CAMHS, Children and Family Health Services

Quality Report

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Date of inspection visit: 5-6 December 2017
Date of publication: 07/02/2018

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.

Summary of findings

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

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

Overall summary

We rated CAMHS, Children and Family Health Services as good because:

- There was always sufficient, suitably qualified, staff working on each shift.
- Staff had received a comprehensive induction and appropriate training to carry out their jobs safely. All staff were receiving regular supervision and had completed an annual appraisal.
- There were clear referral pathways based on clinical needs and service specifications and guidance on how to apply these.
- Staff assessed risk for each referral and were confident in recognising and reporting safeguarding concerns.
- The service carried out regular audits and the findings were used to make service improvements.
- There were good relationships with stakeholders and feedback from key partners was positive about the effectiveness of the service and the attitude of the staff.
- Staff said that they enjoyed working at One Stop and were well supported by colleagues and senior staff.
- Staff communicated consistently and clearly when speaking with patients, parents and carers. Their attitude was professional and caring.
- The service was easy to access via one telephone number for both referral services, and also by using the standard referral form on the online portal.
- There were good governance structures in place. Managers knew their key performance targets and had good operational information about how the service was performing.
- The service had not received any serious complaints and there had not been any serious incidents.
- The service captured and presented data very effectively and this was shared with key partners to inform service improvements to better meet the needs of the local population.

Summary of findings

Contents

Good

CAMHS, Children and Family Health Services

Services we looked at

Specialist community mental health services for children and young people

Summary of this inspection

Our inspection team

The team comprised two CQC inspectors and a mental health nurse specialist advisor.

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 these services, and sought feedback from a range of other organisations.

During the inspection visit, the inspection team:

- visited the team base
- spoke with the managers for each of the teams
- spoke with 19 other staff members; including risk and governance lead, clinical director and operations director, assistant psychologists, nurses and child health advisors
- interviewed the managing director and clinical director with responsibility for these services
- observed staff receiving and making referral related calls
- attended and observed two team meetings
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about CAMHS, Children and Family Health Services

The CAMHS, Children and Family Health Services is provided by Centene UK Limited. The services include two single point of access teams and a utilisation management service. Until October 2017 the services were provided by Beacon UK Limited. Centene UK Limited took over ownership of the services in October 2017 and all staff were transferred to the new organisation at that time.

The two single point of access teams are the Surrey child and adolescent mental health service (CAMHS) One Stop and the Children and Family Health Service One Stop service.

The Surrey CAMHS One Stop service is a single point of access service which processes referrals in to the CAMHS pathways for Surrey. The service is subcontracted by Surrey and Borders Partnership NHS Foundation Trust. CAMHS One Stop, along with 11 third-sector partners, forms Mindsight Surrey CAMHS. The service has been in operation since 1 April 2016.

The Children and Family Health Service (CFHS) One Stop service is a single point of access service which provides clinical triage and care navigation for children and family health services in Surrey. The service receives the referrals for eight pathways including paediatric therapies, such as dietetics, physiotherapy, occupational therapy, and speech and language therapy, parent infant mental health services and tongue tie. The service is subcontracted by Surrey and Borders Partnership NHS

Summary of this inspection

Foundation Trust and has three NHS partners. The service has been partially in operation to a limited area from 31 July 2017 and to the whole of Surrey from 31 October 2017.

The CAMHS One Stop service is also commissioned by Surrey and Borders Partnership Foundation Trust to carry out systematic pathway reviews for patients who are using its community mental health teams for children and young people. The purpose is to establish that they are receiving the correct level of care for their needs. This activity is carried out in partnership with community team clinicians by One Stop's utilisation management clinicians.

The CAMHS team were located at Mole Business Park in Leatherhead until November 2017. At this time the team transferred to join the CFHS staff who were operating from a new base in Guildford.

The service is registered to carry out the following activity:

Transport services, triage and medical advice provided remotely

The service had not previously been inspected by CQC.

What people who use the service say

Patients and carers did not have face to face contact with staff to use the referral and utilisation services therefore we were unable to speak directly with patients who had used the service.

The One Stop staff had contact with patients, parents and carers via telephone and ran a voluntary satisfaction survey at the end of the call. An analysis of patient feedback by the service revealed that 85% of respondents were happy with the service and the outcome of their call, and 98% would recommend the service to a friend or family member.

We saw positive feedback about the utilisation management process from professional staff working in the NHS community teams who had carried out joint caseload reviews.

Detailed findings from this inspection

Mental Health Act responsibilities

- As patient care was not a feature of the One Stop service, staff did not complete Mental Health Act paperwork.
- All staff in the CAMHS team had completed mandatory training in the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had received training in the Mental Capacity Act as part of their mandatory training which was refreshed every three years. Staff had also attended mandatory training in the Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves.
- All staff we spoke demonstrated a good level of understanding of the Mental Capacity Act and Gillick competence and how it was relevant to their role.

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

Notes

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 staff were located at the same office in central Guildford. The CAMHS staff had recently relocated to Guildford from a base in Leatherhead which meant that, since November 2017, all staff shared the same base.
- Staff working in both CAMHS and CFHS did not have face to face contact with patients. Patients and their carers did not need to visit the team base to use the service.
- The CAMHS and CFHS each had access to their own large team room which was well equipped with dual screen workstations and a central call display system. There was additional office space for administrative, business intelligence and managerial staff. Staff had access to a small meeting room and a boardroom for larger meetings.
- There was evidence of regular fire drills and the teams had nominated two fire marshals and a first aider and these names were displayed on a central noticeboard. These staff had received training for their roles of fire marshal and first aider.
- Although we observed that controls for environmental risks were in place in many cases, staff had not completed environmental and health and safety assessments for some areas. During our visit we could not find assessments for the staff kitchen and the safe storage of confidential post. We raised this with managers during our inspection and the service responded with a plan to remedy this.

Safe staffing

- The CAMHS team was led by a programme director and comprised 13 team members including a team manager. The team consisted of six assistant psychologists, two psychological wellbeing practitioners and seven qualified clinicians who carried out clinical triage. The service was available from 8am to 8pm Monday to Friday and from 9am to 12pm on Saturdays. Staff worked a three-shift pattern during the week days: 8am to 4pm, 4pm to 8pm and 10am to 6pm. The 10am to 6pm shift had been introduced by the service after a review of the busiest times when most referral activity was taking place.
- In both teams there was always at least one qualified triage clinician working on every shift. The qualified staff included mental health nurses, health visitors, complex care nurses, occupational therapists and social workers. Staff had access an on call clinical person if for any reason the qualified clinician was absent.
- The CFHS team was led by a programme director and comprised 12 team members including a team manager. The team consisted of three senior child health specialists, two child health specialists, five child health advisors and two administrative staff. The service was available from 9am to 5pm Monday to Friday.
- The utilisation management function operated with one lead clinician. A recruitment process had started for one additional clinician to make this team complete.
- The CAMHS team had one vacancy for an assistant psychologist and interviews were scheduled for the week of our inspection visit. The CFHS team had

vacancies for a senior child health specialist, two child health specialists and an administrative worker. The team was covering the qualified vacancy with a locum occupational therapist during recruitment to these posts.
- The annual staff sickness rates for both CAMHS and CFHS teams were low. Both teams had sickness rates below 2%.
- The service monitored the demand on the service in terms of referral calls in and out of the teams, total referrals received and the cases that each team member held until the referral process was completed. The managers told us that there were predictable times when the level of demand would increase such as before the start of a new school year. At these times they could increase their staffing to use overtime or bank workers to respond to the increase if they needed to.
- Information about staff training was collated by team managers in the form of a completed training matrix. Staff completion rates for mandatory training were high at nearly 100% for all courses. The mandatory training included fire safety, manual handling, information governance, Mental Capacity Act (including Gillick competence); safeguarding adults level 1, child protection training level 1 and 2.
- The training information showed that new staff had completed the induction programme for new starters and we saw evidence of completed inductions in the staff files that we reviewed.
- The induction programme included an introduction to policies and procedures including information governance, incidents and complaints, safeguarding and consent. There was a robust local induction programme in place including the completion of a competency assessment before new staff triaged independently. New staff spent their first days speaking to experienced peers and shadowing their work before taking referral calls on their own.

Assessing and managing risk to patients and staff

- Both the CAMHS and CFHS had detailed guidelines in place for receiving new referrals and for making follow-up telephone calls to professionals and family and carers. All guidance had clear statements on the importance of identifying levels of risk and screening each referral for risk and urgency. We observed that staff were confident using the triage risk tools and making risk assessments during their referral conversations.
- The CAMHS team received referrals which were screened for routine (ten days), urgent (five days) and crisis (24 hours) and allocated into services. The One Stop triage scale assisted the clinical staff to assess the level of risk and then accord an appropriate level of response to assign to the referral. There was additional guidance to help staff recognise and respond to higher risks associated with patients requiring the urgent care eating disorder and the early psychosis pathways.
- The triage staff also used One Stop risk guidelines which described how to assess risk, including self-harming behaviour, and gave guidance on safety planning and harm minimisation. Staff also used a suicide intent scale where there was a current suicide risk present.
- When staff recorded their risk assessment in the referral notes they did not state which risk scale had been used to formulate the risk assessment. We pointed this out to managers during our inspection and a plan was made by the service to record the specific tool used when assessing risk in the referral notes.
- The CFHS team received routine referrals which needed to be processed by the team within ten days and urgent referrals which were processed within 48 hours. Each referral received by the CFHS, by post or electronically, was initially screened by the senior child health specialist for complexity and urgency. We observed the clinician staff screening for the presence of safeguarding concerns and checking if there was evidence of any mental health risks that needed consideration or priority in each referral. Staff also screened each referral to establish if it was a medical emergency so that this would be processed urgently.
- All staff were well informed about the process for recognising and recording safeguarding concerns. Although the referral teams did not have face-to-face contact with patients they were able to describe occasions when information during the referral contact revealed a safeguarding concern. These concerns were appropriately recorded and reported to the local Surrey safeguarding team. The CAMHS team had made 18 safeguarding referrals to the Surrey safeguarding team in the year June 2016 to June 2017.

Track record on safety

- The service had reported no serious incidents in the 12 months prior to inspection.

Specialist community mental health services for children and young people

Good

- In the period October 2016 to September 2017 the service had completed 37 incident reports. The majority of these related to the recording of safeguarding concerns reported to the local authority.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to report incidents and these were reviewed and responded to by the senior managers in each team.
- The service produced a monthly governance report detailing incidents for the operations committee. The report included an analysis of incident themes and trends. The minutes of the operations committee meeting included a record of actions taken, or actions needed, as a result of learning from each incident. An analysis of incidents was shared externally with the service partners and commissioners to its main stakeholder at regular partnership meetings.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We observed staff in the CAMHS and CFHS teams receiving referrals by telephone and returning calls to referrers, patients and carers to obtain further information needed to process the referral. All staff that we observed consistently followed the triage protocols and referral conversation guidelines for their services. Staff were able to describe the different pathways that referred patients could be placed on and describe what the clinical criteria were for each.
- The call activity in each team room was monitored by the telephone system and information about the number of calls taken and current callers waiting was displayed on a screen for reference by the triage clinicians. This information was also analysed by the business intelligence staff to inform managers about activity and peaks in demand on the referral teams.
- Each team had clear criteria for each of the health pathways. The referral guidance had been developed with clinical leads working in each of the pathways and the performance of the guidance was reviewed by the programme directors and representatives from the partner agencies.
- Referral guidance was available to the triage worker electronically and could be referred to if needed during the call. Staff also had prompts at decision points in the conversation with the referrer to ensure that all relevant clinical information had been collected to process the referral.
- All referral information was safely stored on the service's secure drive. The service did not store paper copies of referral information.
- A referral letter and information about services such as leaflets and pamphlets were sent out by post to the patient.
- At the time of our visit letters due to be posted were stored in a locked cabinet in one of the team rooms. The team managers informed us that the intention was to put a coded lock on to the door of an office which would be dedicated to storing the post more securely.

Best practice in treatment and care

- The One Stop teams did not provide any treatment or therapies directly to patients. They made referral decisions based on standard operating procedures and this ensured that patients were matched to the correct care pathway that met their needs.
- The referral pathways had been created in collaboration with the clinical leads of the services in to which the referrals were made. Guidance to One Stop staff for triaging the referral was developed from the service specifications of the services. These pathways, and the performance of the referral system, were reviewed by all the organisations using the referral services at partnership meetings.
- The utilisation management service used a level of care tool to review if a patient was on the correct place on the care pathway to meet their needs. The levels ranged from the lowest level of intervention, periodic support in a non-mental health setting, to the highest which would be an inpatient or intensive care setting.
- The level of care tool had been developed from a comparison of criteria formulated by clinical bodies including the American Medical Association and the American Psychiatric Association.

Specialist community mental health services for children and young people

Good

- The service carried out regular audits and had developed action plans for service improvement as a result of the audit outcomes. The completed audits in 2017 included supervision, information governance confidentiality, call quality, safeguarding and local files.

Skilled staff to deliver care

- The teams had access to a broad range of clinical and non-clinical staff including nurses, mental health nurses, occupational therapists, psychologists, child health visitors, administrative staff and psychiatrists.
- The teams also had access to high quality data from the business analysts embedded in each team. This information helped staff understand the demands on the service, such as the peak periods when calls were received, and plan improvements to best respond to these.
- The One Stop service had completed a training needs analysis of current staff in June 2017. Staff had completed a questionnaire which established their current strengths and competencies and the areas where they wanted to develop their skills. A team development plan was then created which specified how and when the development needs would be met.

Multi-disciplinary and inter-agency team work

- Each team had a morning huddle meeting to discuss the team events for that day and prioritise any urgent issues. Handover issues that were relevant for the shift were recorded on a white board in the team room for reference during the shift.
- The CAMHS team received referrals from 8am to 8pm and operated three daily shifts which overlapped. This allowed time for staff to have a handover from colleagues.
- The two referral teams and the utilisation management workers worked closely with partner agencies to deliver their roles. These included acute and mental health NHS services, and third sector and voluntary agencies.
- The CAMHS One Stop staff had access to NHS community mental health team diaries and could place appointments directly in to them.
- The utilisation staff worked directly with staff from the NHS in reviewing if patients on the team caseloads were at the correct part of the care pathway for their needs.
- The programme directors had effective and frequent contact with the general managers of the services for whom they were handling the referrals. There were regular meetings with all partner agencies and the minutes showed that the teams' experience in handling referrals, and the information about the referrals that the service had analysed, was being used to address problems and make improvements to the pathways.
- Working with other agencies was a core function of the One Stop services and managers told us that liaising and meeting with partners was an important part of their roles. The One Stop CAMHS service was part of Mindsight Surrey which is a collection of agencies commissioned to work together to provide mental health services to children and young people in Surrey. The One Stop CFHS team was also commissioned to work closely with other agencies to deliver children and family services in Surrey. In both cases the role of the teams was to act as the central access and referral point for the pathways to services.
- We approached partners and stakeholders for feedback about the effectiveness of joint-working with the One Stop teams. Partner agencies told us that they felt the One Stop service was effective at delivering its single point of access role. They also said it provided good information and support to partners and referrers, and it had delivered improvements in the referral pathways. Stakeholders remarked about positive engagement with the service, that One Stop managers were accessible and the service was always looking to deliver positive improvements in the service pathways.

Adherence to the MHA and the MHA Code of Practice

- The One Stop staff did not complete Mental Health Act paperwork as patient care and treatment was not part of their provision.
- The Mental Health Act was mandatory training for the CAMHS staff and at the time of our inspection all of the team had completed this.

Good practice in applying the MCA

- All staff were up to date with mandatory training in the Mental Capacity Act, and training in the Gillick competence.
- All the staff we spoke with were confident and knowledgeable about the Act and how it was relevant to their work.

Specialist community mental health services for children and young people

Good

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

Good

Kindness, dignity, respect and support

- We observed staff at the One Stop teams answering and making calls to professionals, carers and patients. At all times the staff member's approach was professional, compassionate and consistent. We watched staff give clear guidance and information to the caller in a knowledgeable and effective manner and check that the caller understood the content of what had been said.
- The One Stop service operated a 'no wrong door' policy which meant that if a referred person did not meet the referral crtieria for a particular service then alternative services were discussed with the referrer. This meant that a referred person was always offered some route to support for their needs and they were not left without an outcome from their referral.
- The staff were knowledgeable about the cases that they each held whilst waiting to complete all the referral information.
- The team managers regularly audited referral calls made by all their team members and gave feedback and support to staff to ensure that they were maintaining a supportive and empathetic telephone manner.
- The service collected caller feedback by asking three questions at the end of the referral interaction. The questions were if the caller would recommend the service, if they were satisfied with the call, and if they were satisfied with One Stop. Since commencing caller satisfaction surveys in October 2016 nearly all feedback received was positive about the interaction and service the caller had received.

The involvement of people in the care they receive

- The One Stop service had recently completed a service user questionnaire report. Thirty previous parents, carers or young people over the age of 15 were identified randomly to be contacted by telephone and asked eight questions about their experience of using the service. However only two of the selected people responded and agreed to be part of the process which has prompted the service to review the means in which it can gain feedback from its users.

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 referrals were received by telephone, by post or via the online portal. Both the One Stop teams shared the same telephone number and both services used the same online referral form accessed via the service portal. This meant that referrers had a single contact number and a single referral form for referring children and young people to a range of physical and mental health services in Surrey.
- The service data showed that the new service CFHS had received 221 referrals in September. The CAMHS team were monitoring open referrals per month and had over 18 month's data. It showed that the referral range was 500-900 per month. The service recognised that there were seasonal factors affecting demand and monitored the situation when monthly open referrals exceeded 700 to see if they needed to use extra staff to maintain response times.
- The CFHS team took referrals from 9am to 5pm Monday to Friday and had a routine response time of ten days, and an urgent response of 48 hours. The CAMHS team took referrals from 9am to 8pm Monday to Friday and 9am to 12pm on Saturdays. They had response times for routine referrals of ten days; five days for urgent referrals, and four hours for urgent referrals.
- The secure online referral portal provided the referrer with guidance before completing the referral and this included information about obtaining consent from the young person, or person with parental responsibility, and how referral information would be shared once received.
- The service requested the reason for the referral, the patient's specific needs, their current support needs and

details of the person with parental responsibility. Referrers were able to attach additional documents if needed and upload these during the online referral process.

- The majority of referrals, approximately two thirds in September 2017, were made by telephone to the teams. In the CAMHS team the highest demand for referrals was between 10am and 4pm. The team had recently reorganised their shift pattern to create a 10am to 6pm shift to ensure there were sufficient people available to answer the calls at the busiest times.
- The CAMHS One Stop team monitored the triage activity and reported this back to key stakeholders. The team had received 15,386 calls in the twelve month period before our inspection. Of these 77% had been responded to by triage clinicians within 60 seconds, and the average time to answer the call was 42 seconds. Only 0.6% of calls were abandoned after 60 seconds
- The largest number of referrals to the CAMHS team came from GPs (71% in September 2017) and the most frequent referral outcome was to the NHS CAMHS teams (45% in September 2017). The service also collected information about where in Surrey the referrals had come from and they were able to share with partner agencies where the highest demand for services was located. This allowed for better planning for service improvements to meet the needs of the local population.
- When a referral decision was made that a young person needed an NHS mental health service, the One Stop team were able to select an available appointment in the diary of the NHS community mental health team who would assess the patient.
- We saw data that showed the CAMHS team was regularly failing to meet its target for the placement of crisis referrals with some NHS community teams. This was because there were insufficient time slots available at the NHS team to provide an appointment. We saw that the One Stop managers raised this issue at the monthly partnership meetings with the NHS trust. Each time a crisis referral had not achieved an appointment slot within the allocated time the One Stop team manager created an incident report on the service's Datix system. There was an escalation process in place to work with teams to identify an appointment to meet specific timeframes.
- The CAMHS team managers told us that routine referrals for the attention deficit hyperactivity disorder ADHD and ASD pathways were exceeding the triage timeframe. This was due to additional assessment information which was sent by post and completed by the parent and school before the triage decision was made. The service was developing an electronic solution to obtain the information which would remove the need to use the postal system and speed up the referral decision.
- We saw data that showed the utilisation management team were reviewing the pathways of patients with clinical colleagues in the NHS community teams. In October 173 reviews had taken place using the Beacon UK level of care criteria which measured the appropriateness of the service against shared criteria for admission, continued stay, and discharge from the NHS community team.

The facilties promote recovery, comfort, dignity and confidentiality

- Patients were not seen on One Stop premises.
- The teams had access to a broad range of information and leaflets which gave information about the services that patients had been referred to and staff included these in referral response letters.
- The service had created a service directory which was comprehensive and included all local health and support services for different conditions. This meant that anyone referred to the service could find accurate and relevant information about resources that were local and useful for them. Further development of the service directory was underway at the time of our inspection to make the information more accessible and interactive.

Meeting the needs of all people who use the service

- The service could access information and leaflets in languages other than English. This meant that information about NHS services, and how patients could access the local patient liaison service to raise a concern or complaint, could be sent to a patient in their preferred language
- All correspondence sent out to patients to inform them about the outcome of their referral and what would happen next used a standard letter template. The template was personalised for each patient. This meant that all written communication to patients was of a similar high standard and free from jargon.

Specialist community mental health services for children and young people

Good

Listening to and learning from concerns and complaints

- The service had not received any formal complaints during the last 12 months.
- All concerns that had been raised by patients, referrers and external agencies were recorded and these were reported on and discussed at the monthly governance meetings and reported to the whole team via the team dashboard.
- Any learning from complaints was shared across the whole organisation and we observed that learning from a complaint at a service outside Surrey had also been applied in the Surrey One Stop.

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

Good

Vision and values

- Although the organisation had recently changed ownership, staff told us that the values and ethos of the One Stop service remained strong. Clinical, business support and admin staff all demonstrated that their prime values involved working out what services people needed, and getting the right health care to people as quickly as possible.
- All staff that we observed were organised and knowledgeable about their jobs and confident about the systems they were using. Staff interactions we observed were professional and supportive.
- A supervision structure was in place and where relevant staff received clinical supervision according to their profession. Staff told us that supervision happened regularly and was supportive and constructive.
- All staff appraisals had been completed at the time of the inspection and personal objectives had been set in line with the overall service values.
- Staff told us that personal and professional development was valued by the organisation. A group of One Stop staff had recently returned from a fact finding visit to the American bases of the new owner. Staff were given the opportunity to meet and share learning with peers across the new organisation.
- Staff were comfortable speaking directly with senior staff, including the managing director and clinical director. Senior operational managers were located next to the team rooms. Staff reported that senior managers were accessible with detailed operational knowledge, and that they were approachable whenever they were needed.

Good governance

- There was a robust governance structure in place with monthly clinical, quality and governance meetings chaired by the clinical director. Along with other items these meetings scrutinised incidents, complaints, safeguarding, service risk registers, staffing and compliance and audits. Actions emanating from these meetings were recorded on an action log and progress reviewed at each meeting.
- Managers had a comprehensive dashboard of information which was prepared for them by the business intelligence staff. This included performance indicators relating to call handling and the number of referrals received and processed, which is shared with partners.
- There was a comprehensive audit programme which covered all parts of the organisation to promote service improvement. Several audits we reviewed had resulted in recommendations to improve the service and managers had developed implementation plans to support this.
- Each team manager maintained a service risk register for their own team and the highest rated risks were incorporated into a broader corporate risk register. High level risks were reported to partners.

Leadership, morale and staff engagement

- Staff we spoke with told us they enjoyed working at One Stop and they felt supported by colleagues and the managers of the service. Staff said that morale was high and that although at times the work was pressured their work was always recognised by the organisation.
- The service had gone through considerable change in recent months which included adapting to a new owner, expansion by the creation of a new team, and relocating to a new building in a different town. Staff were positive about how this had been handled by the service managers and felt that they had been kept informed and reassured by senior colleagues during this process.

Specialist community mental health services for children and young people

Good

- All staff were receiving regular support via supervision and had completed an annual appraisal with their line manager.
- Staff were encouraged to develop in their roles and the service had a culture of continuous improvement and quality gains. Staff training needs were being assessed and reviewed in a structured way and the organisation responded to development needs by scheduling training opportunities.
- Staff sickness was low across all the parts of the One Stop workforce.
- The service conducted an annual staff satisfaction questionnaire. The first survey had been in November 2016 and the 2017 survey was open for staff to respond until the end of December 2017.

Commitment to quality improvement and innovation

- There was a regular audit cycle in place which had informed plans for service improvements.
- The service had a strong commitment to using information to help model and improve the performance of the health pathways. Information about referral activity was analysed and clearly presented by the business intelligence staff. The data provided to operational managers had enabled them to target the teams resources to best meet demand and predict when the demand was highest. Information was also used to help staff reflect on their own performance and from this agree development goals.
- The organisation was sharing the data they captured with key stakeholders and stakeholders confirmed that this was beneficial to their decision-making regarding service planning and resource location.