

Access Centre





Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

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

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

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

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

Summary of findings

Overall summary

We rated Access Centre as good because:

- There was always a qualified member of staff on each shift. The service had low use of bank and agency staff. All staff had completed an induction and mandatory training.
- Staff were supervised and had received an annual appraisal. Staff had the opportunity to shadow peers before commencing their role and had access to specialist training.
- Staff assessed risk and referred patients through clear pathways for care. Patients received appropriate referrals as a result. Staff followed correct procedures for safeguarding children and adults. There were good links with safeguarding leads.
- Staff learnt from incidents through feedback cascaded down from Beacon UK or Forward Thinking Birmingham. Information was shared both internally and externally through clear escalation and governance processes.
- Staff told us they enjoyed their roles and worked within a supportive team. We saw this throughout our inspection. Staff were knowledgeable and gave good advice.
- Patient records were stored securely and staff maintained confidentiality. If something went wrong, staff followed duty of candour and informed patients.
- The service was easily accessible to the public and professionals. There were clear care pathways in place.
- Patients and carers told us staff were kind and helpful. We observed professional and courteous interactions between staff and patients. Staff checked patients and carers understood what had been discussed.
- The service had a clear criteria. During busy periods all staff were able to answer calls so callers were not kept waiting.
- The service had not received any complaints. Patients knew how to complain if they needed to and all patients accessing the service were told how to make a complaint.
- There were good governance structures in place. The service had good processes in place to address all aspects of the service and staff followed those processes. Staff were happy in their roles and morale was high. Staff had the opportunity for development in their roles and progression within the company.

Summary of findings

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Good 

Access Centre

Services we looked at

Specialist community mental health services for children and young people

Summary of this inspection

Background to Access Centre

Beacon UK was established in 2011 and is a specialist mental health care company working in partnership with the NHS. They coordinate mental health services to deliver effective integrated care. Beacon UK is responsible for managed care within Forward Thinking Birmingham.

Beacon UK works in local communities within Birmingham to bring together social, mental, and physical health services, specifically targeting the needs of people with mental health problems, including for example:

- People with severe and enduring mental health problems
- Children, adolescents and young people
- People with personality disorders
- Learning disability
- Older adults

Beacon UK manages five areas under the Access Centre location, which are:

- Access Centre
- Utilisation Management
- Intensive Case Management
- Business Intelligence
- Service Directory

During this inspection, we looked at services provided by Beacon UK as part of a partnership service called Forward Thinking Birmingham. This included the Access Centre, Intensive Case Management and Utilisation Management services and Business Intelligence. Staff working in the Access Centre do not see patients on the premises. At the time of inspection the Utilisation Management Team and the Intensive Case Management had merged into one team having previously been working individually. Staff in the Utilisation Management team were responsible for coordinating patient care. They ensured that patients in treatment were being seen by the correct service for their presentation. They facilitated support for services to move the patient into the lowest level of care the patient required. The Utilisation Management Team did not have

patient contact and mainly had contact with services and professionals. The Intensive Case Management team were responsible for working with the 100 most complex patients in order to assess they were in the correct and most appropriate part of treatment. Intensive Case Management team had patient contact and were sometimes responsible for creating care plans with patients. Staff would see patient on wards, in the community at community venues or at patient's home.

Forward Thinking Birmingham is an integrated community and inpatient mental health service for 0-25 year olds. It has been in place since April 2016. The service comprises five core partners; Birmingham Women's and Children's NHS Foundation Trust, Worcestershire Health and Care NHS Trust, Beacon UK, The Children's Society and The Priory Group.

The services provided by the partners are:

- Birmingham Women's and Children's NHS Foundation Trust – clinical care and support for patients aged 0-18
- Worcester Health and Care NHS Trust– clinical care and support for patients aged 18-25 and early intervention services for 16-35 year olds
- Beacon UK – management of Forward Thinking Birmingham's Access Centre
- The Children's Society – Forward Thinking Birmingham's city centre drop-in service
- The Priory Group – inpatient beds for 18-25 year olds

There was a registered manager in place at the time of our inspection.

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Beacon UK had not been inspected by the Care Quality Commission before.

Summary of this inspection

Our inspection team

Team leader: Maria Lawley, Inspector.

The team that inspected the service comprised three CQC inspectors and one assistant inspector.

Why we carried out this inspection

We inspected this 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 the location, asked a range of other organisations for information and sought feedback from partnership agencies.

During the inspection visit, the inspection team:

- visited the location of the Access Centre;

- spoke with five patients and six carers of patients who were using the service;
- spoke with the managing director (who was the registered manager for the service) and four managers;
- spoke with the director of clinical transformation and the quality and governance manager;
- spoke with 12 other staff members; including the clinical director, human resources director, nurses, a social worker, psychologists, a psychology student and administration staff;
- attended one home visit;
- looked at 15 care and treatment records of patients, and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with five patients and six carers of patients who had received a service from the Utilisation and Intensive Case Management team. All of the people we spoke with told us that staff within the team were friendly and helpful. One patient told us they had faith in the staff member who was supporting them and found them to be really good. Carers were extremely positive about the service and told us staff had gone above and beyond to help them. Patients told us they could talk to the staff and

staff had provided them with information on where they could access support if they needed it. Patients and carers knew how to raise concerns or complaints if they wanted to. Carer's told us the service had made a difference to their child's care. Carers described the service as recovery-focused. Two patients and one carer we spoke with were not sure of the aim of the service and or how it had benefitted it them.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- There were sufficient numbers of staff on each shift. There was always a qualified member of staff on every shift. There was low use of bank and agency staff.
- All staff were experienced and trained for their roles. Mandatory training compliance was 100%.
- Staff were supervised and had received their annual appraisal. All staff had received induction to Beacon UK and the partnership of Forward Thinking Birmingham. Staff had the opportunity to shadow peers before commencing their role.
- Access Centre staff completed triage assessments thoroughly and carried out risk assessments on patients. Risk was assessed appropriately and patients referred to suitable services for their needs.
- Staff were clear and knowledgeable about safeguarding procedures and escalation processes. Staff were trained in safeguarding adults and children.
- The service reported there had been no serious incidents. The service fed back to staff regarding incidents affecting Beacon UK specifically or the wider Forward Thinking Birmingham partnership.

Good



Are services effective?

We rated effective as good because:

- Staff participated in audits to improve the service. Staff received feedback from audits.
- Care plans were person-centred and recovery focused. The Intensive Case Management team staff completed care plans with patients.
- Staff used screening and assessment tools recommended by the National Institute for Health and Care Excellence and the Royal Collage of Psychiatrists.
- Staff had good relationships with stakeholders. Feedback from stakeholders was positive and they told us Beacon UK listened to their feedback and made improvements and changes to their service as a result.
- All staff had completed training in the Mental Health Act and Mental Capacity Act. Staff showed a good understanding of the Mental Health Act, Mental Capacity Act and capacity to consent to treatment.

Good



Summary of this inspection

Are services caring?

We rated caring as good because:

- We observed good interactions between staff and callers to the Access Centre, including patients and carers. We observed assessments and saw staff talked to patients in a clear, polite and professional manner. Staff were non-judgmental in their approach.
- Patients and carers we spoke with found staff to be kind and helpful. Although some were not clear on the function of the service, most were happy with the service.
- Care plans were completed with the patient. They were reflective of the patients wants and needs from the service.

Good



Are services responsive?

We rated responsive good because:

- The service did not have a waiting list. There was a single number to access the service and this was accessible 24/7. Out of hours calls were picked up by the crisis and home treatment team. During busy periods all staff were able to answer calls so callers were not kept waiting longer than necessary.
- The service was easy to access. Professionals and the public could refer into the service directly through the website or a number of other ways. Referrals were picked up quickly by staff.
- The service had key performance targets and were developing a sophisticated process of data collection in order to improve on outcomes for patients and the service.
- The service was accessible to patients from diverse backgrounds. Staff were trained in how to engage patients from hard to reach groups and could access interpreters and leaflets in different languages.
- The service had received no complaints.

Good



Are services well-led?

We rated well led as good because:

- Information was shared appropriately with the Forward Thinking Birmingham Partnership. There were good governance structures in place and clear escalation process in place to share information and learning both internally and externally.
- Staff told us they felt listened to by managers. Staff enjoyed their jobs and were given opportunities to progress and learn new skills in their roles.
- The atmosphere within the service was positive, staff demonstrated the values of the service and told us they enjoyed their job.

Good



Summary of this inspection

- The senior management team were visible within the service. They attended the service weekly and knew their staff and the service very well.

Detailed findings from this inspection

Mental Health Act responsibilities

- Staff did not complete Mental Health Act paperwork in relation to patient care as this was not part of their remit for the service delivery.
- All staff had completed training in the Mental Health Act.
- Utilisation and Intensive Case Management worked directly with patients subject to the Mental Health Act. Staff we spoke with told us they reviewed detained patients regularly with other providers to assure that the least restrictive approach was applied. There was evidence of this during observations and within patient records.
- The service obtained consent from the patients at referral stage. Self-referrals and referrals made through the portal were advised of consent to treatment before proceeding to the referral. Staff were aware of consent and capacity.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had completed training in the Mental Capacity Act.
- Staff we spoke with showed a good understanding of the Mental Capacity Act; including Gillick competence, which is when children aged 16 and over are presumed to have capacity and able to consent or refuse treatment in their own right.
- An approved mental health practitioner on the team had provided additional training in addition to the mandatory training.
- Access centre staff documented capacity in records. Utilisation and Intensive Case Management assessment forms had a section for Gillick competence and consent and staff had documented this appropriately.

Specialist community mental health services for children and young people

Good 

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are specialist community mental health services for children and young people safe?

Good 

Safe and clean environment

- All staff were based at the Access Centre location. Staff did not see patients on the premises.
- Staff who worked in the Access Centre did not have face-to-face contact with patients.
- At the time of inspection, the Utilisation Management and the Intensive Case Management team had merged into one team having previously been working separately. Staff in this team were responsible for coordinating patients care for patients aged 0–25 accessing the service Forward Thinking Birmingham.

Safe staffing

- The staffing establishment for the Access Centre was nine whole time equivalent, which meant there were nine members of staff working at the service on varying shift patterns. This included six assistant psychologists, four qualified members of staff. The staffing establishment for the Utilisation and Intensive Case Management team was six whole time equivalent, which included six qualified members of staff, for example registered nurses, psychologists or social workers. There were four administrators available across both teams.
- We reviewed the staffing rota for the four months before inspection. There was always a qualified member of staff on every shift. If qualified staff were on leave or were sick, other qualified staff covered their absence. On

the day of inspection, staff arranged cover quickly and efficiently due to sickness absence. In addition to this, managers were qualified and could provide cover if needed.

- At April 2017, the service had a staff turnover of 11%, which equated to 2.6 substantive staff leavers in 12 months. Sickness absence was 1%, this was low.
- There was one vacancy for a new post created for a clinical psychologist or nurse consultant at the time of our inspection. The service had one vacancy covered by agency staff in the three months prior to inspection. This was covered consistently by the same member of staff. There were no bank or agency staff covering shifts at the time of our inspection.
- Access Centre staff did not hold a case load of patients as they carried out triage on the phones and referred or signposted patients to services for allocation. The Utilisation and Intensive Case Management team held a caseload of patients and the numbers went up and down as patients moved through services. Staff reviewed the caseload daily.
- One hundred percent of staff had completed mandatory training. This included: fire safety, manual handling theory level 1, health, safety and clinical risk, information governance, infection, prevention and control level 1, equality and diversity awareness, conflict resolution level 1, child protection level 1 and 2, counter fraud, adult safeguarding level 1 and prevent awareness.
- The service had rapid access to a psychiatrist through a partnership NHS trust in Forward Thinking Birmingham should they have required this. Managers knew how to access this but had not had cause to since the service had commenced.
- Ninety-six percent of staff had completed the Beacon UK induction. Staff completed training in information

Specialist community mental health services for children and young people

Good 

governance (96%), prevent WRAP3 (94%) child protection level 3 core (94%) and child protection level 3 specialist (92%). The lowest compliance for completed training was in adult safeguarding level 2 (78%). Staff were booked onto future training to complete this.

- Training compliance was monitored through completion of a training matrix, through individual managerial supervision and monthly quality meetings with Forward Thinking Birmingham. Access Centre staff could book onto training and the staff team covered shifts to enable them to do this. The Utilisation and Intensive Case Management team had more flexibility to book onto training as they did not work shifts and could manage their commitments accordingly. Staff had the opportunity to discuss with their managers if they identified a gap in their knowledge around specific patient issues and managers would ensure staff could access support internally and externally to the team.

Assessing and managing risk to patients and staff

- Access Centre staff completed a triage assessment on patients who were referred into the service. They completed triage assessments with patients in order to take enough details about their current situation to make a decision as to which service was best for their needs. This was done by talking directly to the patient or to a carer of the patient following the receipt of a referral. If the referral came from a professional, staff spoke with the professional to gain more information, or updated them of the outcome following triage. The referral form included a section where the referrer indicated any risks to or from the patient and any safeguarding concerns. Staff at the Access Centre would then carry out a risk assessment as part of the triage assessment.
- The Utilisation and Intensive Case Management team would assess risk through the referral information provided by partner services and were able to form or add to a patient's risk assessment while working with the patient. Staff recorded risk within patient records.
- We reviewed 15 records between the Access Centre and Utilisation and Intensive Case Management team. Access Centre records all contained an up-to-date risk assessment that took an appropriate account of the individual's risk through the triage process. There was enough information gathered on risk assessments in

patient records to inform the assessment and refer or signpost patients to the correct onward service. We saw staff and managers discussing cases and reacting responsively to issues that had arisen.

- The Utilisation and Intensive Case Management team records we reviewed contained an up-to-date and comprehensive risk assessment.
- All staff knew how to make a safeguarding referral and how to escalate their concerns. The service had close links with the safeguarding lead at a partnership NHS trust through the Forward Thinking Birmingham partnership. This meant staff could speak to them or escalate concerns through them.
- All staff had received disclosure and barring checks, including temporary staff.
- The quality and governance lead for the service attended monthly safeguarding meetings with the trust safeguarding lead and Forward Thinking Birmingham partners to share information, discuss cases and share learning from incidents across the partnership.
- Staff within the Utilisation and Intensive Case Management team who worked in the community were aware of and followed the lone working policy and procedure. The service had a buddy system and phoning in procedure for staff who were out of the office visiting patients. The service had purchased personal alarms for staff; these were being implemented at the time of our inspection.

Track record on safety

- The service reported no serious incidents in the 12 months prior to inspection.
- Senior staff within the service attended clinical risk and quality governance meetings within the Forward Thinking Birmingham partnership. There was opportunity to share learning from serious incidents that affected the partners during these meetings.
- Any learning or changes to practice as a result of incidents in the wider partnership would be implemented by the Access Centre as required.

Reporting incidents and learning from when things go wrong

- Staff within the service could report incidents on two systems. Beacon UK had a system for reporting incidents specific to the Access Centre and the

Specialist community mental health services for children and young people

Good 

Utilisation and Intensive Case Management team. Staff we spoke with knew how to report incidents and this was happening. Managers reviewed all incidents and took action to address issues if necessary.

- Beacon UK produced a monthly governance report for the operations committee that showed incidents, including serious incidents, that had occurred across Beacon UK services. Records for the clinical, quality and governance meeting showed staff had discussed incidents that had occurred in services delivered by Beacon UK and learning shared. This was cascaded down to staff through team meetings, emails and in supervision.
- Incidents relating to, or affecting the Forward Thinking Birmingham service were reported on a separate incident reporting system predominantly used by managers and staff could report into this through managers or directly themselves. Staff had discussed incidents with their managers and followed the escalation process.
- The service had followed duty of candour principles with patients where an incident had happened. Staff had written to patients explaining what had gone wrong and had apologised.

Are specialist community mental health services for children and young people effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We observed assessments carried out by staff both through observation of calls within the Access Centre and during a visit with the Utilisation and Intensive Case Management team. Records showed patients had received triage assessments appropriate to the level of service offered by the Access Centre.
- Staff had completed care plans with patients. They were comprehensive, person centred and holistic. They showed a range of issues affecting the patient. The service was recovery orientated and this was reflected in care planning.
- The Utilisation and Intensive Case Management team coordinated the care system around the patient,

ensuring multiple services were working together in a coherent and joined up way. This meant the delivery of care was focused around the needs of the patient and their recovery journey.

- Patient information was stored on a secure computer system and patient records were recorded on an electronic recording system that was shared by all partners in Forward Thinking Birmingham. The service used a secure online referral portal to receive referrals from professionals or carer and patient self-referrals.

Best practice in treatment and care

- The Access Centre did not provide therapies as part of their work. They developed and used a standard operating procedure document to ensure they were triaging patients and referring them on through the correct care pathway for their needs.
- Patient records for the Access Centre and the Utilisation and Intensive Case Management team caseload showed evidence that staff had used screening tools recommended by the National Institute for Health and Care Excellence, for example, screening for autism spectrum disorder and borderline personality disorder: recognition and management (CG78).
- Patient records showed that staff had signposted or liaised with health professionals regarding the physical health needs of patients. We saw an example where staff had identified a patient who was not managing their diabetes care and had signposted them to their GP and followed this up later.
- The Utilisation and Intensive Case Management team used tools recommended by the Royal College of Psychiatrists to measure patient outcomes including, Children's Global Assessment Scale, which measured a patient's presentation at the beginning of treatment and at intervals thereafter; PHQ9, a mood assessment tool; and a strengths and difficulties questionnaire.
- The service carried out clinical audits and staff actively participated. Regular audits included, call quality, information governance confidentiality and quality of records. The service conducted audits on a rolling programme.
- The service participated in a peer review with the managers of the Access Centre reviewing a similar service provided by Beacon UK in Surrey. The managers from Surrey peer reviewed the Access Centre and they provided each other with feedback. As a result the service put an action plan in place to make

Specialist community mental health services for children and young people

Good 

improvements to the service based on feedback. They identified areas of good practice within each service and fed this back to teams. The outcomes of audits were fed back to staff through team meetings, supervisions and training. Relevant audits were fed back through the governance process for Forward Thinking Birmingham.

Skilled staff to deliver care

- The team had access to a full range of mental health disciplines, including, nurses, psychologists, assistant psychologists and a social worker; the team had a good skills mix and knowledge to draw on within the service.
- We reviewed five staff personnel files and saw training records for all staff that showed they were appropriately experienced and qualified for their roles.
- All staff received a variety of inductions that included, a local corporate induction, a partnership NHS trust induction and an induction to Forward Thinking Birmingham. Inductions included mandatory training and lasted between four and six weeks. Staff had a 14-day shadowing experience in relevant areas of the service to ensure they were comfortable with procedures and to develop staff relationships before starting the role fully.
- The service had commenced a skills framework programme, which was similar to a preceptorship programme. Preceptorship is a structured period of transfer into a new role. Managers signed against areas staff had completed. All staff, except new staff, had completed this in full, and new staff were still in the process of completing it.
- All staff had received an appraisal at the time of inspection. All staff had regular management supervision and clinical supervision. Access Centre staff had group clinical supervision, this was separate for qualified nursing staff and assistant psychologists. Staff had one-to-one supervision, which was part managerial and part clinical. The Utilisation and Intensive Case Management team were supervised directly by the managers of the team.
- We reviewed personnel files and saw that performance issues with staff had been addressed quickly and appropriately by managers. Staff had been set improvement objectives and this had been regularly reviewed. We saw where improvements had been made and staff had met their objectives.
- Access Centre staff worked on a shift basis. There was a handover sheet where staff documented any concerns from the previous shifts. Staff checked this and engaged in verbal handover. Morning and evening shifts overlapped, this meant staff had sufficient time to handover concerns or information.
- The Access Centre staff and the Utilisation and Intensive Case Management team worked closely with other providers within the partnership to constantly review and improve referral and working processes.
- The Utilisation and Intensive Case Management staff carried out work with partner agencies both internal and external to the Forward Thinking Birmingham partnership. This included housing agencies, respite services and commissioning bodies to secure funding.
- The team met with staff and patients within services weekly. They visited wards and attended multidisciplinary meetings and ward rounds as well as engaging in case discussions. The team worked with the community team staff in transferring patient care. They identified any 24 year olds open to community teams and supported them or initiated their transfer of care, if needed, to services for patients aged over 25.
- We spoke with partners and stakeholders in order to gain feedback on the effectiveness of joint working arrangements with this service. We received positive feedback regarding joint working arrangements. All stakeholders we spoke with told us that Beacon UK staff were helpful and responsive to issues or feedback raised. They told us the service had made changes to working arrangements and service delivery based on feedback from partnership agencies. They told us they felt supported and listened to. They told us staff were helpful with difficult cases and knowledgeable.
- Stakeholders told us there had been some initial settling in issues at the start of the new project but these had been resolved through communication between Beacon UK and partners. These were in relation to access and discharge. Beacon UK escalated any difficulties they had identified through the appropriate governance and feedback structures within Forward Thinking Birmingham and were working to try to improve these through communication and transparency with agencies.
- We spoke with the safeguarding lead for a partnership NHS trust and they told us that they felt staff had a good knowledge of safeguarding issues and were good at escalating issues if they felt the referral had been closed

Multidisciplinary and inter-agency team work

Specialist community mental health services for children and young people

Good 

inappropriately. They gave an example of where Access Centre staff had escalated a referral and as a result, the family received an assessment and care was put in place that might not have been had they not done so. They told us the quality of referrals made directly by staff had improved over time. They told us staff were good at challenging other providers on referrals where they were the lead provider to identify safeguarding to ensure the referral was made by the referrer.

- The service had good links with voluntary agencies within the community and maintained a service directory on the Forward Thinking Birmingham website with a range of services accessible to patients.
- Managers in Beacon UK had strong links with the USA services and were mentored by counterparts in the USA. They had regular meetings, contact and shared learning, and best practice between the UK and USA.

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

- Staff did not complete Mental Health Act paperwork in relation to patient care as this was not part of their remit for the service delivery.
- All staff had completed training in the Mental Health Act.
- The Utilisation and Intensive Case Management team worked directly with patients subject to the Mental Health Act. Staff we spoke with told us they reviewed detained patients regularly with other providers to assure that the least restrictive approach was applied. There was evidence of this during observations and within patient records.
- The service obtained consent from the patients at referral stage. Self-referrals and referrals made through the portal were advised of consent to treatment before proceeding to the referral. Staff were aware of consent and capacity.

Good practice in applying the Mental Capacity Act

- All staff had completed training the Mental Capacity Act.
- Staff we spoke with showed good understanding of the Mental Capacity Act; including Gillick competence, which is when children aged 16 and over are presumed to have capacity and able to consent or refuse to treatment in their own right.
- An approved mental health practitioner on the team had provided additional training in addition to the mandatory training.

- Access centre staff documented capacity in records. Utilisation and Intensive Case Management assessment forms had a section for Gillick competence and consent and staff had documented this appropriately.

Are specialist community mental health services for children and young people caring?

Good 

Kindness, dignity, respect and support

- We observed staff at the Access Centre answering calls to patients, carers, other services and professionals. Our observations of all caller handlers, both administrative staff and practitioners, were that they were clear, courteous and assisted callers without delay. During our observations of triage staff we saw professional, non-judgemental and knowledgeable interactions. Staff explained care pathways clearly to callers and checked they understood information that had been given to them. During a home visit to a patient with the Utilisation and Intensive Case Management team, staff were polite, caring and professional.
- Staff had excellent knowledge of individual patients. Staff in the Access Centre were aware of referrals waiting to be allocated or awaiting further information to complete. Staff within the Utilisation and Intensive Case Management team knew their caseload well and could discuss individual patient's care confidently and knowledgeably.
- We spoke with patients and carers of patients who had received a service from the Utilisation and Intensive Case Management team. All of the people we spoke with told us that staff within the team were friendly and helpful. One patient told us they had faith in the staff member who was supporting them and found them really good. Carers were extremely positive about the service and told us staff had gone above and beyond to help them. Patients told us they could talk to the staff and staff had provided them with information on where they could access support if they needed it. Patients and carers knew how to raise concerns or complaints if they wanted to. Carer's told us the service had made a

Specialist community mental health services for children and young people

Good 

difference to their child's care. Carers described the service as recovery-focused. Two patients and one carer we spoke with were not sure of the aim of the service and or how it had benefitted it them.

- Staff preserved and maintained the confidentiality of patients. The service used secure computer systems and we observed staff carrying out checks before releasing information to callers.

The involvement of people in the care they receive

- Access Centre staff did not carry out care planning. The Utilisation and Intensive Case Management team supported the production of care plans and produced care plans with patients and services. Staff involved patients in care planning. We observed this during a home visit and on reviewing records. Care plans included direct quotes from the patient. Staff asked patients what was important to them, what they wanted out of treatment, and how they felt about the care pathway they were on or being offered.
- Carers were involved in decisions where appropriate and staff shared information with carers with patient consent.
- Beacon had a patient engagement strategy in place that set out a six year plan for fully integrating service user involvement into daily business. This was in its second year and was being implemented at the time of inspection. Patients were consulted on aspects of the service including, how the service could gather feedback from patients about the service they had received. This was a challenge for Access Centre staff particularly as staff did not have ongoing contact with patients.
- Patients who worked with Intensive Case Management staff were able to give feedback on the service they received through experience of service questionnaires. This included the option to give staff a score out of ten and record their feedback in text boxes. This was called a session rating scale and the team had been using it since January 2017. Staff collected feedback regularly during one to one sessions with patients. Staff then used feedback from this to inform clinical practice and to assure patients are receiving a good service.

Are specialist community mental health services for children and young people responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- The Utilisation Management team ensured that patients within Child and Adolescent Mental Health Services treatment were being seen by the correct service for their needs. They then facilitated support for services to move the patient to the most appropriate treatment setting if required. The Utilisation Management team did not have patient contact and mainly had contact with services and professionals.
- The Intensive Case Management team were responsible for working with the 100 most complex patients in order to ensure they were assessed to be in the most appropriate part of treatment. Staff had patient contact and were sometimes responsible for creating care plans with patients. Staff would see patient on wards, in the community at community venues or at patient's home.
- There was no waiting list for the service in either the Access Centre or the Utilisation and Intensive Case Management team.
- Forward Thinking Birmingham services were accessed through a single phone number that was directed to the Access Centre. There were four options to choose from; 1: calling for immediate support for a mental health crisis, 2: existing Forward Thing Birmingham patients wanting to contact their community team, 3: to make a referral to Forward Thinking Birmingham and 4: any other enquiries. If a caller selected option one for immediate support for a mental health crisis, an alert was raised on the administrators computer and they would prioritise the call. There were sufficient administration staff to answer calls quickly. During busy periods, Access Centre staff would answer calls to support administrative staff. The service monitored call waiting times and the number of abandoned calls.
- Referrals were received through an online portal accessed through the website; patients, professionals

Specialist community mental health services for children and young people

Good 

and family or carers could all refer through this route. Referrals could also be carried out through email, telephone to a central number for the Access Centre and by post. Most referrals came through the online portal.

- Access Centre referrals were input onto a secure computer system by administrators. The most senior member of staff on the shift would review referrals and allocate them into a category for either senior staff or assistant psychology staff to carry out triage. Categories included: crisis, urgent, routine, query perinatal, query eating disorder and query early intervention. Senior staff prioritised urgent and crisis referrals.
- The Access Centre had a target to answer 65% of calls within 60 seconds. They had consistently exceeded this target between April 2016 and March 2017. They had maintained a monthly achievement of over 66% up to 90% of calls answered within this timeframe. There was a downward trend in percentage of calls answered between April 2016 and March 2017. However, this coincided with an increase in calls to the service, which rose from 2430 a month to 4915 with the increase in uptake of the service.
- Intensive Case Management was offered to patients and it was voluntary for them to participate. Of the 205 patients referred in the year to date, 98 had engaged in the 11 months since the service commenced.
- The service criteria for Forward Thinking Birmingham was aged 0-25. The criteria to access Intensive Case Management was: patients who were diagnosed with a mental illness or were presenting with symptoms of emotional distress and met one of a number of criteria. There was no set criteria for Utilisation Management. They used a tool to identify patients within the service and ensure they were receiving the correct level of care to improve outcomes. Staff on this team had no direct patient contact.
- The Access centre phone line was open from 8am until 8pm week days and 10am until 3pm at weekends. Outside these hours, calls to the number were directed to the out-of-hours crisis team. The Utilisation and Intensive Case Management team had core hours of 9pm until 5pm with the ability to work outside these hours in order to meet the needs of patients.
- The Utilisation and Intensive Case Management team worked with patients who were the highest users of services and who were at most risk of using inpatient and/or crisis services. Staff were suitably trained in order to support patients who might have found it difficult to

engage. To improve their knowledge and understanding of patient's needs, the service had arranged for staff to meet with professionals from neurology services, autistic spectrum disorders and learning disability teams. They talked to staff about clinical issues specific to these patient groups and worked with the service to develop pathways and processes for referral. This was embedded as part of the service's ongoing training programme. This helped staff to support and engage patients who might have found it difficult to access services.

- The service had identified gaps, through data collection, and low uptake of the service in specific areas in Birmingham. The service was working with partner agencies to look at how to provide additional services in those areas.
- The service monitored patient non-attendance and patients who dropped out of the service. Of the 98 patients who had engaged in the service voluntarily, 20 had dropped out. In the year to date, out of 1217 appointments offered from the intensive case management team, 33 were not attended by the patient (3%). Staff actively followed up with patients who had not attended their appointment. Out of 1217 appointments offered from within Intensive Case Management, 26 were cancelled by a clinician (2%). Appointments cancelled by clinicians were rearranged at a time suitable for the patient and staff member.
- There were clear processes for referral into the service; the service had a 'no wrong door' policy. This meant that if a patient or carer called, they would always find a suitable mental health service for their needs. The service was easily accessible to professionals and the public. There were clear care pathways in place and staff followed them.
- There was a robust process in place if staff at the Access Centre sent a triage referral to the wrong service. Due to clear pathways and levels of care used by the service, the number of incorrect referrals that had been formally challenged by external agencies was very low, only five in the 12 months since the service commenced. Staff dealt with incorrect referrals quickly to ensure patients were not affected. If a referral was incorrectly placed and staff deemed there was a potential risk of harm to the patient, staff would complete an incident form and escalate this through management procedures to mitigate against future risks. If the service receiving the referral did not agree with the referral and staff had

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carried out checks to ensure they had referred correctly, staff would feed back to the receiving clinician with rationale. This would then be recorded and discussed at the clinical core group to review trends and themes in referrals. This was good practice as the service were following their own processes and escalating through a governance system to improve the service they provided.

- Triage referral records were all complete with information required and appropriate actions taken for signposting referral onwards. Patients could be referred for an appointment with Forward Thinking Birmingham community teams located around the city. If there was a waiting list for the community team closest to the patient's address they would be offered an earlier appointment at another community team if they were willing and able to travel.
- We listened to previous recordings of calls and saw clinicians followed the standard operating procedure pathways appropriately. Staff either referred or signposted patients to the appropriate service for their needs based on the triage assessment. However, some appropriate services were not located close to the patient's address and required travel. This could have been a barrier to accessing support. The service had identified this as a Forward Thinking Birmingham wide issue and had escalated this to the Forward Thinking Birmingham partnership board.
- Stakeholders consistently told us that staff within Beacon UK had listened to them and made changes as a result of feedback they had given. An example of this was when staff from the Utilisation and Intensive Case Management team were given feedback about the amount of clinical time their role was taking up when initially working with a partner service. As a result, staff in the team worked with the service to change their approach and in doing so had reduced the amount of clinical time they were taking up on wards.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients were not seen on Beacon UK premises.
- Patients and carers we spoke with knew how to raise concerns or complaints if they wanted to, none said they had cause to. Patients were given a welcome pack containing information on how to make a complaint or raise a concern. Patients could also access the Beacon UK website to make a comment or complaint.

- The Forward Thinking Birmingham website contained all the information patients and carers could need regarding the service, how to complain, how to access advocacy and a list of local and national services as part of the service directory. The service directory was managed and kept up-to-date by Beacon UK.

Meeting the needs of all people who use the service

- The Utilisation and Intensive Case Management team offered patients a welcome pack. This included information about the service, how to complain and where to get help. Staff could obtain leaflets about the service in a wide range of languages and easy-read format. Staff had access to interpreting services including sign language. Access Centre staff could speak eight languages in addition to English between them. This included languages likely to have been spoken in areas of Birmingham with a high proportion of people whose first language was not English.
- The service had access to leaflets in languages other than English about patient rights and information about the Patient Advice and Liaison Service in order to raise a concern or complaint.
- Staff used letter templates to write to patients to inform them of the next steps of their treatment. These were in a standard format and staff edited these in order to personalise it for the patient. Letters we reviewed were written in clear jargon-free language.

Listening to and learning from concerns and complaints

- The service had not received any complaints at the time of inspection. The service had kept a record of concerns raised by patients and staff from external agencies. They had followed the complaints process in their response to these concerns raised. In the 12 months since the service had commenced, they had recorded seven concerns raised by patients, carers or staff from other agencies. Four concerns recorded had been received through the patient advice and liaison service within the partner NHS trust and three directly to the service. Staff had followed Beacon UK complaints policy to address concerns and had kept clear records of concerns raised. Concerns raised had been used to improve the service. For example, the service had received a concern from an external member agency regarding an inappropriate

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referral. The service had reviewed the information and given staff training and updated processes to ensure it did not reoccur. Concerns were investigated and responded to by managers.

- The service had received 24 compliments in the 12 months since the service had commenced.
- All concerns raised to the service were recorded and any learning was shared through Beacon UK governance meetings. If concerns raised crossed over with the Forward Thinking Birmingham partners, this was shared during partnership governance meetings. Staff were informed of learning through team meetings, email and in one-to-one supervision.

Are specialist community mental health services for children and young people well-led?

Good 

Vision and values

- The organisation's values were integrity, dignity, community, resiliency, ingenuity and advocacy. We observed these values demonstrated in staff behaviours throughout our inspection. The staff worked in a cohesive and supportive manner with each other. We observed numerous caring and supportive interactions between staff throughout inspection. We saw managers on hand to support staff with difficult calls or provide advice. Managers and staff demonstrated a detailed knowledge of callers, patients on the caseload, local and national services and internal processes.
- We reviewed the appraisals completed with staff. The appraisal process reflected the organisations goals and staff had identified objectives in line with the values of the organisation. Staff identified personal continued professional learning objectives.
- The senior management team had close links with the Forward Thinking Birmingham contract and the managing director of Beacon UK visited the service weekly or more and sat with staff in the open plan office. We observed staff interact with senior managers within the company and saw staff knew them well and

approached them with ease. The managing director was the registered manager at the time of inspection and had been heavily involved with designing and setting up the service.

Good governance

- The provider had a robust governance structure. This included the clinical quality and governance committee that reviewed trends and lessons learnt about safety and quality in the service. The committees reviewed incidents, complaints, safeguarding, clinical risks and accidents as well as audits, training and clinical developments. The clinical quality and governance committee reported to the operations committee, which provided assurance to the executive board.
- All safety and quality issues were reported and reviewed at Forward Thinking Birmingham governance meetings including, the operational governance committee, the quality and risk committee and the safeguarding leads meeting.
- There was an extensive rolling audit programme in place to audit all aspects of the service for quality. Managers and staff participated in clinical audits and this was governed through a clear process.
- The Utilisation Management and Intensive Case Management team were in place to ensure patients were assessed as being in the most appropriate part of treatment and ensure services involved with individual patients were working efficiently to provide the best care. The service was working on ways to evidence their value and effectiveness to Forward Thinking Birmingham using data collection and outcome measures.
- The service were using the first year of the service as a baseline to measure future targets against. The Business Intelligence team collated and provided data to drive service quality and direction as well as collating and interpreting data for the entire Forward Thinking Birmingham partnership and service. The Business Intelligence team met regularly with managers of the Access Centre to review processes. The provider used data to make services better and constantly built upon the way they used and collected data to improve outcomes for patients.
- The Utilisation Management team identified gaps or issues with the treatment pathway through use of data collection from Beacon UK and Forward Thinking Birmingham partners and developed ways to improve

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processes. For example, they identified that a number of delayed inpatient discharges were due to lack of accommodation for people with a psychosis diagnosis. From this, they were able to work with partner agencies to develop a new pathway for patients in order to support a reduction in delayed discharges.

- There was adequate administrative support for the team. Administrative shifts reflected those of qualified staff and opening hours of the service, except weekends. At the weekend, assistant psychology staff undertook administrative duties.
- There was a process for reporting, discussing and learning from incidents within Beacon UK and Forward Thinking Birmingham.
- There were key performance indicators in place for the service and the service was working towards achieving these through constant improvement and use of data collection.
- Managers could submit items to the risk register. Staff could escalate concerns for managers to address and submit to the risk register on their behalf.

Leadership, morale and staff engagement

- The service conducted a staff survey in 2016. The response rate was 52% of the staff team. Of the responses given, over 84% were positive about the provider. The survey identified strengths in the areas of positive working culture and supportive and hardworking staff. However, staff identified personal growth and development as an area for improvement and as a result, the provider identified this area as a business goal for 2017. Staff identified salary was an area for improvement; as a result, the service implemented a company-wide salary review scheme.
- Sickness rates within the company were low and staff turnover in comparison to the size of the team was low.
- The provider had a flexible benefits scheme in place for staff, which included benefits such as childcare vouchers.
- All staff received an induction including a 'welcome pack' that included information about Beacon UK, an induction checklist, general information about policies and a section they could complete about self-reflective information about their work and skills journey. We saw staff referring to the pack during the course of our inspection.
- Staff we spoke with told us the company lives their values and they are excited to be working for an

innovative company. Staff told us they felt supported and listened to in their roles. Morale in the service was high; staff we spoke with told us while they worked in a pressured role, they enjoyed their job. They told us managers were always rewarding their hard work and they had away days to promote team working.

Managers had been on an away day to promote and develop their leadership skills. We saw supportive and friendly interactions between staff and managers and senior members of the organisation.

- Beacon UK encouraged an open and honest culture with staff and promoted the use of regular feedback between staff members. This was recorded in supervision and appraisal. Staff told us they found it useful and they had not experienced it in other work places.
- Staff we spoke with knew the whistle blowing process. There were no instances of whistle blowing within the service. Staff told us they felt confident that if they had a problem they could raise it with managers without fear of recrimination. The service had a 'no blame' culture to feedback on incidents and results of concerns or complaints.
- Staff were encouraged to develop in their roles and the company developed a culture of constant learning and improvement in individual roles. Managers were undertaking leadership courses; the director of clinical transformation was undergoing the Nye Bevan Programme, a leadership skills programme, at the time of inspection. The Access Centre manager was undertaking the Children and Young People's Improving Access to Psychological Therapies programme leadership course, with the support of Beacon UK. Staff were encouraged to shadow roles across the service to develop their skills and were supported to access training that was not specific to their role. For example, a staff member we spoke with told us they had expressed an interest in developing their skills in order to gain future promotion. As a result, the manager had put them forward for training in mental health first aid with a plan to access further training throughout the year. Staff were continually offered ways to develop their skills. Staff told us managers had listened to them and changed the supervision structure to allow senior staff to supervise junior staff; this contributed to their personal development.
- Staff were supportive of each other and managers intervened to support staff where appropriate or when

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asked to by staff. We observed positive interactions between staff at the Access Centre. While observing the administrative team taking calls, we observed an external professional calling the service and being rude and dismissive towards the member of staff. Despite this, the staff member had dealt with the call in a polite and professional manner. The caller asked to speak to a manager and this was facilitated immediately. The manager was very clear with the caller that this was not acceptable and that the administrator had followed the correct procedure. Afterwards, the manager was very supportive of the administration team and allowed the administrator to de-brief.

- Staff were aware of, and followed duty of candour. Letters were sent to patients with an explanation when things went wrong.
- Stakeholders consistently told us that the service had listened to them and made changes to their practice because of feedback.

- Staff could feedback on service development. The service had been open for 12 months at the time of inspection. They had made changes and improvements based on feedback from concerns raised by the public, stakeholders and based on feedback and input from staff.

Commitment to quality improvement and innovation

- The Business Intelligence team were in the process of developing and using a Beacon UK designed system called Tableau. This system was able to extract and use data from across the service and partners in Forward Thinking Birmingham reduce inefficiency and improve outcomes for the patients. For example, staff could use it to assess data around patient attendance, referrals and look at trends in a number of areas relating to the service and partners. This was being used by Beacon UK at the time of inspection and was being rolled out to the partners in Forward Thinking Birmingham.