Caudwell International Children's Centre

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	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.

Summary of findings

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

Overall summary

We rated Caudwell International Children's Centre as **good** because:

- The service provided safe care. Premises where children and young people were seen were safe and clean. The number of children and young people on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists well. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the children and young people.
- The teams included or had access to the full range of specialists required to meet the needs of the children and young people. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood the principles underpinning capacity, competence and consent as they apply to children and young people and managed and recorded decisions relating to these well.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and understood the individual needs of children and young people. They actively involved children and young people and families and carers in care decisions.
- The service was easy to access. Staff assessed and treated children and young people who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.
- The service's facilities and premises were innovative and met the needs of a range of people who used the service. The building was purpose-built with autistic people in mind.
- The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.

Summary of findings

Contents

Good

Caudwell International Children's Centre

Services we looked at
Specialist community mental health services for children and young people.

Summary of this inspection

Background to Caudwell International Children's Centre

Caudwell International Children's Centre is the base for the Caudwell Children charity and its accompanying diagnostic service. The charity provides specialist direct family support, equipment, treatment and therapy. Only the diagnostic service falls within the Care Quality Commission's regulatory remit.

The Caudwell International Children's Centre was the UK's first independent purpose-built centre, dedicated to multidisciplinary assessment, support and research of childhood disabilities and neurodevelopmental conditions, including autism.

Based in Newcastle-under-Lyme in Staffordshire in the grounds of Keele University, the diagnostic service provided a multidisciplinary evidence based approach to autism practice and research, whilst continuing to benefit from links with the charitable services. There was a specific focus on providing assessment, intervention and research programmes for children with neurodevelopmental conditions, specifically, Autism Spectrum Disorder (ASD).

At the time of the inspection, the service was not commissioned by any local authority or clinical commissioning groups. Families were referred into the service via a health, education or social care professional and were either privately funded or received funding via the charity.

This report refers only to the diagnostic service thereupon "the service". The service was registered with the Care Quality Commission in August 2018 to deliver the following regulated activities.

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

At the time of the inspection the service had a registered manager in place.

This was the first inspection of the service.

Our inspection team

The team that inspected the service comprised of a CQC inspector and a clinical psychologist specialist advisor, occupational therapist specialist advisor and an expert by experience.

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

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for children and young people;
- spoke with seven families who were using the service;
- spoke with the registered manager;
- spoke with 17 other staff members; including the directors, psychologists, speech and language therapists, family support assistants, clinical lead, safeguarding lead and support staff;
- attended and observed a family feedback session;
- looked at 10 care and treatment records of children and young people 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 seven families who overall spoke positively about the service.

They felt staff supported them and treated them with compassion and respect. They said that they were provided with the information they needed and could access the service when required. However, one family fed back that they would have preferred more communication whilst they were being held on a waiting list for occupational therapy services. We were unable to obtain direct feedback during the inspection from children and young people.

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 premises where children and young people received care were safe, clean, well maintained and fit for purpose. They were well equipped and well furnished with bespoke equipment suited to meet the needs of children and young people.
- The service had enough staff, who knew the children and young people and received basic training to keep children and young people safe from avoidable harm. The number of children and young people on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each child or young person the time they needed.
- Staff assessed and managed risks to children and young people and themselves. They responded promptly to sudden deterioration in a patient's health. Staff monitored children and young people on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.
- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The provider had a safeguarding lead.
- Staff kept detailed records of children and young people' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The teams had a good track record on safety. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children and young people and their families honest information and suitable support.

Are services effective?

Good

We rated effective as **good** because:

- Staff assessed the needs of all children and young people. They worked with children and young people and families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised and holistic.

Summary of this inspection

- Staff provided a range of treatment and care for the children and young people based on national guidance and best practice. They ensured that children and young people had good access to physical healthcare and supported children and young people to live healthier lives.
- The teams included or had access to the full range of specialists required to meet the needs of children and young people under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit children and young people. They supported each other to make sure children and young people had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported children and young people to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to people under 16.

Are services caring?

Good

We rated caring as **good** because:

- Staff treated children and young people with compassion and kindness. They understood the individual needs of children and young people and supported children and young people to understand and manage their care, treatment or condition.
- Staff involved children and young people in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that children and young people had easy access to advocates when needed.
- When appropriate, staff involved families and carers in assessment, treatment and care planning.
- Children and young people and parents and carers were involved in the design and delivery of the service.

Are services responsive?

Good

We rated responsive as **good** because:

- Staff assessed children and young people promptly. Staff followed up children and young people who missed appointments.

Summary of this inspection

- The service met the needs of all children and young people including those with a protected characteristic. Staff helped children and young people with communication and cultural and spiritual support.
- Facilities and premises were innovative and met the needs of a range of people who used the service. The building was purpose-built with autistic people in mind.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

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 children and 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 reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance.
- Managers worked closely with other local healthcare services and organisations, such as schools, public health, local authority, voluntary and independent sector. There were local protocols for joint working between agencies involved in the care of children and young people.

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 Service.

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

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff (100%) had received Mental Capacity Act training and most of the staff had a good understanding of the Mental Capacity Act 2005.In the records we looked at there were consent forms for parents to sign to say they gave consent for information to be shared with other agencies and for intervention work to be commenced.

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

All clinical premises where children and young people received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

The service had a purpose-built building designed to meet the needs of children and young people living with autism. They employed an estates team who did regular and robust risk assessments of the care environment which detailed mitigations to the risk. These risk assessments included use of equipment, legionella, pest control, security and waste management.

Clinical areas were secured a restricted fobbed door access system.

The service had adopted health and safety principles. We saw that the service had an up-to-date fire safety certificate and had recently had a follow-up visit from the fire safety officer which resulted in no actions.

All areas were clean, had good furnishings and were well maintained. Staff maintained equipment well and kept it clean. We saw equipment suited to children and young people of all ages such as soft play toys and smaller seating.

Cleaning records were up to date and demonstrated that the premises were cleaned regularly. Staff would clean rooms after each use and the service employed an external company to provide a deeper clean each evening after operation hours. We saw 'I am clean' cards on desk surfaces and door hooks on interview room entrances.

Staff adhered to infection control principles, including handwashing. Each interview room had a sink with non-touch taps, soap and hand towels. We saw hand sanitiser dispensers in public areas and these were operational and full when tested.

Interview rooms were fitted with telephones which had direct access to reception staff at a push of a button and there were staff on site to respond to an emergency. The play room and music room did not have a telephone nor alarm. However, there would always be at least two staff in attendance.

The service did not have a clinic room, nor did they carry out physical examinations.

Safe staffing

The service had enough staff, who knew the children and young people and received basic training to keep them safe from avoidable harm. The number of children and young people on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.

The provider had determined safe staffing levels by calculating the number and grade of members of the multidisciplinary team required using a systematic approach.

Managers assessed the size of the caseloads of individual staff regularly and helped staff manage the size of their caseloads. However, the service was not receiving high numbers of referrals and as such the caseloads of staff were

low and manageable and safe with the number of staff within post. The service was in the process of reviewing the staffing plan in anticipation of securing a contract to support a local NHS trust with their assessments.

At the time of the inspection, the number, mix of professions and grades of staff in post did not fully match the provider's staffing plan. Data received prior to the inspection detailed total staffing to be 15.38 whole time equivalents (WTE) which was lower than the planned 27.2 WTE with a 43% (11.82 WTE) vacancy rate.

The service had recruited into three posts and the post holders had begun their induction during the week of the inspection. Additionally, three further posts were due to commence in February and March. Seven further posts were on hold to be recruited into in line with demand.

The service had experienced a high turnover of staff principally due to limited opportunity to provide clinical services because of the low number of referrals. This was due to the building work going behind schedule which then pushed the official opening of the service from 2018 to May 2019. The service had recognised that professional development was a concern and had provided opportunities for staff to develop via training.

Cover arrangements for sickness, leave and vacant posts ensured patient safety. The service did not use bank or agency staff. However, the service had employed two locum psychologists, one of whom had recently become a permanent member of staff. Staff sickness in the 12 months prior to the inspection was low at 1.3%.

Staff had received and were up to date with appropriate mandatory training. Overall training compliance was at 100% for 17 of the 18 training modules that the service had set as mandatory. Training for Positive Behavioural Support/Management of Actual Potential Aggression training was at 83.3%. This training provided staff with a range of strategies to reduce behaviours that challenges and its associated distress.

Assessing and managing risk to children and young people and staff

Staff assessed and managed risks to children and young people and themselves well. Staff monitored children and young people on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.

We reviewed 10 care records and saw evidence within eight that staff did a risk assessment. They used a recognised risk assessment tool and completed it for each patient at initial assessment and updated it regularly. The two records without evidence of risk assessments were created within the early days of the service. Managers explained that initially staff did not complete a risk assessment where no risks were evident. However, an audit concluded that a risk assessment should be completed, regardless of there being no risks, to evidence that they had been considered. This was a good example of changing practice through audit.

At the time of the inspection staff had not had any need to create or make use of crisis plans. Nor had they had to respond to sudden deterioration in a patient's health. However, staff were able to give examples of how they would manage these if they need were to arise such as dialling 999.

Staff monitored children and young people on waiting lists to detect and respond to changes in level of risk. At the time of the inspection there were 14 families on a waiting list for the occupational therapy sensory integration pathway. All had been contacted and offered the opportunity to withdraw from the service or remain on the waiting list. We received feedback from one family that they felt the communication could be improved.

The service had developed good personal safety protocols, including lone working practices, and there was evidence that staff followed them.

Safeguarding

Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

All staff were trained in safeguarding, knew how to make a safeguarding alert., The service had a safeguarding lead and a deputy who were trained to level 4 safeguarding adults and children. All staff (100%) were trained to level 3 safeguarding adults and children, and volunteers were trained to level 1. Additionally, the safeguarding lead oversaw safeguarding for both the service and the charity to ensure they had oversight of any concerns relating to families accessing the service via the charity and vice versa. These were appropriate levels of training for the staff involved reflecting the vulnerability of some of the children and families seen by the service.

Specialist community mental health services for children and young people

Good

Staff could give examples of how to protect children and young people from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. That included working in partnership with other agencies such as the local NHS trust and GPs. At the time of the inspection the service had not had any safeguarding concerns or alerts.

The service used an online referral form to raise safeguarding concerns which would then be reviewed by the safeguarding lead who would then refer to the local authority safeguarding team. The service had regular refreshers to ensure staff understood the reporting procedure and scenario-based learning was included within supervision.

The electronic records system had an alert option which would notify staff if there was a safeguarding concern relating to a family. The system also had a secure area limited to the safeguarding leads and registered manger which contained the detail behind the concern and protected confidentiality.

The service had robust safeguarding policies which incorporated guidance and legislation from England, Wales, Scotland and Northern Ireland. There were easy to follow process-flow charts on how to raise a concern or make an alert. Additionally, the policies gave descriptions on how to recognise abuse, child sexual exploitation and female genital mutilation. The service made updates to the policies as required to ensure they were using the latest guidance. These updates were communicated to staff who then signed to state they had read and understood the guidance.

Staff access to essential information

Staff kept detailed records of children and young people' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

The service used a bespoke electronic records system. Staff said that all information needed to deliver client care was available to all relevant staff when they needed it and in an accessible form. Any paper forms completed with children and young people were scanned and attached to the child or young person's electronic record and where applicable, securely disposed of.

We reviewed 10 care records and found them to be easily available, easy to navigate and clear.

Paper records were stored securely and accessible only to staff.

We saw evidence that information was shared effectively when children and young people moved between different services such as GPs and pharmacies.

Medicines management

No medicines were prescribed, administered or stored on site.

Track record on safety

The service had a good track record on safety.

The service did not have any serious incidents or adverse events in the 12 months prior to inspection.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children and young people honest information and suitable support.

All staff knew what incidents to report and how to report them and reported all incidents that should be reported. All accidents and incidents involving injury to staff, children, young people and their families were reported and recorded, no matter how minor. Staff were trained in overall incident management and methods of reporting for all notifiable incidents. At the time of the inspection the service had not had any serious incidents.

All incidents once logged were reviewed by the governance lead and forwarded to the appropriate nominated person for investigation where appropriate. Some no/low harm incidents such as staff tripping did not always require a response, but all responses were reviewed and themed. All findings were shared with the clinical team to encourage learning and improvement to services formally via quarterly quality monitoring meetings. Additionally, incidents were shared with the wider service including the charity to share any learning themes.

Staff understood the duty of candour. They were open and transparent and gave children and young people and

Specialist community mental health services for children and young people

Good

families a full explanation when something went wrong. This duty of candour is a legal requirement. The service had adopted the good practice of applying the duty of candour for all incidents regardless of whether they met the legal requirement.

As part of the information governance training on induction, staff were introduced to the duty of candour policy guidance and had the opportunity to discuss and increase their understanding. Staff were also refreshed in candour legislation at quarterly quality review meetings to nurture wider understanding of issues outside the service.

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

Staff assessed the mental health needs of all children and young people. They worked with children and young people and families and carers to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised and holistic.

We reviewed 10 care records and saw that staff completed a comprehensive assessment of each patient. Staff developed personalised and holistic care plans that met the needs identified during assessment. These were supported by reports containing reasonable formulation with recommendation for support. We saw evidence of good communication and sign-posting to other support services.

Children and young people received a recognised assessment and observation schedules unless it was clinically indicated that it could not be completed.

Additionally, when assessing a child or young person the service completed speech and language therapy assessments and occupational therapy assessments involving play-based assessments and observations of parent and child together.

All families who were assessed were asked to complete formal feedback after their assessments. Each family were offered formal reviews at three and six-months post receiving their assessment report to review the outcome measure tool and the agreed individual outcomes.

We saw that when necessary, staff ensured the child or young person's goals as well as their physical health needs were recorded, referenced and appropriately addressed within care plans.

Best practice in treatment and care

Staff provided a range of treatment and care for children and young people based on national guidance and best practice. They ensured that children and young people had good access to physical healthcare and supported them to live healthier lives.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by and were delivered in line with National Institute for Health and Care Excellence guidance. These included autism spectrum disorder in under 19s: recognition, referral and diagnosis (2011) (cg128), autism spectrum disorder in under 19s: support and management (2013) (cg170) and autism (2014) (q551).

Staff ensured that the child or young person's GP was meeting children and young people' physical healthcare needs and shared information to support this. Additionally, the service had two learning disability nurses who were part of the clinical team who oversaw the physical wellbeing of children and young people where need was identified through referral information.

The service was also in the process of finalising a contract with the local NHS trust for bespoke support from a consultant paediatrician and specialist doctor to join the multidisciplinary team and provide advice and guidance from a medical perspective. Initial meetings had taken place with the doctors to begin establishing a framework for effective use of their clinical time to enhance the assessment process where assessed as needed. All feedback reports were shared with the families GP and families were signposted as appropriate to other health agencies.

Specialist community mental health services for children and young people

Good

The service measured their outcomes. The service had yet to complete a full 12-months of clinical delivery and as such were awaiting a full year's outcomes.

The director of research was in the process of reviewing other potential outcome measures to assure the service was in line with best practice. Including ways to collaborate with other partner agencies.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of children and young people under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The team included, or had access to, the full range specialists required to meet the needs of children and young people. This included psychologists, learning disability nurses, occupational therapists and speech and language therapists. Additionally, the service was recruiting a nurse practioner and was also in the process of agreeing a contract with the local NHS trust for bespoke support from a consultant paediatrician and specialist doctor .

Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patient group.

Managers provided new staff with appropriate induction and we observed part of the corporate induction during the inspection. Feedback from the new starters was positive and they felt well informed about the service.

Managers provided staff with supervision every four to six weeks, and the percentage of staff that had had received regular supervision in the last 12 months was 100% for both clinical and managerial supervision. Supervision consisted of meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development. Staff fed back that they found supervision to be effective and well-managed.

The percentage of staff that had had an appraisal in the last 12 months was 50%. This was due to there being a new staff team. The remaining 50% were still within their first 12-months of employment and were booked to have their appraisals later within the year.

Managers ensured that staff had access to regular team meetings and we saw that these were inclusive of all roles with a focus on staff welfare.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Staff feedback was incredibly positive about the development opportunities and they felt the service provided robust training with managers ensuring that staff received the necessary specialist training for their roles.

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

The service had worked with the local school of nursing to offer student nurse placements and had recently received three students on a one-week placement. The feedback from the students and staff had been positive.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit children and young people. They supported each other to make sure children and young people had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular and effective multidisciplinary team meetings. The multidisciplinary team consisted of psychologists, learning disability nurses, occupational therapists and speech and language therapists. This was being increased to also include a nurse practitioner, consultant paediatrician and specialist doctor. The team held weekly meetings to review all referrals and discuss ongoing cases. Minutes showed these meetings to be collaborative, involving the full range of professionals within the team and included detail of their discussions.

Staff shared information about children and young people at effective handover meetings within the team for example, when staff went on holiday. We also saw good quality clinical notes to support handover. The family support teams had good working links, including effective handovers, with primary care, social services, and other teams external to the organisation.

Adherence to the MHA and the MHA Code of Practice

Specialist community mental health services for children and young people

Good

The service was not registered to accept children and young people detained under the Mental Health Act. Staff knew who to contact if they were concerned about a client's mental health.

Good practice in applying the MCA

Staff understood their roles and responsibilities under the Mental Health Act 1983.

The provider had a policy on the Mental Capacity Act. Staff were aware of the policy and had access to it. All (100%) staff had had training in the Mental Capacity Act and knew where to get advice from within the provider regarding the Mental Capacity Act.

In our review of the care records there was evidence that the person(s) holding parental responsibility and who were legally capable of consenting on behalf of the child had been identified and consent obtained.Staff understood Gillick competency. Gillick competency is where a person (under 16 years of age) is assessed for the competence to make decision about their own care, without the need for parental consent.

Staff took all practical steps to enable children and young people to make their own decisions including completing reports tailored to the child or young person's age.

The service had yet to complete a full 12-months service delivery and as such had not yet audited the application of the Mental Capacity Act.

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

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated children and young people with compassion and kindness. They understood the individual needs of children and young people and supported children and young people to understand and manage their care, treatment or condition.

Staff attitudes and behaviours when interacting with children and young people showed that they were discreet, respectful and responsive, providing children and young people with help, emotional support and advice at the time they needed it. We observed a family feedback session and saw the staff were compassionate and supportive, they gave the family time to read the report and ask questions.

Staff supported children and young people to understand and manage their care, treatment or condition. Where appropriate, the child or young person received a personalised report in addition to the formal report which was tailored to ensure they understood the contents.

Staff directed children and young people to other services when appropriate and, if required, supported them to access those services. We saw evidence of good signposting within the records and the formal reports and within the feedback session.

Staff understood the individual needs of children and young people, including their personal, cultural, social and religious needs. This was reflected within the care records and from parental feedback.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards children and young people without fear of the consequences.

Staff maintained the confidentiality of information about children and young people.

The service had received 39 positive compliments over the 12-months prior to inspection.

Involvement in care

Involvement of children and young people

We saw evidence within the care plans of staff involved children and young people in care planning and risk assessment.

Staff communicated with children and young people so that they understood their care and treatment, including finding effective ways to communicate with children and young people with communication difficulties.

Staff involved children and young people when appropriate in decisions about the service. They enabled children and young people to give feedback on the service they received via bubble cards and online surveys.

Involvement of families and carers

Specialist community mental health services for children and young people

Good

Staff involved children, young people and their families in care planning and risk assessment and actively sought their feedback on the quality of care provided.

Staff informed and involved families and carers appropriately and provided them with support when needed.

Staff enabled families and carers to give feedback on the service they received via surveys and were in the process of developing a service user forum. They also signposted them to local parent and carer groups.

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

(for example, to feedback?)

Good

Access and discharge

The service had clear criteria for which children and young people would be offered a service and, if waiting lists were used, who could be placed on them. The criteria did not exclude children and young people who needed treatment and would benefit from it.

The service accepted referrals from any health or social care professional who knew the family well such as Special Educational Needs Coordinator (SENCO), GPs, social workers and nursery managers.

There was a clear eligibility criterion for referrals which was that:

- the child was aged between 4 and 11 years of age (up to the day before their 12th birthday) at the time of referral.
- parents or carers with parental responsibility were able to give fully informed consent.
- the family were able to fully engage in the programme
- the family were able and willing to travel to the centre.

Prior to the inspection the service operated a seven-week cycle which consisted of:

- Weeks one to five: completion of diagnostic multidisciplinary team assessments
- Week six: Assessment feedback and follow on workshops for families and children
- Week seven: Workshops for families and children

This was followed up with 12-months outreach support.

All referrals were triaged by the family support team who were overseen by a learning disability nurse to provide clinical oversight. Each referral would then be discussed at the weekly multidisciplinary meeting. These included referrals for those who need further information or were awaiting charitable funding, usually a four to five week wait. If a referral was declined the referrer would be contacted and given feedback as to the reasoning.

The provider had set a target of 12-weeks for time from referral to feedback session (week six). This was better than the National Institute for Health and Care Excellence guidance which sets a standard of 12-weeks from referral to the first appointment. Prior to the inspection the service was not meeting this standard being at 15.27 weeks from referral to feedback appointment. This delay was attributed to the recent staff turnover and inclusive assessment for financial assistance.

The service was in the process of reviewing their service model with a view to moving away from the seven-week cycle to more person-centred model. This would enable the team to build assessment and interventions around the needs of the child, young person and family to make it as short or long as they needed. Where possible, staff offered children and young people flexibility in the times of appointments.

Each child, young person and family were allocated a family support worker who became their first point of contact. This enabled the team to respond promptly and adequately when children and young people telephoned the service.

The team tried to engage with people who found it difficult or were reluctant to engage with mental health services. The team tried to make follow-up contact with people who did not attend appointments.

Staff cancelled appointments only when necessary and when they did, they explained why and helped children and young people to access treatment as soon as possible.

Appointments usually ran on time and people were kept informed when they did not. Staff were able to flex appointment times up or down to suit the needs of the child or young person.

Specialist community mental health services for children and young people

Good

After the feedback session, children, young people and their families would receive a written report in which they would be signposted to additional support services. We saw good evidence of this signposting. This report would also be sent to the GP or other referrer to ensure continuity of care.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of treatment rooms supported children and young people' treatment, privacy and dignity.

Facilities and premises were innovative and met the needs of a range of people who used the service. The building was purpose-built with autistic people in mind, it included a sensory garden to help children interact with nature and family training suites as well as training kitchens for cooking classes to encourage a healthy diet.

Additionally, the service had a range of rooms and equipment to support treatment and care this included six consulting rooms, five assessment/therapy suites, a fully equipped sensory integration assessment suite, a music room including recording studio and two play rooms. The rooms also had the option to engage privacy screens.

Consulting rooms had adequate soundproofing and were designed to be low stimulus; having smooth furnishings and the option to change the colour of the room lighting.

The décor was designed to be low stimulus but not bland and was adorned with murals such as quotes from cartoon characters such as Piglet. Children had designed individual pictures for each of the room door signs.

The service had won several awards for the building and garden design including the Royal Hampton Court Show for People's Choice, Building Better Healthcare Awards for Best Healthcare Development (UK) and the Royal Institution of Chartered Surveyors National Innovation Award.

Children and young people' engagement with the wider community

Staff supported children and young people with activities outside the service, such as work, education and family relationships.

When appropriate, staff ensured that children and young people had access to education and work opportunities. They linked in with local schools and Special Educational Needs Coordinator (SENCO).

Staff supported children and young people to maintain contact with their families and carers. They encouraged and supported siblings to attend sessions where appropriate.

Children and young people were encouraged to develop and maintain relationships with people that mattered to them, both within the services and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all children and young people including those with a protected characteristic. Staff helped children and young people with communication, advocacy and cultural and spiritual support.

The service made adjustments for disabled children and young people for example, by ensuring disabled people's access to premises and by meeting children and young people' specific communication needs. The service had a mobile hoist available on each floor and ceiling tracking in the accessible changing room. There were lifts to all floors and level access entrances to the building.

Staff ensured that children and young people could obtain information on treatments, local services, children and young people' rights and so on. They had good links to local parent and support groups.

The information provided was in a form accessible to children, young people and their families. Staff could access to information leaflets available in other languages if required. However, no requests had ever been made prior to inspection and as such these were not readily to hand. Additionally, staff could access translation services but again had not yet needed to.

All staff were trained in autism observation and parent/child attachments. They tailored the assessments to a child or young person's needs, using visual aids such as Makaton. Additionally, they provided coaching to parents on how to bring children into the centre to put them at ease and would alter appointments to suit the child being tired. All staff had online training on sensory integration to ensure they had an oversight of that area.

Specialist community mental health services for children and young people

Good

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Children and young people knew how to complain or raise concerns and would receive feedback.

Staff knew how to handle complaints appropriately and gave examples of how they would protect children and young people who raised concerns or complaints from discrimination and harassment.

The service had received two complaints in the twelve-months prior to the inspection which were reviewed on-site. Staff received feedback on the outcome of investigation of complaints and acted on the findings. An example being working closely with families by consulting and engaging to understand what they want from an assessment and feedback report to enable them to support their child better. The key issues were around use of terminology whereby if terminology was "too clinical" some parents found it hard to relate the report to their child. The service then amended their reports to reflect this without affecting the clinical judgement whilst increasing the understanding of families, giving effective recommendations to support them.

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

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for children and young people and staff. They could explain clearly how the team was working to provide high quality care.

Leaders were visible in the service and wherever possible they sat with the team. Staff spoke positively about the approachability of the leaders. The service had recently reassessed its staffing model, based on staff feedback, and had reduced the levels of hierarchy to support a one team structure. Examples were given by staff of leaders meeting with them as a group and on-to-one to talk through the changes to the service and offering opportunity to feed into development as well as air concerns.

The service recognised that they needed to improve their staff retention and as such were developing opportunities for training and leadership development. These included opportunities for staff below team manager level.

Staff felt they had good representation at the trustee board but fed back that at times the board were a block to speedy decision making and there was a feeling of a lack of autonomy. Examples were given of standard office equipment requests having to go through the trustee board for approval. There was also concern that the Board did not always fully understand clinical decisions. However, staff acknowledged that relationships between the diagnostic leadership team and the trustee board were improving and as such felt this would improve over time.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

The service mission was 'to give practical and emotional support through compassionate and efficient services.'

The service vision was 'a world where all disabled children and their families have choice, opportunity, dignity and understanding'. With the values being collaboration and teamwork, inclusion and empath, resourcefulness and efficiency, creativity and entrepreneurialism, leadership and respect, encouragement and excellence.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service.

Staff could explain how they were working to deliver high quality care within the budgets available. They had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff gave examples of being fully involved into developing the service pathways and the set-up of the building. Staff reported that the clinical and governance leads, and the

new director of clinical services were very inclusive. They felt that the recent changes had bought the service delivery team together from applications to family services and had removed silos.

The corporate induction for all new starters included 1.5 hr session on the vision and values of the organisation. Values were translated into policy guidelines, employee code of conduct, expected key service behaviours and appraisal processes/measures of success. The values were visualised within the building on internal walls.

Culture

Staff felt respected, supported and valued. They said the charity promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Overall, staff felt positive and proud about working for the service and their team. Staff felt respected, well supported and valued by leaders and one another. They felt able to raise concerns without fear of retribution and knew how to use the whistle-blowing process.

Staff worked well together and where there were difficulties managers dealt with them appropriately. Managers had limited examples of dealing with poor staff performance but addressed areas of concern or development within supervision, when needed.

Staff appraisals included conversations about career development and how it could be supported by providing opportunities such as mentoring junior colleagues or student nurses. Staff reported that the provider promoted equality and diversity in its day-to-day work.

The service offered activities to staff such as keep fit, pilates and circuit training which was delivered within the centre. The service's staff sickness and absence rates were low (1.3%).

The service had recognised that staff retention was a concern and was in the process of developing development plans to bolster retention. Staff fed back that the high turnover was due to personal circumstances rather than culture.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

There was a clear framework of what must be discussed in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. In addition, the service took part in organisational circle meetings; whereby staff from the diagnostic service and the charity met to feedback thus ensuring continuity across the organisation.

Staff had implemented recommendations from reviews of incidents, complaints and safeguarding concerns at the service level. However, due to the service being new these had been minimal.

The service was in the process of developing its clinical audits. The existing audits such as record keeping were enough to provide assurance and staff acted on the results when needed. An example being to complete a risk assessment for every child or young person even if risk was not evident.

Staff understood arrangements for working with other teams, both within the provider and external, to meet the needs of the children and young people. They worked closely with the charity to provide a holistic service to children, young people and their families.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The service had its own risk register and shared a risk register with the charity to ensure continuity across the entire business. Staff maintained and had access to the risk register either at a team level and could escalate concerns when required from a team level. Risks were reviewed and minuted via the quarterly quality review meeting minutes or earlier considering service changes or incident.

Staff concerns matched those on the risk register such as business continuity and retention of staff. The service had plans and policies for emergencies for example, adverse weather or a flu outbreak.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local quality improvement activities.

Specialist community mental health services for children and young people

Good

The service used systems to collect data that were not over-burdensome for frontline staff. The building design enabled staff to access digital information from most rooms.

Information governance systems included confidentiality of patient records. The service had a bespoke records system which enabled them to continually develop it to meet their needs.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed however, there had been limited need to do so.

The service was still within in its infancy and as such was still developing its clinical audit programme and was yet to participate in any national audits.

Engagement

Managers worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector) to ensure that there was an integrated local system that met the needs of children and young people living in the area. There were local protocols for joint working between agencies involved in the care of children and young people.

Staff, children and young people and their families had access to up-to-date information about the work of the provider and the services they used. Staff were able to access information via their intranet, the internal e-magazine and via circle meetings.

Managers and staff had access to the feedback from children and young people, their families and staff.

Children and young people and families had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Families, children and visitors were supported to fill in feedback bubbles on an informal basis. These were available in the family room and reception areas.

Each child or young person was assigned a family support worker who remained their constant contact. The family support worker would then contact families after two weeks to see how they were getting on. Additionally, the service consulted with families via an online survey as to how the feedback report met their needs.

All visitors to the building including families were encouraged to complete the bubbles themselves in their own words, anonymously to provide any suggestions or comments they may have.

This enabled children and young people and their families to become involved in decision-making about changes to the service. Children and young people and staff could meet with members of the provider's senior leadership team and governors to give feedback. There was a consultation and engagement focus group in September 2019 which invited families to give their views about what they would like Caudwell Children support services to be. Specifically, attendees were asked about what services they currently or have previously found useful or not and why. They were asked to discuss what their 'ideal' support services would be with no limitations. Finally, they were asked what support services they would specifically like to receive from Caudwell Children and where and when these would be available.

The service was also developing a service user forum with terms of reference having been agreed for the group. Members would comprise of those who have used the service as well as those who had not.

Staff engaged with external stakeholders such as commissioners and Healthwatch. They had recently held two question and answer sessions with a local clinical commissioning group and with families to make them aware of the service. This had included a tour of the facilities and an opportunity to converse with clinical team members in a formal question and answer setting as well as an informal networking lunch with staff available to talk to. The service also had good links with local carer and parent groups.

Learning, continuous improvement and innovation

Specialist community mental health services for children and young people

Good

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes.

The service had a strong focus on research and innovation and staff had opportunities to participate in research. This was evident in the construction of the purpose-built centre.

Staff used quality improvement methods and knew how to apply them. Innovations were taking place in the service such as the use of the enhanced service pathways which sat outside of the statutory services provision such as occupational therapy sensory integration pathway. The service also offered grant applications to enable/support development and creativity of new services as researched and scoped by clinical team members.

Outstanding practice and areas for improvement

Outstanding practice

The facilities and premises were innovative and met the needs of a range of people who used the service. The building was purpose-built with autistic people in mind and had won several national awards.