

Good 

South Staffordshire and Shropshire Healthcare 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)
RRE	Trust HQ	CAMHS West Cannock Chase Hospital	WS11 5XY
RRE	Trust HQ	CAMHS Sustain Plus	ST16 1PD
RRE	Trust HQ	CAMHS East	WS13 6EF
RRE	Trust HQ	That Place	DE14 1JS
RRE	Trust HQ	CAMHS West The Bridge	ST16 3NE
RRE	Trust HQ	CAMHS Early Years	ST16 3NE

Summary of findings

This report describes our judgement of the quality of care provided within this core service by South Staffordshire and Shropshire Healthcare 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 Staffordshire and Shropshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of South Staffordshire and Shropshire Healthcare 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?

Requires improvement 

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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Summary of findings

Overall summary

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

- Patients had access to a wide skill mix across all services, which gave them a holistic service.
- Feedback from patients and families was very positive about staff. They said they cared for patients and showed an understanding of the issues they faced.
- Staff responded to patients in crisis through an out of hours self-harm duty rota where they assessed patients quickly following admission to paediatric wards within acute hospital settings.
- Teams had received level three safeguarding training and staff showed they understood how and when to make a referral. Teams felt able to ask the trust's lead nurse in safeguarding for advice and guidance.
- Staff attended weekly referral and allocation meetings so all cases received a regular review. This helped staff to respond to the changing needs of patients and they could offer urgent appointments. This meant staff worked well both internally and externally as part of a multi-disciplinary team.

- Staff said leadership was good and they could approach managers for advice and guidance at any time. The managers' ensured staff received regular management and clinical supervision and annual appraisals.
- Staffing levels were appropriate to the needs of the service with few vacancies and low levels of absence.

However

- Practitioners did not always update risk assessments on a regular basis. Staff reported the electronic recording system was not easy to use and could be time consuming taking time away from direct support.
- Staff often sent care plans as part of a formal letter for other professionals rather than to patients and families. This approach to care planning was at times disjointed and not always in an accessible format.
- Staff completed most initial assessments within the agreed target of eight weeks however, there was a long wait following this for access to some therapies.

Summary of findings

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

Are services safe?

We rated safe as good because:

- The CAMHS East and West team used a duty rota to respond to urgent referrals and changes in patients' mental health needs. They operated a self-harm rota out of hours to support patients admitted to paediatric wards. This enabled prompt assessment of patients.
- Staff received safeguarding training and understood how and when to make a referral or seek guidance. They had a good relationship with the lead nurse for safeguarding at the trust who regularly attended team meetings to give updates.
- Teams had a low number of vacancies and protocols for covering absence were in place. Team members who knew the service provided cover.
- Staff reviewed referrals and waiting lists weekly in all services and allocated cases for assessment.

Good



Are services effective?

We rated effective as good because:

- Staff completed assessments within the eight-week period and a range of tools were used to assess risk and mental wellbeing.
- Patients had access to a wide range of psychological therapies including cognitive behavioural therapy, family therapy, and play therapy and staff received specialist training to provide these.
- Teams had developed positive working relationships with adult mental health services, paediatrics, and voluntary sector organisations who delivered tier 2 counselling services.

However

- We could not find consent to treatment recorded in all the electronic records and staff did not make direct reference to mental capacity or Gillick competence in the records.

Good



Are services caring?

We rated caring as good because:

- The teams were committed to having patients participate in the development of services.
- Staff treated patients and their families in a kind and respectful way. They had a good knowledge of the issues faced by individuals and patients felt staff listened to them.

Good



Summary of findings

- Staff encouraged patients and their families to give feedback and made forms available in a range of formats to suit individual needs. Staff displayed feedback in reception areas and patients could add to this at any time.

However

- Patients did not always receive care plans in an accessible format and often received a copy of a professional's letter sent to GPs.
- Advocacy was available but staff did not show a good understanding of the need for patients to receive independent support and were not offering access to this.

Are services responsive to people's needs?

We rated responsive as requires improvement because:

- There were long waiting times for allocation to a worker in some areas such as CAMHS early years and the CAMHS East team. These waiting times were for psychological therapies and group work.

However

- The CAMHS East and West teams operated a duty rota, which responded to urgent referrals, and offered patients an appointment within 24 hours. They provided an out of hours service to patients admitted to paediatric wards for assessments. Sustain Plus could offer an urgent appointment within 48hours.
- Teams had weekly multi-disciplinary team meetings to look at referrals, allocation of cases and waiting lists and could offer support if a patient's needs changed.
- Disabled access was available in all buildings and staff could provide downstairs rooms for appointments. Waiting areas had a range of toys and magazines for patients to use.
- Services had received very few complaints but managers documented action points from these and used them to make changes to services.

Requires improvement



Are services well-led?

We rated well led as good because:

- Staff received regular supervision and appraisals. They stated they could approach managers at any time for guidance and support. Staff participated fully in MDT meetings and felt able to have open discussions about issues of concern.

Good



Summary of findings

- Staff absence levels were low. Staff displayed commitment to their work and the patients in their care and showed an understanding of the trust's values in the way they worked
- Staff displayed duty of candour with patients and their families when accidents or incidents happened and shared learning from this.
- Managers had the autonomy to make decisions about their services including the budget and levels of staffing.

Summary of findings

Information about the service

The specialist mental health services for children and young people in South Staffordshire consist of a range of services including CAMHS, Sustain Plus, CAMHS Early Years, and That Place.

CAMHS East operates three teams over three different locations, which include Lichfield, Tamworth, and Burton upon Trent. CAMHS West covers Stafford, Cannock and Seisdon. Stafford is their main site and the other two sites are satellite services. Both CAMHS teams provide tier 3 services for children and young people aged 0 -18years who have persistent or severe mental ill health. For this inspection, we visited Lichfield, Stafford, and Cannock.

The CAMHS team use the choice and partnership approach; a clinical services transformation model that promotes collaborative working, and goal setting.

That Place is a tier 2 service based in Burton upon Trent and covers Burton, Tamworth and Lichfield. The CAMHS East Team manages this service and it uses youth workers to provide 1:1 support to young people ages 14–19 years.

Sustain Plus works with children and young people who are in care or adopted. The team also support their families. They provide a range of interventions including family therapy and art therapy. Children and young people do not need to have a diagnosed mental illness to access this service. The main criteria are that they are in care or adopted.

CAMHS Early Years is a psychology led service, which provides support to children under the age of 5 and their families. Their base is in Stafford and they provide services to Cannock Chase, Stafford and the surrounding areas. They are a tier 3 service and they refer tier two cases to Barnardo's or the local support team funded through the local authority. They provide a range of therapies focussing on attachment disorders.

Our inspection team

The comprehensive inspection was led by

Chair: Vanessa Ford,

Head of Inspection: James Mullins, Care Quality Commission

The team that inspected specialist community services for children and young people consisted of a CQC inspector and two specialist advisors: one doctor and a nurse.

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 focus groups.

Summary of findings

During the inspection visit, the inspection team:

- visited CAMHS teams at Lichfield, Stafford and Cannock Chase, Sustain Plus, That Place and CAMHS Early Years. All of the teams looked at the quality of the environment and observed how staff were caring for patients.
- visited the 136 suite at the Redwoods Centre because it was being used as a safe place for a child who was waiting for a tier 4 bed.
- spoke with six patients and seven carers who were using the service
- spoke with 4 managers and 32 staff members including nurses, nurse prescribers, mental health practitioners, consultant psychiatrists, specialist

doctors, clinical psychologists, occupational therapists, social workers, art therapists, play therapists, family therapists, child psychotherapists, admin, youth workers, nursery nurses, and health visitors.

- spoke to the CAMHS social work team leader for the local authority.
- attended and observed multi-disciplinary meetings, allocations meetings, and therapy sessions.

We also:

- looked at 22 treatment records of patients.
- 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

We spoke with six patients who were using the service and seven carers. Patients said they were able to trust the staff. They felt listened to and found staff friendly. Patients said that they showed understanding and genuine interest in their health and wellbeing. Patients received information about treatment in a format that was age appropriate. They

reported staff took time to discuss this with them. Carers said support was person centred and they could speak to someone when they needed to. Carers spoke highly of the service and said staff were responsive.

One carer said they had to wait for 4 months following assessment for therapy to start at Sustain Plus. Carers reported that once support was in place it was of good quality.

Good practice

A consultant psychiatrist in the CAMHS services had piloted a tele-psychiatry service. Following an initial face to face meeting young people agreed to appointments via skype

which could take place at a time of day to suit the patient, families and other professionals involved in the patients care, such as teachers. The trust had supported the pilot and had agreed funding for the service to continue.

Areas for improvement

Action the provider MUST take to improve

- The trust must review the waiting times from assessment to treatment for patients and put systems in place to reduce the length of wait

Action the provider SHOULD take to improve

The trust should ensure:-

- All staff working in CAMHS complete detailed risk assessments and update these regularly.

- CAMHS services participate in accreditation schemes such as the Quality Network for Community CAMHS
- Consent to treatment is recorded and accessible in the electronic records.
- Mental capacity and Gillick competence discussions are recorded in patient records.
- Patients' receive care plans in a format, which is accessible for them.

Summary of findings

- Services know who their advocacy provider is and actively promote the use of independent support for patients.
- Calibration of scales used for weighing patients happens regularly.

South Staffordshire and Shropshire Healthcare 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
CAMHS West Cannock Chase Hospital	Trust HQ
CAMHS Sustain Plus	Trust HQ
CAMHS East	Trust HQ
That Place	Trust HQ
CAMHS West The Bridge	Trust HQ
CAMHS Early Years CAMHS Early Years	Trust HQ

Mental Health Act responsibilities

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

- The CAMHS West team had a staff member who was an approved mental health professional. Psychiatrists were section 12 approved meaning they had additional training and could carry out approved duties under the Mental Health Act.

Detailed findings

- Staff demonstrated a good understanding of the Mental Health Act, as this was required for taking part in the out of hours self-harm rota.
- Outside of the duty rota, the adult crisis team took responsibility for assessments under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 is not applicable to children under the age of 16. Gillick competence and Fraser guidelines, which balance children's rights and wishes with the responsibility to keep children safe from harm, should be used for those under 16.

- Staff demonstrated knowledge of Gillick competence and received training on this and the Mental Capacity Act. Staff regularly discussed this in MDT and allocations meetings.
- Staff did not record Gillick competence in the case records although they did record capacity to consent to information sharing and discussions about treatment.
- Eighty two per cent of staff had received training in the MCA.

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

Our findings

Safe and clean environment

- Interview rooms were not fitted with alarms. In order to mitigate any potential risks, interviews or assessments with high risk patients were carried out by two members of staff
- Clinic rooms had basic equipment for measuring blood pressure, height and weight. However, stickers to record calibration of scales were not visible or the date was unclear.
- All areas were clean and well maintained. Cleaning records showed that daily cleaning of equipment and toys took place.
- Handwashing signs and infection control information was displayed and hand gel was available throughout the services.
- Stickers to evidence the safety testing of equipment were visible in most cases

Safe staffing

- Managers were able to adjust staffing levels to meet the needs of the service; they used a safe staffing tool to do this. CAMHS East had 34.28 whole time equivalent (WTE) staff; CAMHS West had 29.8 WTE staff; CAMHS Early Years had 2.5 WTE and That Place had 5 WTE youth workers. None of these services had any vacancies. Sustain Plus had 10.6 WTE; currently they have two vacancies for a band 4 assistant psychologist and a clinical lead (1.4WTE). The teams had 9.8 WTE registered nurses. They did not use healthcare assistants. The Royal College of Psychiatrists guidance on building and sustaining CAMHS to improve outcomes for children and young people (November 2013) recommends specialist tier 2/3 services for children up to their 17th birthday have 16.0WTE clinicians per 100 000 total population for a non-teaching centre.
- From 1 October 2014 to 30 September 2015 CAMHS east had 3% staff sickness; CAMHS West was 5%; Sustain Plus was 0.7%, and the CAMHS Early Years was 4%. Part time staff working additional hours covered sickness and absence internally. These services did not use bank or agency staff. For example, when managers knew a staff

member would be absent due to long-term sickness, they reviewed their caseload and re-allocated cases straight away. They also informed patients and families of the changes and the reasons for this.

- All staff within the team took the role of care coordinators for patients on their caseloads. The average caseload for psychology was 46 cases. Psychiatrists had average caseloads of 103 patients although they stated this was manageable and they had no one waiting for appointments. Youth workers had an average caseload of 26 cases.
- There were 112 patients waiting for allocation of a care co-ordinator following initial assessment in CAMHS East; 52 for CAMHS West; 85 for Sustain Plus and 68 for That Place. CAMHS Early Years allocated patients following assessment so did not have waiting lists other than for parenting groups. Staff stated that they felt some pressure to move patients through the service because of the numbers waiting for services. Some patients were waiting for group programmes and had to wait for the beginning of a new programme to start.
- Managers used supervision and MDT meetings to review and manage caseloads.
- There was good access to a psychiatrist between 9am and 5pm; out of hours support was provided by a single CAMHS clinicians and psychiatrist rota. The adult crisis team provided this support.
- Eighty one per cent of the CAMHS East team had received mandatory training; 70% overall in CAMHS West; 73% in Sustain Plus and 97% in CAMHS Early Years.

Assessing and managing risk to patients and staff

- We reviewed 22 patient records; of these, 14 showed detailed risk assessments. Staff had completed crisis plans in 13 of the patient records. These covered advance decisions made by patients. Staff used the functional analysis of care environments scale to assess risk and level of need. Practitioners records were detailed and regularly updated. Practitioners did not always complete or update risk assessments and we saw this in eight out of the 22 patients' records that we looked at.
- CAMHS East and West services used a duty system to respond quickly to sudden deterioration in a patients'

Are services safe?

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

mental health. They offered urgent appointments within 24 hours and we saw two examples of this during our visits where staff saw young people within this period. Staff provided a self-harm out of hours duty rota that supported the needs of patients admitted to paediatric wards within acute trusts so that assessments could take place promptly. Sustain Plus was not a crisis service but was able to offer an appointment within 48 hours for urgent referrals. CAMHS East and West had received funding to develop an outreach model, which will support children discharged from tier 4 inpatient beds. This service will also work towards preventing tier 4 admissions. This will be operational from September 2016.

- Teams reviewed waiting lists weekly in MDT meetings and updated risk as required. Staff were allocated a case if patients' needs or risks had changed.
- Completion rates for level three child protection training was 85%. All staff could name the lead nurse for safeguarding in the trust and felt confident about contacting them for advice. Staff knew how to raise a concern and discussed cases with the trust safeguarding team. Staff also knew the contact name within the local authority for safeguarding and the route of referral.
- Protocols for lone working were in place; although most appointments took place in the clinics. Two members of staff completed home visits if patients needed this or visited with an external agency such as social services.

Track record on safety

- From 1 October 2014 to 30 September 2015, the trust reported no serious incidents for the CAMHS services

Reporting incidents and learning from when things go wrong

- There had been 42 incidents reported from March 2015 - February 2016.
- Staff knew how to report incidents but said they sometimes felt unsure about what to report. They felt able to discuss this and receive guidance from managers and senior staff. Issues with slow internet connections in some areas such as Tamworth sometimes delayed completion of reports.
- Staff received feedback from incidents individually and through MDT meetings.
- Sustain Plus had installed a video entrance phone at the front door following an incident where two people had arrived and were asking questions about young people. They were not allowed in but it was identified that admin staff would feel safer if they could see who was at the door. Following an incident where a patient was discharged from hospital and there was a delay in follow up assessments, staff discussed this in the referral meeting and identified that clearer guidance around communication was needed.
- Managers were able to give examples of near misses; including a situation with a patient who had been referred by a GP and was in a seriously malnourished state. This highlighted the need to organise some focussed work with GP's around eating disorders and appropriate routes of referral. The eating disorder clinic, which opens in April 2016, will support this work.
- Staff also looked at incidents which happened locally but do not involve CAMHS patients to develop awareness. Suicide of young adults following exam results in schools was highlighted as a key area where learning could be gained.

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.

Our findings

Assessment of needs and planning of care

- CAMHS East and West completed comprehensive assessments within the eight week target set by the commissioners for referral to assessment. They used the choice and partnership approach model with weekly allocations meetings and allocated time slots so that staff could complete assessments and meet this target. CAMHS Early Years had an eight week and Sustain Plus had a four week target time for assessment. Staff used the functional analysis of care environments scale to assess risk and level of need. Psychologists used the Wechsler intelligence scale for children (WISC) which assessed skills and ability. Staff assessed urgent referrals promptly usually within 24 hours. They achieved this by using a duty rota and having an appointment slot available within this for urgent cases. Staff discussed new referrals in the weekly allocations meeting and allocated cases according to the level of need and risk.
- All teams stored care plans electronically. We looked at 22 sets of records; of these 14 had care plans and 13 were up to date. Eleven care plans were holistic and personalised out of the 22 we reviewed. Some care plans were in a letter format, which teams sent to the GP with the patient and family copied in. The professionals' letters were not person centred to the patient's needs.
- Sustain Plus developed paper care plans from the information stored electronically. They used pictures and wording which they felt was more appropriate for patients than the plans from the electronic system. Staff from Sustain Plus sent these plans with an explanation leaflet so that patients and families could understand the content.
- Information was stored on an electronic records system. Staff reported this was not easy to use for CAMHS services. Staff felt it was more appropriate for adult services. The trust scanned paper records into the electronic system and these were then shredded. Staff used locked cupboards to store paper records, such as the Wechsler intelligence scale for children assessments.

Best practice in treatment and care

- Staff followed guidance from the National Institute for Health and Care Excellence (NICE) CG28 depression in children and young people and CG158 anti-social

behaviour and conduct disorders in children and young people. Psychiatrists and nurse prescribers also used the British National Formulary for children when prescribing medication and the national prescribing centre. Nurse prescribers also used guidance from the nursing and midwifery council.

- Patients had access to a wide range of psychological therapies including cognitive behavioural therapy, cognitive analytical therapy, and eye movement desensitisation and reprocessing, play therapy, art therapy and music therapy.
- Staff monitored basic physical healthcare such as blood pressure, weight, height and could request blood tests and ECGs. All staff could make referrals to other services such as podiatry. Nurses in Sustain Plus realised a patient had missed a number of epilepsy outpatient appointments due to a move and responded quickly by remaking an appointment and attending with the patient.
- All CAMHS services used the revised children's anxiety and depression scale, a questionnaire, which covered areas such as social phobia, panic disorder, and obsessive-compulsive disorder for outcome measures. They also used the strengths and difficulties questionnaire, which measured psychological wellbeing.
- Staff participated in clinical audits such as assessment of the role of non-medical prescribers, an audit of transition from CAMHS to adult mental health services and attention deficit hyperactivity disorder.

Skilled staff to deliver care

- The teams had a full range of mental health disciplines including psychiatrists, nurses, family therapists, art therapists, psychologists, occupational therapists and cognitive behavioural therapists and nurse prescribers. The CAMHS East and West teams included social workers within the teams who were employed by the local authority and TUPED to the trust via the local section 75 agreement. Youth workers delivered the tier 2 service at That Place. CAMHS Early Years was a small team made up of psychologists, nursery nurses and a health visitor.
- Staff were encouraged to access additional training; some of the staff had completed cognitive behavioural therapy and eye movement desensitisation and reprocessing training

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.

- All staff received a trust induction and mandatory training. They also received an induction within their teams, which involved shadowing, orientation, lone working, and visits to other services until they were suitably trained for case allocation.
- The trust policy stated that management supervision should take place six times a year and clinical supervision on a monthly basis. This met the quality network for community CAMHS standard for supervision. Staff received management supervision; the frequency differed between the teams and ranged from every 8 weeks to every 12 weeks in the CAMHS East team. Clinical supervision took place monthly and records showed this was happening in all services. Staff reported managers were accessible for informal supervision and guidance when they needed it. Staff also attended regular group supervision. Team meetings took place weekly and managers expected staff to attend.
- Non-medical staff had appraisals and these were updated six monthly. From October 2014 –September 2015 appraisals rates were CAMHS East 90%, Sustain Plus 45%, CAMHS West 74% and CAMHS Early Years 84%. From 1 October 2014 – 30 September revalidation of all doctors in CAMHS East and CAMHS West had taken place.
- Managers addressed issues with staff performance through management supervision. They raised issues such as gaps in mandatory training to ensure this was taking place.

Multi-disciplinary and inter-agency team work

- Staff attended multi-disciplinary meetings on a weekly basis. Staff discussed patients, allocation of work and service delivery. They discussed patients who were accessing a range of therapies and handovers were thorough.
- Managers stated that transition to adult teams for patients had improved following the joint commissioning for quality and innovation (CQUIN) last year with adult mental health services. There was a service pathway for patients aged 16 plus and a transitions group which helps to ensure the pathway was used. Adult and CAMHS psychiatrists did joint appointments with patients during the transition period. Teams had strong working relationships with

paediatrics provided by the trusts community health services due to shared accommodation and in one area; both services had the same manager, which had further strengthened joint working.

- There were good working links with external agencies including the Youth Emotional Support Services who provided a participation worker based in the CAMHS teams. Voluntary sector organisation, Barnardos, based a volunteer co-ordinator in Sustain Plus and teams shared training with the emergency duty team. CAMHS teams had social workers based with them as part of a separate agreement with the Local Authority and Commissioners for Social Workers located in CAMHS. Both the CAMHS managers and the CAMHS social work team manager for the local authority spoke positively about this arrangement and of the holistic approach that it provides to patients.

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

- CAMHS East had 86% of staff trained in Mental Health Act, 76% for CAMHS West, 75% for Sustain Plus and 100% for the CAMHS Early Years. The trust's mandatory training target was 85%.
- Staff demonstrated a good understanding of the MHA and used it when on the self-harm duty rota to identify and assess patients admitted to the paediatric ward under the Mental Health Act.
- Staff felt confident in asking the psychiatrists if they had any queries or needed further information about the MHA. They could access admin support through their own admin staff or through the MHA team at the trust.
- There were no patients detained under the MHA in the CAMHS community teams.

Good practice in applying the Mental Capacity Act

- The Mental Capacity Act 2005 is not applicable to children under the age of 16. Gillick competence and Fraser guidelines which balance children's rights and wishes with the responsibility to keep children safe from harm, should be used for those under the age of 16.
- Eighty two per cent of staff in the CAMHS services had received Mental Capacity Act training. Staff we spoke to understood about MCA and talked about Gillick competence. They understood how to use this and discussions took place in referral and MDT meetings.

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.

The team received a referral for a young person from a GP without parent's knowledge and the team discussed if the young person was competent to make that decision.

- We found staff did not record assessment of mental capacity or mention Gillick competence in the electronic records although we saw that it was discussed in MDT meetings and during appointments with patients. Staff

said they recorded it in the progress notes with consent to treatment but did not make direct reference to this. Managers and staff agreed that it was something they needed to improve.

We saw staff recording consent to share information on the electronic recording system during the initial assessment. Staff stated they recorded discussions about consent to treatment in the progress notes, however; we only saw this in 14 out of the 22 sets of records we reviewed.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff treated children and young people in a kind and respectful way. They showed a good knowledge of the issues faced by patients. Young people felt staff were genuinely interested in them and their concerns.
- During the appointments, we saw staff were caring while being clear about what a patient could expect from the service. We observed staff managing the conflict between a patient and family member by being respectful to both while making sure the patients' views were heard.
- Staff sought consent from young people before sharing information with parents.

The involvement of people in the care that they receive

- The six young people we spoke to said they were involved in their care plans. Staff discussed treatment and therapies with them and they had age appropriate information leaflets to look at. They were unsure if they had received a copy of their care plan. Staff gave young people contact numbers for emergency use and one young person found it helpful that her school had been included in her support network.
- Parents and carers felt actively involved in their child's care and could ask questions when they needed to and felt they would be listened to and treated with respect. One parent we spoke to felt she would like more feedback following therapy sessions.

- Advocacy was available to young people but the services seemed unclear about the need for independent support and in some cases did not know who the current provider was.
- The CAMHS teams had an active participation worker provided by the Youth Emotional Support Services as part of the CYP IAPT programme. This was one full time worker covering all areas of South Staffordshire. One of the CAMHS managers has overall responsibility for participation within the services. The worker had set up monthly groups for young people and as part of this; they had redesigned the gates of one building to make them more welcoming. One young person was designing a booklet about shyness and anxiety based on their own experiences and another stated that being involved in the youth council and taking part in interviews for staff had given them confidence and helped to identify a future career pathway working in mental health therapy. Sustain Plus had put in a hard floor for the art therapy room at the request of a patient
- Patients took part in staff interviews; although the manager acknowledged this process needed improving so that it was more meaningful for patients. The manager identified participation groups were for teenagers and they needed to work on including younger patients, families, and carers in the future.

Patients were encouraged to give feedback in a range of age appropriate formats using rating scales, questions, and pictures. Reception areas had boards for displaying feedback except for the satellite branch of CAMHS West based in Cannock Chase hospital where there were no display areas.

Are services responsive to people's needs?

Requires improvement 

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

Our findings

Access and discharge

- Referrals can be made by many different agencies including GPs and the local authority. They accepted both paper based and electronic referrals. Referrals were screened daily by the duty worker and staff discussed them at the weekly meetings and allocated them for an appointment for assessment. Admin staff contacted patients to make appointments on behalf of teams. This ensured patients received an assessment appointment within the eight week target time.
- The trust had an eight week target for referral to assessment for the CAMHS East and West teams and 18 weeks to allocation for treatment. CAMHS Early Years had an eight week and Sustain Plus a four week target time for assessment. CAMHS Early Years had started allocating cases at the time of assessment however; staff reported they felt overwhelmed by the numbers of cases at times. Sustain plus had a two tier assessment process comprising of an initial professionals meeting followed by an appointment for the patient. At the time of the inspection, some patients were waiting six weeks for assessment but this was often due to arranging appointments for professionals outside of this service to be available. One carer reported they had to wait four months for an appointment following assessment.
- The average waiting time from assessment to treatment was 130 days for CAMHS East, 83 days for CAMHS West, and 75 days for That Place and 30 days for CAMHS Early Years. All patients on the waiting lists were reviewed during weekly MDT meetings to ensure cases were allocated if needs changed.
- Staff saw urgent referrals within 24 hours for CAMHS East and CAMHS West and 48 hours for Sustain Plus. That Place was a tier 2 service, did not see urgent referrals and CAMHS Early Years looked at each case individually, and allocated according to need. CAMHS East, Sustain Plus and West had a duty rota to cover the urgent appointments and for offering telephone advice and support. CAMHS out of hours rota covered all under 18 emergencies between 5pm – 10pm Monday to Friday and 9am – 5pm at weekends so that patients admitted to paediatric wards within acute hospitals could receive support from the point of admission. There were no tier 4 beds in the trust; however, staff were able to access beds in North Staffordshire combined healthcare NHS trust or in an independent hospital in Stafford.
- During the inspection, NHS England and the trust agreed to create a short term placement for a child who needed inpatient care until a suitable tier 4 inpatient bed could be found. The patient needed space so a family member could stay with them and the local acute trust could not accommodate them on a paediatric ward. The 136 consultant and the hospital co-ordinator from the attached acute adult ward oversaw the placement. CAMHS staff from Shropshire supported them. Staff responded positively to this situation and ensured they met the patient's needs whilst in their care. The family spoke positively about the care and support they had received. The trust, whilst accepting that the stay on the 136 suite was not suitable, placed the patient and his family on a ward that was temporarily out of use and brought in suitably trained staff to care for his needs until a placement within a specialist school was formalised. The trust completed necessary risk assessments on the patient and environment in order to ensure that the stay was safe and appropriate to his needs.
- CAMHS East and West provided tier 3 services for patients' age 0 -18 years with persistent or severe mental ill health. Staff discussed each referral and patients who did not meet the criteria were referred to Tier 2 services such as That Place, which catered for 14 – 19 year olds and the voluntary sector organisation Youth Emotional Support Services for counselling. CAMHS Early Years worked with families of children under five years of age who lived in Cannock Chase, Stafford and the surrounding areas. Sustain Plus worked with patients who were in care or adopted and their families and carers.
- Appointments were mainly clinic based but the teams did home visits and appointments in schools if needed. Patients were offered appointments between 8am – 6pm; one patient we spoke to felt it would be helpful if they could offer appointments that were more flexible and after school.
- All services used a combination of text, email, phone calls, and letters to contact patients and help to keep them engaged with services. They would do home visits or appointments at school for young people who found it difficult to attend the clinics. Staff followed up missed

Are services responsive to people's needs?

Requires improvement 

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

appointments and patients could make new appointments. Staff only discharged patients after missed appointments if they were low risk. The teams discussed patients who did not attend in the weekly meetings.

- Admin staff informed patients by phone or text and gave an explanation if appointments were cancelled. Staff rearranged appointments as soon as possible. In cases where someone was off long term, managers reallocated cases and explained this to patients. Patients and families said appointments ran to time and they did not have to wait.

The facilities promote recovery, comfort, dignity and confidentiality

- All buildings we visited had a full range of rooms and equipment including clinic rooms and dedicated art therapy rooms. However, staff from the Early Years team did not have desk space and reported that hot desking was an issue. They had difficulty in booking clinic rooms at times. The satellite unit for CAMHS West at Cannock Chase hospital was small and space for staff to complete admin was limited, clinic rooms were small and there was a lack of natural light. The trust had confirmed that this site was to be improved and work was due to start soon after our inspection. The CAMHS East team at Holly Lodge had improved the psychiatrist's room to make it more appealing to children and young people. Patients gave advice about improvements and there were plans to improve other rooms within the building.
- Soundproofed rooms maintained confidentiality during appointments and therapy sessions.
- All services displayed a good range of leaflets in reception areas, except the CAMHS West site at Cannock Chase Hospital where they shared the reception area with paediatric services and there was no area for notice boards or leaflets. The other sites had leaflets including those for Child Line, Mind, Barnardo's, Sure Start,

autism, Patients Advice and Liaison Service, Relate and the child weight management service. These sites also had boards to display feedback, feedback forms, and collection boxes for feedback.

Meeting the needs of all people who use the service

- All services had ramps for accessing buildings and ground floor rooms available for appointments in the older buildings where there was no lift access. Apart from CAMHS West at Cannock Chase Hospital and CAMHS East at Holly Lodge where the waiting areas were small, they had large open brightly decorated age appropriate reception areas. All sites had children's toys available in the waiting area.
- Information leaflets were available in other languages on request.
- Staff reported there was good access to interpreting and sign language services and they could request these when needed. CAMHS East had a member of staff who spoke Urdu and Punjabi.

Listening to and learning from concerns and complaints

- CAMHS services had received seven complaints from October 2014 to September 2015. The trust partially upheld all complaints and none were referred to the ombudsman.
- Patients and families knew how to complain and would contact managers of the services initially or discuss their complaint with the patient advice and liaison service (PALS). Staff felt it was important to encourage patients to say if they were unhappy with the service. They would encourage patients to contact PALS for advice and guidance.

Staff received feedback from complaints individually in supervision and in team meetings. Learning from complaints was actioned such as issues with a letter going to an incorrect address.

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.

Our findings

Vision and values

- Staff knew and agreed with the values of the trust and team objectives reflected the values and these were included in the appraisal and supervision paperwork
- All staff we spoke to were able to name senior managers in the trust. They stated they were open and approachable and had visited services on several occasions.

Good governance

- Staff received mandatory training. They had regular supervision and appraisals were updated six monthly. Managers kept records, which staff updated to ensure these were taking place.
- Staff reported the electronic recording system took time to complete and meant they had less time for direct activities with patients.
- Staff reported incidents but said they sometimes felt unsure what to report. Staff said managers were approachable and they could ask them for guidance. Managers gave feedback about incidents and complaints and displayed service user feedback in reception areas.
- Staff took part in clinical audits and used these to improve the service for example the joint audit with adult mental health services around transition had improved the transition pathway for patients as they moved to adult services.
- Safeguarding, MHA and MCA procedures were clear and in place and staff showed a good understanding of how to use them.
- All services had key performance indicators (KPIs). Sustain Plus had KPIs including targets for referral to assessment and 75% of patients to be involved in physical activity. The manager was currently reviewing KPI's with commissioners to ensure they were relevant and will include waiting times, number of patients receiving therapies and numbers of foster carers participating in training. Other services had KPIs that included numbers of patients receiving a service, types of therapies accessed and mandatory training. All services have set times for the length of service offered and the number of sessions but these tended to be flexible to meet the needs of patients.

- All managers felt they had the authority to make service related decisions and also to decide how to use budgets in relation to staffing and ensure they had the correct number of therapists and nurses for the needs of patients.
- Staff felt they could submit items to the trust risk register through their managers. The Early Years manager had raised the issue of safe staffing levels in this service.

Leadership, morale and staff engagement

- From August – October 2015 CAMHS east had 3% staff sickness, CAMHS West was 5%, Sustain Plus was 0.7% and CAMHS Early Years was 4%. Part time staff working additional hours covered sickness and absence internally. These services did not use bank or agency staff. For example, when managers knew a staff member would be absent long term, they reviewed their caseload, re-allocated straight away, and informed patients and families of the changes and the reasons for this.
- There were no reported cases of staff bullying and harassment. The staff we interviewed stated they would know how to whistle blow. They felt confident they would be able to raise issues with managers felt listened to. One member of staff out of 32 interviewed stated they did not feel the manager had addressed their concerns sufficiently.
- Staff morale was good; although the CAMHS West team reported, it had taken time to build relationships because they had initially been two separate teams. Staff showed commitment to their work. Some staff had worked for services for over 15 years while others had specifically applied for roles with the teams following work placements.
- Managers encouraged staff to develop within their roles. Managers offered staff opportunities to take on additional responsibilities to encourage staff professional development. The youth workers were being encouraged to look at development in their roles and received the same training as CAMHS staff. Managers wanted them to feel valued while keeping their professional identity and a meeting looking at their development opportunities was taking place during out visit
- Staff valued and supported colleagues. In MDT meetings, we saw they had open discussions where they could challenge each other during discussion to ensure the patients received the most appropriate treatment.

Are services well-led?

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The social work lead for the local authority felt social workers were able to challenge CAMHS teams and gave an example of where a patient was struggling to engage with the service.

- Staff talked openly to patients and families. They discussed issues around treatment and therapies and displayed duty of candour when mistakes or incidents happened.
- Staff felt able to give feedback and become involved in service development; this included input into the new eating disorders clinic.

Commitment to quality improvement and innovation

- CAMHS took part in a commissioning for quality and innovation (CQUIN) last year with adult mental health services to look at transition for patients between services.

- CAMHS services took part in the NHS national benchmarking toolkit in 2015, which identifies and shares good practice with other CAMHS services.
- The CAMHS services were part of the children and young people's improving access to psychological therapies programme a service transformation programme delivered by NHS England that aims to improve existing child and adolescent mental health Services working in the community
- A consultant psychiatrist in the CAMHS services had piloted a tele-psychiatry service. Following an initial face to face meeting young people agreed to appointments via skype which could take place at a time of day to suit the patient, families and other professionals involved in the patients care, such as teachers. The trust had supported the pilot and had agreed funding for the service to continue.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA (RA) Regulations 2014:</p> <p>Staffing</p> <p>There were insufficient numbers of suitably qualified staff to meet the needs of people using the service which resulted in long waiting times for some services including psychological therapies.</p> <p>This was a breach of regulation 18 (1)</p>