Good

South Essex Partnership University NHS Foundation Trust

Specialist community mental health services for children and young people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWN10	Rochford Hospital	CATT (CAMHS Assessment Treatment Team)	SS4 1RB
RWN10	Rochford Hospital	CAMHS Tier 2 Service	SS4 1RB
RWN10	Rochford Hospital	Southend CAMH Team	SS4 1RB
RWN20	Trust Headquarters	Targeted Therapeutic Service Thurrock & CFCS	RM17 6NF
RWN20	Trust Headquarters	Basildon CAMHS Team	SS14 1EH
RWN20	Trust Headquarters	Basildon CAMHS Learning Disability Team	SS14 1EH

Summary of findings

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

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

Where applicable, we have reported on each core service provided by South Essex Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of South Essex Partnership University NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards
We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

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

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

Summary of findings

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Overall summary

We rated the community mental health services for children and young people as good because:

- Waiting and interview rooms were clean and well maintained, cleaning records were up to date. Interview rooms were fitted with alarms at all locations inspected.
- Core staffing levels had been set by the trust. Currently the established levels of qualified nurses was 17 whole time equivalent (WTE). The current vacancies were 3.38 WTE.
- Caseloads were managed and reassessed regularly by manager. The average caseload for the service was 30 cases per care coordinator.
- Case records seen had risk assessments in place with plans identified to reduce the risk to the young person.They had been reviewed regularly and we found evidence of this documented in case notes.Parents were involved in the formulation of the risk assessments.
- There had been one serious incident in the last 12 months which was fully investigated. The outcomes of incidents were discussed in monthly governance meetings.
- Psychological interventions offered by the service were based upon NICE (National Institute for Health and Care Excellence) recommended therapies.
- The team had a full range of mental health disciplines required to care for young people. This meant that young people who used the service had access to a variety of skills and experience for support. All staff completed a trust and CAMHS specific induction when commencing their employment. Staff had access to monthly clinical and managerial supervision and had annual appraisals completed.
- We observed staff communicating in a caring and compassionate manner, allowing young people time to express their needs. Staff demonstrated that they had an understanding of the individual needs of the young people. Young people reported that they were involved in the writing and reviewing of their care plans. We found evidence in case notes that young people and their families were invited to meetings to discuss their care and this was reflected in their care plans.
- The service met the 18 week target for young people to start their treatment. The average waiting time from referral to assessment was 5.2 days and the waiting time from assessment to treatment was 9.7 days.
- Managers discussed the clinical risk registers in the monthly senior manager meeting. They were linked to the trust's risk register.
- We saw evidence that staff were open and transparent and explained to young people and their families when something went wrong through the complaints process.

Summary of findings

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

Are services safe?

Good

We rated community mental health services for children and young people as good for safety because:

- Waiting and interview rooms were clean and well maintained, cleaning records were up to date. Interview rooms were fitted with alarms at all locations inspected.
- Core staffing levels had been set by the trust. Currently the established levels of qualified nurses were 17 whole time equivalent (WTE). The current vacancies were 3.4 WTE.
- The overall sickness for the service was 3.2%.2.5% was due to long term sickness. Cover arrangements for sickness leave and vacancies were arranged within the team or the teams utilised agency nurses.
- Compliance with mandatory training for the service was 93%.
- Caseloads were managed and reassessed regularly by managers. We saw evidence that caseloads were discussed in management supervision with staff and audits took place.
- The average caseload for the service was 30 cases per care coordinator.
- Rapid access to a psychiatrist when required and an urgent response system was in place via accident and emergency.
- Case records seen had risk assessments in place with plans identified to reduce the risk of the young person. They had been reviewed regularly and we found evidence of this documented in case notes. Parents were involved in the formulation of the risk assessments.
- Staff reported that they had good inter agency working relationships with schools and primary care providers this allowed them to respond quickly to a sudden deterioration in young people's health.
- Monitoring of young people on the waiting list took place in weekly meetings or via the single point access team.
- All staff were trained in safeguarding and were able to describe different types of abuse young people may be subjected to.
- The lone working policy was in place across the trust and staff described the process used to ensure the safety of staff whilst working alone.
- There had been one serious incident in the last 12 months which was fully investigated. The service was not involved in the care of the young person at the time of the incident.
- Staff told us information about adverse events and lessons learnt including any improvements in safety were discussed within monthly clinical governance meetings.

Summary of findings

- Incidents were reported using an electronic reporting system. We looked at the system and saw incidents were reported when appropriate and then investigated by managers to identify learning points and reduce the risk of reoccurrence.
- Staff received feedback from investigations of incidents both internal and external to the service in clinical team and management meetings.
- Managers reported that they were open and transparent and explain to patients if and when things go wrong.
- De-briefs, staff support groups and occupational health welfare checks were offered to staff following incidents.

Are services effective?

Good

We rated community mental health services for children and young people as good for effective because:

- Case records had comprehensive assessments completed which included involvement with young people, their parents, schools and local authorities.
- Identified risks had been linked into the care plan. Care plans identified multi-disciplinary and family input and were recovery orientated and holistic.
- Medication prescription charts were monitored regularly to ensure that the team identified any young people on high dose prescriptions. The monitoring of physical health for the young people was shared with primary Care Services.
- Psychological interventions offered by the service were based upon NICE (National Institute for Health and Care Excellence) recommended therapies.
- Rating scales were used to assess and record severity outcomes for the young people.
- The team had a full range of mental health disciplines required to care for young people. This meant that young people who used the service had access to a variety of skills and experience for support.
- All staff completed a trust and CAMHS specific induction when commencing their employment. Staff had access to monthly clinical and managerial supervision and had annual appraisals completed. There were regular team meetings within the service which allowed staff time to discuss the individual needs of the young people.
- We saw evidence in young people's case records of good working links including effective handovers with primary care teams, social services and schools.
- Staff were trained in the Mental health Act (MHA) and the Mental Capacity Act (MCA). Administrative support and legal advice on

Summary of findings

implementation of the MHA and MCA were available from a central team within the trust.Staff understood that the best interest principles and encouraged the use of advocates to help with decisions.

Are services caring?

Good

We rated community mental health services for children and young people as good for caring because:

- We observed staff communicating in a caring and compassionate manner, allowing young people time to express their needs. Staff demonstrated that they had an understanding of the individual needs of the young people.
- Young people told us that the service is brilliant, they felt listened to when they spoke to staff and staff were respectful and polite. They also reported that they knew who to call when they are in crisis.
- Young people reported that they were involved in the writing and reviewing of their care plans.
- The learning disability team involved the young people through observations and close working relationships with parents and schools.
- We saw that young people and their families were invited to meetings to discuss their care and this was reflected in their care plans.
- Young people had access to advocacy if they required it. The advocacy service was advertised in all reception areas.

Are services responsive to people's needs?

Good

We rated community mental health services for children and young people as good for responsive because:

- The service met the 18 week target for young people to start their treatment. The average waiting time from referral to assessment was 5.2 days and the waiting time from assessment to treatment was 9.7 days. Staff told us that urgent referrals with high risk profiles were seen quickly and the standard appointment system was by passed in order for this to happen. There was a clear criteria for young people who would be offered a service.
- The service liaised with schools and social workers to try to actively engage families who found it difficult to engage with services. There were monitoring systems in place for young people who did not attend (DNA) their appointments.

Summary of findings

- We saw a variety of private rooms across the services family/ group therapy rooms and art rooms. Reception areas and waiting rooms were clean and nicely decorated.
- Information leaflets were available in their different languages spoken by young people who use the service.
- Interpreters and signers could be requested if required.
- A total of 13 complaints were reported for the service in the last 12 months.
- Two young people told us they knew how to complain are be happy to do so if they felt the need.
- Staff were aware of the complaints procedure. However, the majority of complaints were informal and not recorded for staff to learn from.

Are services well-led?

Good

We rated community mental health services for children and young people as good for well-led because:

- Staff were aware of the visions and values of the organisation and were able to tell us who the senior members of the trust were.
- Managers had access to trust data such as a monthly dashboard to gauge the performance of the teams and compare against others.
- Staff were able to access clinical and managerial supervision. 93% of staff had completed their annual appraisal and were compliant with their mandatory training.
- Managers discussed the clinical risk registers in the monthly senior manager meeting. They were linked to the trust's risk register.
- Sickness and absence rates were managed locally by managers.
- Staff reported good morale within the team and they felt supported and that MDT working was positive. Staff reported there are opportunities to put themselves forward for promotion.
- We saw evidence that staff were open and transparent and explained to young people and their families when something went wrong through the complaints process.

Summary of findings

Information about the service

The child and adolescent mental health service (CAMHS) provided outpatient assessments, support and treatment for emotional and behavioural difficulties in children up to the age of 16 and adolescents aged between 16 and 18. The service provides help to children and to the wider family.

The teams were small and consisted of primary mental health workers who provided generic assessments and therapeutic interventions.

The specialist CAMHS teams were based at 5 locations: Basildon, Ingatestone, Thundersley, Grays and Rochford.

The CAMHS Learning Disability (LD) was based in Basildon and provided outpatient assessments and treatments to the child/young person.

Our inspection team

Our inspection team was led by:

Chair: Karen Dowman Chief Executive Black Country Partnership NHS Foundation Trust.

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

Inspection Manager: Lyn Critchley, Inspection Manager (mental health) Hospitals CQC

The team which inspected the specialist community mental health services for children and young people consisted of two CQC inspectors, psychiatrist and a social worker all of whom had recent mental health service experience and an expert by experience who had experience of using mental health services.

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- Visited six of the community teams and looked at the quality of the environment and observed how staff were caring for patients.
- Spoke with two patients who were using the service and two parents.

Summary of findings

- Interviewed the four managers.
- Spoke with nine other staff members; including doctors, nurses and social workers
- attended and observed an assessment of a young person.
- Reviewed 16 care and treatment records.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

- Young people told us that the service was brilliant.
- Young people said that when they talked to staff they felt listened to.
- Staff were respectful and polite.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure that locally resolved complaints are recorded and monitored with outcomes identified.
- The trust should ensure that the trust's clinical supervision and managerial supervision records are clearly defined on their intranet.

South Essex Partnership University NHS Foundation Trust

Specialist community mental health services for children and young people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
CATT (CAMHS Assessment Treatment Team)	Rochford Hospital
CAMHS Tier 2 Service	Rochford Hospital
Southend CAMH Team	Rochford Hospital
Targeted Therapeutic Service Thurrock & CFCS.	Trust Headquarters
Basildon CAMHS Team	Trust Headquarters
Basildon CAMHS Learning Disability Team	Trust Headquarters

Mental Health Act responsibilities

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

- There were no patients on community treatment orders at the time of inspection.
- Staff were trained in the Mental Health Act (MHA). Training was undertaken by the trust's MHA Act office staff when requested or identified. This was not recorded centrally by the trust but held locally by the managers of the service.

Detailed findings

- Administrative support and legal advice on implementation of the MHA and code of practice were available from a central team within the trust.Staff reported that they would seek this support when required.
- The MHA office completed regular audits to ensure that MHA was applied correctly.
- Young people could access Independent Mental Health Adovacate (IMHA) services if required.We saw posters in all reception areas advertising this service in the clinics we visited.The learning disability team reported that some young people had advocates when appropriate.

Mental Capacity Act and Deprivation of Liberty Safeguards

- There were no patients in the service that were subject to Mental Capacity Act or Deprivation of Liberty Safeguards.
- All staff were trained in the Mental Capacity Act (MCA).
- Staff told us they understood that the best interest principles and encouraged the use of advocates to help with decisions.

Good

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated community mental health services for children and young people as good for safety because:

- Waiting and interview rooms were clean and well maintained, cleaning records were up to date. Interview rooms were fitted with alarms at all locations inspected.
- Core staffing levels had been set by the trust. Currently the established levels of qualified nurses were 17 whole time equivalent (WTE). The current vacancies were 3.4 WTE.
- The overall sickness for the service was 3.2%.2.5% was due to long term sickness. Cover arrangements for sickness leave and vacancies were arranged within the team or the teams utilised agency nurses.
- Compliance with mandatory training for the service was 93%.
- Caseloads were managed and reassessed regularly by managers. We saw evidence that caseloads were discussed in management supervision with staff and audits took place.
- The average caseload for the service was 30 cases per care coordinator.
- Rapid access to a psychiatrist when required and an urgent response system was in place via accident and emergency.
- Case records seen had risk assessments in place with plans identified to reduce the risk of the young person. They had been reviewed regularly and we found evidence of this documented in case notes. Parents were involved in the formulation of the risk assessments.
- Staff reported that they had good inter agency working relationships with schools and primary care providers this allowed them to respond quickly to a sudden deterioration in young people's health.
- Monitoring of young people on the waiting list took place in weekly meetings or via the single point access team.
- All staff were trained in safeguarding and were able to describe different types of abuse young people may be subjected to.
- The lone working policy was in place across the trust and staff described the process used to ensure the safety of staff whilst working alone.
- There had been one serious incident in the last 12 months which was fully investigated. The service was not involved in the care of the young person at the time of the incident.
- Staff told us information about adverse events and lessons learnt including any improvements in safety were discussed within monthly clinical governance meetings.
- Incidents were reported using an electronic reporting system. We looked at the system and saw incidents were reported when appropriate and then investigated by managers to identify learning points and reduce the risk of reoccurrence.
- Staff received feedback from investigations of incidents both internal and external to the service in clinical team and management meetings.
- Managers reported that they were open and transparent and explain to patients if and when things go wrong.
- De-briefs, staff support groups and occupational health welfare checks were offered to staff following incidents.

Our findings

Safe and clean environment

- Interview rooms were fitted with alarms at all locations inspected.

Good

Are services safe?

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

- Equipment used for carrying out physical examinations were checked and calibrated regularly.
- All clinical areas were clean and well maintained, cleaning records were up to date

Safe staffing

- Core staffing levels had been set by the trust. Currently the established level of qualified nurses was 17 whole time equivalent (WTE). The current vacancies were 3.4 WTE.The current vacancies were held within the crisis service, Castle Point and Southend teams.Additionally two members of staff at the Grays clinic were seconded to the youth offending team and worked one day each at Grays. The overall sickness for the service was 3.2%.2.5% was due to long term sickness.Cover arrangements for sickness leave and vacancies were arranged within the team or the teams utilised agency nurses. We saw data that showed 185 shifts were covered by agency staff and seven shifts were not covered.Agency staff were being utilised at the time of the inspection.Managers told us that senior management agreed to support the team using agency staff due to the teams' high demand. Compliance with mandatory training for the service was 93%. Southend, Grays and Basildon learning disability (LD) teams all achieved 100% for mandatory training.We saw records of managers monitoring staff compliance with mandatory training on staffs personal files.
- Caseloads were managed and reassessed regularly by managers.We saw evidence that caseloads were discussed by management supervision with staff and audits took place to monitor the DNAs and staff contact with young people. The average caseload for the service was 30 cases per care coordinator.However, this did vary for staff members who had other duties for example running groups sessions for the young people. All young people had allocated care co-ordinators apart from 10 young people at Grays clinic. The trust were addressing this issue.
- Rapid access to a psychiatrist when required and an urgent response system was in place via accident and emergency.If young people were seen via accident and emergency the CAMHS crisis team would follow up the young person within seven days.

Assessing and managing risk to patients and staff

- All 16 care records examined had risk assessments in place with plans identified to reduce the risk of the young person. They had been reviewed regularly and we found evidence of this documented in case notes. Parents were involved in the formulation of the risk assessments. Crisis plans were completed when the young person was on the care programme approach.If not then all information was held within the care plan.
- Staff reported that they had good inter agency working relationships with schools and primary care providers. This allowed them to respond quickly to a sudden deterioration in young people's health.Most young people would be seen the next by their GP or the crisis team.The service had emergency appointment slots in weekly clinics that could also be accessed.
- Risk assessment and monitoring of young people on the waiting list took place in weekly meetings or via the single point of access team.Rochford hospital team utilised group work sessions to engage young people on the waiting list.The manager of the learning disability team reported that senior managers within the trust had supported them to decrease there waiting list by employing a psychologist specifically to reduce the list.
- All staff were trained in safeguarding and were able to describe different types of abuse young people may be subjected to. Staff were aware of a safeguarding policy. There had been 31 safeguarding referrals made from April 2014 – 31 March 2015.
- The lone working policy was in place across the trust and staff described the process used to ensure the safety of staff whilst working alone, this included taking two clinicians on home visits. The learning disability team had access to lone working devices to monitor staffs location at all times.

Track record on safety

- There had been one serious incident in the last 12 months which was fully investigated. The service was not involved in the care of the young person at the time of the incident.
- From April 1 to the date of inspection there had been five adverse incidents reported there were all investigated and closed.

Reporting incidents and learning from when things go wrong

- All staff we spoke to were able to describe the types of events that would be reported as an incident.

Good

Are services safe?

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

- Incidents were reported using an electronic reporting system. We looked at the system and saw incidents were reported when appropriate and then investigated by managers to identify learning points and reduce the risk of reccurrence.
- Staff received feedback from investigations of incidents both internal and external to the service in clinical team and management meetings.The learning disability team also receive feedback via schools and the local authority.
- Managers reported that they were open and transparent and explained to patients and their families if and when things went wrong in line with the trust duty of candour policy. We found evidence of this when reviewing complaints that had been made about the service.
- De-briefs, staff support groups and occupational health welfare checks were offered to staff following incidents.

Are services effective?

Good

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

Summary of findings

We rated community mental health services for children and young people as good for effective because:

- Case records had comprehensive assessments completed which included involvement with young people, their parents, schools and local authorities.
- Identified risks had been linked into the care plan. Care plans identified multi-disciplinary and family input and were recovery orientated and holistic.
- Medication prescription charts were monitored regularly to ensure that the team identified any young people on high dose prescriptions. The monitoring of physical health for the young people was shared with primary Care Services.
- Psychological interventions offered by the service were based upon NICE (National Institute for Health and Care Excellence) recommended therapies.
- Rating scales were used to assess and record severity outcomes for the young people.
- The team had a full range of mental health disciplines required to care for young people. This meant that young people who used the service had access to a variety of skills and experience for support.
- All staff completed a trust and CAMHS specific induction when commencing their employment. Staff had access to monthly clinical and managerial supervision and had annual appraisals completed. There were regular team meetings within the service which allowed staff time to discuss the individual needs of the young people.
- We saw evidence in young people's case records of good working links including effective handovers with primary care teams, social services and schools.
- Staff were trained in the Mental health Act (MHA) and the Mental Capacity Act (MCA). Administrative support and legal advice on implementation of the MHA and MCA were available from a central team within the trust. Staff understood that the best interest principles and encouraged the use of advocates to help with decisions.

Our findings

Assessment of needs and planning of care

- Care records reviewed showedthat young people, parents, schools and local authorities were involved in the planning of care.We saw that the learning disability team used observations of the young person at home or school as part of their assessment. The remaining assessments were being completed by the Multi Disciplinay Team.
- Identified risks had been linked into the care plan on most records. Care plans identified multi-disciplinary and family input and were recovery orientated and holistic. We saw evidence that care plans were reviewed regularly and updated.However, one case record had no care plan but we noted the young person had completed their initial assessment the week before the inspection.
- The manager showed us completed case record audits that were completed by staff to monitor that care records were fully completed, reviewed regularly and met the individual needs of the young people.
- Case records were held in paper format and stored in a locked cabinet. When staff went out on home visits case notes were carried in locked bags or staff use laptops or iPads.

Best practice in treatment and care

- Medication administration prescription charts were monitored regularly to ensure that the team identified any young people on high dose prescriptions. Consultants completed a physical health monitoring of all children prescribed anti-psychotic medication.
- Psychological interventions offered by the service were based upon NICE (National Institute for Health and Care Excellence) recommended therapies. These included cognitive behavioural therapy, psychoanalytical therapy, dialectal behavioural therapy, solution focussed therapy, mentalisation and family and parent support sessions.

Are services effective?

Good

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

- Staff arranged initial meetings with other agencies to support young people and their families with employment, housing and benefits if it was an identified need.
- The monitoring of physical health for the young people was shared with primary care services. We found evidence that young people's physical health needs were identified in their care plans and had attended appointments to monitor their needs.
- Strengths and difficulties questionnaire, children's global assessment scale, Beck depression inventory and child outcomes research consortium rating scales were used to assess and record severity outcomes for the young people.
- Evidence was seen of clinical staff participating actively in clinical audits including care records audits and trust wide audits.

Skilled staff to deliver care

- All teams had a full range of mental health disciplines required to care for young people including nurses, psychologists, family therapists, senior CAMHS clinicians, consultants and an art therapist. This meant that young people who used the service had access to a variety of skills and experience for support. All staff completed a trust and CAMHS specific induction when commencing their employment.
- Staff had access to monthly clinical and managerial supervision. The service was 100% compliant with the frequency of supervision. 93% of staff had completed their annual appraisal.
- Staff told us that they could access specialised training for their roles via their manager.

Multi-disciplinary and inter-agency team work

- There were regular team meetings within the service which allowed staff time to discuss the individual needs of the young people.
- Good working links including effective handovers with primary care teams, social services and schools. For example, if a young person was admitted to hospital the community teams would attend CPA meetings prior to discharge. When young people turned 18 staff was also attend transitions meetings into adult services to support the young person and the sharing of information to the adult team.

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

- There were no patients on community treatment orders at the time of inspection.
- Staff were trained in the Mental Health Act (MHA). Training was undertaken by the trust's MHA Act office staff when requested or identified. This was not recorded centrally by the trust but held locally by the managers of the service.
- Administrative support and legal advice on implementation of the MHA and code of practice were available from a central team within the trust. Staff reported that they would seek this support when required.
- The MHA office completed regular audits to ensure that MHA was applied correctly.
- Young people could access Independent Mental Health Advocate (IMHA) services if required. We saw posters in all reception areas advertising this service in the clinics we visited. The learning disability team reported that some young people had advocates when appropriate.

Good practice in applying the Mental Capacity Act

- There were no patients in the service that were subject to Mental Capacity Act or Deprivation of Liberty Safeguards.
- All staff were trained in the Mental Capacity Act (MCA).
- Staff told us they understood that the best interest principles and encouraged the use of advocates to help with decisions.
- There was a trust wide MCA policy which staff could refer to if required. We saw evidence of the best interest principles being implemented within case records and close working relationships with parents to see consent for the young people's treatment.

Good

Are services caring?

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

Summary of findings

We rated community mental health services for children and young people as good for caring because:

- We observed staff communicating in a caring and compassionate manner, allowing young people time to express their needs. Staff demonstrated that they had an understanding of the individual needs of the young people.
- Young people told us that the service is brilliant, they felt listened to when they spoke to staff and staff were respectful and polite.They also reported that they knew who to call when they are in crisis.
- Young people reported that they were involved in the writing and reviewing of their care plans.
- The learning disability team involved the young people through observations and close working relationships with parents and schools.
- We saw that young people and their families were invited to meetings to discuss their care and this was reflected in their care plans.
- Young people had access to advocacy if they required it. The advocacy service was advertised in all reception areas.

Our findings

Kindness, dignity, respect and support

- We observed staff communicating in a caring and compassionate manner; young people were able to express their needs. Staff demonstrated that they had an understanding of the individual needs of the young people.
- Young people told us that the service is brilliant and they felt listened to when they spoke to staff and staff were respectful and polite. They also reported that they knew who to call when they are in crisis. A parent told us that when they have contacted the service they felt supported and that staff have helped them to cope. One person reported that they did not want their family member to have a copy of their care plan; this was recorded in the case notes and respected by staff.
- We observed an initial assessment of a young person and saw that staff encouraged the young person to engage in the process, they were supported to express their thoughts and feelings and ask questions.

The involvement of people in the care that they receive

- Two young people reported that they were involved in the writing of their care plan.All care plans reviewed had been signed by the young person or parent.11 care plans recorded that the young person and parent had a copy of the plan and five did not.
- The learning disability team they also published a monthly newsletter to parents and young people to provide up to date information about the service and support networks available.
- We found that young people and their families were invited to meetings to discuss their care. This was reflected in their care plans.
- Parent support groups were facilitated by staff and held across the service
- Young people had access to advocacy if they required it. The advocacy service was advertised in all reception areas.
- We saw posters and leaflets in reception areas and waiting rooms offering young people and their families the opportunity to give feedback to the service this included by ‘take it to the top’ initiative and the friends and family test. Suggestion boxes were available for young people and parents to post comment cards.

Are services responsive to people's needs?

Good

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

Summary of findings

We rated community mental health services for children and young people as good for responsive because:

- The service met the 18 week target for young people to start their treatment. The average waiting time from referral to assessment was 5.2 days and the waiting time from assessment to treatment was 9.7 days.Staff told us that urgent referrals with high risk profiles were seen quickly and the standard appointment system was by passed in order for this to happen. There was a clear criteria for young people who would be offered a service.
- The service liaised with schools and social workers to try to actively engage families who found it difficult to engage with services. There were monitoring systems in place for young people who did not attend (DNA) their appointments.
- We saw a variety of private rooms across the services family/group therapy rooms and art rooms.Reception areas and waiting rooms were clean and nicely decorated.
- Information leaflets were available in their different languages spoken by young people who use the service.
- Interpreters and signers could be requested if required.
- A total of 13 complaints were reported for the service in the last 12 months.
- Two young people told us they knew how to complain are be happy to do so if they felt the need.
- Staff were aware of the complaints procedure.However, the majority of complaints were informal and not recorded for staff to learn from.

Our findings

Access and discharge

- The service met the 18 week target for young people to start their treatment. The average waiting time from referral to assessment was 5.2 days and the waiting time from assessment to treatment was 9.7 days.
- In May there were 139 referrals to the service. Staff completed 768 face to face appointments with young people, 109 first appointments were held and 44 young people's cases were closed. Staff told us that urgent referrals with high risk profiles were seen quickly and the standard appointment system would be by passed in order for this to happen. There was a clear criteria for young people who would be offered a service. For example the learning disability team would only take young people who were in special education and had a diagnosis of profound learning disability.
- The service liaised with schools and social workers to try to actively engage families who found it difficult to engage with services.
- There were monitoring systems in place for young people who did not attend (DNA) their appointments. Letters were sent to encourage the young person to engage. However, if two appointments were missed their case was closed. The Rochford hospital team had reduced their DNAs from 19% to 7%. The service offers flexibility in the times of appointments throughout the day. The majority of appointments ran on time However, if they did not the young people were told about the delay and apologies were given.

The facilities promote recovery, comfort, dignity and confidentiality

- Reception areas and waiting rooms were clean and nicely decorated throughout the service. They provided enough seating, books and toys for a variety of age groups. We saw there were information boards with a variety of posters and information leaflets on treatments, local services, patient rights, advocacy and how to complain were available.
- We saw a variety of private rooms across the services family/group therapy rooms and art rooms. Staff reported that the rooms were satisfactory and that they had enough room in the clinics to run group and individual sessions.

Are services responsive to people's needs?

Good

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

Meeting the needs of all people who use the service

- All services were suitable for young people and their families that required disabled access.
- Information leaflets were available in their different languages spoken by young people who use the service.
- Interpreters and signers could be requested if required. Staff told us that it took a week from the date of request for interpreter/signer to be in place.

Listening to and learning from concerns and complaints

- There were a total of 13 complaints for the service in the last 12 months. Nine complaints had been upheld and two were not upheld. Two were still under investigation. Outcomes of the complaint were logged and clear action plans had been set in order to reduce the risk of further complaints. We saw a compliments folder with compliments from schools parents and social workers.
- Young people told us they knew how to complain and would be happy to do so if they felt the need to. The service ran a Brainwork youth group which was attended by young people who were or had used the service previously. The group was supported to raise complaints about internal and external issues by staff. Staff were aware of the complaints procedure.However, most complaints were resolved at a local level by managers. The numbers of locally resolved complaints was not recorded. This meant we did not know how many had been made, what the outcome was and if any lessons were learnt.
- We saw evidence that the responded to the outcome of the family and friends test which highlighted that parents did not feel supported when their child was receiving treatment. This led to the trust providing a parent support. We saw 'how did we do?' forms which allowed young people and parents to feedback to the service. These forms were discussed within monthly management meetings in order to improve services.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We rated community mental health services for children and young people as good for well-led because:

- Staff were aware of the visions and values of the organisation and were able to tell us who the senior members of the trust were.
- Managers had access to trust data such as a monthly dashboard to gauge the performance of the teams and compare against others.
- Staff were able to access clinical and managerial supervision. 93% of staff had completed their annual appraisal and were compliant with their mandatory training.
- Managers discussed the clinical risk registers in the monthly senior manager meeting. They were linked to the trust's risk register.
- Sickness and absence rates were managed locally by managers.
- Staff reported good morale within the team and they felt supported and that MDT working was positive. Staff reported there are opportunities to put themselves forward for promotion.
- We saw evidence that staff were open and transparent and explained to young people and their families when something went wrong through the complaints process.

Our findings

Vision and values

- Staff were aware of the visions and values of the organisation.
- During the inspection the service was out to tender.Staff reported that this is difficult time due to the uncertainty of their future.However, they had felt supported by senior managers during this time and had been involved in the bidding process and felt their input was valued.Staff reported that they had been kept informed throughout the process by senior managers and the trusts human resources department
- Staff were able to tell us who the senior managers of the trust were and that the associate director was accessible and supportive of them.

Good governance

- Managers had access to trust data such as monthly dashboard to gauge the performance of the teams and compare against others.
- Staff were able to access clinical and managerial supervision and records showed 93% compliance. However, supervision records on the trust intranet did not distinguish between clinical and managerial supervision.
- 93% of staff had completed their annual appraisal and were compliant with their mandatory training.
- Managers discussed the clinical risk registers in a monthly senior management meeting. There were linked to trust risk register.

Leadership, morale and staff engagement

- Sickness and absence rates were managed locally by managers and figures showed 3.2% sickness from 1st April to the date of inspection.
- Staff reported there were no bullying and harassment cases.
- Staff were aware of the whistle blowing policy and reported they would feel able to raise concerns without fear of victimisation.
- Staff reported good morale within the team and they had felt supported.
- Staff reported there are opportunities to put themselves forward for promotion and they felt supported to do this.
- Leadership from managers and the associate director was good, they were visible within the locality teams and staff felt listened to and supported by them.
- Staff were open and transparent and explain to young people and their families when something went wrong through the complaints process. In accordance with the trust duty of candour policy.