Care in Mind

Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated Care in Mind as good because:

- Clinical premises where young people were seen were safe and clean. Each young person had an assigned clinical psychiatrist, clinical psychologist and clinical nurse specialist. The numbers of young people allocated to each was not too high to prevent staff from giving each young person the time they needed. Staff completed risk assessments for all young people and these were updated regularly.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with the young people. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the young people. Staff engaged in audits to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the young people. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team.
- Staff treated the young people with compassion and kindness, respected their privacy and dignity, and understood the individual needs of the young people. The service user involvement coordinator and young person's champion facilitated and encouraged the young people to have a voice within the service.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However:

- Staff could not access all documents contained within the young person's care record, such as the comprehensive assessment which was password protected.
- Residential staff handovers recorded on the electronic system, although detailed, did not record general updates about the young people and their status, just significant events or news. Some young people reported that they felt that they could often be asked repeated questions from different staff members, indicating that this information had not been handed over.
- Management supervision of staff was not always held regularly and in line with the provider's policy, although staff did report that they felt supported by managers.
- The young people at two homes raised concerns about the amount of time staff spent in the office, as opposed to engaging with the young people.
- Care plans did not consider the identity of the young people and how staff may be able to support the young people with this.
- Staff were not aware of lessons learnt from incidents across the houses and organisation, although were aware of local lessons learnt.
- Governance systems and processes were still in development and the impact of these was not yet fully clear.

Summary of findings

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Good

Care in Mind

Services we looked at

Specialist community mental health services for children and young people

Summary of this inspection

Background to Care in Mind

Care in Mind has been registered with CQC since November 2016; the service was registered prior to this from a different location. The service provides community-based care and treatment for young people aged 16 to 30 with complex mental health needs. The service is multidisciplinary and includes psychiatrists, psychologists, nurse consultants and therapists.

At the time of the inspection, Care in Mind had nine residential homes across the north of England where young people would reside whilst accessing care and treatment from Care in Mind:

- Brockenhurst in Warrington;
- Cherryhurst in West Kirby, Wirral;
- Elmhurst in Stockport;
- Lyndhurst in Liversedge, West Yorkshire;
- Moor Villa Farm in York;
- Reservoir Lodge in Leeds;
- Stubble Bank in Bury;
- Westfield House in Neston, Wirral;
- Willowhurst in Preston.

Care in Mind also provided an independent flat located next to Stubble Bank in Bury called The Stables.

Care in Mind's head office is based in Stockport and appointments with clinical staff are accessed at this location. The provider has two further hub locations in Yorkshire and Lancashire to facilitate therapies for the young people in those areas. The young people would also have appointments with their clinical nurse specialists within the residential homes.

The residential homes were not registered as separate locations with CQC. The clinical provision delivered from the clinical hubs was registered with CQC, along with how this was delivered into the residential homes by the teams.

There was a registered manager in post.

Care in Mind is registered to provide the following regulated activities:

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

The last inspection of Care in Mind took place in August 2017 where the provider was rated good overall and in each domain.

Our inspection team

The team that inspected the service comprised of two CQC inspectors.

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.

Summary of this inspection

We visited three of the nine residential homes to speak with the young people and staff, as well as review information and records held by the residential teams. These homes were Willowhurst, Moor Villa Farm and Elmhurst. We inspected the Care in Mind head office in Stockport on the final day of the inspection.

At the time of the inspection, there were 11 young people residing within the three homes visited.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During the inspection visit, the inspection team:

- visited three residential homes to speak with the young people, staff and review records;
- spoke with eight young people who were using the service;
- spoke with the nominated individual;
- spoke with 20 other staff members; including clinical psychiatrists, clinical psychologists, clinical nurse specialists, service user involvement lead, young people's champion, residential leads, residential managers, support workers, senior support workers, head of residential services, quality compliance manager and human resources advisor;
- received feedback about the service from care co-ordinators or commissioners;
- looked at eight care and treatment records of young people:
- carried out a specific check of the medication management at the three residential homes; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with eight young people. The young people described staff as respectful and caring. The young people felt that they had positive relationships with staff. The young people were involved in their care and treatment and were given opportunities to be engaged in this process. The young people described that staff supported them and gave them information. Some young people raised concerns about residential staff spending time in the offices doing paperwork rather than engaging with the young people. Further concerns were raised by some young people about significant changes to their clinical teams due to staff changes and long-term sickness. These young people were concerned about losing the positive relationships that had been built with their previous clinicians. The provider had taken actions to manage and support the young people during this period.

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?

Good

We rated safe as good because:

- The environment at the head office clinical hub which young people attended for therapy sessions and meetings was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough clinical staff, who knew the young people and received training to keep the young people safe from avoidable harm. The number of young people on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each young person the time they needed.
- Staff assessed and managed risks to the young people and themselves. Staff completed risk assessments for all young people and these were updated regularly. Staff followed personal safety protocols.
- Staff understood how to protect young people from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept detailed records of the young people's care and treatment. Records were clear, up to date and easily available to all staff providing care.
- Staff followed a safe and secure process for storing and recording forms used for prescriptions.

However:

- Staff could not access all documents contained within the young person's care record, such as the comprehensive assessment which was password protected.

Are services effective?

Good

We rated effective as good because:

- Staff assessed the mental health needs of all young people. They worked with the young people to develop individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for the young people based on national guidance and best practice. They ensured that young people had access to physical healthcare and supported young people to live healthier lives.

Summary of this inspection

- The teams included or had access to the full range of specialists required to meet the needs of young people under their care. Managers made sure that staff had a range of skills needed to provide high quality care.
- The service provided a comprehensive corporate induction and mandatory training programme for new starters that received positive feedback from staff.
- Staff from different disciplines worked together as a team to benefit young people. They supported each other to make sure young people had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation.
- Staff supported young people to make decisions on their care for themselves proportionate to their competence. Staff assessed and recorded consent and capacity or competence clearly for young people who might have impaired mental capacity or competence.

However:

- Residential staff handovers recorded on the electronic system, although detailed, did not record general updates about the young people and their status, just significant events or news. Some young people reported that they felt that they could often be asked repeated questions from different staff members, indicating that this information had not been handed over.
- Management supervision of staff was not always held regularly and in line with the provider's policy, although staff did report that they felt supported by managers.

Are services caring?

Good

We rated caring as good because:

- Staff treated the young people with compassion and kindness. They understood the individual needs of the young people and supported them to understand and manage their care, treatment or condition.
- Staff involved the young people in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that young people had easy access to advocates when needed.
- The provider employed a service user involvement coordinator and young people's champions to engage and promote the young people's voices within the service. These roles helped to encourage the young people to participate and provide feedback about the service.

Summary of this inspection

- A service user feedback survey had been recently completed and audited. An action plan had been created following this to use the young people's feedback to improve the service provided.

However:

- The young people at two homes raised concerns about the amount of time staff spent in the office, as opposed to engaging with the young people.
- Some young people raised concerns about significant changes to their allocated clinical teams due to staff changes and long-term sickness. The provider had taken actions to manage and support the young people during this period.

Are services responsive?

Good

We rated responsive as good because:

- The service had a clear referral and exclusion criteria.
- The service met the needs of all young people including those with a protected characteristic. Staff helped young people with communication, advocacy and cultural and spiritual support.
- The environment was welcoming to the young people and accessible for those who people with specific needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

However:

- Care plans did not consider the identity of the young people and how staff may be able to support the young people with this.

Are services well-led?

Good

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for young people and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.
- The provider had made recent changes to its governance and management structures, which provided clear lines of accountability and roles. The provider was developing processes to analyse data in a more efficient and effective manner to improve oversight and monitoring of the service.

Summary of this inspection

However:

- Governance systems and processes were still in development and the impact of these was not yet fully clear.
- Staff were not aware of lessons learnt from incidents across the houses and organisation, although were aware of local lessons learnt.

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.

Staff received and were up to date with training on the Mental Health Act and the Mental Health Act Code of Practice. Information provided prior to the inspection indicated a compliance rate of 93%. Staff were aware of how to access support and advice in respect of the Mental Health Act and Code of Practice when required.

Of the eight care records reviewed, none of the young people were on a community treatment order.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were trained in the Mental Capacity Act. Information provided prior to the inspection indicated a compliance rate of 93%. A training session had been developed for residential staff around the Mental Capacity Act to improve staff knowledge. The presentation had been developed and sessions were due to be starting at the time of the inspection.

There was a clear policy on the Mental Capacity Act and Deprivation of Liberty Safeguards, which staff knew how to access. Staff were aware of how to access advice and support.

There was evidence in the care records reviewed that the capacity of the young people had been assessed.

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

Staff provided therapy sessions and reviews of young people at one of the clinical hubs or at the residential service the young people lived in. The clinical hub in Stockport was clean, tidy and well furnished. The entrance to the building was locked and a buzzer was used to request access to the building. There were several therapy rooms available and there were two large meeting rooms.

Safe staffing

In the 12 months prior to June 2019, the provider had a reported sickness rate of 3.4%. The total turnover of substantive staff leavers for the same 12-month period was 34.9% and the vacancy rate was reported as 12.5%. At the inspection, managers reported that some of the vacant posts had been filled and were awaiting the staff to start. At Willowhurst and Elmhurst, managers noted that there had been difficulties with recruitment in those areas. Managers gave examples of the ways in which they were trying to promote and recruit staff to fill the remaining vacancies.

Between March 2019 and June 2019, the service did not use any agency staff. In this period, bank members of staff filled 355 shifts. The service had regular teams of bank staff who completed the same training and induction as permanent members of staff. Where required, managers could liaise with the other homes to access staff if there were staffing difficulties at their home.

The provider had individual staffing structures for homes with five beds and homes with fewer than five. This structure indicated each home should have a residential manager, deputy manager, senior support workers, support workers and waking night support workers.

The provider had two permanent consultant psychiatrists in post at the time of inspection. Each young person had an allocated consultant psychiatrist, consultant psychologist and clinical nurse specialist.

The service had a residential on-call and clinical on-call to provide advice, support and guidance to staff.

Staff had completed and kept up to date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. The provider required all staff to complete their initial mandatory training as part of their induction and prior to them starting work in the service. From the training data submitted by the provider in June 2019, they had an overall compliance rate of 82% for the 18 training courses that were identified as mandatory.

Staff were trained in emergency first aid with a compliance rate of 100%. Clinical staff were trained in cardiopulmonary resuscitation (CPR). Staff were trained in managing violence and aggression and breakaway as part of the service induction.

Assessing and managing risk to patients and staff

We reviewed eight care records. Staff completed a risk assessment for each young person when they began using the service and reviewed this regularly, including after any incident. Staff used a recognised risk assessment tool.

Specialist community mental health services for children and young people

Good

Staff monitored the young people's physical health. A physical health screen was encouraged on entry into the service and the information was documented within the care records. There was evidence of ongoing monitoring of the young people's physical health.

Staff followed clear personal safety protocols, including for lone working. The provider had an up to date lone working policy.

Safeguarding

Staff received training on how to recognise and report abuse, appropriate for their role. Care staff completed level 3 safeguarding training which was required to be refreshed every two years. The provider submitted training data prior to the inspection in June 2019 which indicated that 92% of staff were up to date with this training. The provider noted that some staff were in the process of completing the refresher training. Office staff completed level 1 safeguarding training and the completion percentage was 88% prior to the inspection.

Staff were aware of the processes in place and how to identify safeguarding concerns. Safeguarding was recording on the electronic care record where actions and follow up information could be recorded. Managers were able to keep track of open and closed safeguarding and meetings were held regular to discuss any open safeguarding. The provider had identified safeguarding leads and these were displayed in the offices at each residential home. Staff knew who to contact if they needed any advice or support with a safeguarding concern.

The provider had a safeguarding programme in place to explore safeguarding topics and materials with the young people at local house meetings, giving the young people the opportunity to reflect on and discuss risks.

Managers reported positive working relationships with local safeguarding teams and agencies.

Staff access to essential information

The provider had implemented an electronic care record system since the previous inspection. Staff had individual access to the system and knew how to access information about the young people. Whilst reviewing the electronic care records, we observed that certain documents and assessments required a password to access, such as the initial assessment of the young person. Staff advised that they would not routinely access this.

The provider had separate paper files for medication records, physical healthcare and A&E files for the young people. These files were locked away securely in the staff office. Staff could access this information without delay and when required.

Medicines management

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medication was securely locked away in the staff offices. Each young person's medication was stored in individual cabinets. Staff recorded when medication was administered and completed regular stock checks. The provider had a medicines management training programme that staff were required to complete before working with medication independently. Data provided prior to the inspection indicated that 80% of staff had completed the medicines management training.

Some young people were able to manage their medication independently. The young people were required to complete a medication management training programme before they were signed off to do this.

Medication audits and checks were undertaken. There was evidence of learning being fed back to staff to ensure that improvements were made where identified.

Track record on safety

At the time of the inspection, the provider had reported no serious incidents in the last 12 months prior to inspection.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. Staff reported all incidents that they should report. Staff reported incidents clearly and in line with the service's policy. The service had a high frequency of self harm and incidents involving contact with the police due to the young people going missing from home.

The provider had begun to implement and make improvements to the missing from home protocol and to improve understanding with local police teams. A traffic light system had been created that would indicate level of risk and would be implemented in a way that was localised and with a shared understanding. This protocol had not been implemented across all the homes at the time of inspection.

Specialist community mental health services for children and young people

Good

Staff understood the duty of candour. They were open, transparent and gave young people a full explanation if and when things went wrong.

The provider had identified no incidents that had met the threshold to be notifiable under the duty of candour in the 12 months prior to the inspection. One incident had been flagged initially as meeting the threshold and the initial process had been started. On review of this incident, the provider decided that it did not ultimately meet the threshold for the duty of candour. Managers were aware of how they could access support and advice around this process.

Managers debriefed and supported staff after any incident. Staff offered the young people debriefs after each incident. Lessons learnt following incidents were discussed at a local level and managers could describe what the lessons were and how they were communicated with staff. There was evidence of this information being shared during team meetings. Staff could describe lessons learnt at a local level but not from other houses or across the organisation.

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 reviewed eight care records. Staff completed a comprehensive mental health assessment of each young person. Staff made sure that young people had a full physical health assessment and knew about any physical health problems. Staff developed a comprehensive care plan for each young person that met their mental and physical health needs. Staff regularly reviewed and updated care plans when the young people's needs changed. Care plans were personalised, holistic and recovery-orientated.

Best practice in treatment and care

Staff provided a range of care and treatment suitable for the young people in the service. Staff delivered care in line with best practice and national guidance.

The provider used a structured clinical management for adolescents model alongside individual psychological therapy for the young people. This model had been developed for adolescents by the service with support from the creators of the model. The model supported the young people to learn and implement skills in relation to areas such as managing relationships, problem-solving, tolerating emotions and impulse control. Young people could attend group sessions as part of the model, which taught them skills that were then reflected on and supported by individual sessions and the staff within the homes.

Staff made sure the young people had support for their physical health needs, either from their GP or community services. The young people would be encouraged to access a physical health screen on entry to the service at the GP, including a blood test and an electrocardiogram test. Staff noted that not all young people were willing to access support in respect of their physical health. Staff would encourage the young people to engage in this or it could be set as a goal for the young person. Staff supported the young people to live healthier lives by encouraging them to take part in programmes or giving advice.

The provider continued to use accident and emergency letters for the young people. The letters were written by the consultant psychiatrist. The letters included an explanation of the history and presentation of the young person and their current needs, how to assist in their recovery in relation to treatment options. The purpose of the letters was to avoid young people having to explain their history to the staff at the hospital and for the hospital staff to work with the model of care provided.

The provider had implemented a child sexual exploitation screening tool. This tool was used during screening by a clinician and discussed during the referrals process to ensure that the service was considering and aware of all associated risks with child sexual exploitation. The tool could also be used where a risk developed with a young person already in the service. The screening tool enabled staff to explore these risk areas and ensure that appropriate risk management and care planning was in place where necessary. The provider had identified that this had also improved the screening process, as it

highlighted inappropriate referrals where the risk level of child sexual exploitation may impact on the provider's ability to manage the risk safely in line with the model of care.

Staff used technology to support the young people. The young people had access to their care records by using an app on their tablet or smart device. The young people were able to access and leave comments on their records in their own time, as well as complete outcome measures and pre-authorised documents on their electronic record. The provider also encouraged the young people to access other electronic applications to support the work being done within the service.

The provider had implemented the safewards for safe homes model and this was embedded into the Care in Mind model of care. This helped to support the provider's approach of being a least restrictive service.

The provider undertook quality assurance audits to monitor their compliance with guidelines. There was an audit calendar in place for the provider. Audits included physical health monitoring, medicine administration record charts and file reviews. Where issues were identified in these audits, actions were created by the provider and staff made aware of any changes.

Skilled staff to deliver care

The service had access to a range of specialists to meet the needs of the young people. The service employed consultant psychiatrists, consultant psychologists, clinical nurse specialists, art and family therapists, along with residential staff teams.

All new starters at Care in Mind had to attend a corporate induction prior to starting work in the residential and clinical teams. This was a seven-day training course that covered a number of areas, including aspects of the Care in Mind model of care, lone working, safe ligature removal, managing violence and aggression and breakaway. A further site-specific induction would then be completed following this. Staff gave positive feedback about the corporate induction and training, saying this helped to prepare them for the job.

For the 12 months prior to June 2019, the clinical supervision rate was 83%. This rate was lower than the provider's target of 92%, with an explanation being provided that staff sickness had impacted on this figure.

The provider noted that clinical staff also had access to additional monthly staff support sessions. The clinical team management supervision rate was above the provider's target of 83%.

Formal management supervision was not being held consistently for all staff members across the three teams visited. The Care in Mind supervision policy stated that management supervision should take place every four to six weeks. Records reviewed on inspection indicated that this frequency was not always maintained. The electronic supervision records required managers to upload and maintain the supervision records. When reviewing the supervision records, managers noted that some of the gaps on the records were because the relevant processes had not yet been completed. Following the inspection, the provider was able to provide the probation and supervision dates recorded by the human resources department for the six months prior to the inspection. This information indicated better numbers than viewed on inspection, although there were still some gaps in supervision being held. The provider noted management changes and difficulty in recruitment to the deputy posts as contributing to challenges in ensuring this was up to date.

Staff were able to access support through other means, such as reflective practice sessions, group supervision, case reviews, debriefs and informal supervision. Staff reported that they felt supported in their roles and could approach managers when required.

Managers supported staff through regular, constructive appraisals of their work. Prior to the inspection, the provider reported the appraisal rate as 97% for residential staff and 100% for clinical staff.

Managers booked regular team meetings that staff could attend and the minutes were recorded on the electronic recording system. The minutes were available to staff who could not attend the meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers recognised poor performance, could identify the reasons and dealt with these. Managers understood what factors may indicate poor performance and could describe how they would address this.

Multi-disciplinary and inter-agency team work

Specialist community mental health services for children and young people

Good

Staff held regular multidisciplinary meetings to discuss young people and improve their care. Staff made sure they shared clear information about young people and any changes in their care. Staff encouraged the young people to be involved and engaged in this process.

The provider was working towards building more effective working relationships with external teams and organisations. The provider was hoping to engage and build better working relationships with local police and health teams in each area, to improve their understanding of the Care in Mind model and ways of working. This work had begun in some areas but not all.

Handovers were documented on the electronic record system. There was a standard format for all handovers. The handover document recorded significant events or news that staff may need to be aware of for each young person. It was not clear how general updates about the young people were shared between staff. Managers advised that staff would be recommended to read the daily notes prior to working with the young people, however, there was no method in which managers could be assured this was happening. Some of the young people commented that they felt that they were often asked the same questions by staff members, indicating that the staff team were not handing this information over between shifts. The provider was considering how improvements could be made to this process.

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

Staff received and were up to date with training on the Mental Health Act and the Mental Health Act Code of Practice. Information provided prior to the inspection indicated a compliance rate of 93%. Staff were aware of how to access support and advice in respect of the Mental Health Act and Code of Practice when required.

Of the eight care records reviewed, none of the young people were on a community treatment order.

Good practice in applying the Mental Capacity Act

Staff were trained in the Mental Capacity Act. Information provided prior to the inspection indicated a compliance rate of 93%. A training session had been developed for residential staff around the Mental Capacity Act to improve staff knowledge. The presentation had been developed and sessions were due to be starting at the time of the inspection.

There was a clear policy on the Mental Capacity Act and Deprivation of Liberty Safeguards, which staff knew how to access. Staff were aware of how to access advice and support.

There was evidence in the care records reviewed that the capacity of the young people had been assessed.

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

Good

Kindness, privacy, dignity, respect, compassion and support

The young people described positive relationships with both residential and clinical staff. Young people felt staff were kind and respectful. We observed some very positive interactions and relationships between the young people and staff.

At Willowhurst and Elmhurst, some young people felt that staff spent too much time in the office doing paperwork as opposed to engaging with the young people. We observed examples of this happening.

Some young people at Willowhurst raised concerns about changes to their clinical team due to staff changes and some long-term sickness. This was an issue as the young people had built positive relationships with their clinical teams and were concerned about so many changes happening at once. The provider had taken actions to manage and support the young people during this period.

Staff gave the young people help, emotional support and advice when they needed it. Staff supported young people to understand and manage their own care treatment or condition. Staff directed young people to other services and supported them to access those services if they needed help.

Specialist community mental health services for children and young people

Good

Staff understood and respected the individual needs of each young person. Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards young people and staff.

Involvement in care

Staff involved young people and gave them access to their care plans. Young people could access their care plans through their smart phones or devices, enabling them to access these whenever they wished. The young people described that they were involved in their care and treatment. Staff supported young people to make decisions on their care. Staff encouraged the young people to engage in and prepare for meetings and discussions about their care.

The young people could give feedback on the service and their treatment and staff supported them to do this. Each home held regular mutual help / community meetings for the young people to inform them of updates around the service and to give enable the young people to voice any concerns, issues or ideas about the homes.

Staff made sure the young people understood their care and treatment. Information was available to support the young people in understanding their care. Staff described how this could be adjusted to suit individual requirements if necessary.

Staff made sure young people could access advocacy services. Information was displayed at each location informing the young people as to local advocacy services and how they could be contacted.

The provider had a service user involvement coordinator whose main role was to ensure that the young people were aware of how they could engage and have a voice in the service. The service user involvement coordinator was an expert by experience, meaning that they had previous experience of using services themselves. The service user involvement coordinator was active in encouraging the young people to have a voice in the service. The service user involvement coordinator had produced a guide to service user involvement that was shared with the young people, to aid their understanding of what service user involvement was and what it meant for them. The service user involvement coordinator attended governance and operations meetings to ensure that the voice and needs of the young people were reflected in organisational discussions.

The provider had also created young people's champions roles. The young person's champion role was a flexible, paid role for ex-service users to allow these young people to use their knowledge and expertise to improve the experiences of other young people being supported by Care in Mind.

The provider had produced a young person's guide to Care in Mind, explaining the service and the various treatments and meetings that the young people may attend. The guide also included information about external support organisations that the young people may wish to access. The guide had been co-produced with the young people.

The service user involvement coordinator produced a regular young person's newsletter. The young people were asked and encouraged to contribute to this. The newsletter provided updates on the other houses, the provider and encouraged any suggestions that the young people may have. Where suggestions were made, the newsletter would reflect on what the service had done about these.

The provider had a reward and recognition policy. The young people could receive vouchers for participating in certain activities that directly helped to improve the service, such as attendance at a training session, attendance at an interview panel or contributing an article to the young person's newsletter.

The most recent service user survey was completed in July 2019. Of the 32 young people in the service at the time, 15 provided a response to the survey. The service user involvement coordinator had completed a review and audit of the survey and an action plan had been put in place from this audit. The action plan had only been recently created at the time of the inspection, so most of the actions were still ongoing. We saw examples of where the provider had considered feedback from the young people and changes had been made because of this.

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

Good

Access and discharge

Specialist community mental health services for children and young people

Good

The service had clear criteria to describe which young people they would offer services to. This information was published on the provider's website and included additional considerations and exclusion criteria.

Prior to the inspection, the service provided data that it was an average of 23 days from referral to initial assessment and then an average of 84 days from initial assessment to treatment. This data referred to 16 young people who had entered the service in the six months prior to June 2019. The clinical team assessed each referral. The provider ensured there was a clear and steady transition for the young people into the service.

The clinical nurse specialists would generally conduct their sessions with the young people within the residential services to ensure young people felt as comfortable and relaxed as possible. The therapy sessions took place at one of the clinical hubs. This is because it was considered that the young people needed to separate this experience from where they lived as they may be exploring difficult emotional subjects and they did not want to associate this with the residential service.

Each young person had an allocated psychologist, if the young person was not ready for therapy, the psychologist would support the staff team until the young person was ready to engage in therapy.

Discussions with young people regarding moving on from the service took place in their care programme approach review meetings and multidisciplinary meetings.

The facilities promote recovery, comfort, dignity and confidentiality

The clinical hub at Stockport was a modern building that had access to a range of rooms to support treatment and care. The waiting area was spacious with plenty of seating and there were hot and cold drinks available. The therapy rooms were welcoming with neutral colours and soft furnishings. Information on display in the waiting area included a suggestions box, a young person's guide to physical health monitoring and a young people's guide. Notice boards displayed further information that would be useful to the young people attending.

Patients' engagement with the wider community

Information was on display and available in the houses about local events and services.

Each house had a staff car to facilitate trips for the young people. The young people could also make use of public transport.

At Moor Villa Farm, the provider had attempted to build links with the local community to create positive relationships. The young people were engaged in an online page about the local community where they could interact with residents and post local updates and photos.

All three young people at Moor Villa Farm were attending education. The service ensured that plans were in place to facilitate this attendance. Staff encouraged and praised the young people about making this progress.

Meeting the needs of all people who use the service

All therapy and meeting rooms were on the ground floor of the clinical hub in Stockport with an accessible toilet. All toilets in the building had gender neutral signage. There was also a lift if people needed to access the upper level of the building.

At the houses visited, no young people required the assistance of an interpreter, however, staff described how and when interpretation services could be accessed. Staff described how they could access these services when necessary.

Staff used the preferred pronouns of transgender young people and were sensitive to their needs. Within the care records for the transgender young people, there was no specific consideration or section which considered identify or any needs in relation to this. Prior to the end of the inspection, the provider had ideas on amending the records to ensure this was considered.

Listening to and learning from concerns and complaints

The young people knew how to make a complaint or raise a concern. The young people felt confident that they could raise a concern if they needed to.

The provider displayed information on how to complain at all houses visited on the inspection. Each home had a suggestions box available for the young people to use. Managers noted that the young people would often speak to staff directly if they had any complaints, as opposed to

making a formal complaint. The service also provided grievance books that the young people could use to note any issues that could then be discussed by the staff and young people together.

The number of formal complaints received by the provider were low. The majority of these complaints related to issues with neighbours or local area problems, rather than complaints from the young people about their care and treatment. Complainants received feedback from the service after the investigation into their complaint.

The provider managed formal complaints centrally. Information regarding complaints was stored electronically in individual folders. When reviewing these, we noted that some e-mails in relation to the records had not yet been transferred into the folders. The provider noted these would be added in to ensure the records were complete.

The service had received compliments reflecting that young people were satisfied with their care.

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

Good

Leadership

Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles. They were passionate about the service and its least restrictive ethos.

The Fit and Proper Person Requirement is a regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, which applies to all independent health providers from April 2015. The provider had a fit and proper persons policy. The director's files had all appropriate documentation and information contained in them.

Vision and strategy

The mission statement for Care in Mind was to "to support and enable young people and young adults with complex mental health needs to work toward recovery and meaningful future lives".

The provider had engaged staff in asking them to choose the values of the service. This was done by using a survey asking staff to vote on which words should represent the provider's values. The values selected by staff were

- Respectful
- Compassionate,
- Innovative
- Collaborative
- Empowering
- Committed

The provider had an implementation plan to ensure that these values were embedded into all aspects of Care in Mind's work. Managers and staff that we spoke to had an understanding of the ethos of Care in Mind and supported the vision and values of the service.

Culture

Staff felt respected, supported and valued. They felt the service promoted equality and diversity and that the service provided opportunities for career development. They could raise concerns without fear. Staff were positive about managers in the service and knew who the relevant contacts were for their teams.

Governance

The provider had recently changed its governance structures that provided a clear line of accountability throughout the organisation. A key performance indicator spreadsheet had been recently created which provided a clear oversight and access to essential information about the service. This was in its infancy and supported by recent recruitment within the quality compliance team.

The provider had undertaken a full review of all the provider policies to ensure these were up to date and appropriate for the service.

The provider had made improvements as to the structure and development of governance processes and systems. Key information was recorded used as part of audits and analysis to improve and reflect on the provider's performance.

The provider had a clear audit calendar in place and an audit tool was in development to assist staff in completing these. Action plans were recorded following the audits with a deadline and completion date.

Specialist community mental health services for children and young people

Good

A central lessons learnt log had been developed which had been brought together from previous meetings and incidents. The provider shared lessons learnt using bulletins sent via an electronic system. Staff could describe lessons learnt at a local level but not from other houses or across the organisation.

Management of risk, issues and performance

The provider had corporate and clinical risk registers that included ongoing risks, the risk rating, what mitigating controls were in place and the risk level after the controls were applied. The risk registers were reviewed on a regular basis.

Information management

The service had developed an electronic record system since the last inspection, meaning that information was able to be stored in a more secure way and to improve the ways in which information was gathered. The provider had also implemented an electronic HR system to improve how this information was stored and gathered. At the time of the inspection, it was not always clear where information was stored or how it was used at a local level. For example, when reviewing supervision dates at the local teams, managers had to go into individual supervision records to provide this information. Following the inspection, the provider's HR team were able to provide spreadsheets containing this information.

Engagement

The service engaged well with the young people and staff. The service had a service user co-ordinator and young person's champion to engage the young people in the service. A number of areas of development were planned in respect of this to continue to improve young person engagement. The provider engaged staff in selecting the values of the service and through a happiness survey to understand how the provider could support staff in their work and make improvements to this.

The provider was developing and building links with the local communities and organisations to increase the knowledge and understanding of Care in Mind. In certain locations, engagement work had been carried out to develop relationships with the police and local health services to improve their understanding of the service and to create positive relationships. This was still in development for other areas.

Learning, continuous improvement and innovation

The provider had regularly reviewed the scope of national quality frameworks to establish if the scope of these could be extended to incorporate the service in a meaningful way. The provider had assessed that this was not the case. However, the staff were passionate about quality and improvement. The provider had a quality assurance department which was working on the improvement and development of the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should continue to ensure that the vacant posts are recruited to.
- The provider should ensure that staff are aware of lessons learnt from incidents and areas of identified good practice from across the service.
- The provider should consider how a young person's identity is explored within their care plan.
- The provider should consider how information about young people is shared during staff handovers and how managers are assured that the appropriate level of information has been shared to staff coming on to shift.
- The provider should ensure that the developments in terms of audits, key performance indicators and monitoring are continued and fully embedded into the service. The provider should consider how this information is used within the individual homes.
- The provider should ensure that staff supervision is carried out in line with the provider's policy and that staff supervision is recorded appropriately on staff records.
- The provider should ensure that staff are able to access all essential information contained on the electronic care records. The provider should ensure that information on the electronic care records is recorded in a clear and accessible manner.