The Apricot 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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

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

- Some areas of the centre were not clean or well maintained. Some areas were visibly dirty.
- The provider did not complete risk assessments for children. Staff would rely on risk history information sent to them by the referrer.
- The provider was not complying with all fire safety regulations. The fire exit was blocked and fire exit signs were not clearly visible. The provider did not have an evacuation plan.
- The provider did not use care plans. Staff had not clearly documented within the care records to state what treatment and therapies children were engaging in.
- The provider did not complete supervision documentation. This meant they were unable to monitor staff compliance with supervision.
- The provider did not have systems in place for sharing lessons learned from incidents or complaints.
- The provider did not undertake clinical audits. This meant they were not able to monitor the quality of the service.
- The provider was not using key performance indicators for measuring the performance of the service.

However:

- Staff received safeguarding training and knew how to make a safeguarding referral when appropriate. Staff were able to tell us what they would report as a safeguarding incident.
- The provider had incident reporting procedures in place. The provider used an electronic reporting system which all staff had access to.
- Families and carers told us that staff were kind, caring and understood the needs of individual children.
- Families and carers were involved in children's care and were able to attend sessions if appropriate. The provider offered family and carer support.
- The provider had a flexible approach to appointments. Staff would see children in their own home or suitable alternative venues.
- Staff morale was high. Staff felt there was good team working and they received support from staff and managers.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Specialist community mental health services for children and young people	Requires improvement 	

Summary of findings

Contents

Requires improvement

The Apricot Centre

Services we looked at

Specialist community mental health services for children and young people;

Summary of this inspection

Background to The Apricot Centre

The Apricot Centre Wellbeing Service for Children and Families offers assessments and specialist interventions for children, young people and families with complex needs.

The Apricot Centre employ experienced CAMHS practitioners, who have a variety of specialist qualifications and collaborate to deliver various forms of therapy. Treatments include; psychiatry, clinical psychology, process oriented psychology (a therapy used by clinicians to help people recover from post-traumatic stress disorder), child & adolescent psychotherapy, art psychotherapy, mental health nursing, social work and counselling.

The provider received referrals from local authorities in Norfolk, Suffolk and Essex and for children placed in East Anglia by other local autorities. The provider was also able to receive private referrals from families.

The service supports 40 young people and families.

The registered manager was Mark O'Connell.

Our inspection team

Team leader: Lee Sears

The inspection team consisted of one inspector and two inspection managers.

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?

During the inspection visit, the inspection team:

- visited the clinical area and looked at the quality of the environment
- spoke with one child who was using the service
- spoke with four family members and carers
- spoke with the registered manager of the service
- spoke with four other staff members; including the doctor, art therapist, music therapist and administrator
- Looked at 15 care records of children
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of this inspection

What people who use the service say

We spoke with one child and three family members or carers. They told us staff were very kind, caring, compassionate and understanding of the children's' needs.

Families and carers felt that the service were supportive and they were able to make contact if they needed extra support.

Families and carers told us that if they found it difficult to attend centre due to the distance of travel, staff would come to their homes or could seek an alternative location.

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?

Requires improvement 

We rated safe as requires improvement because:

- Some areas of the centre were not clean or well maintained.
- The provider did not complete risk assessments for children. Staff relied on risk history information sent to them by the referrer.
- The provider was not complying with all fire safety regulations. The fire exit was blocked and fire exit signs were not clearly visible and there was not an evacuation plan.
- Staff did not receive feedback or lessons learned from incidents.

However:

- Staff had received safeguarding training and new how to make a safeguarding referral when appropriate. Staff were able to tell us what they would report as a safeguarding incident.
- The provider had good incident reporting procedures in place. The provider used an electronic reporting system which all staff had access to.

Are services effective?

Requires improvement 

We rated effective as requires improvement because:

- Paper records were not kept in order; it was difficult to identify the start date of treatment. We found that much of the paperwork was copies of information provided from local authorities, placements, parents, and carers.
- The provider did not use care plans. It was not clearly documented within the care records to state what treatment children were engaging in.
- The provider did not complete supervision documentation. This meant they were unable to monitor staff compliance with supervision.
- The provider did not record team meeting minutes. Therefore, information was not shared with staff if they were unable to attend the meeting.

However:

- The provider had a range of staff disciplines that were skilled and experienced staff with the necessary qualifications.
- The provider had a comprehensive policy on the implementation of the Mental Capacity Act. This included Gillick competence and Fraser guidelines.

Summary of this inspection

Are services caring?

Good

We rated caring requires improvement because:

- Children were not involved in the planning of their care. The provider did not use care plans.

However:

- Families and carers told us that staff were kind, caring and understood the needs of the children.
- Families and carers were involved in children's care. Families and carers were able to attend sessions if appropriate. The provider offered family and carers support.
- Families and carers were able to provide feedback on the service including feedback forms at the end of therapy and an annual survey.

Are services responsive?

Good

We rated responsive as requires improvement because:

- The provider did not have information available on treatments. There was no information available in different languages for children whose first language was not English.
- Staff did not receive feedback or lessons learned from complaints.

However:

- The provider took active steps to engage children who were reluctant to attend therapy. Staff worked slowly to develop therapeutic relationships and encouraged participation in sessions.
- The provider had a flexible approach to appointments. Staff could see children in their own home or could find suitable alternative venues for treatment.
- Staff responded quickly when contacted by families and carers. Families and carers told us if they make contact, staff would respond immediately or soon as they could.
- The provider had disabled access. There was ramped access outside the building and doors were wide enough to accommodate wheelchairs.

Are services well-led?

Requires improvement

We rated well led requires improvement because:

- The provider did not have systems to monitor staff compliance with supervision or appraisal.
- The provider did not have systems in place for sharing lessons learned from incidents or complaints.

Summary of this inspection

- The provider did not undertake clinical audits. This meant they were unable to monitor the performance of the service.
- The provider was not using key performance indicators for measuring the performance of the service.

However:

- Staff were aware of the provider's visions and values. Staff worked to find creative solutions whilst providing clinical care in a non-clinical setting.
- Staff morale at the service was high. Staff felt there was good team working and they received support from staff and managers.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training on the Mental Capacity Act.
- Staff demonstrated good knowledge on the Mental Capacity Act and were able to tell us how they would assess patient's capacity.
- The provider had a comprehensive policy on the Mental Capacity Act, which included guidelines on Gillick competence and the Fraser guidelines.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist community mental health services for children and young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Specialist community mental health services for children and young people

Requires improvement

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

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

Requires improvement

Safe and clean environment

- The provider had a large room which they used for providing their therapy sessions. This contained a seating area with sofas and armchairs as well as an area with a table where the children could complete art activities as part of art therapy. There were various toys and soft toys around the room for the children to play with. There was no alarm system. However, the manager's office was next door to this area so staff would be able to summon assistance quickly if needed. However if the manager was not in the administrator was always on site and could respond.
- Some areas of the centre were not very clean or well maintained. There were lots of cobwebs throughout the building, such as the toilets and manager's office. The toilet door had a hole in the bottom corner. A beanbag and toys blocked the fire exit and the sign was not visible. The provider did not have an evacuation plan as to how they would clear the building in the event of a fire. Staff told us that the manager and the administrator carried out all cleaning. The service did not have a cleaning schedule or cleaning records.
- Staff adhered to infection control principles. The provider had hand-washing facilities in the toilet and kitchen area. This included alcohol-based disinfectant gel.
- The provider kept equipment well maintained. However we did not find evidence that equipment or toys were cleaned regularly. The provider did not keep records of when equipment and toys were cleaned.

Safe staffing

- The multidisciplinary team consisted of two clinical psychologists, three child and adolescent mental health psychotherapists, three art psychotherapists, one music therapist, a dyadic developmental psychotherapist (dyadic developmental therapy is an evidence-based treatment for complex trauma, reactive attachment issues, and other issues with attachment), a consultant psychiatrists, and one administrator. At the time of inspection there were no staff vacancies. Staff worked across Norfolk, Suffolk and Essex and the provider had premises in Stowmarket and Thetford where children could be seen.
- The provider had estimated the number of therapists required based on number of sessions the service provided each month and the different therapy packages provided. The provider contracted therapists on a sessional basis for the particular therapy they provided. This meant the provider could increase or decrease the amount of staff as required to meet the needs of the service.
- The provider did not have information on average caseloads. This was due to staff being employed on a sessional basis dependent on the needs of children referred.
- The provider did not keep a waiting list. Children would only have to wait for the local authority to approve funding before treatment could commence.

Specialist community mental health services for children and young people

Requires improvement

- The provider did not have any cover arrangements for sickness or leave as therapists were contracted on an individual basis. If a therapist was unable to provide a session due to sickness or leave, this would be rearranged at a later date.
- Staff could access a psychiatrist when required. The Psychiatrist held a monthly clinic and was available to provide telephone support and advice when needed.
- The provider required clinicians to provide evidence of training they had received. Part of the provider's contract for clinicians stated that they maintained their mandatory training requirements. Mandatory training requirements included the Mental Health Act, the Mental Capacity Act, safeguarding children levels two and three, safeguarding adults, equality and diversity and fire safety. The clinicians would provide documentary evidence once they had completed training. We saw evidence of this within two staff files.

Assessing and managing risk to patients and staff

- Staff did not undertake a risk assessment of children. When the provider received a referral they requested background information on the child, including risk history. Staff used information to identify possible risks and then take actions to mitigate these risks, such as making sure they saw high-risk children with another member of staff if they had a history of violence and aggression. Staff could highlight risks on the computer record system which they could send to other members of the team who may be working with the child. However, staff did not document this in a risk assessment or risk management plan.
- Staff did not complete crisis plans. The crisis plan would be included in the referrers risk assessment and staff would follow this.
- Staff were trained in safeguarding and knew how to make a safeguarding alert when appropriate. Staff were required to provide evidence of safeguarding training once complete. The manager also arranged in house safeguarding training for staff. Staff we spoke with were able to explain what they would do if they had a concern about a child or adult.
- The provider had clear lone working procedures in place. If staff had concerns around a patient's risk, they would see them with another member of staff.

Track record on safety

- The provider had not had any serious incidents requiring investigation or adverse events in the last 12 months.

Reporting incidents and learning from when things go wrong

- We spoke with three staff that were all able to explain what would constitute an incident and what action they should take. The provider had an electronic incident reporting system that was linked to the care records system. Staff were able to generate incident reports using the record system.
- Staff were open and transparent and explained to children when something went wrong. We saw evidence in the care records that staff had spoken with children and explained what action had been taken following an incident where two children had been double booked and arrived at the same time.
- Staff did not receive feedback from investigations of incidents. Staff told us they received email updates following incidents and they discussed these during group supervision and team meetings. The provider told us that as the team spread across East Anglia, it could be difficult to hold regular team meetings to share investigation outcomes so would do this via email. As the provider did not take minutes of these team meetings we were unable to find evidence of this happening.

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

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- We reviewed 15 care records. These consisted of both paper and electronic records. We found that the paper records were not kept in order and it was difficult to identify the start date of patients' treatment. We found that much of the paperwork was copies of information provided from local authorities, placements, parents, and carers.
- Staff did not always complete an assessment of children. The manager told us that they would only do

an assessment if this was part of the work they were being contracted to undertake. In this case, the consultant psychiatrists completed an assessment of the child. The manager told us that if they received a referral for a child to attend therapy they placed them directly into treatment as the referrer would already have assessed need for that therapy.

- Staff did not complete care plans for children. There was no documentation within the care records to state what activities and therapies children were taking part in. The manager told us that as they were contracted to provide individual pieces of work for children and the contract constituted the care plan.
- Information needed to deliver care was stored securely and available to staff when they needed. If patient's were being seen by staff at the Stowmarket or Thetford locations, the provider would send the patient information securely to these locations where they were stored in locked filing cabinets. All staff members were given a laptop which had access to the computerised records.

Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence guidelines when prescribing medication. We spoke to the consultant psychiatrist who told us he followed the guidelines for the use of antipsychotic medication which included physical health monitoring. We saw evidence in the care records that the doctor had written to the GP to request physical health care monitoring and blood tests.
- The provider offered psychological therapies recommended by the National Institute of Health and Care Excellence. These included art therapy, music therapy, and attachment disorder therapy.
- The consultant psychiatrists undertook physical health checks of children during their monthly clinic. The consultant psychiatrist told us the GP would complete annual physical health checks and staff would contact the GP surgeries to obtain the results of these prior the next clinic.
- Staff used outcome measures to monitor children throughout their treatment. Staff used the strengths and difficulties questionnaire. The strengths and difficulties questionnaire is a short behavioural screening questionnaire used for 3-16 year olds. The questionnaires were used in both assessments and for evaluating progress. Staff also used goal based outcomes. Goal based outcomes are a way of evaluating progress towards a goal in clinical work with children, young people, and their families and carers. They compare how far a child or young person feels they have moved towards reaching a goal that they have set for themselves at the beginning of an intervention.
- Managers completed clinical audits. These included environmental audits and a ligature risk assessment. These were not used to monitor outcomes or service performance.

Skilled staff to deliver care

- All staff were experienced therapists with the appropriate training, knowledge and skills. The provider kept a record of all staff's qualifications within staff records. We saw evidence of this within staff records.
- Staff received an appropriate induction. Staff told us the induction programme was structured to meet their needs and that managers were responsive and able to adapt sessions if they did not feel confident in a specific area such as the IT systems.
- Processes were not in place to monitor whether staff were receiving supervision. The provider told us they held monthly group supervision for staff, for which they were required to attend 10 per year. Staff were expected to have clinical supervision outside of the service as part of their contract. Staff were required to provide evidence of this supervision to the manager, but this was not recorded. Staff had not received an annual appraisal. However, the provider was introducing a format for this which we saw evidence of during inspection. The provider would expect staff to provide the manager with evidence of their year's mandatory training as part of the appraisal process.
- Staff could access specialist training specific to their role. One staff member told us they had identified a course in sensory integration therapy which the provider was supporting them with.

Multi-disciplinary and inter-agency team work

- The provider held monthly team meetings. However, it was difficult for all staff to attend these as the team was spread across a large geographical area. The provider did not document minutes of team meetings. This meant that staff were not kept up to date with service development.
- The provider had good working links with outside agencies such as social services, specialist schools, and

Specialist community mental health services for children and young people

Requires improvement

care providers. The provider had links within Norfolk, Suffolk, and Essex social services. The provider had a point of contact within other organisations such as specialist schools and care homes. However, staff told us that it was often difficult to get information from some providers who referred into the service.

Adherence to the MHA and the MHA Code of Practice

- The provider did not have children detained under the Mental Health Act. The provider included Mental Health Act training as part of their mandatory training. The provider was not able to tell us how many staff were compliant with this training as this was not recorded.

Good practice in applying the MCA

- Staff were required to undertake training in Mental Capacity Act as part of their mandatory training. Staff would have to provide evidence of this during appraisal.
- The provider had a policy on the Mental Capacity Act which staff were aware of and could refer to when needed. This was comprehensive and covered all areas of capacity in children, including Gillick competence and Fraser guidelines. The policy contained clear guidelines to help staff assess capacity.
- The provider had systems in place for children who did not have capacity to consent to treatment. The provider would ascertain who held parental responsibility, whether that was local authority, foster carers or adoptive parents and they would be consulted to ascertain consent for treatment.
- Staff knew where to get advice regarding the Mental Capacity Act. Staff told us they would seek guidance within the policy or speak to the manager should they need advice.

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

Good

Kindness, dignity, respect and support

- We were unable to observe staff directly interacting with children due to the therapeutic nature of the work they were doing.
- We spoke with one patient and three carers. They all told us that staff were kind and caring. The carers told us that staff were very compassionate and took time to develop an understanding of children's individual needs.

The involvement of people in the care they receive

- Children's need and suitability for therapy had been assessed prior to referral to the service. The provider would use this information to allocate the appropriate staff to meet the therapeutic need for individual children. However, clinical records demonstrated that therapists worked in a person centred way, involving the children in their treatment by letting them choose what they wanted to do during each session. This gave children the opportunity to build trusting relationships with their therapists, enabling them to express their needs in a way that was comfortable for them.
- Families and carers were involved in children's care. During the initial stages of treatment, staff would work with families in developing the therapeutic relationship with children. Carers told us that staff took the time to know children's likes and dislikes. They were responsive to children's views on treatment, such as not wanting to take part in one-to-one therapy and preferring to have their parent present. The provider also offered family therapy and was able to provide support for families and carers. We spoke with three families and carers who told us that the service was very supportive; they could phone up any time should they require advice and support.
- The provider did not have access to an advocacy service. Managers told us that they had not needed to use an advocacy service. However, if the need arose they would contact a local advocacy service for support.
- People were able to give feedback on the care and treatment they received. The carers we spoke with told us that they would fill in feedback forms and patient carer surveys. Carers told us that they felt confident that the provider would respond appropriately to the feedback.

Are specialist community mental health services for children and young people responsive to people's needs?

(for example, to feedback?)

Specialist community mental health services for children and young people

Requires improvement

Good

Access and discharge

- The provider did not have a target time from referral to assessment and from assessment to treatment; this was due to their reliance on local authority funding. The provider told us that the local authority process for arranging funding was very lengthy and could cause delays in starting treatment, which would make it difficult for them to meet any targets set.
- The provider did not take urgent referrals. This was due to limits of the service capacity which meant they were unable to provide an urgent service.
- Staff responded promptly and adequately when children or carers contacted them by phone or email. Carers told us that when they contacted the provider, if staff were not available immediately they would respond quickly.
- The provider had clear criteria for which children they would offer a service. The provider's criteria for offering service was young people with complex needs who were either fostered, adopted or were looked after by relatives. The provider offered a service to parents and carers.
- The provider took active steps to engage children who found it difficult and were reluctant to engage in therapy. Staff would spend time developing a therapeutic relationship with children and allowed the patient to dictate the pace of therapy.
- The provider had seven appointments that children did not attend in the past six months. The provider made contact with the patient to find out the reason for not attending, and to offer them further appointments if required.
- The provider offered a flexible approach to appointments. The provider was able to offer appointments in the evenings as well as weekends to accommodate working parents and carers and children attending school. The provider was also able to offer appointments at other locations across East Anglia, should children find it difficult to attend the apricot centre.
- The provider only cancelled appointments when necessary such as due to staff sickness or other unavoidable reasons. If the provider had to cancel an appointment, a staff member would make contact the child or carer to provide an explanation and make another appointment at a convenient time. We saw evidence in the care records of staff contacting children to cancel and rearrange appointment.

The facilities promote recovery, comfort, dignity and confidentiality

- The provider had a large therapy room equipped with comfortable chairs and sofas. There was also access to a variety of toys and arts and crafts materials that were used for therapy. Staff had access to a kitchen area so staff could provide children with drinks.
- The provider had not soundproofed the interview room. However, only one patient would attend at a time so there was not any concerns about privacy or breach of confidentiality.
- The provider did not have information on treatments available for children.

Meeting the needs of all people who use the service

- The provider had made adjustments for children with disabilities. There was ramped access to the building and the doors were wide enough to allow wheelchair access.
- The provider did not have information available for children whose first language was not English. Staff told us that there had not been a need for information in different languages but if required, they would be able to access information in different languages.
- The provider could access an interpreter if required. If this was required, it could be incorporated into the care package from the local authority.

Listening to and learning from concerns and complaints

- The provider had two complaints in the past 12 months. One of these complaints was not upheld and the provider was in the process of investigating the second complaint. None of the complaints were referred to the ombudsman.
- Children, families, and carers knew how to make a complaint. Families and carers told us they would contact the manager if they had any concerns and wished to make a complaint.
- Staff knew how to handle complaints appropriately. Staff told us they would write down the details of the complaints and pass this on to the manager to deal

Specialist community mental health services for children and young people

Requires improvement

with. The manager told us that when a parent contacts to raise a concern they would be encouraged to write down the concern and make a formal complaint so they were able to respond in the appropriate manner as per the complaints policy.
- Staff did not always receive feedback on the outcome of investigations of complaints. Staff told us they discussed complaints during team meetings and supervisions. However, the provider did not take minutes of these meetings so we could not find evidence of this happening.

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

Requires improvement

Vision and values

- Staff were aware of the organisations visions and values. Staff worked to find creative solutions whilst providing clinical care in a non-clinical setting.
- Staff knew who the senior managers in the organisation were. The senior manager was based on site. Staff told us they were approachable and supportive.

Good governance

- The provider did not have systems in place to monitor staff compliance with mandatory training. Staff were required to provide evidence of external training they had completed and this was documented within the staffs' records. However, the provider did not keep records of when staff had completed training and when they would be due to refresh their mandatory training. Therefore, they were unable to provide us with compliance rates.
- The provider did not have a system in place for monitoring staff supervision or appraisal. Manager told us they were be aware of who attended the group supervision sessions. There was no system in place to monitor staff adherence to the organisation's policy of attending 10 sessions per year. Clinicians were encouraged to seek clinical supervision outside of the organisation and provide evidence that this had been completed. The provider did not have a system in place to monitor this.
- Staff reported incidents appropriately. The provider had an online system for reporting incidents. All staff had access to this and the senior manager monitored incidents.
- Staff did not participate in clinical audits. The provider did not complete any clinical audits to monitor the effectiveness of the service.
- The provider did not have robust systems in place to share lessons learned from incidents and complaints. The provider did not take minutes from meetings or group supervisions, so we were unable to find any evidence that the provider had shared lessons learned.
- Staff followed safeguarding, and Mental Capacity Act procedures. However, the provider did not complete an audit of safeguarding and Mental Capacity Act documentation so did not ensure staff were completing paperwork correctly and in line with organisational policy.
- The provider used key performance indicators for monitoring the outcomes of treatment. However, they did not use any key performance indicators for monitoring the performance of the team or the service overall.
- The team manager had sufficient authority to perform their role. There was sufficient administration support for the manager to assist with the running of the service.

Leadership, morale and staff engagement

- The results of the patient and carer surveys were positive. All responses were either good or very good about how the provider helped people with their difficulties. However, 40% of responses were negative or neutral regarding how easy it was to access the service.
- There were no cases of bullying or harassment. The manager told us that if this happened they would deal with it internally.
- Staff knew how to use the whistleblowing process. Staff told us that they would feel confident to approach the manager with any concerns and that they would deal with this appropriately.
- Staff morale was high. Staff told us they had job satisfaction. Staff felt there was good team working and they received support from staff and managers.
- Staff were open and transparent and explained to children if something went wrong. We saw evidence of this within the care records.
- Staff gave feedback on the service and input into service development. Staff told us that during team meetings or

group supervision they were able to put forward ideas of ways to improve service and that manager would listen to these ideas. Staff told us the manager would support them in implementing the change if it was agreed.

Commitment to quality improvement and innovation

- The provider was looking at different methods for quality improvements. The service had commenced work with Cambridge social ventures for support in developing the business. The provider was also looking at developing a board of directors to improve the management and running service.
- The provider had been assisting Essex University with research into the effects of the environment on health and mental health. The provider told us that the University of East Anglia was also interested in their parenting programme for some research.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that the environment is clean and well maintained. The provider must ensure they maintain records of when staff had cleaned the environment.
- The provider must ensure that people are able to exit the building in an emergency, including fire evacuation plans, clear routes and appropriate visible signage.
- The provider must ensure that risk assessments relating to the health, safety, and welfare of children are completed and that these are kept in children's records.
- The provider must ensure that staff complete care plans that are person centred, and state how they will meet the needs of children.
- The provider must ensure they had systems in place to assess, monitor, and improve the safety performance of the service.

Action the provider SHOULD take to improve

- The provider should ensure they document staff supervision, and there are systems in place to monitor staff compliance with supervision.
- The provider should ensure there are systems in place to share feedback and lessons learned from incidents and complaints.

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider did not write care plans that demonstrate how staff would meet individual needs of children This was a breach of regulation 9

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risk assessments relating to the health, safety and welfare of children were not completed. This was a breach of regulation 12

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider was not complying with all fire safety regulations. The fire exit was blocked and fire exit signs were not clearly visible and there was not an evacuation plan. This was a breach of regulation 12

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The premises were not kept clean in line with current legislation and guidance. The provider did not have a cleaning schedule and did not document when the environment had been cleaned. This was a breach of regulation 15
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have systems in place to assess, monitor, and improve safety of the service. The provider did not complete audits or monitor the performance of the service. This was a breach of regulation 17