

Good 

Black Country Partnership NHS Foundation Trust

Specialist community mental health services for children and young people

Quality Report

Black Country Partnership NHS Foundation Trust
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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)
TAJHQ	Trust Headquarters	Wolverhampton Inspire Team	WV11 3PG
TAJHQ	Trust Headquarters	Sandwell Point of Access	B69 3DB
TAJHQ	Trust Headquarters	Wolverhampton Child and Family Service	WV11 3PG
TAJHQ	Trust Headquarters	Sandwell community child and adolescent mental health service.	B70 8NY
TAJHQ	Trust Headquarters	Sandwell crisis intervention and home treatment team.	B70 8NY

Summary of findings

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

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

Where applicable, we have reported on each core service provided by Black Country Partnership Foundation NHS Foundation trust and these are brought together to inform our overall judgement of Black Country Partnership Foundation NHS Foundation trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

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 have changed the rating for community mental health services for children and young people from requires improvement to good because:

- During our inspection in November 2015 we asked the trust to ensure that care records contained detailed and consistent information about the people that used their services. During the October 2016 inspection, we found care plans and risk assessments that were holistic and reflected the strengths and needs of young people using the services.
- We asked the trust to ensure that a person's relative or carer's involvement in the care planning/management plan process was evident within care records where appropriate. During our inspection in October 2016, families that we spoke with told us that staff involved them in the care planning process, and their views were respected and valued. We found evidence in care records supporting this.
- During our inspection in November 2015 we asked the trust to ensure that services had adequate staff to function fully, including weekends. We found in October 2016 that the trust had reduced staffing vacancies, plans were in place for further recruitment and staff sickness levels were below the trust and national average.
- During our November 2015 inspection, we asked the trust to store patient records securely. We found at our inspection in October 2016 that records were stored securely and care record tracking systems were in place.
- The trust was asked to ensure that consent to care and treatment and consideration to Gillick competency was consistently recorded within the care records of people using services. We found this had been completed during our inspection in October 2016.
- We asked the trust to ensure that staff received well structured annual appraisals. During our inspection in October 2016, we found that performance in this area had improved and the average staff appraisal rate across all the services visited was 93%.
- During our inspection in November 2015, we asked the trust to ensure that statutory and mandatory training compliance was monitored and that outstanding areas of non-compliance were addressed. In October

Summary of findings

2016 the average training compliance across the services visited was above the NHS national training standard and plans were in place to address areas below trust targets.

- We asked the trust in November 2015 to ensure that toys used by young people attending services were cleaned and records were maintained of this process. During our inspection in October 2016, we found that that cleaning records and audits had been introduced and were complete and up to date.
- Treatment pathways for children and young people were evidence based. Staff delivered treatment in line with national guidance and quality standards.
- Referral to treatment waiting times were within national guidelines. Staff monitored waiting lists for changes in the well-being of children and young people and made urgent appointments available when required.
- The trust monitored outcomes for patients using standardised measures. Local managers and the service group director reviewed key performance indicators to measure the effectiveness of services.
- Staff adhered to lone working procedures and alarms had been fitted to interview rooms.
- Children, young people and their families were given the opportunity to give feedback about services provided. Young people were involved in the recruitment of staff and in service development initiatives.

However:

- Staff did not always report incidents that required reporting. This meant that senior trust staff were not able to investigate all issues affecting the safe delivery of services or identify lessons to be learned and improvements to be made.
- Electronic systems for processing referrals from the point of access to the community teams were not always effective. This meant there could be a delay for a child or young person accessing services.

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:

- The trust had developed lone working policies and staff in all teams adhered to these. Community staff had access to lone working devices.
- Cleaning records were complete, this included the cleaning of toys available for the use of children and young people.
- Staff maintained equipment used for physical health monitoring in accordance with manufacturers' recommendations.
- Staff monitored waiting lists for changes to the wellbeing of young people awaiting their first appointment with services.
- Staffing levels had increased since our previous inspection in 2015 and recruitment was being undertaken to fill remaining posts.
- Safeguarding structures were well embedded and safeguarding leads for children and adults were in post. Staff accessed specialised training to increase their awareness of child safeguarding topics and this was reflected in the quality of risk assessments

However:

- Staff did not report all incidents that required reporting. This meant that senior managers were not always aware when mistakes were made, and consequently they could not investigate them or ensure that the service learned lessons as a result

Are services effective?

Requires improvement



We rated effective as requires improvement because:

- Systems for communicating referrals from the Sandwell point of access to the community team were not effective. This meant that staff from Community Teams might overlook referrals sent to them. We were advised that this happened on 2-3 occasions each month.

However

- The trust had developed interventions and treatment pathways available for young people based on national guidance and quality standards.

Summary of findings

- The trust used patient reported outcome measures to measure the effectiveness of interventions offered and to evaluate treatment pathways.
- Staff ensured that care plans were holistic, considered the patient's strengths and needs and were recovery focussed.
- Staff attended regular team meetings and met to discuss new referrals, young people in crisis and to complete multi disciplinary case reviews.
- Staff were suitably skilled and qualified.
- Staff received annual appraisals in line with trust policy.

Are services caring?

We rated caring as outstanding because:

- Families and carers gave positive feedback about the services provided by the child and adolescent mental health services. People described the care given as excellent and described the services offered as a lifeline for vulnerable young people
- Families told us that staff exceeded their expectations when providing support for young people admitted outside of the trust's catchment area. Staff travelled weekly to provide continuity of care during review meetings and visited families at home to provide emotional support.
- Children and young people routinely participated in the recruitment of staff. Training and feedback was provided by staff and interview questions were developed by young people to reflect the value base required for staff involved in their care.
- Staff involved young people and their support networks in the care planning process, and documented this in care records. Families that we spoke with during our inspection told us they were involved in care reviews, and felt staff listened to them and valued their views.
- Information for children and young people using the services had been made available in accessible formats. Information handbooks were available for parents and easy read versions for children.
- Children and young people were able to get involved in decisions about their service. Staff routinely collected feedback from people using services and the trust provided feedback on the actions taken as a result.
- We observed staff treating patients with respect and providing a range of practical and emotional support to children, young people and their carers and families

Outstanding



Summary of findings

Are services responsive to people's needs?

Good



We rated responsive as good because:

- The trust had set targets for referral to treatment times. All teams we inspected were meeting national timescales for referral to first appointment.
- Teams were able to respond promptly to changes in the wellbeing of young people using services. Designated duty workers were in post in the community teams and hospital liaison workers could respond to young people attending accident and emergency.
- Rates for children and young people who did not attend planned appointments were below national averages. Staff offered flexibility in times and locations of appointments to ensure services were accessible.
- The Sandwell service had undergone an extensive refurbishment following our previous visit in 2015. Waiting areas and facilities were appropriate for children, young people and their families. Feedback from families using the trust's facilities in Sandwell and Wolverhampton was positive.
- The trust/service/staff investigated complaints in accordance with trust policies. Duty of candour was evident where mistakes had been made and people using services were offered apologies where appropriate.
- Staff were able to access interpreting services and we saw this in use in care records. Information was available in a range of formats and languages for people using services.

However:

- There were a number of referrals awaiting review outside of the agreed five day key performance indicator targets at the Sandwell Point Of Access. These were brought to the attention of service managers at the time of our inspection who took action to resolve our concerns.

Are services well-led?

Good



We rated well led as good because:

- Managers used a range of key performance indicators to measure the effectiveness of the services provided. Action plans had been implemented following our inspection in 2015 and most issues identified had been resolved.

Summary of findings

- The trust involved young people and their families in service improvement initiatives. Transformational funds from commissioners were being used to design a website for the Sandwell and Wolverhampton child and adolescent mental health services.
- Feedback from staff about local and senior managers within the trust was positive.
- The trust had embedded a set of values and staff were able to describe how they used these to develop individual and team objectives.
- Most staff had received mandatory training and action plans were in place to increase compliance levels.
- Morale across most of the services that we visited was high. Staff described a culture of mutual support and team working.
- Staff were aware of the trust's policy for raising concerns and told us they would be supported to do so by colleagues and managers.
- Staff were able to give feedback and input to service development. Outcomes from annual staff surveys were reviewed and action plans developed by the trust to improve staff wellbeing.

However:

- Staff at the Sandwell service reported two changes in managers in the twelve months prior to our inspection. Staff reported this had impacted on the team's consistency and morale.

Summary of findings

Information about the service

- The Sandwell child and adolescent mental health service at Lodge Road assesses and treats severe behaviour and mental health disorders in children and young people aged five to 18. The service offers support and guidance to families, carers and parents and stakeholders.
- The Wolverhampton child and family service is based at the gem centre in Wolverhampton. The service provides a multi-disciplinary approach to the assessment, diagnosis and treatment of any child or adolescent up to 18 years of age with psychological disturbance of behaviour, emotions and/or development of psychiatric disorders. The assessment considers the child or adolescent within the context of their family and wider community. The service is provided in close collaboration with the Inspire team, the Key team and the crisis intervention home treatment team
- The Sandwell crisis intervention home treatment team offer specialist services to those children and young people whose needs cannot be met by core child and adolescent mental health services. The service operates 7 days a week, 8am -8pm, 365 days a year with the aim of reducing the frequency of admission to hospital for children and young people.
- The Inspire team is based at the gem centre in Wolverhampton and provides targeted and specialist support for children and young people with mild, moderate or severe learning disabilities and mental health problems.
- The Sandwell point of access is based in Sandwell council house and provides a point for all referrers to access a range of emotional wellbeing and mental health services for children and young people in the Sandwell area.

Our inspection team

Team leader: Jonathan Petty, Inspector, Care Quality Commission.

The team that inspected community services for child and adolescent mental health comprised eight people: two inspectors, one mental health nurse, one psychologist, one social worker, one consultant psychiatrist, one expert by experience, and their helper.

Why we carried out this inspection

We undertook this inspection to find out whether Black Country Partnership NHS Foundation Trust had made improvements to their community child and adolescent mental health services since our last comprehensive inspection of the trust on 16-20 November 2015.

When we last inspected the trust in November 2015, we rated community child and adolescent mental health services as requires improvement overall. We rated the core service as requires improvement for Safe, requires improvement for Effective, good for Caring, requires improvement for Responsive and requires improvement for Well-led.

Following this inspection we told the trust that it must take the following actions to improve community child and adolescent mental health services;

- The provider must ensure that all relevant care records contain a risk assessment and that this risk assessment includes detailed and consistent information about the people that use their services.
- The provider must ensure that where toys are available for the use of young people attending services that those toys are regularly cleaned and records are maintained of this process.

Summary of findings

- The provider must ensure that the care plans completed for the people who use their services are personalised and recovery oriented with the persons strengths and goals evident within them.
- The provider must ensure that a persons relative or carer's involvement in the care planning/ management plan process is evident within care records where appropriate.
- The provider must ensure that services have adequate staff to function fully, including out with normal working hours.
- The provider must ensure that all documentation is stored securely and adequate systems are in place to minimise the loss of clinical records.
- The provider must ensure that consent to care and treatment and consideration to Gillick competency is consistently recorded within the care records of people using services.
- The provider must ensure that staff receive well structured appraisals on an annual basis.
- The provider must ensure that statutory and mandatory training compliance is monitored regularly and that outstanding areas of non-compliance are addressed.

- The provider must ensure that all staff receive three yearly disclosure and barring service checks as per their 2014 policy.

We also told the trust that it should take the following actions to improve:

- The provider should ensure that all staff are aware of the trust lone working policy and adhere to the guidance within this.

We issued the trust with five requirement notices that affected community child and adolescent mental health services.

These related to:

- Regulation 9 HSCA (RA) Regulations 2014. Person-centred care
- Regulation 12 HSCA (RA) Regulations 2014. Safe care and treatment
- Regulation 15 HSCA (RA) Regulations 2014. Premises and equipment
- Regulation 17 HSCA (RA) Regulations 2014. Good governance
- Regulation 18 HSCA (RA) Regulations 2014. Staffing

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited three teams in Sandwell and two in Wolverhampton, looked at the quality of the environment, and observed how staff supported children and young people

- spoke with five young people who were using the service and 21 carers and family members
- spoke with the managers of the six teams visited
- spoke with 35 other staff members; including psychiatrists, nurses, clinical psychologists, psychotherapists, occupational therapists and administration workers
- reviewed eight staff personnel files
- attended and observed a review meeting between a psychiatrist, young person and their family. Attended a professionals meeting with the looked after children team and attended team meetings at the point of access.

We also:

Summary of findings

- reviewed 37 treatment records of young people
- 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

- Feedback from all children and young people using the service was positive. We were told that staff were kind and caring and treated them with respect. Young people that we spoke with said that staff were accessible, worked collaboratively with other agencies, including schools, and used child friendly language when discussing their care.
- Feedback from all the carers and families that we spoke with was positive. We were given examples of occasions where families felt staff had gone above and beyond to deliver a quality service. Families and carers we spoke with said that they were given the opportunity to be involved in the care planning process, and their views were respected and valued by staff.
- Feedback from families that used the Gem centre was very positive, we were told that staff made them feel welcome and young people enjoyed the activities provided for them

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that systems for the processing of referrals are established and operated effectively

Action the provider **SHOULD** take to improve

- The provider should ensure that staff report all required incidents using the electronic reporting system.
- The provider should continue to improve staff compliance with mandatory training.
- The provider should continue to improve the quality and consistency of care plans and risk assessments.
- The provider should continue to ensure that recruitment to vacant posts is undertaken

Black Country 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
Wolverhampton Inspire Team	Delta House
Sandwell Point of Access	Delta House
Wolverhampton Child and Family Services	Delta House
Sandwell child and adolescent mental health service	Delta House
Sandwell crisis intervention and home treatment team.	Delta House

Mental Health Act responsibilities

- At the time of our inspection, 70% of staff had received training in the use of the Mental Health Act. Further training opportunities had been booked and staff allocated to attend.
- We found that consent to treatment was recorded in all of the care records reviewed at the child and adolescent mental health services and the Inspire team based in Wolverhampton. Consent forms in a child friendly format were available for children and young people using the Inspire learning disabilities service.
- Staff reported that they could obtain support and advice on the Mental Health Act from the trust's Mental Health Act administrator based at the trust's headquarters. Staff in the community teams also reported that they could approach the consultant psychiatrist's and specialty doctors with Mental Health Act queries.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- At the time of our inspection, 70% of staff had received training in the use of the Mental Capacity Act, this included specific training on the assessment of Gillick competence in children and young people.
- We found evidence of the assessment of mental capacity, as appropriate regarding the age of child or young person in all care records at the child and adolescent mental health services, and the Inspire team based in Wolverhampton
- Staff reported that they could obtain support and advice of the Mental Capacity Act from the Mental Health Act administrator based at the trust's headquarters.

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

- Interview rooms at the community services were fitted with alarms, this meant that staff could summon assistance if required. Lodge Road had been fitted with a new alarm system following concerns identified during our previous visit in November 2015. The trust had developed standard operating procedures to guide staff responding to alarms. These were location specific, taking into account variations in the two environments and differences in the alarm systems. All staff that we spoke with were aware of the standard operating procedures and felt that the alarm call systems worked well. Staff were allocated to respond to emergency alarms and as designated first aiders and fire wardens at the gem centre and lodge road. We saw that signage was in place instructing people using the service how to respond if fire alarms were activated and this included details of weekly planned tests of the fire control systems.
- A clinic room was available for staff to use at lodge road and staff at the gem centre were able to carry out physical health observations in private interview rooms. A range of physical health monitoring equipment was available for staff to use, including blood pressure monitors, height and weight scales. Staff ensured these were maintained and calibrated in line with manufacturers recommendations. Clean stickers were attached to equipment and identified when future calibration was required. Emergency equipment including defibrillators and resuscitation masks were available and were checked routinely in line with manufacturers recommendations.
- All areas that we visited were visibly clean and well maintained. Cleaning records were reviewed and found to be detailed and complete. Following our inspection in 2015, the trust had introduced a rota and audits for the inspection and cleaning of toys used by children and young people when visiting the community services. We reviewed these during our inspection and found them to be complete and up to date.

- The trust completed environmental risk assessments annually at all of the locations we visited as part of our inspection. These assessments were in date and had future dates identified for review. Risks that had been identified were listed with time specific action plans and controls in place for mitigation
- Staff adhered to infection control principles including handwashing. We observed staff using hygienic hand rub and alcohol gel in communal and bathroom areas at lodge road and the gem centre .

Safe staffing

- Sandwell child and adolescent services had a total of 21 whole time equivalent staff. This included community nurses, specialist nurse practitioners, clinical psychologists and an occupational therapist. The team had eight vacancies at the time of our inspection which were in the process of being recruited to. The highest vacancy rate per clinical speciality was for a psychotherapist which had a 1.8 whole time equivalent post unfilled. The staff turnover rate for the Sandwell child and adolescent mental health services for the six months prior to our inspection was zero. Sickness rates were five per cent which was in line with the trust's average sickness rate across all services.
- The Inspire team at Wolverhampton had a total of seven whole time equivalent staff, including community nurses, an occupational therapist, clinical psychologist's and a nurse manager. A part time clinical psychologist post was vacant, although the team were above establishment levels for community nurses. The staff turnover rate for the Inspire team was zero in the six months prior to our inspection. The average sickness rate was low at less than one per cent.
- The Wolverhampton child and adolescent mental health services had a total of 25 whole time equivalent staff. This included clinical psychologists, psychotherapists, community nurses and an occupational therapist. The team were above their staffing establishment levels by six whole time equivalent staff across a range of the clinical specialities. The staff turnover rate for the

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Wolverhampton child and adolescent services for the six months prior to our inspection was five per cent. The average sickness rate was lower than the trust average and was three per cent.

- During our previous inspection of the child and adolescent mental health service crisis teams in 2015, staffing had been a concern. There were 5.3 whole time equivalent staff working across the Sandwell and Wolverhampton teams. Most staff working for the team had been seconded from other posts or were agency staff, with the exception of one staff member on a fixed term contract. Additional staffing cover for the team had been provided by staff from other teams, working above their contracted hours. Following our inspection, the trust had merged the two teams and had used transformational funds received from Sandwell and Wolverhampton clinical commissioning groups to address the high levels of vacant posts. At the time of this inspection of the reconfigured crisis intervention and home treatment team, there were a total of 6 whole time equivalent staff in substantive posts including a service manager, with a further 3 agency and seconded whole time equivalent staff. The service had recruited a part time speciality doctor dedicated to the crisis team only and there was one whole time equivalent member of administrative staff. A further two whole time equivalent clinical staff posts had been recruited to and had start dates identified. Eight posts remained vacant at the time of our inspection and the trust was undertaking a rolling recruitment programme until all vacancies had been filled.
- There was no recognised tool used for the estimating the numbers and grades of staff within community child and adolescent mental health services. Staffing was planned taking into account the local population and health economy and could be varied to meet the needs of the service. Team managers told us that they were able to vary the staffing structure of the teams to meet changing demands. They gave examples where recruitment had been unsuccessful due to applicants not meeting the required skills and value base.
- Caseload sizes within the community teams varied and took into account the experience of staff and the complexity and needs of the patients being managed. Team leads managed caseloads through the use of clinical and managerial supervision and we saw evidence of this in practice during our inspection.
- The medical staff for the community child and adolescent mental health services comprised six whole time equivalent psychiatrists and were a combination of consultant psychiatrists and specialty grade doctors. There were three vacancies at the time of our inspection which were in the process of being recruited to by the trust. Staff told us that they were able to access psychiatrists when required. They gave examples of patients needs being met with medical input from the child and family service psychiatrist, with specialised input being provide by clinical staff from the inspire learning disabilities team in Wolverhampton. Staff at the crisis intervention and home treatment team were able to access 24 hour child and adolescent mental health services consultant cover via an on call rota system, this included weekends.
- Figures for the use of bank and agency staff were provided for the period July 2015 to June 2016. During this time, 245 shifts were filled by bank staff to cover sickness, absence or vacancies and 388 were filled by agency staff. The child and adolescent mental health service was able to fill all of its shifts between July 2015 and March 2016. Between the period April 2016 – June 2016, 12 shifts were left unfilled by bank staff and one shift by agency staff.
- Staff accessed a range of mandatory training provided by the trust; this included training to level three safeguarding children and adults, and promoting safe and therapeutic services training. The trust also provided staff with an annual mandatory training day every three years to ensure they were compliant with fire safety, information governance and health and safety at work. The average training rate for the Sandwell child and adolescent mental health services was 80% as of September 2016. This was below the trust's target of 85%. Areas of training that fell below 75% were attendance at the trust's annual mandatory training day and safeguarding adult's level three at 71% and 65% respectively. The average training rate for the Wolverhampton child and adolescent mental health services was 87% and was above the target set by the trust. However, safeguarding adults level three training

Are services safe?

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was low with a compliance rate of 41%. The average training rate for the Inspire team was 87% and above the trust target. One area of training fell below 75% which was safeguarding adult's level three with a compliance rate of 50%.

Assessing and managing risk to patients and staff

- During our inspection, we reviewed 37 records relating to the treatment and care of children and young people. We found that risk assessments were complete and of a good standard in 70% of care records, completed but requiring further information in 22% of care records and not present in 8% of care records reviewed. This was a significant improvement from our inspection in 2015 where we found that risk assessments were missing or incomplete in over 50% of records in one of the services that we visited. Where risk assessments were present, we saw that staff revisited them and updated them following changes in the wellbeing of young people.
- We found that risk assessments completed at the Sandwell crisis intervention and home treatment team were complete and in date. Risk assessments evidenced the use of standardised risk assessment tools, including the pierce suicide intent rating scale. Staff developed crisis plans with the involvement of young people and their families and were included within care records. Crisis plans are used by people using services to decide what action is required if their wellbeing deteriorates. We attended a meeting at the crisis team as part of our inspection activity, and found that information held within care records was an accurate reflection of the cases discussed by the team.
- Staff were able to respond promptly to a change in the risk and wellbeing of young people. This included an increase in support being offered to their educational placement and support network, increased interventions from the team or the use of the Sandwell and Wolverhampton crisis intervention and home treatment team. There was no waiting time to access this team at the time of our inspection. Staff described it as an additional service to provide out of hours care, although case management could be maintained by the core child and adolescent mental health services worker.
- We found evidence of the use of collaborative risk assessment and crisis planning within the Inspire learning disabilities team. This included the identification of protective factors that kept young people safe and the completion of work with children and their families looking at risky behaviours, actions and consequences.
- Service managers were monitoring waiting lists and this information formed part of a weekly key performance report sent to the child and adolescent services group director. A range of methods were used across the teams inspected to identify and manage changing risk of young people awaiting their first appointment. People awaiting a choice appointment in Sandwell were informed by letter that there was a waiting list and were provided with details to contact the team for further support or request an urgent appointment if needed. The waiting list was reviewed at each weekly meeting. Where young people and their families had been on the waiting list for over 12 weeks, the team made contact with them via telephone for a case review. Cases could then be discharged if help was no longer needed, redirected if their circumstances had changed, retained on the waiting list or changed to an urgent referral if required.
- All referrals received by the Wolverhampton child and family service were screened once received and prioritised according to need. If further information was required in order to triage the referral appropriately, staff made contact with families and carers, and also liaised with the referring organisation.
- All referrals to the inspire service at Wolverhampton were logged on an allocation list following their initial appointment and discussed as part of the weekly team meeting. Actions for each case were allocated to one of the team members and these were logged within the team meeting minutes.
- Most staff had received training in safeguarding children to level three and the average compliance rate across the teams visited was 87% and above the trust training target. Attendance at level three adults safeguarding training was lower, at 52%. Team managers had identified that the safeguarding adults level three training remained below the trust compliance figure. It had improved significantly following our previous

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inspection, and managers had put plans in place to further increase the compliance rate. This included a schedule of future training dates and individual plans for each staff member to attend.

- A total of 22 child safeguarding referrals had been made by the child and adolescent mental health services during the period of July 2015 to June 2016, while 13 adult safeguarding referrals were made for the same period. The trust had designated safeguarding leads for the Sandwell and Wolverhampton areas and a head of safeguarding for children was also in post. Staff were aware of their duties to safeguard children and adults and the trust's safeguarding policies and procedures. Information for staff was also available on a range of topics, including female genital mutilation and child sexual exploitation.
- The trust provided updates for staff regarding child safeguarding policies and procedures using the trust's weekly electronic bulletin system. This included regional guidance on recognising child sexual exploitation provided by the local authority safeguarding children board. The trust had also developed a child sexual exploitation pathway outlining what actions staff should take if they had concerns, who to contact and what action would be taken to safeguard the child or young person.
- Standard operating procedures for lone working had been developed following our inspection in 2015 and had been linked to the trust's lone working policy and clinical risk management policy. Team managers had implemented signing in and out books, a buddy system and team whiteboards where clinicians noted their whereabouts and return time if out of the office. The trust provided staff with lone working devices following our previous inspection and staff reported that these worked well.
- Initial medication prescribing for young people entering services was completed by child and adolescent consultant psychiatrists and speciality doctors. Prescribing of medication in the community was completed by the child or young persons general practitioner as part of a shared care agreement. The child and adolescent community mental health services participated in national audits including those by the

prescribing observatory for mental health. The prescribing observatory for mental health aims to help specialist mental health trusts improve their prescribing practice.

Track record on safety

- During the period July 2015 to June 2016, there were no serious incidents requiring investigation related to the child and adolescent mental health services.
- There had been no "never events" reported by the community child and adolescent mental health services in the year prior to our inspection. A never event is defined as a serious, largely preventable patient safety incident that should not happen if the available preventative measures have been used.

Reporting incidents and learning from when things go wrong

- All staff that we spoke with were aware of their responsibilities to report incidents and how to do so using the trust's electronic incident reporting system. However, not all incidents that should be reported, were reported. We were made aware of two incidents; one relating to a backlog in referrals at the point of access in Sandwell and one relating to an urgent referral which had not been communicated effectively to the Sandwell child and adolescent mental health team. Staff had not reported either incident using the trust's electronic reporting system. This meant that the trust couldn't investigate the incidents, share lessons learned and ensure that systems were improved to prevent a reoccurrence.
- Managers attended monthly quality and safety meetings and lessons learnt from incidents across the trust were discussed and then brought to local team meetings. The trust also produced a weekly electronic bulletin, distributed via their intranet and available to all staff providing details of incidents and the learning that had taken place as a result of investigations.
- Regular team meetings took place across the child and adolescent mental health services that we visited, and we reviewed minutes of these as part of our inspection. Incidents and lessons learnt formed part of the standard team agenda and staff told us that learning could be followed up in clinical or operational supervision with team managers.

Are services safe?

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

- Staff provided us with examples of where their clinical practice had changed following incidents. This included extra training in personal safety for community staff, to supplement the mandatory promoting safe and therapeutic services training offered by the trust.

Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- During our inspection, we reviewed 37 care and treatment records relating to children and young people using community child and adolescent mental health services. The content and timeliness of care plans had improved following our inspection in 2015 and we found that 25 of the 37 care plans were complete and in date. The remaining 12 care records had care plans in place but they either required more information or were due for review.
- The trust had introduced standardised risk assessment and care planning documentation across the community services for children and young people. This followed concerns identified at our previous inspection that care planning was inconsistently recorded. The new documentation was being piloted at the time of our inspection and staff reported that they were able to give feedback to the trust about how well it was working. We found evidence that care plans were holistic and identified a range of problems and needs in all but one of the care records reviewed. We saw that most care plans contained the views of young people and their families and that they focused on outcomes, strengths and goals of young people receiving care.
- The child and family service provided people awaiting their first appointment with a registration form containing a strengths and difficulties questionnaire for both the parent and young person. This was used to plan to care and to understand the individual needs of young people and their families
- A track and trace system was in use to improve the tracking and retrieval of paper care records at the community teams. This followed concerns raised at our previous inspection where care records were stored in multiple locations at the community teams and staff could not always access them when required. A 2016 standard operating procedure was in place for the management and storage of care records, providing guidance on the use of tracer cards to document the location of the record, and actions to be taken if a care

record could not be located. Guidance was available for staff on the transportation of health records within the trust, this included the use of security sealed boxes and bags.

- Referrals at the Sandwell point of access were scanned and then sent to the community team via a secure email system. Staff raised concerns that this did not always operate effectively and gave an example of where an urgent referral had not been received by the community team. Staff at the point of access reported that this happened two or three times per month and they could not always be sure referrals were received. This meant that children and young people may not receive support in a timely manner. We raised our concern with the service manager at the time of our inspection and the trust commenced an investigation into the issue. Following our inspection, new standard operating protocols were in the process of being developed. Team specific secure electronic mail boxes were being introduced and guidance developed for checking the receipt of sent referrals.

Best practice in treatment and care

- Staff prescribed medication in line with the 2013 national institute for health and care excellence guideline (CG72). There were no nurse prescribers at the community services visited during our inspection. The consultant and speciality doctors commenced initial medication prescribing for children and young people.
- Psychological therapies were available for children and young people in accordance with the national children and young people's improving access to psychological therapies agenda. This is a service transformation programme delivered by NHS England that aimed to improve existing child and adolescent mental health services working in the community. Psychological therapies available for children and young people in the Sandwell and Wolverhampton services included dialectical behavioural therapy, cognitive behavioural therapy and psychotherapy. Staff had developed a range of treatment pathways to meet the needs of young people, including for children with neurodevelopmental needs, learning disabilities and emotional and behavioural needs. Treatment pathways made reference to national guidance including the National Institute for Health and Care Excellence

Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

recommended clinical interventions for post traumatic stress disorder (CG26) and the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care (CG16)

- The Pierce suicide intent scale and the health of the nation outcome scale for children and adolescents were being used within the services to provide an outcome measure for rating the severity of needs and the effectiveness of treatment. The Sheffield learning disabilities outcome measure was being used within the Inspire service for children with learning disabilities. Outcome measures in a pictorial format had been developed for use by children and young people at the Inspire learning disabilities team.
- The trust had introduced a quarterly audit of care records following our previous inspection. The outcomes of these audits were shared with team managers and action plans had been devised to improve the quality and consistency of record keeping.
- Staff carried out physical health monitoring for children and young people and documented this in care records. Physical health needs were identified during the initial assessment process and we observed this during our inspection. Equipment was available to monitor and record changes in height, weight or blood pressure. A shared care protocol was also in place between the child and adolescent community mental health services and local general practitioners to aid effective communication.
- Clinical audits took place in all of the services that we visited. These ranged from audits of the experiences of young people and their families using services, the effectiveness and quality of record keeping and the monitoring of physical health needs for children and young people receiving care for attention deficit hyperactivity disorder.
- Staff were able to access further training for safeguarding via the local authority safeguarding children board. This included guidance for staff on dealing with cyber bullying and working with young people taking psychoactive substances.
- The trust's human resources department monitored professional registration with the nursing and midwifery council and the health and care professions council. Managers we spoke with were able to describe the process used to ensure all qualified staff maintained their profession specific qualifications.
- Most staff within the community services had received an annual appraisal in the year prior to our inspection. The average staff appraisal rate across all the services was 93%.
- The monitoring of supervision was variable across the teams visited. We saw evidence within the inspire team at Wolverhampton of the use of systems to monitor the frequency and content of clinical supervision. However, these were not in use in other teams we visited although staff reported that they received operational supervision from line managers and could seek profession specific supervision when required.
- The trust had requested that all staff within the community services complete a recent disclosure and barring service check. This followed concerns raised during our 2015 inspection where staff had not completed these checks in the three years prior to our visit. At the time of our 2016 inspection, 99% of community staff had received a disclosure barring service check and the trust had introduced systems to monitor this in future.
- We found evidence within personnel files that staff had completed trust and local inductions to their workplace. Information contained within induction packs included details about the national care certificate standards for non-qualified staff, information about evacuation procedures in emergencies, policies for sickness and annual leave and local and trust management structures.
- We saw evidence within personnel files that poor staff performance was managed and this included the use of the sickness and absence policy. Where poor staff

Skilled staff to deliver care

- A range of mental health disciplines were available to provide care and treatment for children and young people. This included occupational therapists, psychologists, psychotherapist's and mental health nurses.

Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

performance had been identified, improvement plans had been developed and agreed between line managers and staff. Managers then documented the outcomes of this process.

Multi-disciplinary and inter-agency team work

- Regular team meetings took place across all of the services visited during our inspection and we reviewed the minutes of these as part of our inspection activity. We found evidence of lessons learned being shared, planning of team development and training days and case management discussions. Standardised items on team meeting agenda's included risk and governance, team performance, safeguarding and feedback from children, young people and their families using services.
- We saw examples of effective handover between teams with the organisation. We spoke with a young person who told us that the transition of their care between the child and adolescent mental health team and the adult mental health services had been managed well. Staff explained the process to them in advance and a graded handover of care completed with collaborative working by both teams. Regular review meetings took place as part of the process and psychological input was maintained by the child and adolescent mental health team for a short period after transition to provide continuity of care.
- Staff reported effective working links with organisations external to the trust. This included schools, general practitioners and the local authority safeguarding boards in Sandwell and Wolverhampton. We saw examples of where training being offered by the local authority had been made available to staff involved in the safeguarding of children and young people.

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

- At the time of our inspection, 70% of staff had received training in the use of the Mental Health Act.
- We found that consent to treatment was recorded in all of the care records reviewed at the child and adolescent mental health services and the Inspire team based in Wolverhampton.

- Consent forms were available in a user friendly format for children and young people using the Inspire learning disabilities service.
- Staff reported that they could obtain support and advice of the mental health act from the trust's mental health act administrator based at the trust's headquarters. Staff in the community teams also reported that they could approach the consultant psychiatrist's and specialty doctors with Mental Health Act queries.

Good practice in applying the Mental Capacity Act

- At the time of our inspection, 70% of staff had received training in the use of the Mental Capacity Act, this included specific training on the assessment of Gillick competence in children and young people. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.
- Most staff that we spoke with were able to discuss the five statutory principle of the Mental Capacity Act and how they used them in their clinical practice.
- We found evidence within care records of the consideration of Gillick competence for young people where appropriate.
- Staff were able to give us examples of when best interest decision meetings had been held for young people using their service. The best interests principle underpins the Mental Capacity Act and states that: "An act done, or decision made for or on behalf of a person who lacks capacity must be done, or made, in his best interests."
- We found evidence of the assessment of mental capacity, as appropriate regarding the age of the child or young person in all care records at the child and adolescent mental health services, and the Inspire team based in Wolverhampton.
- Staff reported that they could obtain support and advice on the use of the Mental Capacity Act from the Mental Health Act administrator based at the trust's headquarters.

Are services caring?

Outstanding



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

Our findings

Kindness, dignity, respect and support:

- Throughout our inspection, we observed staff attitudes and behaviours that were responsive to the needs of young people and their families using the service. We observed staff working with children in a respectful manner and providing a range of practical and emotional support.
- We spoke with five young people and 21 families and carers receiving support from the teams we visited during our inspection. Feedback from all people that we spoke with regarding the care provided was positive. Families described the Inspire service at the gem centre as being 'fantastic'. We were told that staff at the service treated people with dignity, took the family into consideration when planning care and were accessible when support was required outside of planned appointment times. Families also gave us examples of occasions when staff at the Wolverhampton child and family service had gone over and above their expectations to provide a quality service. Staff had travelled weekly to attend inpatient reviews for young people admitted to inpatient wards external to the trust and provide continuity of care. People using the Sandwell child and adolescent mental health service described the care provided as being 'excellent'. One person we spoke with told us they had been incredibly grateful for the help and support they had received, another said the service had helped them in every way they could and was a lifeline for vulnerable young people.
- The individual needs of young people and their families were evident within care records reviewed and clinical sessions we attended as part of our inspection activity. Care plans were individualised and reflected the strengths and needs of young people and their families and carers.
- All staff we spoke with were aware of their responsibilities to maintain confidentiality when working with children and young people. Concerns had been raised during our 2015 inspection that clinical conversations between medical secretaries and administrative staff could be overheard in the reception

area of the Sandwell service. This had been resolved by the time of our follow up inspection and alternative offices had been provided for staff away from the reception area.

- Confidentiality awareness signs were in place at the Gem Centre reception.

The involvement of people in the care that they receive

- We found evidence within care records that staff involved children, young people and their families and support networks in the planning of their care. Families that we spoke with told us that staff involved them in care reviews and that they felt listened to and valued.
- The Inspire service at Wolverhampton had produced a handbook for parents and carers using their service which provided information on the staff and interventions available, the diagnosis of a learning disability and support groups for parents. Information was also available about consent, confidentiality and how to get help in an emergency.
- Young people were able to get involved in decisions about their service including participating in the recruitment of staff. Children and young people who sat on interview panels were encouraged to ask questions about the knowledge and values they felt were important in prospective staff, these were then marked formally as part of the interview process. Staff worked with children and young people to prepare them for the interview process and their participation was recorded as evidence of their skills for future work and educational opportunities. The trust provided payment for young people involved in the interviewing of staff.
- The trust provided access to independent advocacy services. Advocacy involves supporting, enabling, and empowering people who use services to express their views and concerns and access information and services where needed.
- The occupational therapist at the Sandwell child and adolescent mental health services had set up a parental support group for the families of children and young people with sensory needs.
- Young people and their families and carers were able to provide feedback on the services they received. Annual surveys to capture people experiences were completed



Are services caring?

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

and outcomes collated and reviewed at team meetings. The Sandwell child and adolescent mental health service had completed a service user evaluation report during the months May to July 2016 and we reviewed the outcomes of this as part of our inspection activity. Feedback had been obtained using the commission for health improvement evaluation of service questionnaire. All families and carers provided feedback that they felt they had been treated well by the clinician who had seen their child, and the majority of people said they would recommend the service to a friend if they needed similar help.

- A feedback form was available for the use of children and asked for their views on the friendliness of clinicians and the effectiveness of interventions provided. The feedback form was presented in a pictorial format and contained a smiling, neutral or unhappy face as response options.
- The Sandwell child and adolescent service had introduced electronic tablets in the waiting area with

access to the NHS friends and family test. The NHS friends and family test was created to help service providers and commissioners understand whether people are happy with the service provided, or where improvements are needed. During the period of April to October 2016, 21 people had completed the friends and family test at the Sandwell service, 91% of respondents said they would recommend the service as a place to receive care. Friends and family test data for the child and family service and the Inspire learning disabilities service were provided for the financial year 2015-2016. During this period, 88% and 100% of respondents said they would recommend the respective services as a place to receive care.

- A worry box was available in the reception area for the child and family and Inspire learning disabilities team, this provided young people with the opportunity to give feedback about the service or raise concerns.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge:

- The trust monitored waiting times from referral to first seen appointment in line with national NHS England 18 week referral to treatment times guidance.
- At the time of our inspection, the Sandwell child and adolescent mental health services had a list of 72 young people awaiting their initial choice appointment with the team. The average time spent on the waiting list for an initial choice appointment with the team during the six months prior to our inspection was 11 weeks; this was within the national 18 week referral to treatment target for child and adolescent mental health services. Wolverhampton child and family services had a waiting list of 72 children and young people, with an average time spent on the waiting list for first appointment of ten weeks. Time spent on the waiting list for routine referrals was on a decreasing trend, and at the time of our inspection, wait times for routine first appointments had decreased to three weeks. The Inspire team had a waiting list of 21 children and young people. The average waiting time from referral to first appointment during the six months prior to our inspection was seven weeks. Waiting times for partnership appointments were being monitored by the Sandwell child and adolescent mental health service. A partnership appointment forms part of the choice and partnership approach model of care used nationally by child and adolescent mental health services. The average wait from choice to partnership appointment in the Sandwell team was nine weeks, this included access to specialist treatment pathways. The average waiting time from first to second appointment in the Inspire team in Wolverhampton was 10 weeks during the six months prior to our inspection. Waiting times for the child and family service and the looked after children service were higher at 13 weeks and 40 weeks respectively. Staff that we spoke with told us it would not be unusual to have longer waits between appointment for young people who were termed looked after children. This was due to the local authority having legal responsibility and managing care for the young person.
- Referrals to the Sandwell point of access had a five day key performance indicator for being processed by staff. At the time of our inspection on 17 October 2016, 51 referrals were awaiting processing from the dates 07-17 October 2016. We raised this with staff at the time who informed us that it was not unusual for referrals to be delayed in being processed, due to requesting further information from the referrer or other agencies involved in the care of the young person. Delays in the processing of referrals had not been reported to the trust via the electronic incident reporting system and we brought it to the attention of the service manager at the time of our inspection. Following our inspection, new protocols for the management and review of referrals were introduced. Daily monitoring of referrals in relation to the five day key performance indicator was introduced and all referrals breaching this were to be reported to the service manager.
- The target for urgent referrals to be seen by the Sandwell service following triage, was two weeks. During the period April 2016 to October 2016, the Sandwell service received 118 urgent referrals, 92% of these referrals were seen within the two weeks target. The Wolverhampton child and family service had received 93 urgent referrals during the same period and had seen 72% within the two weeks target. Performance of the Wolverhampton service was on an improving trend and during September and October 2016, 92% and 100% of all urgent referrals were seen within two weeks.
- The target for young people in Sandwell presenting with crisis at accident and emergency to be seen by specialist staff from the child and adolescent mental health services was four hours. During the period June 2016 to October 2016, 97% of young people were seen within the four hour target period. Young people and their families reported that the community teams responded appropriately when help was required, in either urgent or routine cases. Feedback from families was that staff were accessible via telephone, advice could be sought from clinicians or medical staff, and input from the teams could be increased when required.
- The trust was not commissioned to offer a tier four (inpatient service) for children and young people. If tier four services were required, the trust utilised neighbouring trust's facilities, or independent mental healthcare providers. There had been eight admissions and two discharges from a tier four placement by the Sandwell and Wolverhampton child and adolescent

Are services responsive to people's needs?

Good 

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

services in the nine months prior to our inspection. There had been no young people admitted to an adult acute ward whilst awaiting a specialist child and adolescent services tier four bed in the six months prior to our inspection.

- Rates for children and young people who did not attend booked appointments were in line with the trust overall average and were lower than the national average for community child and adolescent mental health services. The Sandwell community child and adolescent mental health service had a total of 9% of children, young people and their carers who did not attend planned appointments; the child and family service had a total of 11% of children, young people and their carers who did not attend planned appointments and the Inspire learning disabilities team had a total of 8% of children, young people and their carers who did not attend planned appointments.
- Staff gave us examples of steps they had taken to engage children and young people who found it difficult or were reluctant to engage with mental health services. This included offering appointments in a range of environments and offering an outreach service to children's homes and schools when required.
- Staff and the families of people using the service said that appointment times could be flexible and could be arranged to suit the needs of the young person, their families and school commitments.
- Families that we spoke with at the Sandwell service told us that appointments could be cancelled or run late but that staff made every effort to communicate this to them and offered apologies when it did happen.

The facilities promote recovery, comfort, dignity and confidentiality

- During our inspection in 2015, we raised concerns about the environment at the child and adolescent mental health service in Sandwell, these had been resolved by the time of our inspection in 2016. The trust had used funds made available by local commissioners and had extensively refurbished the interior and exterior of the building. The reception area had been redecorated and extended to offer alternative waiting facilities for children and older young people. A television had been installed and there were wi-fi facilities available. Toys for the use of young people had been replaced and toy

cleaning rota's and audits were carried out routinely. Whiteboards, blackboards and books were available for young people to use, and we saw that colouring materials had also been provided. Seating had been replaced, there were booth style facilities available and a central communal waiting area. Rooms were available for the use of children, young people and their families to meet with staff and to have physical health checks completed. The interior of the building had been refurbished and redecorated in warm bright colours and art works completed by young people were displayed on walls in the communal areas.

- There were a range of rooms and equipment to support treatment and care at the Inspire service and the child and family service in Wolverhampton. This included interview rooms to meet with children, young people and their families. The environment was child friendly and we saw play areas with age appropriate books and toys available for use. Baby changing facilities were available and a designated room for mothers who wished to carry out breast feeding in private. Bottle warming facilities were available from staff in the reception area. Gender specific bathroom facilities were available for people using the service.
- The Child and Family service had a board in their reception area with details of the various staff, their roles and accompanying photographs so that families and young people could recognise them. Art that had been produced by young people using the service had been framed and used to decorate walls, an air hockey table had also been made available for people to use whilst waiting for appointments.
- Information leaflets were available at the child and family service, the Inspire learning disabilities service and the Sandwell service. Information that was available covered a variety of topics including safeguarding children, sexual abuse, drug and alcohol support services and information on diagnoses, including autism and attention deficit hyperactivity disorder. Information was also provided on the trust's complaints procedure, details of how to complain to the trust had been provided. Contact details of external organisations were available if people felt their concerns had not been resolved satisfactorily, or they required an independent review of their concerns.

Are services responsive to people's needs?

Good 

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

Meeting the needs of all people who use the service

- Adjustments had been made for people using the service who may have reduced mobility. Bathrooms with disabled access were available and lift access was in place at the gem centre. Evacuation chairs were also available on each floor for use in emergencies or if lifts were not working.
- Staff that we spoke with said that they were able to access translating and interpreting services. We saw evidence of this in use at the Inspire learning disabilities team where correspondence to a young person and their family for whom English was not their first language, had been translated prior to being sent out to them.
- Information leaflets in different languages and child friendly formats were available for people within reception areas.

Listening to and learning from concerns and complaints

- The child and adolescent mental health service in Sandwell had received seven complaints during the period October 2015 to September 2016. Four complaints had been partially upheld, one had been fully upheld and two were in the process of being investigated. Of the five complaints that had been investigated, four were concerns about treatment, and one was a concern about lack of support. The child and adolescent mental health service in Sandwell had received six compliments during the period October 2015 to September 2016. Four compliments related to

the standard of care received, one was related to positive staff attitude and one was a thank you. The child and family service had received four complaints during the period October 2015 to September 2016. Two complaints had been upheld and two complaints had not been upheld. Of the two complaints investigated, one related to waiting times for appointments and one related to staff attitudes.

- No complaints had been referred to the Parliamentary and Health Service Ombudsman. This is a service which looks into complaints where an individual believes there has been injustice or hardship because an organisation has not acted properly or fairly, or has given a poor service and not put things right.
- The child and family service had received five compliments during the period October 2015 to September 2016. These were all categorised as 'thank you' from people that had used their services
- Information for children, young people and their families was available on the trust's complaints procedure. People we met with during our inspection told us they knew how to complain and felt confident to do so if required.
- Staff that we spoke with were aware of the trust's complaints policy and were able to access it via the trust's intranet system. We reviewed the investigations into two complaints received by the Sandwell child and adolescent mental health service. Investigations had been carried out in accordance with trust policy and letters detailing the outcomes had been sent to the complainants.

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

- The trust's vision was 'our community: you matter, we care' and the vision statement was to work with local communities to improve health and well-being for everyone. The trust had developed a set of values to underpin the care provided by staff. These were; honesty and openness, empowerment and dignity and respect. The trust had identified a range of goals including; reducing inequality by promoting diversity, to put people and their families at the heart of care and to provide high quality care, in the right place, at the right time. Staff were able to describe how they used the trusts visions and value base to identify team objectives. During our inspection, we observed care being provided that reflected the trust's goals of putting people and their families at the heart of care.
- Staff that we spoke with knew who the senior managers were within the trust and told us they had visited their services, this included the group director for child and adolescent mental health services and the new trust chief executive.
- Staff spoke positively about the child and adolescent mental health services group director who had been in post for the year prior to our follow up inspection. Staff fed back that the group director was approachable and promoted a culture of clinical involvement and engagement with them.

Good governance

- Most staff had received and were up to date with mandatory training. Where training compliance rates were below the trust target of 85%, action plans had been developed, extra training sessions planned and we saw that staff had been allocated to attend these.
- Most staff had received an annual appraisal in the year prior to our inspection, the compliance rate across all the services visited was 93%. Staff that we spoke with told us they were able to receive operational and profession specific supervision although recording of this was not consistent across all services.

- Staff were able to maximise their time spent on direct care activities. The filing and storage of care records had been improved with use of a track and trace system meaning they were accessible and staff did not spend undue time trying to locate them.
- Staff participated in clinical audits. These included audits of physical health monitoring for young people, completeness and accuracy of care records and the results of patient recorded outcome measures.
- We found evidence of learning from incidents, locally for the services inspected and trust wide through the use of a weekly electronic bulletin. Feedback had been collated from the young people and families and the trust provided outcomes in the form of "you said, we did" posters in reception areas.
- Staff completed safeguarding alerts for children and young people where necessary and we saw reference to these within care records. Staff reported effective links with local authority safeguarding structures and further training was available on topics including awareness of child sexual exploitation.
- The trust used a variety of key performance indicators to measure the effectiveness of the child and adolescent mental health service such as the monitoring of waits for first and second appointments, response rates to urgent referrals and rates of people not attending planned appointments. The group director reviewed team performance weekly and monthly safety and quality meetings took place with team managers.
- Team managers told us that they had sufficient authority and administrative support to carry out their role and were able to adapt the service to meet the needs of the people they cared for.
- Staff were able to submit items to the trust's risk register, these could then be rated according to risk, action plans developed and measures identified to mitigate them.

Leadership, morale and staff engagement

- The average sickness rates across the services visited were low at 3%; this was below the trust average.
- At the time of our inspection there were no grievance procedures being pursued and there were no reported incidents of bullying or harassment.

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.

- Staff were aware of the trust's procedure and policy for whistleblowing and raising concerns. All staff that we spoke to said that they felt safe to raise concerns if required and would be supported to do so by senior managers.
- Morale across most of the services was high. Staff that we met with felt that significant changes had been made following our previous inspection in 2015 and the addition of transformational funds made available by the local clinical commissioning groups.
- Staff at the child and adolescent mental health service in Sandwell told us that morale had been impacted by changes in their team management structure and reported they had two changes in manager in the 12 months prior to our inspection. Staff felt this had affected the consistency of the service. At the time of our inspection, the directorate service manager was the interim service manager and the trust were in the process of advertising and recruiting to a substantive post.
- Staff that we spoke with described a culture of mutual support and team working.
- Services were open and transparent and explained to young people and their families if and when something went wrong. We reviewed the investigation into two

recent complaints and found that they followed the trust's complaints policy, and outcome letters were sent to complainants with apologies offered when mistakes had been made.

- Staff were able to have the opportunity to give feedback on services and input into service development. The trust completed an annual staff survey; the results of which were disseminated to the teams. Staff could also attend strategic quality meetings and present the outcomes of audits completed.

Commitment to quality improvement and innovation

- The psychologist at the child and family service was in the process of developing a website for the child and adolescent mental health services across Sandwell and Wolverhampton. The website was being developed in collaboration with children, young people and their families, and focus groups had been held for them to give feedback on items they would like included. A young person had taken a lead role in the development of the website and had presented their work to the trust managers during the monthly quality meeting. At the time of our inspection, the trust were in the process of offering the young person a contract to work with them and be paid for their on-going website development work.

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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider must ensure that systems are established and operate effectively. This includes the coordination of electronic systems for the processing of referrals.</p> <p>This was a breach of regulation 17(1).</p>

This section is primarily information for the provider

Enforcement actions

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.