Outstanding ☆

Lincolnshire Partnership 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)
RP7HQ	Trust Headquarters	Lincoln Core CAMHS	LN5 7RZ
RP7HQ	Trust Headquarters	Grantham Core CAMHS	NG31 9DF
RP7HQ	Trust Headquarters	Boston Core CAMHS	PE21 8EG
RP7HQ	Trust Headquarters	Louth Core CAMHS	LN11 0YG

This report describes our judgement of the quality of care provided within this core service by Lincolnshire Partnership 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.

Summary of findings

Where applicable, we have reported on each core service provided by Lincolnshire Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Lincolnshire Partnership 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	Outstanding 
Are services safe?	**Good** 
Are services effective?	**Good** 
Are services caring?	**Outstanding** 
Are services responsive?	**Good** 
Are services well-led?	**Outstanding** 

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 Lincolnshire Partnership NHS Foundation Trust specialist community mental health services for children and patients as outstanding because:

- Patients and carers told us that everyone was caring, compassionate, kind and treated them in a respectful manner. All feedback surveys collected by the trust were consistently positive about the way that staff treated patients.
- The service had established an innovative model of working using outcome measures at each appointment. This model was patient centred and holistic based around the child or young persons' strengths and goals.
- Staff were open and transparent in relation to incidents and complaints. They acted on lesson learnt from incidents and complaints. They strived to continually improve the service they delivered by working closely with commissioners and other stakeholders.
- Managers and senior staff including board members were visible and approachable. Staff expressed they felt able to raise concerns without fear of reprisal. The managers and team co-ordinators were passionate about delivering high quality care and treatment and had funded 17 clinicians to undertake children and young people's improving access to psychological therapies training. They had managed to recruit to the 17 vacancies with substantive posts therefore increasing the level of staffing within the service.
- Risk assessments and care plans were comprehensive and well written. They were developed in collaboration with the patient and, where appropriate, their carers. Staff were able to refer patients to the crisis and home treatment and resolution service within CAMHS if they were concerned about a young person's presentation out of hours and at weekends. This service had been praised highly by senior staff at the local hospitals in relation to the responsiveness of the team Communication between the teams was excellent.
- The service had introduced an animal assisted therapy service to group work for patients.

However:

- Only 68% of staff had undertaken the children's safeguarding training level 3B.This was below the trust target of 95%.
- Staff supervision rates were lower than the trust expectations and managers did not always keep a record of supervision sessions.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- Services were well-staffed with low sickness, low turnover rates and no use of agency staff.
- Risk assessments were comprehensive and completed in a timely manner.
- All locations were safe, visibly clean and well maintained.
- A high percentage of staff had received mandatory training and induction to undertake their roles.
- Staff followed safe lone working processes.
- Caseloads were allocated to teams rather than individual clinicians and closely monitored by managers.

However:

- Only 68% of staff had undertaken level three safeguarding children level 3B training, which was below the trusts 95% compliance rate. Despite this staff knew and how to make safeguarding referrals and 98% of staff had completed level one safeguarding children training.
- There were three vacancies for psychiatrists across the service. Recruitment to these posts was ongoing and cover arrangements had been put on place.

Are services effective?

Good

We rated effective as good because:

- The service had an established “outcomes oriented CAMHS model” of care and treatment. They continually monitored the outcomes of treatment for patients and their carers to monitor the progress each individual young person made during and following discharge. This was demonstrated through the results of audits and staff acted on the outcomes to ensure treatments were effective.
- Staff were skilled in the area of CAMHS and undertook additional training such as children and young people’s improving access to psychological therapies (CYP-IAPT). Psychological therapies were delivered in line with NICE guidance. There were clear treatment pathways including a separate team for eating disorders and a crisis service.
- Comprehensive assessments and care plans were completed and care records were up to date. We found that care plans were personalised and considered the young person’s needs and strengths.

Summary of findings

- There was effective partnership working with other agencies such as schools, youth justice teams, commissioners and the local authority.
- There was also innovation in how to meet the young person's needs for example developing a new well-being service and establishing a 24 hour crisis service.

Are services caring?

Outstanding 

We rated caring as outstanding because:

- Staff were extremely enthusiastic and cared about their work with patients. Staff demonstrated an in-depth knowledge of the young person's circumstances and displayed a respectful manner towards them.
- Patients told us they felt listened to and that their views were valued and included as part of their treatment. Feedback findings from surveys and outcome measures were consistently positive about the way that people were treated including parents and carers. Patients and carers said they felt listened to, were treated well and taken seriously.
- The 'my-outcomes' model of care was well-established and involved the young person fully in leading the sessions to achieve outcomes that were meaningful to them.
- Leaflets in easy read formats and child-friendly versions were available to patients and their carers.
- Patients were routinely asked to feedback into the service and were involved in the recruitment of new staff.

Are services responsive to people's needs?

Good 

We rated responsive as good because:

- Referrals into CAMHS were screened daily and patients could gain quick access into the service with an average wait for treatment of less than 4 weeks.
- The service had established a large crisis and home treatment team provision that was county wide and provided assessment and treatment 24 hours a day, 365 days a year.
- The service could make appointments in GP surgeries and other locations to allow children and patients in rural areas to access appointments.
- There were interpreter services for patients who needed them.
- Patients were involved in the development of the service and in recruitment of staff.

Are services well-led?

Outstanding 

We rated well-led as outstanding because:

Summary of findings

- Morale was high with low staff turnover, low sickness and vacancy rates.
- Managers and staff were passionate about the service and in developing new ways of working informed by the patients and their carers' views.
- Waiting times for treatment were low and were monitored.
- There was a high rate of appraisals completed. Staff said they were receiving regular individual or group supervision.
- Staff knew the vision and values of the service and demonstrated these in their behaviour and attitude consistently.
- There was a low level of complaints and a high level of compliments from patients and their carers regarding the quality of the care and treatment.
- There was support for staff to become highly skilled CAMHS practitioners and the service had funded staff to undertake CYP-IAPT training and funded leave for a psychologist to deliver therapy in Malawi, Africa.

Summary of findings

Information about the service

Lincolnshire Partnership Foundation NHS Trust provides specialist community mental health services for children and patients in Lincolnshire and North East Lincolnshire.

The services provide treatment and support to children and young people who may have a range of mental health and emotional well-being issues including anxiety, depression, trauma, eating disorder, psychosis, learning disabilities and self-harming behaviour. The services provide a core CAMHS service including eating disorders team, learning disabilities team and a crisis and home treatment service (C&HTS). The service currently does not provide primary mental health services as this team merged into the core CAMHS service and crisis and home treatment service during the transformation phase one year ago.

This core service was last inspected in December 2015 where they were rated as outstanding overall. The service was rated outstanding in the caring and effective domains and good in safe, responsive and well-led.

The service was told they should improve waiting times for patients accessing the learning disabilities team and review access to local authority safeguarding training. There were two actions in the Trust action plan one related to safeguarding children level 3B training and the other to and these were completed at the time of this inspection.

Our inspection team

Our inspection team was led by:

Chair: Mick Tutt, Deputy Chair, Solent NHS Trust

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

Inspection Manager: Karen Holland, Inspection Manager, mental health hospitals, CQC

The team that inspected this core service consisted of three inspectors, four specialist advisors with experience of working with child and adolescent mental health services.

The team would like to thanks all those who we spoke to during the inspection.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

Summary of findings

We inspected the four main Core CAMHS services including the eating disorders team, learning disabilities team and crisis and home treatment service teams located in Grantham, Louth, Boston and Lincoln.

During the inspection visit the inspection team:

- visited four community CAMHS locations across the county, looked at the quality of the environment, and observed how staff were caring for patients.
- spoke with ten patients who were using the service.
- spoke with eight carers or parents.
- spoke with three service managers and four team co-ordinators.
- spoke with 36 other staff members; including doctors, nurses, psychologists and social workers.
- interviewed the divisional manager with responsibility for these services.
- observed two groups for patients, a looked after child review meeting and three multi-disciplinary meetings.
- Looked at 39 care records of patients.

looked at a range of policies, procedures and other documents relating to the running of the service including six supervision records.

What people who use the provider's services say

- We spoke to ten patients and eight family members or carers. They spoke very highly and positively about the service and its staff. Patients told us that the staff were extremely caring and supportive towards them.
- Some carers said getting a referral from their GP into CAMHS initially was difficult but once they received treatment they were impressed by the service. Carers told us that staff offered flexibility with times of appointments.

Good practice

- Staff within the service had established an "outcomes oriented CAMHS" model of care. This evidence based model focussed in the outcomes for patients at every session and at discharge. It was recognised in NHS innovation awards and other CAMHS services nationally had adopted this model.
- The service had developed a large crisis and home treatment team that offered out of hour's provision for assessment and support 24 hours a day. This service had been praised highly by senior staff at the local hospitals in relation to the responsiveness of the team.
- The service had introduced an animal assisted therapy service to group work for patients.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that cleaning rotas are kept for toys and the environment at all locations.
- The trust should ensure that all eligible staff have completed safeguarding children level 3B training.
- The trust should ensure accurate recording of supervision.

Lincolnshire Partnership 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
Sleaford and Grantham Core CAMHS including the learning disabilities team, Sycamore Unit, Beacon Lane, Grantham	Trust Headquarters
Louth Core CAMHS Windsor House, Windsor Road, Louth, Lincolnshire	Trust Headquarters
Boston Core CAMHS including the eating disorder service. Archway Centre, Boston West Business Park, Sleaford Road, Boston, Lincolnshire	Trust Headquarters
Lincoln Core CAMHS including Crisis and Home Treatment and Resolution Service, Horizon Centre, Homer House, Monson Street, Lincoln	Trust Headquarters

Mental Health Act responsibilities

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

Most staff (94%) had received training on the Mental Health Act and knew how to apply it. However it was rarely used in the community and there were no patients subject to community treatment orders at the time of inspection.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The trust provided training on the Mental Capacity Act and 87% of staff had completed the training. This was slightly below the trust expectation of 95%. The Mental Capacity Act only applies to people aged 16 and over. Staff demonstrated an understanding of the Act and the five guiding principles. For children under the age of 16 staff used parental consent and where appropriate used the Gillick competency and Fraser guidance to seek consent from patients about their care and treatment.

There were no Deprivation of Liberty applications as this is not applicable to this service.

Good

Are services safe?

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

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

Our findings

Safe and clean environment

- All four locations visited were visibly clean, well maintained and had comfortable furnishings. We found the environment at Louth had limited amount of rooms available for therapy sessions. These rooms appeared cramped due the storage of furniture not required for therapy. There were no electrical socket covers in place to prevent younger children from accessing them. Some of the rooms at Louth also doubled as office space for staff to hot desk. There were ligature audits in place at all locations, which were all reviewed recently and had identified risks which were mitigated by staff accompanying patients at all times. A ligature point is a fixed point that someone might harm themselves on.
- At Grantham the service shared an entrance with the community adult mental health teams (CMHT). However, there was a separate waiting area for CAMHS patients, which did not have any windows and did not display a full range of leaflets. At Louth, the service shared the same building with the CMHT however there was a separate entrance for CAMHS patients. This area was occupied by reception staff at all times and had closed circuit television cameras.
- All staff had access to personal alarms. We saw that these were kept in the reception areas at all four locations. Staff told us they did not always carry the alarms on them but would wear them if they felt it appropriate. At Louth we found that the alarms had not been signed out recently which indicated that staff were not using them regularly.
- There were no clinic rooms at any of the locations. Medical and nursing staff had access to equipment to take physical healthcare observations such as blood pressure, pulse, weight and height.
- Equipment was well maintained and electrical equipment testing was in date in all locations.
- There were cleaning rotas in place for toys and the environment for all locations except for Grantham where we did not find a cleaning rota for the toys in the waiting area.
- The waiting area displayed a range of information including leaflets for mental health conditions such as anxiety and depression and local support groups. There were easy read versions available. All four locations had an identified fire warden, fire extinguishers and fire exit signage visible. First aid kits were available however, at Boston we found that the first aid kit contents had passed its expiration dates. There were evacuation chairs for disabled people to access during a fire in Boston and Lincoln however no evacuation chair was available at Grantham to ensure disable patients could be transported easily out of the building should a fire occur in the upstairs therapy rooms.

Safe staffing

- The trust and the divisional manager set staffing levels. The service had undergone a transformation in the last twelve months with the creation of a countywide crisis and home treatment resolution service (C&HTRS) which was available 24 hours a day, 365 days a year.
- We found that caseloads averaged between 30-55 for clinicians, which met the trusts expectations. Medical staff held higher caseloads due to patients requiring medication. A manager told us staff had reported higher caseloads, for example, one clinician had 67 on their caseload. However, 22 of these patients were awaiting treatment and not being seen for individual appointments. The trust told us that caseloads for CAMHS were allocated to a team rather than individual clinicians and therefore more than one clinician might be involved in the care of a young person.
- Team co-ordinators and managers reviewed clinicians' caseloads regularly through supervision and business meetings. Across the services, each full time clinician would offer 20 face to face appointments with children and patients per week as a minimum.

Good

Are services safe?

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

- The crisis and home treatment team did not hold individual caseloads. They were able to offer care and treatment for patients across the county. At the time of inspection, the Lincoln Crisis team were supporting 60 cases across the team of 14 clinicians.
- At the time of inspection a total of 159 substantive staff were employed across the locations. Managers told us this had increased recently due to an expansion in service provision and due to the back-fill of posts created through staff undertaking specialist training.
- CAMHS crisis team had two whole time equivalent qualified vacancies. The eating disorders team had two part time vacancies equating to 1.4 whole time equivalent staff due to maternity leave, these were due to be filled in May. We found that there were three whole time equivalent psychiatrist posts vacant, two in Grantham and one in North East Lincolnshire. There was an active recruitment process in place. This had proved difficult due to the geographical location. The managers and medical director had placed the psychiatrists staffing shortage on the trust's risk register and cover arrangements had been put into place.
- Sickness rates were low at 3% and below the trust average of 5%. The highest level of sickness was in the CAMHS learning disabilities team, this was due to one clinician being on long-term sick leave within a small team of six clinicians. Between 1 January 2016 and 31 December 2016, 11 staff left the service. Managers monitored sickness in line with the trusts' policies.
- Overall, there was a low turnover rate for substantive staff. The staff we spoke to said that it was difficult to recruit staff into the region however once in post they stayed in post for a long time. The CAMHS learning disabilities team had the highest turnover rate as two out of six clinicians left the team in the last twelve months. There were 21 shifts filled by qualified bank staff between 1 January and 31 Dec 2016 and no use of agency nurses. This equated to less than 1% of the total shifts filled by bank staff.
- Overall compliance for mandatory training was 93%, however safeguarding children level 3B training was 68%. The trust could only access this training through the local authority and had an action plan to ensure all staff received training in the near future. There had been several new staff who had not had the opportunity to be trained.

Assessing and managing risk to patients and staff

- Staff completed risk assessments for patients to a good standard in 37 out of 39 care records reviewed. Staff updated risk assessments six monthly or when risks changed. However, there were two risk assessments at Boston that needed updating following a multidisciplinary meeting. All assessments were completed at the time of the initial assessment and in conjunction with the young person. In the records of two patients at Boston risk assessments were not completed.
- Crisis plans were robust and personalised. A copy of the young person's "keep safe" plan was given to them and included the contact details for trusted individuals and organisations they could contact if their mental state deteriorated. Copies were also given to families with the steps they could take in a crisis. Patients we spoke to were clear about how they could get help urgently. Staff told us that they could flag concerns about a young person with the crisis and home treatment service so that staff could offer support urgently, for example over a weekend.
- Staff monitored patients whilst waiting for treatment and patients were allocated onto a clinician's caseload. Following initial assessment families were made aware of how to contact CAMHS if there was a change in the young person's presentation.
- Between 1 January and 31 December 2016, 39 safeguarding referrals were made across the service. We found that staff were aware of how to raise a safeguarding concern and could identify the safeguarding champions within their team. There were safeguarding posters with a flow chart of actions on display in the office areas for staff reference. Since the last inspection, the service had established links with the local authority and had named safeguarding champions in each location who could offer guidance to staff in relation to safeguarding issues.
- The trust had Section 75 arrangements in place in relation to looked after children accessing CAMHS services.

Good

Are services safe?

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

- The trust had a safe lone worker policy in place that staff followed. Appointments were logged and the addresses registered at each service location. Practitioners would buddy up with a colleague who would call them if they had not made contact following the community visit. The crisis and home treatment service did not undertake home visits alone. They would attend the local hospital or health based place of safety alone as there were other professionals on duty at these locations.

Track record on safety

- There had been four serious incidents across the service over the preceding year. Of these, one involved the death of a former patient and was not related to their care and treatment. The staff at Grantham continued to offer support to the family and were involved in setting up a legacy in memoriam for the young person.
- There were comprehensive investigations following serious incidents, staff were informed of lessons learnt and changes to practice through the business and clinical meetings. There was appropriate support in place for staff, for example de-briefings and additional supervision.
- Managers told us that the service was setting up a process for 16 and 17 year olds to self-refer into CAMHS and this was in relation to the death of a young person in the community who was not under CAMHS care at the time.
- Lincolnshire Partnership NHS Foundation Trust has submitted details of one external case review, which they stated as relevant to this core service. It is yet to be commenced and as such, there are no recommendations / learning points due to its on-going nature.

Reporting incidents and learning from when things go wrong

- Staff were aware of what types of incidents to report and the team co-ordinators and service managers produced weekly reports for the monitoring of waiting lists and assessments. Staff were able to explain how information regarding incidents was shared through team meetings, via email bulletins and on the trust website. We observed a business meeting and found that staff discussed incidents and learning outcomes.
- There were policies in place for reporting incidents on-line. Team co-ordinators at each location would review incidents and shared information and learning points with the team.

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

- Staff completed comprehensive assessments for patients in 36 out of 39 care records reviewed. Assessments were completed in a timely manner following the initial appointment with the clinician and then updated when circumstances changed. The crisis and home treatment team completed crisis contingency plans, which were based on protective factors, coping skills and the young person's triggers.
- Staff completed care plans for patients. We reviewed 39 care and treatment records and found 36 records were up to date. Care plans were personalised, recovery-orientated and based on the patient's strengths. Copies of care plans were given to patients and where appropriate their families/carers in the form of a letter or a care plan pro-forma.
- Staff used an electronic system to keep patients' records secure. Staff told us that the current electronic system was time consuming and complicated to use. This took time away from direct patient activities. The trust told us that they were reviewing the system and looking at other alternatives.

Best practice in treatment and care

- Staff within the service had developed a "my outcomes" model. The child outcomes rating scale measured levels of distress and impairment at the start and end of each appointment. If there was no improvement after five sessions the multidisciplinary team, the young person and their family reviewed the case.
- Data showed there were significant clinical improvement outcomes for patients that ranged between 43% and 60% during treatment and between 40% and 76% on discharge. Other CAMHS services nationally have shown interest in adopting this model. Staff told us the outcomes were not easily recordable onto the electronic patient record system but staff had found ways to translate the findings to record them for monitoring purposes and used a separate electronic system to record the results. Other outcome measures used by the teams included a session rating scale and the revised children's anxiety and depression rating scale and consumer health questionnaire-experience of service questionnaire. The services monitored these outcomes and these results were feedback to the trust board and commissioners.

  The newly established eating disorder team used NICE guidance and the eating disorder experience questionnaire to support patients with an eating disorder.
- Patients received psychological therapies in line with National Institute for Health and Care Excellence guidance, including the use of dialectical behaviour therapy, cognitive behaviour therapy eye movement desensitisation and reprocessing therapy, Theraplay and psychotherapy.

Skilled staff to deliver care

- The multidisciplinary team had a broad range of clinicians who had various skills and training in mental health. For example, there were clinicians with backgrounds in nursing, social work, psychology, psychiatry and psychotherapy. There were both learning disability nurses and mental health nurses.
- Due to the transformation of CAMHS in the last year teams that were separated, for example the learning disabilities CAMHS team, had now merged together to provide the core CAMHS services.
- The service employed a systemic family therapist in Lincoln who offered family work across the county. The eating disorders team also offered family support work. Managers said that staff on the CYP IAPT training would offer more systemic family therapy as part of their training and this would continue once training was completed.
- The trust provided data from 01 January 2017 to 31 March 2017 that showed an average rate of supervision across the teams of between 87% and 96%. However, the lowest rates of recorded supervision were in the crisis and home treatment and resolution service, which were between 30% and 65%. We reviewed six supervision records of which three staff worked within the crisis team at Lincoln and found that for those staff regular supervision had occurred. All staff said that they received regular supervision within their teams either individually or through group supervision.

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 trust had implemented a new electronic system for recording and documenting supervision. However, a manager told us that not all data had been recorded regarding previous and new clinical supervisions sessions received by staff. Staff told us that supervision was provided regularly to them either individually or in a group. However, we could not find evidence that management supervision was completed separately from clinical supervision. Staff we spoke to said that they did receive supervision regularly and could request extra supervision when required. Monthly group supervision was being delivered at all four locations for core CAMHS from January 2017.
- The trust submitted data stating 96% of non-medical staff had an up to date appraisal, which was just above the trust target of 95%. Boston core CAMHS, Louth core CAMHS and the eating disorders team were fully compliant. Across the service, 88% of medical staff had received an appraisal which was below the trust's 95% target.
- Staff told us that they could access training relevant to their role to enhance their knowledge Staff received support to meet their training needs. A divisional manager told us that 17 clinicians across the teams had been funded for a course in children and patients' improving access to psychological therapies (CYP IAPT) and had started training courses at three identified universities. The service had successfully backfilled their roles into substantive posts.

Multi-disciplinary and inter-agency team work

- Due to the transformation in the service there was no longer a primary mental health team however the service had established a professionals advisory line which was available from 08:30hrs to16:30hrs. This telephone service offered advice and support for professionals in schools, primary medical services including GP's and other allied professionals.
- There were clear pathways for looked after children and the youth justice services that had involvement with CAMHS and the service had a close working relationship with the local authority and commissioners. The divisional manager was in discussions with commissioners to provide CAMHS work in schools in the future. A service model had been funded and they were going to recruit a service manager to lead this project.

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

- Overall, 94**%** of staff had received training the Mental Health Act**.** Four out of six teams had 100% compliance. Two teams narrowly failed to achieve the ambitious 95% trust target: Lincoln core CAMHS with 94% and North East Lincolnshire CAMHS team with 88%. This meant that most staff had received training in the Mental Health Act. However, it was rarely used in the service.
- Consultant psychiatrists across the service were Section 12 approved doctors who had completed additional training in the Mental Health Act and who could assess patients in relation to detention under the Act at the 136 suite-health based place of safety.

Good practice in applying the Mental Capacity Act

- Overall, 87% of staff had received training in the Mental Capacity Act. This was slightly below the trust target of 95%. The renewal timeframe for this training course is 3 years. This course is mandatory for staff. However, Louth Core CAMHS and Grantham Core CAMHS had significantly lower compliance rates at 74% and 53% respectively, which meant that a lower proportion of staff at these services had awareness of the MCA.
- Staff we spoke to had an awareness of the Mental Capacity Act and its guiding principles.
- We found in the 39 care records reviewed that capacity assessments had been completed when appropriate. For patients using the service who are under 16 years of age the Mental Capacity Act does not apply. We saw evidence of consent and capacity being recorded using the Gillick competency framework.

Outstanding ☆

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 were overwhelmingly positive and passionate about their roles in the service. Staff demonstrated an in-depth knowledge of their patients' individual needs and circumstances. Staff described the highly collaborative approach with patients in the delivery of care and treatment. The outcomes model used meant that each therapy session was evaluated and the response from the patient and therapist would shape what would happen in the next session.
- Staff were consistently motivated to provide high quality care and described situations where they had gone the extra mile to support patients for example; offering services for patients who needed continuing care past their 18th birthday. We found several examples of transition planning and support to minimise the impact for the patient changing to adult services.
- The service had a strong, visible person-centred culture with detailed care plans based on the young person's strengths and goals. They used outcome measures to regularly review the progress for the child and their family. The outcomes measures consistently evidenced positive outcomes and comments from patients and their carers about the staff and the service.
- We observed groups and meetings where staff spoke to patients with compassion and empathy. They demonstrated a keen interest in understanding both the patients and the carers viewpoint on the difficulties and issues that they had sought help for. Staff were extremely respectful and passionate way about the patients and their carers. Staff spoke to patients in a way that encouraged, engaged them, was dignified and supportive.
- Six carers spoke positively about the service. All of the patients we spoke with were very positive of the service and praised the staff highly for their caring approach. All patients said they felt listened to and their views were valued.
- The services used the consumer health index-experience of service questionnaire to gain and measure patients and family's experience of care after discharge; they used this feedback to inform how to improve the service for example offering evening appointments across the four locations.
- Staff understood their responsibility to protect confidential information. Workstations were locked and records stored securely on an electronic notes system. Patients were asked if they would like their carers present during assessments and therapy appointments.

The involvement of people in the care that they receive

- The "my-outcomes" model of care was well established and involved the young person fully in leading the sessions to achieve outcomes that were meaningful to them.
- We found that staff supported patients via text messages and these communications were recorded into the care records. Telephone contact would be made with the patient and carer to arrange a convenient time for the appointment and the service utilised rooms in several "hubs" around the county to give carers and patients more choice of where they could be seen.
- Leaflets in easy read formats and child-friendly versions were always available to patients and their carers.
- We found care plans included strategies and numbers for organisations they could access support out of hours and families and patients.
- Patients and their carers said that the staff had liaised with schools and other agencies to share information with the permission of the patient. This liaison with school was reported as very helpful by one parent who spoke to us.
- The eating disorders service offered a parents and carers' support group, which ran monthly. There was a drop-in group once a month for parents offered across the locations where parents and carers could access support and advice from staff.
- The services used the consumer health index-experience of service questionnaire to gain and measure patients and family's experience of care at point of discharge; they used this feedback to inform how to improve the service. Themes and analysis of results was discussed at the quarterly steering group for

Are services caring?

Outstanding ☆

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

CAMHS community and then feedback through the team meetings. We observed a staff meeting where discussion of recent feedback in relation to evening appointments and how the service could offer more versatility in regards to patients accessing appointments.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- Referrals into the service were initially screened from a single point of access team, who were employed by the trust and worked 24 hours a day. The team on a daily basis then screened referrals into CAMHS Monday to Friday.
- We found that across the core CAMHS teams that 60 % of children and patients were seen for an initial assessment within four weeks from time of referral and 95% seen within six weeks which was the target set by commissioners.
- There were different target times for looked after children and those involved with the youth justice teams, who were seen in a shorter period. The local commissioners had set these targets. Ninety-five per cent of youth justice referrals were seen within three weeks and 95% of looked after children referrals were seen within four weeks. Emergency cases were seen by a clinician in the crisis and home treatment and resolution service within 13 hours, the team met this target for 95% of referrals. For urgent cases, 95% of patients were seen within 72 hours.
- The service had developed a large crisis and home treatment and resolution team (C&HTRS) in the last twelve months. Two teams covered the county; one team was based at Lincoln to cover the North and one at Boston to cover the south. There were 27 staff in the team made up of Band 5, 6 and 7 nurses and social workers. The staff provided crisis support within 13 hours of referral and out of hour's assessment and treatment for patients for up to six weeks. The team worked from 8.45am to 7pm and had an on-call rota. Two clinicians, Band 6 or above, were on-call from 7pm to 9am providing cover to the local accident and emergency departments. The service had been praised by the staff at the hospital for its responsiveness.
- Staff offered emergency appointments within four hours at four of the local hospitals. The C&HRTS attended the 136 heath based place of safety when a young person had been detained, whilst awaiting assessment under the Mental Health Act. They worked in a consultative capacity offering support to the staff and the young person. Staff completed robust risk assessments and contingency care plans to prevent hospital admission, where appropriate, and we saw evidence of this within care records.
- Managers told us they monitored "did not attend" (DNA) rates across the services and had worked with staff and their administrators to actively reduce the DNA rates. The service had reduced DNA rates for initial appointments from 20% to 13% in the last twelve months. We observed this audit being discussed in a business meeting. Some strategies to reduce the DNA rates included telephoning the young person/carer to arrange a mutually convenient date, time and location for their initial assessment and offering appointments and groups in the evenings. Each location offered a late night opening between 5pm and 8pm one day per week. This meant that Monday to Thursday one of the four locations was offering appointments during these times.
- The service offered a professionals' advice telephone service from Monday to Friday 8:45am until 4:45pm. Allied professionals who were involved with children and patients for example, teachers, social workers, GP's and health visitors, used this service.
- Patients and their carers told us that they could access a consultant psychiatrist urgently if required. Each location had an on-call rota for out of hour's medical cover including phone consultation at the weekends.

The facilities promote recovery, comfort, dignity and confidentiality

- Two of the locations Boston and Lincoln had buildings and facilities dedicated to the services; however at Grantham and Louth the services shared facilities with the local adult community mental health team. Both Grantham and Louth had allocated rooms for therapy and groups however at times they had to use rooms within the adult mental health team. Staff said they escorted patients at all times. However, at Grantham, if a young person needed to access the toilet facilities upstairs, a member of staff accompanied them. This did not promote their dignity.
- The rooms at Boston and Lincoln were set up in a child-friendly way and were child and adolescent focused. Therapy rooms in Louth appeared cramped with extra furniture and some rooms were also used for hot-

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desking by staff when not occupied by patients. A manager told us they would generally use rooms on a separate corridor to the adult mental health team however, when they needed extra rooms they could book them. The manager also said that the rooms were decorated to assist patients who have autism as they were considered a low-stimulus environment. At Grantham, the staff reported that they were unable to decorate the rooms in a more child-oriented way due to the sharing of rooms with the adult mental health team. A manager had looked at ways of bringing toys and furnishings into the environment to improve this.

- Patients were routinely asked to feedback into the service and were involved in the recruitment of new staff.
- Patients' artwork and crafts were displayed in the three out of the four locations.

Meeting the needs of all people who use the service

- Due to the demographics of the counties, information for people using the service in other languages was rarely needed. Staff told us they were able to access interpretation services centrally from the trust and told us they could have letters translated into different languages and into braille. The service had easy read versions of leaflets for children and those people with learning disabilities.
- There were toilets that allowed for disabled access.

Listening to and learning from concerns and complaints

- The service received 25 complaints between 01 January and 31 December 2016. North East Lincolnshire received the most complaints with six (24%). Eleven of these complaints were either fully or partially upheld. No complaints were referred to the Ombudsman. Two complaints concerned waiting times for CAMHS referrals, one in Grantham and one in Boston. Complaints were responded to in accordance to the duty of candour guidance and a letter sent with an apology.
- Most of the patients we spoke to knew how to complain and the ones that did not felt able to raise concerns freely.
- There were 574 compliments received during the same period across the services.

Are services well-led?

Outstanding ☆

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 within the service demonstrated the clear positive values in relation to the services person-centred approach to care and treatment. They were in line with the trusts' visions and values with making a difference and showing they cared.
- The trusts' visions and values focussed on improving the lives of people who use their service and promote recovery and quality of life. Some staff we spoke with knew these values. All staff consistently demonstrated the trust values in their behaviour and attitude. Staff we spoke with were very passionate about helping patients using the services.
- Staff told us they felt well-supported by senior managers and they were aware of the managers and board members. Staff told us that managers were approachable and visible. A team co-ordinator told us the chief executive had visited the location recently and these visits were a regular occurrence.

Good governance

- At each location, there were monthly business and clinical risk meetings. The teams discussed agenda items including job plans, group-work review, incidents and concerns, and safeguarding. We observed a meeting where staff raised concerns regarding assessment targets and missed appointments. The team invited colleagues to suggest ideas and problem solve the issues in hand. Minutes of the meetings were recorded and shared with staff and managers.
- There was a strong focus on "you said-we did" which were displayed on boards at each location ensuring comments from the patients using the service were acted on.
- Staff said that they received regular supervision but that this was not always recorded. The service had put in place a new system of recording individual or group clinical and management supervision and this was still being established.
- We found evidence that most staff had received an appraisal within the service. The trust responded well to complaints and demonstrated a duty of candour when investigating incidents and complaints. There was an open and transparent culture within all the teams and learning outcomes were shared with staff and acted upon.
- The service gathered data of patients and carers' experiences of services using the consumer healthcare index-experience of service questionnaires and produced quarterly reports to feedback the findings to staff and commissioners. They also reviewed this information at the quarterly steering group for CAMHS to make changes to the service in response to the results; for example making evening appointments available to patients and carers across the four locations. The service received an increase of 7% of respondents to this survey from the last quarter. We saw the most recent quarter's findings from 1 June to 30 September 2016 which had a high level of positive feedback. There were 172 questionnaires returned by parents or carers 91% concurred with the following statements about the services; Patients gave scores of 91% or above to the following statements; "listened to; treated well; taken seriously and overall a good service". Parents and carers gave scores of 91% for the following statements:

  "Recommending the service to friends and family, felt listened to, taken seriously, trust and confidence in clinicians (know how to help),easy to get to, working with other agencies, treated well and comfortable surroundings".

Leadership, morale and staff engagement

- The leaders of this service have led a transformation of the service which included a 24 hour crisis service and a learning disability service with markedly improved waiting times.
- There was evidence of close working relationships with commissioners and stakeholders. The service continually reviewed its provision of care and treatment and had identified new projects to work towards. For example, funding 17 clinicians across the service to undertake training in CYP-IAPT. The service had also secured funding from the local education authority to develop a well-being service for patients in schools.
- Staff felt confident to whistle-blow or to raise concerns without fear of reprisal. There were no reported bullying or harassment cases in the last twelve months.

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- Staff we spoke to said that morale had improved in the last twelve months now that they were a year into the transformation of the services.
- All the teams we visited demonstrated a fully integrated model of working. There was no evidence of a hierarchy within the disciplines.
- The trust funded study leave for a clinical psychologist to deliver supervision and training as part of a charity working in Malawi. The visit involved opportunities to provide supervision and training, resulting in their collaboration in a soon to be published book chapter on culture, compassion and care. This support demonstrated the development of staff and gave staff opportunities to share learning about other cultures.

Commitment to quality improvement and innovation

- Lincolnshire CAMHS had registered for accreditation with the Quality Network for community CAMHS which is part of the Royal College of Psychiatrists quality improvement network. However, they had their first peer review in February 2015 and a second review in February 2016. The service was still awaiting the decision regarding accreditation due to reconfiguration of the service. This meant that they had to delay the decision whilst the service was reorganised to ensure the new service warranted accreditation.
- The "my outcomes" approach had interest from two other trusts nationally to adopt this model of care.
- The service had introduced an animal assisted therapy scheme in CAMHS. Marley the dog was brought into group sessions and had been well received by the patient.