

Anna Freud 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?	Outstanding	
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 this service as good overall because:

- Young people and families said staff were skilled at engaging with people of different ages and approached care in a collaborative and supportive way. All their feedback to us was extremely positive.
- There were no waiting lists and people were seen at the service quickly.
- Patient participation was excellent and 35 young people and parent champions were currently involved in a wide range of projects that contributed to service development and improvement. This included sitting on research and staff interview panels, developing information and tools for other patients and providing key feedback and opinions about service changes. The champions we spoke with felt their role was valued and their contributions were taken seriously. The service had involved champions in the inspection and demonstrated their support of this position through having two staff members who were employed as participation workers. The service were constantly thinking of ways to enhance their work with champions and had plans to recruit a total of 60 in the next 12 months.
- The service contributed to innovation and ongoing research and development in care and treatment for young people with mental health issues and used nationally recognised rating scales to monitor and review the evidence-based interventions they offered. The service actively sought out opportunities to work with other charities and universities in developing resources and research to support young people and families affected by mental health issues.
- The service used technologies to enhance their work and looked for ways to improve patient engagement at all times. For example, in how they collected feedback from patients and using a mobile phone app to keep in touch with young person champions.
- The service supported and encouraged staff development through training and staff said they were very pleased and proud to work for the provider.
- Governance systems allowed senior staff to review and manage the service well. The service had addressed recommendations made in the last inspection. This included strengthening systems for reviewing criminal records checks for all staff, ensuring mandatory training covered all necessary areas, ensuring the CQC were notified of all statutory notifications and providing clear information to young people about external services they could contact in a crisis.

Summary of findings

Contents

Summary of this inspection

	Page
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
Information about Anna Freud Centre	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Overview of ratings	10
Outstanding practice	20
Areas for improvement	20

Good 

The Anna Freud Centre

Services we looked at:

Specialist community mental health services for children and young people

Summary of this inspection

Our inspection team

The team consisted of one CQC inspector, one CQC assistant inspector and two specialist advisors with experience of working in this type of service.

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 service, looked at the quality of the environment and observed how staff were caring for patients

- spoke with 11 parents and parent champions, whose child had accessed the service. Champions are employed to give feedback about services and take part in service development projects
- spoke with two young person champions for the service
- spoke with the service manager
- spoke with 12 other staff members including doctors, psychologists, psychotherapists, social workers, participation workers and administrators
- looked at eight treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about Anna Freud Centre

The Anna Freud Centre is a children's mental health charity providing support and treatment to children, young people and families. The centre provides these care services alongside academic research and training for mental health professionals. Staff worked in sub teams in four different specialisms:

- Under-fives services. This is made up of the parent-infant psychotherapy service (PIP) and the parent toddler group. PIP is for infants under 12 months and their parents or primary caregivers,

where a problem has been identified with the infant's socio-emotional development. The parent toddler group is a weekly group to support child development.

- The specialist trauma and maltreatment service (STAMS). This provides assessment and treatment for children, young people and their families who have experienced trauma and/or maltreatment and who are subject to Public Law care proceedings. A large part of the team's work is to produce expert reports for the police or Family Courts.

Summary of this inspection

- Adolescents and child therapy services. These services provide cognitive behavioural therapy, short-term psychoanalytic psychotherapy, interpersonal psychotherapy and family-based interpersonal psychotherapy to young people aged 11 to 18.
- Schools outreach therapy. Therapists deliver interventions in primary, secondary and special schools to support children and young people who are having difficulties with learning due to behavioural or mental health related issues.

The Anna Freud Centre has been inspected twice. The last inspection was in May 2016 when the service was rated as good overall. There were five requirement notices that the service have addressed:

- The provider must ensure mandatory training courses include those staff can use to maintain the safety of patients. This includes fire safety, infection control, basic first aid, Mental Capacity Act training and training in the Children Act 2004.

- The provider must notify the Care Quality Commission of incidents in line with statutory requirements.
- The provider must ensure all staff have an up to date Disclosure and Barring Service check and have a system in place to monitor this.
- The provider must ensure that information for young people and families about how to access help in a crisis, including out-of-hours, is provided in writing.
- The provider must ensure that risks identified in a risk assessment are included in a care plan to outline how the risk will be managed. The provider must ensure staff regularly update risk assessments.

The service is registered to provide the regulated activity of treatment of disease, disorder or injury. There was a registered manager in place at the time of the inspection.

What people who use the service say

Parents were extremely positive about the service. They said it was very effective and they could feel or see the positive change in their child as a result of treatment. Parents said they were very grateful for the service and staff had surpassed their expectations.

Parents said staff were friendly, approachable and professional. They said staff listened to them and involved them in care at all times.

The young person and parents champions, who had an active role in service development and had received an induction and relevant training, said they were pleased that the service was putting their ideas into practice and felt their role was an important and highly valued one within the service.

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:

- Senior staff made sure children and parents were kept safe when they visited the service as they checked the environment regularly for hazards and trained staff in things like fire safety and first aid.
- There were enough staff to meet the needs of young people and families referred to the service. The service did a criminal records check for all staff before they started working and reviewed this every few years, which was in line with the law.
- All staff were trained in safeguarding, which is how to recognise abuse and keep children or adults at risk safe. Staff knew how to keep themselves safe at work.

However:

- The records we saw showed that staff kept clear accounts of assessing, managing and reviewing risks, but internal audits indicated there was more work to be done to ensure all staff kept detailed records of this.

Good



Are services effective?

We rated effective as outstanding because:

- The service had an all-inclusive approach to assessing, planning and delivering care and was actively involved and interested in finding out what was most effective for young people and families accessing mental health services. Staff used a range of evidence-based interventions and routinely collected outcome measures to show the effectiveness of their work and fed this into ongoing research.
- Staff used their skills in communicating with young people of all ages to ensure they were involved in making decisions about their own care. Staff explained treatments to young people and families and kept copies of consent forms in each person's file.
- Participation work with young people and parents was well-established, well-organised and produced excellent results. Young person and parent champions were involved in a wide range of service development and improvement projects and could contribute their own ideas of how to develop services. They were regularly involved in training delivered to staff. Champions said they felt valued and could see that their work impacted directly on service improvement.

Outstanding



Summary of this inspection

- The service considered how to use technology to enhance services and patient engagement and used a mobile phone app to keep young person champions up-to-date about projects they could get involved with.
- The service supported staff to continuously develop their skills, competence and knowledge and actively encouraged attendance at training. This was often training delivered by the provider themselves, as part of their non-clinical work stream.
- Staff worked well with partners, such as local authorities and schools and actively sought collaborations with charities and universities to enhance mental health awareness, services and treatments.

Are services caring?

We rated caring as good because:

- Patients and stakeholders were very positive about how staff treated people and the impact this had on positive outcomes. Staff valued people's emotional and social needs and these were embedded in care and treatment.
- The service had a strong and visible person-centred culture and had involved young people in the inspection process to ensure their views were heard alongside those of staff. Relationships between the service and its users and champions were open, caring and supportive.
- Young people and parents, where appropriate, took an active part in their care and worked with staff to develop goals and assess how treatment was progressing. Staff developed and delivered training for other professionals about how to overcome barriers for young people with whom services found hard to engage.

Good



Are services responsive?

We rated responsive as good because:

- Young people and families did not have to wait long for their first appointment as there were no waiting lists. The appointments system was easy to use and supported people to make appointments with no trouble.
- There was a lot of information about the service and treatments available, both in leaflets accessible in a range of languages and formats, but also on a clear and easy to use website.
- Staff actively followed up young people who did not attend appointments to ensure they were well and to encourage attendance at the next appointment. Feedback from patients was that this was done in a helpful way.

Good



Summary of this inspection

- Discharge was agreed by both the patient and staff.
- The environment was welcoming to young people of all ages and therapy rooms could be adapted to meet the needs of babies up to adolescents.
- Staff managed complaints well and responded to these quickly and professionally.

However:

- The provider recognised the need to explore how to offer patients the option of independent review of complaints, if they were not happy with the initial outcome.

Are services well-led?

We rated well-led as good because:

- The strategy and objectives of the service were to deliver high quality, evidence-based care to young people and families, whilst feeding into continuous research about best practice for this patient group. Senior staff had the experience, capacity and capability to ensure the strategy could be delivered.
- Governance systems supported a consistent flow of information between frontline and senior staff, allowing them to manage current and future service performance. Processes to identify, monitor and address risks were effective and clear.
- The service addressed areas of improvement from the last inspection, including delivering a wider range of mandatory training, strengthening the criminal records check system and sharing information about how to access external services in a crisis.
- Staff were very positive about working at the service and said they were motivated to deliver and develop high quality interventions.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The service did not work with people who were subject to detention under the MHA. In the event that this was needed, this would be requested and managed externally.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff received training in the Mental Capacity Act 2005 as part of their level two safeguarding training. The service did not work with patients who would be subject to Deprivation of Liberty Safeguards.

All patients signed consent to treatment forms and staff explained their right to withdraw consent at any time. Where appropriate and depending on the age of a child, staff applied parental consent appropriately.






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	Good	Outstanding	Good	Good	Good	Good
Overall	Good	Outstanding	Good	Good	Good	Good

Specialist community mental health services for children and young people

Good 

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

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

Good 

Safe and clean environment

Staff regularly assessed the environment for risks and addressed these where necessary. The service was accessed through a secure intercom system and members of the public could not freely walk in. Staff collected patients from the waiting room and accompanied them throughout the building.

Staff had access to phones in all therapy rooms to call for assistance if needed and assessed potential risk before an appointment. There had been no incidents where staff had to raise an alarm in the 12 months before the inspection.

There was a first aid kit on the ground floor. It was well stocked and all items were within date.

All areas were clean, had good furnishings and were well-maintained. Cleaning records were up-to-date and demonstrated that toys in the waiting room and therapy rooms were cleaned regularly and in line with the provider's policy.

Staff were trained in fire safety and there was a fire warden working at all times. Fire extinguishers were placed strategically throughout the service. The provider had taken action to address all nine actions from the most recent fire risk assessment in 2017.

Safe staffing

The provider had determined staffing levels by calculating the number and grade of the multidisciplinary team required based on referral numbers. Staff had manageable caseloads.

Cover arrangements for sickness, leave, or vacant posts ensured patient safety and continuity of care. The service did not need to use locum, bank or agency staff to cover positions.

Staff had rapid access to psychiatrists, who were part of the senior leadership team.

At the last inspection in May 2016, mandatory training did not include fire safety, infection control, basic first aid and the Children Act 2004. The service addressed this and all staff now had access to a comprehensive list of mandatory training covering these areas. Each member of staff completed an annual review and development form that highlighted any further training needs specific to their role.

Assessing and managing risk to patients and staff

In the records we looked at, staff completed a risk assessment with every patient using the provider template and recorded reviews of risks in clinical notes. Staff could describe how to identify and manage risk well. Where risks were medium or high, staff outlined plans to manage and reduce these risks. This was an improvement from the last inspection in May 2016, where not all staff kept records of risk assessments, management plans or reviews. Audits showed compliance for risk assessments was increasing over time, from 59% in April 2016 to 84% in October 2017, but there was still work to be done to ensure all staff did this consistently.

When appropriate, staff created and made good use of crisis plans. For example, staff had developed a detailed

Specialist community mental health services for children and young people

Good 

plan with one young person with medium risks. For patients who were waiting for their first appointment, parents told us staff provided the contact details of external services they could contact in an emergency.

A review of employment records, including criminal records checks (disclosure and barring service), showed there was a robust system in place to ensure up-to-date and necessary information was on file for staff. This system had been strengthened since the last inspection.

Management of risk

Staff could respond promptly to a sudden deterioration in a patient's health and were clear on how and when to refer to other services if needed.

The service had good personal safety protocols, including lone working practices. Staff were aware of them and could describe their responsibilities.

Safeguarding

All staff were trained in safeguarding, knew how to make a safeguarding alert, and did so when appropriate. Staff who worked in outreach services, such as the schools service, could explain clearly how to identify and raise a safeguarding concern, both with their team and the school, where appropriate.

Staff access to essential information

Staff stored information about care on computers and did not use paper records. Some staff made notes in sessions on paper and scanned these into the computer system. Information needed to deliver patient care was available to all relevant staff when they needed it and was in an accessible form.

Medicines management

The service did not prescribe or administer medicines as part of treatment. There were no medicines stored on site.

Track record on safety

There had been no serious incidents in the 12 months before the inspection. The provider had a policy that outlined what a serious incident was and how staff should report this. Serious incidents would be escalated to the senior management teams and discussed at governance meetings.

Reporting incidents and learning from when things go wrong

The service had an incidents policy and paper incident reporting form that most staff used. A small number of staff we spoke with did not use these forms for non-clinical incidents such as an IT fault, but reported incidents verbally at their weekly supervision sessions or team meetings. These incidents were then reported to senior staff, but there was a risk that this meant not all incidents were captured on the designated reporting system, so the opportunity for collation and learning could be lost.

All staff had access to information about what and how to report an incident on the intranet.

An operations officer was responsible for ensuring all necessary environmental checks were carried out by external companies. For example, asbestos reviews, emergency lighting and checking of the boilers. If any incidents occurred involving the environment, these would be fed back to the operations officer who took prompt action to fix it.

Staff understood the duty of candour and their responsibilities were outlined clearly in service policies. Staff were open and transparent and gave patients a full explanation if and when something went wrong.

Where necessary, staff received feedback from investigation of incidents both internal and external to the service. Staff were debriefed and received support after significant incidents.

There was evidence of change being made as a result of feedback. For example, policies introduced to inform staff how to manage challenging behaviour or working with young people who did not want to be seen at the service.

The service had notified the CQC of all reportable incidents in line with statutory requirements in the 12 months before the inspection.

Specialist community mental health services for children and young people

Good 

Are specialist community mental health services for children and young people effective?
(for example, treatment is effective)

Outstanding



Assessment of needs and planning of care

Staff completed a comprehensive assessment of each patient's mental health needs to determine what treatments they could offer.

Staff asked about any physical health problems and ensured the patient had appropriate support in place from their GP or other specialist services. Records showed that where a patient had a physical health problem, staff recorded this clearly and documented actions ensuring the patient was in contact with appropriate services.

Staff developed plans for care that met needs identified during assessment. Staff approached this in a holistic and inclusive way. Plans were personalised, reflected the patient voice and views and were recovery-oriented. Staff wrote the plans in a letter that was sent to the GP and parent or young person.

Most staff updated plans for care when necessary. Seven of the eight records we looked at showed staff regularly revisited or reviewed the plan to see if changes were needed. Service policies outlined that staff were responsible for keeping notes about patient attendance and a summary of the themes of the session, any supervision, and copies of all phone or email contact with the patient. We saw that staff kept clinical notes on each session, but the detail of these varied between clinicians. For example, in one record, a staff member recorded detailed narratives and what took place in cognitive behavioural therapy sessions. In another record, notes were very brief, stating that a session took place and a brief summary showing that risk was considered.

Best practice in treatment and care

Staff used evidence-based treatments and contributed to ongoing research to discover and demonstrate the effectiveness of these interventions. Interventions were those recommended by, and delivered in line with National Institute for Health and Care Excellence guidance. For

example, for patients with anxiety, staff were able to offer evidence-based low and high-intensity therapeutic interventions and advice on self-help approaches. For young people with depression, depending on the severity of the illness, staff were trained to deliver cognitive behavioural therapy, family therapy and/or psychodynamic psychotherapy. In the parent-infant psychotherapy service, staff used psychotherapeutic approaches to assess and support the parent-infant relationship.

Staff in the specialist teams were experienced and trained to work with their particular patient group. For example, five psychotherapists worked in the PIP and all had undergone four years training in psychotherapy with children.

Staff did not actively support patients to live healthier lives through intervention, but supplied information on healthy living. For example, leaflets and posters on a healthy diet.

Staff used recognised rating scales to rate severity of illness over time and to monitor individual outcomes and the overall effectiveness of interventions. For example, the schools outreach team was able to demonstrate that from September 2016 to July 2017, 45 of 51 children made progress towards their chosen goals. Rating scales were different depending on the intervention. For example, in the PIP team, staff and families completed measures such as the Alarm Distress Baby Scale measure of infant avoidance and the Parent-Infant Relational Assessment tool, measure of the parent-infant relationship. Staff in the child psychotherapy team used the Children's Global Assessment Scale and the Health of the Nation Outcome Scales Child and Adolescents.

Staff used technology to enhance their work in certain areas. For example, an online platform to collect outcomes from patients in their own time and an online phone app to keep young person champions up-to-date with projects they could get involved in.

Staff participated in clinical audits. For example, a safeguarding audit, which showed that in all 19 cases reviewed, staff completed incident forms and recorded information on the safeguarding log. The service had also taken part in the NHS England annual organisation audit.

Patients completed consent forms for the sharing of information with external agencies, such as GPs, and staff stored these in individual case records.

Specialist community mental health services for children and young people

Good 

The service employed two staff as participation workers responsible for leading on patient participation and currently had 23 young person and 12 parent champions. Champions were involved in service review and development, and the service had plans to recruit 60 champions by the end of 2018. The champions' roles were diverse and included training staff, recruiting more champions and taking part in projects across clinical services. For example, a group of parent champions had worked with a local hostel and produced a clear and helpful guide called 'living in temporary accommodation: a parent's survival guide'. Another initiative was around encouraging co-production, champions had opportunities to pitch ideas for service improvement to a panel of staff and young people and parents. If picked, they would receive funding to put their idea into practice. The service planned to publish research articles to promote this type of co-production across all types of health services.

Staff also collected feedback from parents and young people informally when they wanted to get their input on specific decisions. For example, the service manager kept records of telephone calls with parents to get their feedback on what age they think records should be kept until.

There was a holistic approach to planning patients' discharge. Arrangements reflected individual circumstances and preferences.

Skilled staff to deliver care

The teams included, or had access to, the full range specialists required to meet the needs of patients. Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group.

The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Separate to their clinical services, the provider supplied a range of training and conferences for allied health professionals. Staff in the clinical teams were supported to access relevant training to acquire new skills and share best practice.

Managers provided new staff with appropriate induction. Policies and procedures supported new staff to access all relevant information for their role.

Managers provided staff with regular supervision and appraisal of their work performance. Supervision consisted

of case management discussions to reflect on and learn from practice, personal support and professional development. Staff recorded supervision discussions relating to individual cases and any actions they took as a result.

All medical staff had been revalidated. Human resources staff kept very clear records of previous and upcoming revalidations dates for all medical staff.

Staff in the specialist teams met weekly in order to discuss clinical cases. Every three months, some teams, such as the parent-infant psychotherapy service, also reviewed all current cases to assess progress and risk.

Managers recruited volunteers when required, and trained and supported them for their roles.

Multi-disciplinary and inter-agency team work

Staff held regular and effective multidisciplinary team meetings within their sub teams. Staff said communication within teams was effective and communication between staff and senior management had improved over the last two years.

Staff said teams had good working links with primary care, social services, and other teams external to the organisation. This included voluntary organisations and universities, who the service sometimes worked with in collaborative projects.

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

The service did not work with people who were detained under the Mental Health Act 1983 (MHA). In the event that staff felt a MHA assessment was required, this was escalated to senior staff who knew how to arrange this with external organisations.

Good practice in applying the Mental Capacity Act

The service provided training in the Mental Capacity Act 2005 as part of level two safeguarding training, which all staff had completed.

The service did not work with patients who would be subject to Deprivation of Liberty Safeguards.

Records showed all patients had signed consent to treatment forms which were saved within their records. This was regularly audited by senior staff.

Specialist community mental health services for children and young people

Good 

Staff understood Gillick competence and how it applied to their work. This is where staff have to assess and record whether a young person is competent to make a decision about their own care or not. In teams where children were very young, such as infants in the PIP, staff applied parental consent appropriately.

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

Good 

Kindness, dignity, respect and support

Parents and young people said staff were kind, caring and professional. They said staff listened to them, understood their needs and provided good support and treatment. Staff supported patients to understand and manage their care, treatment or condition by talking to them about it at each session.

Parents said all staff, from administrative to clinical staff, were extremely approachable. There was particularly positive feedback about the friendly reception staff and the impact this had on making people feel welcome and at ease.

Staff directed patients to other services when appropriate. For example, if someone required interventions the service did not provide.

Patients said staff treated them well and behaved appropriately towards them.

Staff approached care with each person in an individual way and ensured they understood their care.

Staff maintained the confidentiality of information about patients. Information was stored and accessed appropriately and all staff were trained in information governance. Leaflets on how the service managed information about patients was available in the waiting room. Parents said staff explained very clearly what confidentiality was about and when information was disclosed in different situations.

The involvement of people in the care they receive

Involvement of patients

Staff involved patients in all aspects of their care. Parents said all decisions were made jointly with the young person and/or their parents. Staff recorded joint working and involvement in care planning and risk assessment documentation. These documents included patients' views, opinions and personal goals for treatment. Staff sent letters outlining the plan for care to patients so they had a copy.

Staff made it clear to patients that the centre was involved in research and gave people the choice to decide not to be involved. Staff stored research consent in patients' records.

Patients had regular opportunities to complete experience of service questionnaires. Outcomes were generally very positive and the service displayed these in the waiting room. Examples of recent results for the schools outreach service showed that all primary school children felt they were listened to: 16 of 18 responded that they were treated very well and that their views and worries were taken seriously. All parents felt their views and worries were taken seriously.

Staff involved young people and parents in decisions about the overall service through the young person and parent champion role. One young person we spoke with said they were pleased to be on the interview panel for new staff and felt their opinion was valued by the panel.

The service provided information about how to access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately, including providing them with support when needed.

Families and carers were regularly offered experience of survey questionnaires. Results were generally very positive. Results from the under-fives team showed 21 parents said staff listened to them, were easy to talk to, took them seriously and knew how to help. Parents were also able to attend a parents' panel that met every six weeks as a way to give feedback and be involved in service changes.

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

Specialist community mental health services for children and young people

Good 

(for example, to feedback?)

Good 

Access and discharge

The service had clear acceptance criteria and there were no waiting lists. Once a referral was accepted, the young person and/or their family was offered the next available appointment with an appropriate clinician. This was usually within one to three weeks. Parents said their child accessed services quickly. Referrals could be made in writing, over the phone from external organisations or through self-referral.

Senior staff monitored the number of cases per year for each team in relation to staffing numbers and clinical hours per week. This gave an overview of how services were managing in relation to demand. For instance, the treatment service within the specialist trauma and maltreatment services had an average of 45 cases per year with 11 staff and 90 clinical hours per week.

Teams did not accept referrals from young people in crisis, and they direct them towards more appropriate services. GPs and other referrers were aware of this and did not routinely refer young people and families who were in a crisis.

Teams recognised there could be barriers to accessing services and tried to engage with people who were reluctant to get involved with mental health services. Senior staff at the Centre had developed and provided training on the adaptive mentalization-based integrative treatment (AMBIT) approach to over 150 external teams of clinicians. This supported staff to better engage with individuals or families where staff were finding this more difficult.

Where possible, staff offered flexibility in the times of appointments. The service offered appointments before and after school to support access of school-aged young people. Policies outlined that staff could adapt the frequency of sessions depending on family needs and circumstances.

Young people and parents said staff responded promptly when they telephoned the service.

Staff made follow-up contact with people who did not attend appointments. Staff followed the provider's policy, and parents and young people told us that this was helpful.

Staff cancelled appointments only when necessary and when they did, they explained why and rearranged appointments for as soon as possible. Appointments usually ran on time and people were kept informed when they did not.

Discharge occurred at a time that was mutually agreed by the clinician and the young person and/or parent. As part of this, staff discussed treatment goals to establish whether they had been reached.

The facilities promote recovery, comfort, dignity and confidentiality

The service had a range of rooms to support treatment. This included a light and welcoming waiting room, over 10 therapy rooms that ranged in size, a baby changing room and several bathrooms. All staff had offices with access to computers and other equipment to carry out their work. Patient feedback and internal service questionnaires were positive about the welcoming and comfortable environment.

Interview rooms had adequate soundproofing and conversations could not be heard from outside the room. All rooms had signs to show when they were in use so sessions did not have to be disturbed to check availability.

Therapy rooms contained a range of toys so they could be used for children of different ages. Some rooms contained comfortable spaces for babies and very young children to be safely on the floor, and contained toys for infants. The service also had rooms without toys for use with adolescents. Several rooms had white boards on the wall at a lower level, so they could be used by children or someone in a wheelchair.

There were several rooms on the lower ground floor of the building for staff meetings or training events that could fit up to 100 people when used together.

Meeting the needs of all people who use the service

The service made adjustments for disabled patients. The building could be accessed from street level using a ramp to the lower ground floor, where there were therapy rooms and an accessible bathroom.

Specialist community mental health services for children and young people

Good 

Young person champions said when events took place, staff made sure there was food that met the dietary or religious requirements of attendees. For example, halal or kosher food.

Operational and service policies were written clearly, using language that was inclusive. For example, where policies referred to families and care givers, they were referred to as the nuclear family and primary caregiver, rather than assuming gender and makeup of families.

There were leaflets in the waiting room about treatments, local services and rights. There was a clear and young person friendly information sheet provided before the first appointment. This outlined what to expect at the first visit, including if young people could bring someone with them for support.

At the last inspection in May 2016, we noted all leaflets were written in English and there was no information about accessing them in another format or language. Since then, all leaflets had been updated to include information about accessing them in other languages and formats and there was a large notice in the entrance hall about how to access translation services.

Where necessary, managers ensured that staff and patients had easy access to interpreters and/or signers.

The service had a website that had a lot of information about services, was easy to use and was young person friendly. The service recorded videos that were freely available on the internet to explain what they offered and how they could help. Young people had also put together an animation video that gave information about mental health, some of the issues young people face and how services can support them.

Listening to and learning from concerns and complaints

Patients knew how to complain or raise concerns and there was information about how to do this in the waiting room.

A provider policy outlined how staff should respond to complaints and what to do at each stage of a complaint. If a patient was unhappy with the response to their complaint, they could escalate this to the board of trustees, who would carry out a further investigation. We looked at a

sample of complaints and saw staff responded within the provider's timelines. Responses were worded appropriately and compassionately, provided summaries of the issues raised and information on action taken to look into it.

The service did not have a system where patients who were unhappy with the response to a complaint could escalate this to an independent review. Senior staff were considering how best to implement this at the time of the inspection.

Staff handled complaints appropriately and in doing so, protected patients who raised concerns or complaints from discrimination and harassment. Administration staff who often took calls from patients were clear on how to manage a complaint. These staff received support from clinical staff and managers if needed, in relation to handling difficult calls and complaints.

Staff within teams received feedback on the outcome of investigation of complaints and acted on the findings.

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

Good 

Leadership

Leaders had a good understanding of the service they managed and had the skills, knowledge and experience to perform their roles.

Staff said leaders were visible in the service and approachable by both patients and staff. Staff said communication with the senior team had improved over the last two years.

Vision and strategy

Staff knew and understood the provider's vision and values of improving the quality, accessibility and effectiveness of treatments, and demonstrated this in their approach to work. The senior leadership team had successfully communicated the provider's vision and values to the frontline staff through thorough induction, training, supervision and research opportunities. Staff were happy and proud to work in services where research and development ran alongside clinical care.

Specialist community mental health services for children and young people

Good 

Staff had the opportunity to contribute to discussions about the strategy for their service through meetings and projects.

Staff could explain how they were working to deliver high quality care within the budgets available.

Culture

The organisation had a culture of supporting staff through a supervision and appraisal framework and encouraging involvement in research, service development and innovation. This included focussing on staff performance, discussions about career development and participation in ongoing collection of outcome measures and research. Staff were supported and encouraged to access a wide range of training delivered by the provider. Staff were highly motivated by wanting to provide the best possible care for patients.

Staff were very positive and proud about working for the provider and said they felt respected, supported and valued. They said they valued the many opportunities for continued learning, such as seminars and training. Staff turnover and sickness and absence rates were low.

All staff we spoke with said they felt able to raise any concerns or give feedback without fear of retribution. Staff survey results indicated that some staff felt the senior leadership team could be more representative and diverse. This was acknowledged by the senior staff, who were considering how to address this going forwards. No staff reported experiencing any bullying or harassment.

Where staff or services were nominated for external awards, this was publicised on the service website and staff were commended for their hard work. For example, in August 2017, when the service was shortlisted for the London Homeless Awards because of the support they provide to families living in temporary accommodation.

Governance

Governance systems allowed the senior leadership team to monitor and manage the quality of services and ensure patients were kept safe. There were systems and procedures to ensure that the premises were safe and clean; there were enough staff; staff were trained and supervised; and patients were assessed and treated well. Information reached senior staff in a timely and accessible way and was fed back to staff where necessary. There was a

clear framework of what must be discussed at a team and more senior level to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

The service had several committees that met regularly and had clear individual responsibilities. For example, the clinical governance leadership board met monthly to discuss and review safeguarding, complaints, serious incidents, revise and update policies and address specific risk issues. A safeguarding oversight group met every three months. The quality sub-committee met every three months and reviewed documents relating to overall quality of services.

A board of trustees met every two months and oversaw the strategic direction of the Centre. They were appointed based on their relevant expertise and would review service plans and policies to ensure accountability within the Centre.

Each specialist team had an operational policy which outlined staff duties and processes to follow, from referral, through assessment and risk assessment to discharge. These were clear, concise and easy to follow.

Staff understood arrangements for working with other teams, both within the provider and external to them. For example, staff in the schools outreach teams knew about safety protocols, information sharing and safeguarding requirements, and they made this clear to school staff and young people.

Staff undertook a range of clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.

Management of risk, issues and performance

Senior staff managed a service risk policy that outlined the types of risk facing the service, including clinical, operational and governance risks. Risks were collated and reviewed regularly by senior staff, who put in place action plans to address, manage or minimise any risks. Staff concerns discussed during the inspection matched those on the risk register.

Information management

Most staff had access to the equipment and information technology needed to do their work. However, staff said the information technology infrastructure could sometimes

Specialist community mental health services for children and young people

Good 

mean connections were slow or equipment did not work properly, which impacted their work. This was a particular problem for staff in outreach services who worked off site. This was reflected in the staff survey from October 2017 and the issues had already been escalated to senior staff. There was a formal plan in place to address this.

Confidentiality of patient information was ensured at all times.

Team managers had access to information to support them with their management role. For example, assurance that all staff had up-to-date criminal records checks and were up-to-date with their mandatory training. Each staff member had an electronic file that contained this information.

Staff made notifications to external bodies, including the CQC, as needed.

Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider. This was through the external service website, the staff intranet and information leaflets.

Patients had a lot of opportunities to give feedback on the service they received and this was well managed by the service. The service actively sought this out and used information well to make improvements or address concerns.

Patients were involved in decision-making and service development. This was primarily through the parent and

young person champion role. This was in line with good practice recommended by the Quality Network for Community CAMHS, based at the Royal College of Psychiatrists.

Leaders engaged with external stakeholders and successfully worked alongside charities and universities on projects and innovative research.

Learning, continuous improvement and innovation

Staff were given the time and support to consider opportunities for improvements and innovation. For example, developing how the young person and parent champion role could be best used to improve the service and provide successfully employment opportunities for the young people and parents involved.

Staff had extensive opportunities to participate in research and outcome data was regularly used to demonstrate the effectiveness of particular interventions. The service had worked collaboratively with an external organisation to train three young people and parents in research methods in order to establish a research panel, with patients integral in giving expert advice.

The service used technology to enhance their work, such as an online outcome monitoring system, where staff or patients could log in and securely complete measures. It was a system initially developed at University College London.

Staff participated in national audits relevant to the service and learned from them.

Outstanding practice and areas for improvement

Outstanding practice

Teams recognised there could be barriers to accessing treatment and tried to engage with people who found it difficult or were reluctant to get involved with mental health services. In relation to this, senior staff at the Centre had developed and provided training on the adaptive mentalization-based integrative treatment (AMBIT) approach to over 150 external teams of clinicians.

The service employed young person and parent champions. They were involved in several projects across the service, including staff training, feedback on services, developing resources for other patients and sitting on

staff interview panels. The service had a research panel that included three young people and three parents who were there to give expert advice on ideas brought forwards for future research. The champions we spoke with said the role gave them a lot of confidence and experience. The service had two participation staff responsible for supporting the champions. There were 23 young person champions and 12 parent champions at the time of inspection and the service had rolling recruitment plans to reach a total of 60 altogether.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should continue work to ensure staff are compliant with provider standards of case management recording, particularly paying attention to child risk assessments and regular risk review.
- The provider should ensure they consider how best to support patients to access an independent review of complaints.