceived themselves to be doing individually, interpersonally, socially and overall. This was charted and discussed at the start of each appointment to show the young person progress they had made. If there was no improvement after five sessions, this would be discussed in the multidisciplinary team and with the young person and their carers. The service collected the overall data for all young people open to the service and reported this to commissioners. It also informed the service as to which interventions were successful and which teams were not currently hitting their outcomes targets. The North East Lincolnshire service report for October to November team showed that young people discharged from the service achieved change of over seven points. When a change of five points or more is shown, it is considered that a clinically significant change has occurred. Within north east Lincolnshire the change points for children with learning disabilities was consistently 6.5 points. These showed significant improvement outcomes for young people using the service.
- Psychological therapies in line with NICE guidance were evident. There were comprehensive clear treatment pathways in both services.These included for depression and anxiety; anxiety and obsessional compulsive disorder; post-traumatic stress disorder and self-harm amongst others. The pathways were adapted to the localities but followed best practice guidance. Staff were able to describe how NICE guidelines influenced criteria for treatment. In the north east Lincolnshire service, we observed referrals being triaged with NICE guidelines for treatment considered.
- There was also innovation in how to meet individual young people's needs:
- We observed a session with a young person where the psychologist adapted eye movement desensitisation and reprocessing therapy (EMDR) to meet the needs of a young person with autism. The psychologist demonstrated a good understanding of the young person's history and presentation and had adapted the intervention to suit his communication and sensory needs. The psychologist had received clinical supervision where they discussed and reviewed the adaptations to the therapy to ensure it remained appropriate and the outcomes for the young person were closely monitored.
- In Lincolnshire, the nurses working in the crisis service had identified a core group of young people who were repeatedly presenting at emergency departments following self-harm. They had introduced "mind to mind" a dialectical behaviour therapy group which provided low level support for the peer group.

Are services effective?

Outstanding ☆

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.

- In North East Lincolnshire a practitioner in the team supported young people in sessions in the local gym in line with research which showed physical exercise had positive outcomes on mental health. This was having a positive effect on young people.

Skilled staff to deliver care

- The multi-disciplinary team had a good mix of staff with different skills and abilities. For example, staff had training in various therapeutic interventions such as cognitive behaviour therapy, dialectical behaviour therapy and eye movement desensitisation and reprocessing therapy.
- The service did not have family therapy which was unusual for a CAMHS service.However the dynamics of the demographics of the local population that the service served affected this.For example there were very low cases of eating disorder, possibly due to the level of deprivation in the region. Managers were able to demonstrate that where family therapy was clinically indicated they purchased it from other providers.
- Supervision records were detailed and used the outcome orientated CAMHS data to ensure there was a focus on patient's improvements in the caseload management. Staff received supervision every four to six weeks.
- 92% of staff within the service had an appraisal within the last year.Appraisals were comprehensive with managers clearly trying to focus on individuals objectives. Staff told us that the trust paperwork was too focussed on trust values and objectives so they had to be creative in how they achieved the individualised goals. The trust had introduced a section on nursing revalidation into the appraisal paperwork which nurses found helpful.However half the primary mental health workforce had a social work background and the model did not fit their needs.
- Staff within the service received support to meet their training needs. One of the team administrators said that following their appraisal the trust had supported them on a NVQ in business and administration.
- Staff were involved in promoting good clinical outcomes, for example one of the psychiatrists was well published both in journals and books on child and adolescent mental health.

Multi-disciplinary and inter-agency team work

- All the teams worked cohesively with good mutual respect for each other's skills. Multidisciplinary team meetings discussed cases and shared risk appropriately amongst the team. Referral meetings carefully considered the urgency of the referrals and were conducted by more than one professional at a time.Interactions within team meetings were positive with appropriate respectful challenge where necessary when discussing young peoples care.
- There were systems in place to support people in transition between services and teams. Staff described the transition arrangements between children's and adult services which included joint working to aid the young person's transition to adult services.This was more challenging in north east Lincolnshire where adult services were provided by a different provider.
- Schools spoke highly of the service, stating there was good partnership working in place. Schools felt they were able to discuss referrals clearly with the team and that they worked well with the students. Communication from CAMHS staff to the schools was described as responsive and excellent. Parents told us that the communication between staff and the schools was very good, making a big difference to the young person by having the school understanding their needs and an agreed shared approach. Schools said that the service provided training on mental health problems for teaching staff.
- Social workers in the community and those providing residential care described the service as very responsive. Staff attend child in need and child protection meetings regularly. Within Lincolnshire, there was a drop in clinic for social workers to get advice and support regarding the work of CAMHS, and in ways of supporting a young person suffering from mental illness. This was found to be very useful by social workers and the CAMHS practitioner also supported them by teaching anxiety management techniques to help manage their work. The local authority had nominated the CAMHS service in Lincolnshire for awards twice for their work and support.
- Both schools and staff in social care reported positive outcomes for young people who had used the service.

Are services effective?

Outstanding ☆

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.

- In North East Lincolnshire the service regularly invited other professionals to their team meetings to provide training on how their services worked and how they could improve links with CAMHS.This included the police, NSPCC, school nurses, child protection social workers and others.

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

- Staff understood the Mental Health Act as it applied to young people. However it was rarely used in either service. Managers and psychiatrists in the service said that the Mental Health Act office in the trust provided good assistance when necessary.

Good practice in applying the Mental Capacity Act

- We observed two assessments of young people new to the service. Capacity was assessed and consent to treatment was discussed with young people and recorded in the notes. However they were not easily accessible in all of the records we reviewed. Instead of a clear statement confirming this visible in the records it was recorded in the narrative of the care records. In North East Lincolnshire staff used a separate consent form.

Outstanding ☆

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 were positive and enthusiastic about their roles in the service. Staff were committed to the young people and demonstrated an in-depth knowledge of their circumstances. All staff, both clinical and nonclinical, displayed a passion to meet young people's needs.
- Young people and carers told us that everyone was caring, friendly, compassionate and positive with them. This included reception staff on arrival in services. Young people felt treated with respect and listened to. Families said that whenever you called, even in a crisis, you never felt like you were causing a problem, staff were always responsive to whatever the need.
- All of the feedback from the six young people and 20 carers we spoke to was positive.
- In clinical interventions staff were seen to be empathetic and used humour when necessary. Staff engaged young people directly and were kind and compassionate even in challenging situations.Staff took the time to interact with young people in a respectful and considerate manner at a level that was appropriate to them.
- Other agencies described the staff as friendly and engaging and that they were always very professional, polite and courteous. The view was that there was a visible child centred culture within the service. Staff were described as committed to the young people and would go the extra mile. Parents and carers echoed this.
- Both services also used the CHI-ESQ to gain and measure young people and families' experience of care. These had a high rate of return which the services compared favourably to when they had previously used CORC. All 92 returns received in Lincolnshire between July and August 2015 had been positive. During October and November 2015 in North East Lincolnshire the overall satisfaction for young people discharged from the service was 93% out of 28 returns. It rose to 95% for parents and carers out of 26 responses.
- Confidentiality was understood by staff and maintained at all times. Staff maintained privacy and dignity with young people, who were asked if they would like their carer present during assessments. All workstations for staff were in locked non patient areas.

The involvement of people in the care that they receive

- Staff consistently worked to empower young people to have a voice in their care.By using the 'outcome oriented' approach staff described how it was important that the young person was leading the sessions to achieve outcomes that were important to them. Young people said that staff were always ready to listen and then gave them treatment options as to how to move forward rather than telling them what to do. One parent described how staff led with a carrot rather than a stick. Another parent said that it was not what they did but how they do it, always explaining everything and all the options so that they would feel safe. Young people were always involved in their care planning and able to personalise their care plans. This was evident in all the episodes of care observed and in the care records.
- The service had an active participation group called the 'lost luggage user forum'. This consisted of young people who were involved with the service or had been discharged within the last three years. The group met monthly on a Saturday to help young people attend. Initially the three staff that set up the group did this voluntarily due to the passion they had for young people's voices being heard. The trust had since recognised this work, and it was now part of their paid role. The young people have helped raise awareness of children's mental health to the public and have given training and presentations to the executive board. Young people and staff feel that this has helped the senior management team understand the work of CAMHS. Young people said that they were listened to by all staff in the service and their views were valued. There was evidence of improvements to environments and other service change from the group.Young people were involved in recruitment of staff including setting interview questions and being part of interview panels.

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

- All referrals in Lincolnshire were screened daily for urgent crisis cases with a detailed review of referrals completed three times a week with two clinicians reviewing them. Referrals were risk assessed and rated for urgency. If urgent then clinicians would see the next day. This was dependent on the goodwill of staff to meet this as there was no planned time in staff's workload for emergency appointments. Managers said that as part of the transformation plan capacity would be built in so that there would be regular time allocated each day for clinicians to see urgent cases.
- The two services that received non-urgent referrals, had short waiting times. In Lincolnshire, young people would be seen between two to four weeks for assessment and then treatment would be within another two to four weeks. Average wait from referral in North East Lincolnshire was two weeks then there was a maximum 4 weeks wait from referral to treatment. Managers actively monitored those young people waiting for treatment, checking with referrers and carers as to whether the young person's needs had escalated.Young people were provided with access to other resources to help them whilst they waited including details of an accredited online counselling website.On one occasion staff on the website had contacted the service concerned about a young person's presentation which resulted in an emergency appointment.
- Young people with learning disabilities in Lincolnshire could have a significant wait to access services. The average waiting time was 11.5 weeks, but could be up to eight months. There were only two clinicians in the county working with children with learning disabilities. There was active management and monitoring of the waiting list. Clinicians prioritised families on clinical need and brought forward appointments if things deteriorated The Lincolnshire parent carer forum expressed concern over the delays in access for young people and their carers. Carers were happy with the service they received once work began and we observed good interaction during a visit by one clinician to a special school. The school was very positive about the work that the learning disability service did with them.
- Four nurses provided an emergency crisis service in Lincolnshire of four nurses. Two covered Boston hospital and two covered Lincoln hospital emergency departments. Staff in this team worked from nine in the morning until eight in the evening. At night and at weekend there was a mental health practitioner on call for each hospital who would go in and conduct an assessment backed up by a psychiatrist. Staff would then create a crisis plan with the young person and their carers known as a "keep safe" plan. We reviewed eight of these and found them to be of a good standard and child focussed. This included having the number of childline on the crisis plan and reminders to the young person to go to family, a friend or trusted adult/teacher that they had identified during the initial assessment if things escalated again. A family member of a young person not previously known to the service who had been seen during a crisis at 8pm stated that staff had responded quickly and seen them in the hospital accident and emergency department not long after they had arrived. They had been given a sheet with steps to follow if things escalated again, including contact numbers and techniques to try and defuse the situation with a follow up appointment within a week. They were pleased that the service had contacted the young person's school and helped arrange support for them even before the first follow up appointment.
- If a young person was over 16 the adult crisis team would see them. However, CAMHS would be notified and would provide a follow up appointment within seven days. Good relationships were in place between the CAMHS crisis workers and the adult crisis team.
- In the new transformation plan currently being discussed with commissioners in Lincolnshire there were plans to expand this service into a crisis and home treatment service.
- There was effective crisis provision in north east Lincolnshire with home working attached.In an appointment with a young person in crisis there was effective assessment and management of the risks with the young person being seen in a timely manner within 24 hours of referral. The clinician spoke in a manner that was age appropriate and easily understood explaining the assessment process and what to expect. A care plan was written in collaboration with the young person.

Are services responsive to people's needs?

Good

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

- The service had responded to young people and parent/carers concerns in relation to lack of appointment times outside of school hours by introducing a late night clinic once a week with more flexible appointment times being offered. The learning disability service was trialling weekend appointments.
- The service was also flexible where possible in seeing young people in different locations due to the geographical size of the county and the challenges of public transport in more rural areas.These included using childrens centres, GP surgeries and schools.If clinically necessary staff would visit young people in their homes.The new model currently being designed had an assertive outreach home treatment service.
- The service was proactive in the way that it managed young people who did not engage. If a young person was judged to be in need of mental health services then this would instigate a safeguarding referral once all other options had been exhausted. This would ensure a multiagency response to safeguard the young person.
- There were very low sickness rates in the teams, which meant that staff rarely cancelled appointments. When this was the case, staff contacted the young people in a timely manner, and the reason explained and alternative arrangements made. Parents and young people confirmed that appointments were on time and that staff informed them of any disruption to services.
- Some parents raised that it was difficult to get an initial referral to the service from schools or GP's but once in the service were happy with the response times and service provided.One specialist school provision in Lincolnshire also raised concern about access due to changes in commissioning thresholds. Commissioners were clear that thresholds were appropriate and that more work needed to be done for other services such as schools to understand the work that tier three CAMHS provided.They were confident that the redesign of the service would address this.In north east Lincolnshire the service had used some of the national transformation money to provide training in psychological therapies to school nurses and were providing supervision to them to address the needs of young people with less complex mental health needs.

The facilities promote recovery, comfort, dignity and confidentiality

- Waiting areas were pleasant and welcoming. However, they were focussed on younger children. The waiting areas were mostly child friendly with appropriate toys and magazines. There was easy read information available for young people. However, In Louth, the information available in the waiting area was not particularly child friendly and targeted towards parents and teachers. One teenager using the service in Gainsborough said that the waiting area was nice to sit in but there was nothing age appropriate to interest them.
- Most of the premises we visited were fit for purpose. However, in Louth, the premises were small and the staff office was in the reception office. This made it difficult for staff to talk about confidential information if there was someone waiting at reception.
- Young people's views on the environment were listened to. In Grimsby the service was based in a large health centre with other services. The waiting area was open plan into a large atrium with other services waiting areas. The service had initially had a large sign with CAMHS on it; however this had been moved to the main entrance of the building. Young people had told the service that they had felt uncomfortable with the reason they were waiting being so identifiable to other members of the public.Young people have also been involved in art work for the walls.
- Young people from the participation group had been involved in the design of service information to make it age accessible.

Meeting the needs of all people who use the service

- All the services were accessible to people requiring disabled access. However the Gainsborough site was on a first floor in a modern building shared with a dentist surgery. The service had a lift; however it required anyone using it to hold the lift button all the time otherwise the lift would stop between floors. This may potentially cause problems for some people. If the service was aware of a family having access issues the team administrator would book a room at the local GP surgery.

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- The trust used the Sheffield University outcomes rating scale, designed specifically for children with learning disabilities.
- Due to the demographics of the counties, information for people using the service in other languages was rarely needed.There were examples of where the service had information translated within 24 hours to meet individual needs and there was access to translators if required.

Listening to and learning from concerns and complaints

- The service had received 19 complaints between September 2014 and July 2015. Ten of these were informal complaints.Of the nine formal complaints, three were upheld. There was clear learning and actions taken from the complaints upheld. For example, one related to a confidentiality issue following a letter being sent to a wrong address with patient's details on. There had been full duty of candour with an apology to the family. There had also been a change in the practice of sending letters out to ensure the error would not occur again. The lessons learnt from this were sent out to all the teams and were discussed in management meetings.
- Although some young people and carers did not know the complaints procedures, all were confident they would be listened to if they wanted to raise concerns.
- The service had received 63 compliments in the same time period. The trust also collected satisfaction data using the CHI-ESQ routinely and also on discharge.

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 within the service demonstrated clear values in how they wanted to support and treat the young people they worked with. These were in line with the trusts values. However the vision for the services in Lincolnshire was not clear due to the current service redesign.

Good governance

- There was a regular CAMHS steering group for managers and senior clinicians which reviewed service development, good practice, the services risk register, health and safety, budgets, safeguarding and incidents. Minutes of this meeting were comprehensive and important messages shared with staff.There was also a focus on "you said, we did" ensuring comments from people using the service were acted on.
- Supervision records were detailed and used the outcome oriented CAMHS data to ensure there was a focus on patient's improvements in the caseload management. Staff received supervision every four to six weeks.
- 92% of staff within the service had an appraisal within the last year.Appraisals were comprehensive with managers clearly trying to focus on individuals objectives.
- The trust responded well to incidents with good investigations and evidence of practice changing following them. However, despite a number of serious and untoward incidents in the past year, the trust had not instigated a thematic review to look at whether there were any shared learning themes or learning points to consider.

Leadership, morale and staff engagement

- Commissioners spoke highly of leadership within the service in both Lincolnshire and North East Lincolnshire. Commissioners in Lincolnshire stated they were confident in the leadership and that they were refreshing to work with. The trust was described as responsive to needs and looking forward to the future. Commissioners said that managers in the trust were able to recognise areas for improvement, for example in North East Lincolnshire, identifying the need to capture activity data more accurately by separating out learning disabilities and looked after children information.
- Staff felt local leadership was visible and approachable with an open door policy should they need support. Staff told us they felt valued and respected in their role. Managers in both services were committed and passionate about the care both they and their teams delivered.
- There was commitment to delveloping leadership within the service.Existing managers had training in leadership skills, and a band six practitioner who had been identified as a potential future leader had been released to attend the national Mary Seacole NHS leadership programme.
- All staff were confident to raise a concern and were aware of the whistleblowing process.The supervision recording template used by managers checked if staff had any concerns regarding bullying or harassment.There had been no cases of this within the teams.
- All of the teams that we visited were cohesive stable teams with professionals that respected each other. Despite anxiety within the teams in Lincolnshire surrounding the future redesign of the service, morale was consistently high. Staff described their enjoyment of working in the service and were focussed on good outcomes for young people. This was reflected in the fact that none of the tier three services had any vacancies and sickness in the teams was as low as 1.4%. The only vacancies were currently in the tier two Lincolnshire CAMHS service pending the redesign.
- Staff and team leaders felt disengaged in the process of the current service redesign in Lincolnshire and unsure of the future other than they would be moving to an adapted model of the Grimsby service in North East Lincolnshire. Staff in Lincolnshire felt that they were being told to catch up with the Grimsby model. It did not appear that despite commissioners being happy with the current service and having other reasons for the redesign that this had been communicated by the trust to staff. The trust did value the service in North East Lincolnshire which had won various awards and was visited regularly by senior staff which was demonstrated

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by the trusts executive board presentation to CQC on the first day of our inspection. However within Lincolnshire staff felt disconnected with the trust and senior management was not visible with no recent executive visits, despite their comparatively high performance and the current change process. There was anxiety amongst staff that commissioners had concrete ideas about what the service did and the way to change it, whilst not being part of the dialogue.

Commitment to quality improvement and innovation

- The service was part of the quality network for community CAMHS.
- The service was actively involved in research for best practice in treatment for young people with mental health needs.Several practitioners had published articles and/or books.
- Within the North East Lincolnshire service a research assistant had been employed to help with a piece of work evaluating services response to young people in crisis. This aimed to use qualitative and quantitative data from young people and their carers, the CAMHS service, police, emergency departments and other agencies.