

# The Hayes







## Quality Report

19 Newport Road  
Stafford  
ST16 1BA  
Tel: 01785 748447  
Website: [www.midlandspychology.co.uk](http://www.midlandspychology.co.uk)

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

### Ratings

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

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

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

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

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

# Summary of findings

## Overall summary

We found the following areas of good practice;

- The environment was visibly clean and all areas were well maintained. We saw electrical equipment had been safety tested and was up-to-date.
- There were enough staff and records showed all of the staff had completed their mandatory training.
- There were a range of evidence-based interventions used for assessing and working with young people on the autistic spectrum, and their families.
- The National Autistic Society had selected the service to participate in a research study starting January 2017.
- There were no waiting lists for the service. Most of the young people referred were seen between four and 13 weeks after referral for their first appointment.

- There was good staff morale and sickness rate at the time of the inspection was low.
- All of the staff had been trained in and had a good understanding of safeguarding children.

However, we also found the following issues that the service provider needs to improve;

- There were no cleaning schedules for toys.
- The scales and blood pressure machine was not calibrated.
- There was no access to leaflets in languages other than English.

# Summary of findings

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Good 

# The Hayes

**Services we looked at:**

Specialist community mental health services for children and young people

# Summary of this inspection

## Background to The Hayes

The Hayes is a community-based administrative and clinical facility provided by Midlands Psychology CIC. The Hayes provides autism assessments, interventions and follow-on support services to children and their families across the South Staffordshire area. They also provide training programmes to children, parents and professionals. They take referrals from any professional who knows the child and think they need an assessment for autism. They see young people in a range of venues such as health centres, schools, libraries but their main base is at The Hayes in Stafford.

The Hayes autism service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

CQC last inspected the service under the old framework in 2013 and found it met all of the standards required.

There was a registered manager at the time of inspection.

## Our inspection team

Team leader: Nicky Mountford, CQC inspector.

The team consisted of one other CQC inspector.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team;

- Visited The Hayes and the administration base for the service and looked at the quality of the environment and a range of policies, procedures and other documents relating to the running of the service.
- Spoke with one parent of a young person who used the service.
- Observed one clinical appointment.
- Spoke with the registered manager.
- Spoke with five other staff members including the head of the autism service, company secretary, psychologists and business and contract support officer.
- Looked at 10 young people's treatment records.
- Looked at five staff personnel files.

# Summary of this inspection

## What people who use the service say

We spoke to one parent who said the service was very responsive to their needs as a family and a clinician could always be accessed quickly if needed. They told us they were part of the parents' group and found it useful to share stories and experiences.

# 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 found the following areas of good practice;

- The environment was visibly clean and all areas were well maintained. We saw electrical equipment had been safety tested and was in date.
- There were enough staff and records showed all staff had completed their mandatory training.
- The staff had regular supervision and appraisals where caseload management was discussed.
- Staff completed risk assessments as required.
- There were no waiting lists and every young person had a care coordinator.
- All staff were trained in safeguarding children levels 2 and 3 and knew how and when to raise an alert.
- There had been no serious incidents during the twelve months prior to inspection.
- The staff we spoke with knew how and when to report an incident.

However, we also found the following issues that the service provider needs to improve;

- The service had not calibrated the scales and blood pressure machine used once a month by the psychiatrist.
- There were no cleaning records to show toys in the waiting rooms and treatment rooms had been cleaned.

Good



### Are services effective?

We found the following areas of good practice;

- All of the records we looked at contained comprehensive assessments that were completed in a timely manner.
- All of the records were in paper format. The service stored these securely and they were readily available for staff. An electronic database contained young people's details.
- When staff travelled to see young people in other areas, they transported records in a secure box file.
- There were a range of evidence-based interventions used for assessing and working with young people on the autistic spectrum, and their families.
- There was a good range of disciplines required to deliver an autism service to young people and their families.
- Staff were suitably experienced and qualified for their roles.

Good



# Summary of this inspection

- Records showed all staff received a comprehensive induction when they started. This included a clinical induction as well as a meeting with IT and the business officer.
- The staff we spoke with had a good understanding of capacity and Gillick competence but Mental Capacity Act training was not part of their mandatory training.

However, we also found the following issues that the service provider needs to improve;

- The use of outcome measures to assess and monitor progress was variable.

## Are services caring?

We found the following areas of good practice;

- We observed one clinical appointment and the clinician engaged appropriately with the young person throughout the appointment.
- We spoke with one parent who said they felt staff were very understanding and respectful of their family's needs.
- Records showed active involvement of parents and young people in their care.
- Young people and their families were able to give feedback via a box in the entranceway, within the parent group meetings, during sessions and via the complaints and compliments procedure.

Good



## Are services responsive?

We found the following areas of good practice;

- There were no waiting lists for the service. Most of the young people referred were seen between four and 13 weeks for their first appointment.
- There was a clear eligibility criterion for the service and there were no gaps in service provision across South Staffordshire despite the different commissioners commissioning slightly different packages of care.
- The service catered for young people with autism. We saw records showing the service responded promptly to parents and professionals when they phoned in or requested advice on autism. If the young person had a mental health crisis, staff directed them to their local child and adolescent mental health team.
- The service was open Monday to Friday from 0900 to 1700. However, clinicians were flexible with their appointment times and regularly offered evenings and weekends.

Good





# Summary of this inspection

- There was a range of rooms and equipment to support assessments and interventions.
- Staff offered parents' information leaflets about the service and what they could expect. There was also a good range of information available on autism and related difficulties.
- There was good access for young people and families with mobility issues and there was access to an interpreting service.
- There was a leaflet given at the time of the first appointment explaining the complaints and compliments service.

However, we also found the following issues that the service provider needs to improve;

- There were no leaflets available in languages other than English.

## Are services well-led?

We found the following areas of good practice;

- All of the staff we spoke with agreed with the organisation's values and felt involved in the development and delivery of the service. There was good staff morale, and the sickness rate at the time of our inspection was low.
- Staff training, appraisals and supervision were up-to date at the time of inspection.
- Staff had weekly team meetings. Managers discussed any concerns or matters raised in the heads of service meetings that took place every six weeks.
- Minutes of parent group meetings and heads of service meetings showed issues raised had been shared with senior managers and the quarterly reports prepared for the commissioners had been shared with parents and clinicians.
- The head of service felt they had enough authority and administrative support to do their job.
- All policies and procedures were up-to-date at the time of inspection.
- The National Autistic Society and Aston University had selected the service to participate in a research study starting January 2017.

**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 to help reach an overall judgement about the provider.

As a specialist, community service for children and young people specifically focused on the assessment and

treatment of autistic conditions, staff did not routinely receive training on the Mental Health Act. If any young people became mentally unwell, staff referred them to the local child and adolescent mental health service.

## Mental Capacity Act and Deprivation of Liberty Safeguards

As a specialist children and young people's community autism service, staff were not routinely trained in the Mental Capacity Act. The staff we spoke with had a good understanding of consent and capacity issues. In the records we looked at, there were consent forms for parents to sign to say they gave consent for information to be shared with other agencies.

The clinicians told us if there was any discussion around capacity, competence and consent it would be recorded in the notes. For example, if a young person did not want to attend the sessions but the parents were attending the parenting group, the clinician recorded this and continued to work with the parents.






## 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	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Specialist community mental health services for children and young people

Good 

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

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

Good 

### Safe and clean environment

- The service was provided at The Hayes, which was a large Victorian house over two floors. To gain entry, visitors had to ring a bell and wait for the door to be opened. The environment was visibly clean and all of the furniture was well maintained. We saw an up-to-date building assessment that showed it met with fire regulations. All of the electrical equipment had been safety tested and was in date.
- The treatment rooms were large and adequately sound proofed. There were no room alarms and staff did not have personal alarms but they were able to describe how they would keep themselves safe during a session by sitting near the door or doing joint appointments. There had never been any incidents reported that required an alarm. Most of the young people attended appointments with their parents and many of the appointments took place at other venues.
- Infection control was not part of the mandatory training as the service was not a hospital or provider of healthcare. However, there was an up-to-date infection control policy that all staff read and signed to say they adhered to it.
- There were toys in the waiting areas and treatment rooms. At the time of inspection, it was not clear how

often these were cleaned, as there were no records. We raised this issue with the company secretary and she immediately introduced cleaning schedules to ensure the toys were cleaned regularly.

- There were no rooms suitable to carry out physical examinations, as the service did not require this. The service employed a psychiatrist for one day per month. They used weighing scales, a height measure and a blood pressure machine. There was no evidence to show this equipment had been calibrated. We raised this as a concern at the time of inspection and the secretary assured us she would arrange for them to be calibrated.

### Safe staffing

- At the time of inspection, there were 20 whole time equivalent staff members including clinical psychologists, educational psychologists, a paediatric psychologist, a clinical nurse specialist, cognitive behavioural therapists, speech and language therapists and occupational therapists. There were three vacancies for a clinical psychologist, an educational psychologist and a speech and language therapist.
- In the twelve months prior to inspection, the sickness rate was 3.62% and the staff turnover rate was 16.2%. This was because three staff members had left recently due to career progression, one had retired, one had moved away from the area and one had had a change of career.
- The average caseload per full time clinician was difficult to estimate due to the varying complexity of cases and because not all cases would be actively worked at any one time due to the nature of an autism assessment or intervention. Staff and managers discussed caseload in

# Specialist community mental health services for children and young people

Good 

supervision. The autism assessment would then be completed within four weeks to a year depending on complexity and need. There were no young people without a care coordinator.

- All staff had completed and were up-to-date with their mandatory training.

## Assessing and managing risk to patients and staff

- We looked at 10 young people's records and saw that staff would complete a nationally recognised risk assessment if risk was indicated. We saw one file that contained information about the risk of the young person offending and staff had completed a risk assessment to support this.
- The service was not a mental health service. If one of the young people had/experienced a mental health crisis, staff referred them to the local child and adolescent mental health service. The parent we spoke with and the records we looked at demonstrated that clinicians responded quickly to parents and professionals when they phoned for advice and guidance.
- All staff had completed level 1 safeguarding training, all clinical staff had completed level 2 safeguarding training and the safeguarding lead and their deputy had completed level 4 training. All of the staff we spoke with knew how and when to raise a safeguarding alert.
- We saw an up-to-date lone working policy and all of the staff had signed to say they had read it and adhere to it. The staff we spoke explained how they kept themselves safe.

## Track record on safety

- There had been no serious incidents in the 12 months prior to inspection.

## Reporting incidents and learning from when things go wrong

- All of the staff we spoke with knew how and when to report an incident. There had only been one minor incident in the past 12 months and this was still under investigation at the time of inspection.
- Staff understood the meaning of duty of candour and told us they explained to patients when things went wrong. The service/provider did not have a specific Duty of Candour policy but included the principles in their complaints policy and clinical governance policy.

- There had been no completed incidents at the time of inspection for us to track how the service investigated and learnt from the incidents. Staff told us they expected to receive feedback at their weekly team meetings.
- The staff we spoke with were confident they would be receive debriefs if a serious incident occurred.

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

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- We looked at 10 young people's records. All of the young people were referred to the service specifically for an autism assessment. All of the records we looked at contained a comprehensive screening assessment that indicated whether further assessment for autism was required.
- The service did not use care plans. Once staff completed the initial assessment, the clinician wrote a letter to the parents or the young person outlining the plan of care.
- All of the records were paper based. The service/staff stored them securely in locked filing cabinets in the administration office. If staff saw young people at other premises, they transported their notes in a secure box file.

## Best practice in treatment and care

- The service used registered and validated tools to support the diagnostic process, including the Diagnostic Interview for Social and Communication Disorders (DISCO), ADI-R and the Autistic Diagnostic Observation Schedule (ADOS). A range of evidence-based therapeutic interventions was used, including employing a psychiatrist one day a month in order to prescribe medications in line with the national institute of health and care excellence guidance autism spectrum disorder in under 19s: recognition, referral and diagnosis and autism spectrum disorder in under 19s: support and management.
- The service was a member of the Child Outcomes Research Consortium (CORC) and used strengths and

# Specialist community mental health services for children and young people

Good 

difficulties questionnaires (SDQS) to measure the effectiveness of the interventions used. However, only five out of the 10 notes we looked in had an SDQ completed.

- During 2016 staff in the autism service had participated in two clinical audits. These were; Clinical effectiveness of parent training, which was an audit of children with autism who have concurrent feeding problems. Presenting problems, formulation, parent training and clinical outcomes were audited. Audit data was used to amend and expand the parent training programme. And mental health referrals to Child and Adolescent Mental Health Service, which was an audit of presenting problems, clinical diagnoses, responses to requests, actions and outcomes. This data had been used to modify the clinical pathway for children who are suspected of having a co-morbid mental health condition. The service aims to complete a minimum of two clinical audits per year.
- The service had recently been selected by the National Autistic Society to take part in research on the Diagnostic Interview for Social and Communication Disorders, which is a semi structured interview that collects information in order to support the assessment process.

## Skilled staff to deliver care

- The team included a range of disciplines such as psychologists, occupational therapists, speech and language therapists, cognitive behavioural therapists, a clinical nurse specialist and a psychiatrist. All of the staff were experienced clinicians with varying degrees of expertise in autism.
- Records showed all staff received regular supervision and appraisal.
- There were no staff subject to performance management at the time of our inspection but staff told us that managers addressed any issues promptly and effectively.
- The majority of staff had received specialist training for their role such as sensory processing, understanding and managing feeding disorders and psychodynamic play therapy.

## Multidisciplinary and inter-agency team work

- Staff had weekly team meetings where they discussed cases and business matters. The heads of service met on a six weekly basis and reported to the board.

- The records we looked at showed there were very good links and communication with other organisations, for example, schools and children's services. There was a joint working protocol in place between the service and the local trust's children's services, for example child and adolescent mental health service. This ensured that children and young people received the right care from the most appropriate service and no child fell through any gaps in services.
- The service had good links with the local National Autistic Society.

## Adherence to the MHA and the MHA Code of Practice

- As a specialist, community service for children and young people specifically focused on the assessment and treatment of autistic conditions, staff did not routinely receive training on the Mental Health Act. If any young people became mentally unwell, staff referred them to the local child and adolescent mental health service.

## Good practice in applying the MCA

- As a specialist community service for children and young people, staff did not routinely receive training on the Mental Capacity Act. However, staff had a good understanding of consent and capacity issues applicable to children, young people and their families. In the records we looked at; there were consent forms for parents to sign to say they gave consent for information to be shared with other agencies. The clinicians told us they recorded any discussions around capacity, competence and consent in their notes. For example, if a young person did not want to attend sessions but their parents attended the parenting group, the clinician recorded this and continued to work with the parents.
- The staff had a good understanding of Gillick competency but they did not receive specific training on it. Gillick competence is a term used in medical law to decide whether a child under 16 years old is able to consent to his or her medical treatment without the need for parental permission.

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

# Specialist community mental health services for children and young people

Good 

Good 

## Kindness, dignity, respect and support

- We observed one clinical appointment. The staff member engaged appropriately with the young person and was mindful of their feelings throughout the appointment. The clinician listened to the views of the young person and their parents.
- We spoke with one parent who said they felt listened to and understood by the staff. They felt the staff were respectful of the family's needs at all times, which had reduced the stress and anxiety within the family.
- The staff referred to the young people and their families in a positive way throughout the inspection and the young people's records showed the staff ensure all the young people get the support they need, by signposting or referring onto a more appropriate service if required.
- The service recognised that families needed support at different times throughout the young person's life. This meant that after the young person received a diagnosis and completed any interventions, the family and the young person could contact the service at any time without having to seek a re-referral.

## The involvement of people in the care they receive

- Records showed that parents were actively involved in their child's care and were supported to learn about their child's condition and needs.
- There was a parents' group that met every two months. We saw minutes of meetings showing that parents were involved in service delivery and development. There was also a parent representative involved in the recruitment of staff.
- Young people and their families had a number of options for giving feedback to the service. There was a feedback box in the entrance of the building, they received complaints and compliments form after the first appointment, and they could make comments in their sessions. The service had a social media page that facilitated communication between parents and clinicians, and showed feedback about groups or sessions.

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

Good 

## Access and discharge

- At the time of our inspection, there was no waiting list for the service. The quarterly report for July to September 2016 showed 15 young people received an appointment for within four weeks of their referral, 83 within four to 13 weeks and three between 13 and 18 weeks.
- The service did not receive urgent referrals as all referrals were specifically for an autism assessment. Other services addressed any urgent mental health or safeguarding concerns prior to referral in line with the joint working protocol with South Staffordshire and Shropshire Healthcare NHS Foundation trust.
- The service had clear access criteria. If the service felt a referral was inappropriate, they signposted the referrer to the most appropriate service to meet the child's needs.
- The July to September 2016 quarterly report showed the length of time it took from initial assessment to diagnosis. The service diagnosed 17 children within four to 13 weeks, 14 children within 13 to 18 weeks, and 28 children within 18 to 26 weeks. It took more than 26 weeks to diagnose 37 children because of their complexity and the involvement of other services and organisations.
- Young people with a diagnosis and their parents had access to support, advice and intervention from the service until the young person reached 18 years of age with no need for another referral. The service ran 'surgeries' across the county for parents to drop in or they could phone and arrange an appointment.
- Staff offered appointments at a range of premises across the county including libraries, health centres and schools. The service offered home visits if appropriate. The service operated from Monday to Friday and kept normal business hours of 0900 to 1700. However, the service arranged evening and weekend appointments if required by the family.



# Specialist community mental health services for children and young people

Good 

- The percentage of people that did not attend their appointment was 5.43% as of September 2016. The team actively tried to engage people who did not want to attend by offering a range of interventions and flexibility to appointments.
- Staff told us they cancelled appointments only when necessary. We did not see any evidence to suggest appointments were cancelled.

## The facilities promote recovery, comfort, dignity and confidentiality

- There were many rooms available at The Hayes and all were suitable for meeting young people and their families. Some larger rooms were suitable for group work. The rooms were comfortable and had appropriate toys and games for a children's service.
- The entrance and waiting area and was large and had a noticeboard up with information about autism and other related services.
- Staff gave out leaflets and information about the service including how to complain at the first appointment.

## Meeting the needs of all people who use the service

- There was easy access for people with mobility issues. Information leaflets were not available in any language other than English but there was access to an interpreter service where required.

## Listening to and learning from concerns and complaints

- There had been two complaints in the 12 months prior to inspection. No complaints had been upheld or referred to the ombudsman.
- The staff we spoke with knew the complaints procedure and how to handle complaints. They said that in the first instance they would try to resolve them, if appropriate, before passing them on.
- The staff received any feedback on complaints at team meetings, in one-to-one sessions, or via email.

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

Good 

### Vision and values

- It was a small organisation and all of the staff agreed with and worked within the organisation's values.
- The staff knew who the senior managers were and said they were approachable and visible.

### Good governance

- All of the staff were up-to-date with their training, appraisal and supervision.
- Minutes of meetings showed there were good communication systems and processes throughout the organisation such as team meetings, parents' groups, heads of service meetings and the board.
- The provider collated a range of data on activity, referrals and outcomes to help assess its performance. The provider produced a quarterly performance report that it shared with commissioners, all staff and the parents' group.
- The head of service felt they had enough authority and administrative support to do their job.
- Staff and managers shared any concerns in the appropriate forums, for example, staff team meetings, heads of service meetings, clinical governance group. Managers added appropriate items to the risk register.

### Leadership, morale and staff engagement

- The staff spoke positively about the leadership. All staff said they worked hard as a team in a very open and transparent organisation where they felt able to contribute towards service delivery and development.
- The average sickness rate was low and there were no bullying or harassment cases at the time of our inspection.
- There was an up-to-date whistleblowing policy that all staff had read and signed to say they understood it. The staff we spoke with said they would feel comfortable raising any issues with the leadership team or board.

# Specialist community mental health services for children and young people

Good 

- There was not a specific Duty of Candour policy but the provider included the principles in its complaints policy and clinical governance policy. Staff understood the meaning of duty of candour and told us they explained to patients when things went wrong.

## **Commitment to quality improvement and innovation**

- The service was a member of the Child Outcome Research Consortium (CORC). CORC are an organisation that collects and uses evidence to improve children and young people's well-being.
- The National Autistic Society had selected the service to participate in research on the Diagnostic Interview for Social and Communication Disorders (DISCO), that was due to start in January 2017.



# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure cleaning schedules for toys in the waiting areas and treatment rooms are maintained.
- The provider should ensure scales and blood pressure machines are calibrated regularly.
- The provider should ensure Strengths and Difficulties Questionnaires or other outcome measures are used consistently.
- The provider should ensure that it can offer information leaflets in languages spoken by people who use the service, where needed.