Tees, Esk and Wear Valleys 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)
RX301	Tees, Esk and Wear Valleys NHS Foundation Trust	• CAMHS Darlington - Tier 3 and 2, • CAMHS South Durham community mental health Service - Tier 3 and 2, • CAMHS Harrogate - Tier 3, • CAMHS Scarborough, Whitby and Ryedale - Tier 3 and 2, • CAMHS Stockton - Tier 3 and 2,	DL2 2TS

Summary of findings

- CAMHS Northallerton, Richmondshire and Hambleton – Tier 3.

This report describes our judgement of the quality of care provided within this core service by Tees Esk and Wear Valleys NHS Foundation Trust . Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Tees Esk and Wear Valleys NHS Foundation Trust and these are brought together to inform our overall judgement of Tees Esk and Wear Valleys NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We rated this service overall as good because:-

- The staffing was safe. The trust had planned and reviewed the staffing levels and skill mix of the CAMHS teams in response to changes in resources.
- Information provided by the trust showed 93% of young people had an initial appointment within eight weeks of referral. In addition, most young people, who presented at an accident and emergency clinic, were seen within four hours.
- Clear systems enabled staff to provide a prompt response by staff to urgent referrals.
- Staff assessed, monitored, and managed risks to young people on a day-to-day basis.
- Clear processes were in place to safeguard young people and staff knew about these.
- Incident recording and reporting was effective and followed across all services. Teams discussed actions from incidents and patient alerts to ensure lessons were learnt.
- Young people had a comprehensive and timely assessment of their needs. Care records were personalised, holistic and recovery focused.
- Staff had started to implement care pathways and monitor young people's clinical experience to enable them to measure the quality of the services the trust provided.
- Staff were supported to deliver effective care and treatment and received good support from their line managers. Staff had commenced following a new supervision protocol to ensure staff received appropriate clinical support.
- Staff worked collaboratively with the patient, families and local agencies to understand and meet the range and complexity of young peoples, children's and family's needs.
- The trust had identified and responded to gaps in services. An example was the young people's crisis service.
- The opening hours of some of the CAMHS and home visiting services resulted in better access to young people out of school hours and reduced waiting times for appointments.
- Most North Yorkshire staff told us the move to Tees Esk and Wear Valleys Foundation Trust in 2013 had been beneficial to young people and staff. They said training had improved and systems to help them to manage the services effectively were better.
- Managers had effective meetings to ensure young people received appropriate and timely services to meet their individual needs.
- Managers were committed to provide a high quality service and services were audited to ensure good quality services.
- There was an effective process in place to identify, monitor and address risks.
- Although some staff felt that the services were stretched, and said they were stressed, especially in North Yorkshire, the trust had identified this and was responding.

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:-

- The environments were clean and safe. The necessary equipment was available to assist people.
- The staffing was safe. The trust had planned and reviewed the staffing levels and skill mix of the CAMHS teams in response to changes in resources.
- Clear processes were in place to safeguard young people and staff knew about these.
- Staff assessed, monitored, and managed risks to young people on a day-to-day basis.
- Clear systems enabled staff to provide a prompt response to urgent referrals.
- Teams discussed actions from incidents and patient alerts to ensure lessons were learnt.

Are services effective?

Good

We rated effective as good because:-

- Young people had a comprehensive and timely assessment of their needs. Care records were personalised, holistic and recovery focused.
- Young people, children, and families had access to specialist services.
- Staff had started to implement care pathways and monitor young people's clinical experience to enable them to measure the quality of the services the trust provided.
- The CAMHS teams had participated in clinical audits.
- Staff were supported to deliver effective care and treatment and received good support from their line managers. Staff had commenced following a new supervision protocol to ensure staff received appropriate clinical support.
- Staff worked collaboratively with the patient, families and local agencies to understand and meet the range and complexity of young peoples, children's and family's needs.

Are services caring?

Good

We rated caring as good because:-

- Young people and their families were very complimentary about the CAMHS services and the staff who had supported them.

Summary of findings

- Young people and families were treated as partners in their care and involved in decisions.

Are services responsive to people's needs?

Good

We rated responsive as good because:-

- Most young people, children and families could access services promptly.
- The trust had identified and responded to gaps in services. For example the young people's crisis service.
- Young people, and their families could make a complaint or raise a concern and these had been responded to by staff.
- The opening hours of some of the CAMHS and home visiting services resulted in better access to young people out of school hours and reduced waiting times for appointments.

Are services well-led?

Good

We rated well-led as good because:-

- Staff felt supported by the trust and their line managers.
- Managers had effective meetings to ensure young people received appropriate and timely services to meet their individual needs.
- There was an effective process in place to identify, monitor and address risks.
- Most North Yorkshire staff told us the move to Tees Esk and Wear Valleys Foundation Trust in 2013 had been beneficial to young people and staff. They said training had improved and systems to help them to manage the services effectively were better.
- Although some staff felt that the services were stretched and said they were stressed, especially in North Yorkshire, the trust had identified this and was responding.
- Staff were offered the opportunity of a retreat. A 48 hour event, led by the trust chaplains. Where participants think about the purpose of their lives and how to make the most of every minute.
- Managers were committed to provide a high quality service and services were audited to ensure good quality services.

Summary of findings

Background to the service

Child and adolescent mental health services (CAMHS) deliver services in line with a four-tier strategic framework which is nationally accepted as the basis for planning, commissioning and delivering services. This report is relevant to tier 2 and 3 services.

Tier 2 – Consists of CAMHS specialists working in community and primary care settings. Practitioners offer consultations to identify severe or complex needs which require more specialist interventions and assessment.

Tier 3 –Consists of a community mental health team or clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders.

Tess, Esk and Wear Valleys NHS Foundation trust community CAMHS had tiers 3 and 2 services that worked across locations at:-

- Darlington - Tier 3 and 2,
- Easington community mental health service,
- North Durham community mental health service – Tier 3 and 2,
- South Durham community mental health service – Tier 3 and 2,
- Harrogate - Tier 3
- Scarborough, Whitby and Ryedale - Tier 3 and 2
- Stockton - Tier 3 and 2
- Middlesborough – Tier 3
- Hartlepool- Tier 3
- Redcar and Cleveland – Tier 3
- Northallerton, Richmondshire and Hambleton – Tier 3

We visited Darlington, South Durham, Harrogate, Scarborough, Northallerton and Stockton.

A CQC inspection had not previously been carried out at these locations.

Our inspection team

Our inspection team was led by:

Chair: David Bradley, Chief Executive for South West London and St Georges Trust.

Head of Inspection: Jenny Wilkes, Head of Inspections Mental Health, Care Quality Commission.

Team Leader: Patti Boden, Inspection Manager, Mental Health, Care Quality Commission.

The team who inspected children and adolescent mental health (CAMHS) services consisted of nine people: a CQC inspector, a Mental Health Act reviewer, a pharmacist inspector, a consultant psychiatrist, a psychologist, three nurse specialists who had all worked in CAMHS services and an expert by experience.

Why we carried out this inspection

We inspected this trust as part of our on going comprehensive mental health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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?

Summary of findings

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information.

During the inspection visit, the inspection team

- visited six of the community teams and looked at the quality of the services, and the environment,
- talked with the crisis team for young people,
- spoke with 22 young people and families,
- spoke with the managers or acting managers for each of the six community teams,
- spoke with 20 other staff members including consultant psychiatrists, nurse specialists, occupational therapists, primary health care workers, psychologists, speech and language specialists and social workers,
- interviewed the service manager with responsibility for these services,
- attended and observed one multi-disciplinary, one formulation, and one clinical supervision meetings.

We also:

- looked at 25 patients care records,
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 22 young people and their families. They all made positive statements about the staff. They told staff listened to what they said. They felt 'heard'. Comments made were "very helpful changed my life just brilliant made a huge difference", "wouldn't be alive without them", "made such a difference", "changed my life back". All commented that the staff responded quickly when they needed support and that they knew they were "only a telephone call away".

Information was shared and young peoples and their families' agreement was always sought. At Scarborough CAMHS people told us about workshops during the school holidays where young people had been involved in making a film to promote awareness of CAMHS services. This had been beneficial for all involved.

Good practice

- The CAMHS teams in Durham and Darlington had recognised there was a gap in provision of crisis intervention for young people and children. In response, and using patients' feedback to shape the service, the teams had developed a crisis service, open seven days a week 8 am to 10 pm, and piloted overnight. The service had good working relationships with the local police and had resulted in a reduction of admissions to hospital by over 50%. We were told this model was to be adopted in other areas.
- The hours that some of the CAMHS services open made the services more accessible to young people out of school hours. For example, Stockton opened till 8 pm twice a week and would open at weekends to alleviate waiting lists. South Durham reported opening 8 am to 8 pm and made home visits from 7 am when requested.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust should continue to monitor and review the number of staff to ensure a safe and prompt service.
- The trust should make sure all the team managers monitor the uptake of supervision in the CAMHS services, to ensure it meets the new supervision guidance fully.

Tees, Esk and Wear Valleys NHS Foundation Trust

Specialist community mental health services for children and young people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
• CAMHS Darlington - Tier 3 and 2 • CAMHS South Durham Community Mental Health Service - Tier 3 and 2, • CAMHS Harrogate - Tier 3, • CAMHS Scarborough, Whitby and Ryedale - Tier 3 and 2, • CAMHS Stockton - Tier 3 and 2 • CAMHS Northallerton, Richmondshire and Hambleton – Tier 3.	Tees, Esk and Wear Valleys NHS Foundation Trust

Mental Health Act responsibilities

At our inspection we were told that no current patients were subject to a community treatment order (CTO).

Mental Capacity Act and Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) do not apply to people under the age of 18 years. If the issue of depriving

a person, under the age of 18, of their liberty arises other safeguards must be considered. These would include the existing powers of the court, particularly those under s25 of the Children Act, or use of the Mental Health Act.

The Mental Capacity Act does apply to young people aged 16 and 17 and mental capacity assessments should be carried out to make sure the patient has the capacity to give consent.

For children under the age of 16, decision making ability is governed by Gillick competence. This concept of competence recognises that some children may have a sufficient level of maturity to make some decisions themselves. As a consequence, when working with children, staff should be assessing whether a child has a sufficient level of understanding to make decisions regarding their care.

Treatment was agreed with the young person and their families. Where the young person had decided they did not want their families to be involved, staff said Gillick competence would be used and an assessment of risk carried out to ensure the safety of the young person. Evidence of staff considering young peoples capacity was seen in the records.

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

Summary of findings

We rated safe as good because:-

- The environments were clean and safe. The necessary equipment was available to assist people.
- The staffing was safe. The trust had planned and reviewed the staffing levels and skill mix of the CAMHS teams in response to changes in resources.
- Clear processes were in place to safeguard young people and staff knew about these.
- Staff assessed, monitored, and managed risks to young people on a day-to-day basis.
- Clear systems enabled staff to provide a prompt response to urgent referrals.
- Teams discussed actions from incidents and patient alerts to ensure lessons were learnt.

Our findings

Safe and clean environment

We looked at the design layout and cleanliness of all the areas where young people were cared for and found the environments were safe, and suitable. With the exception of:-

- Stockton where coat hooks were found in toilets which could have been used for self-harm, the staff removed these immediately following the inspection.

Alarm systems to alert staff if anyone was in need of help or in danger were available and staff knew how to respond if the alarms were activated.

Most CAMHS did not have clinic rooms. Staff carried out weighing and height checks in the consulting rooms.

Safe staffing

Staffing indicators as of February 2014.

'Clinicians' were all other staff excluding admin and clerical, health care assistants.

CAMHS community services North Yorkshire- Three teams:-

- Establishment levels: clinicians (working full time equivalent (WTE)) = 36.6
- Establishment levels (psychologists WTE) = 8.8
- Establishment levels (consultant psychiatrists' WTE) = 5.2
- Number of vacancies (clinicians WTE) = 3.2
- Number of vacancies (psychologists WTE) = 0
- Number of vacancies (consultant psychiatrists WTE) = 0
- Clinician sickness rate (%) in 12 month period =1.7 %
- Psychologist sickness rate (%) in 12 month period = 0.9%
- Consultant Psychiatrist sickness rate (%) in 12 month period) = 7.6%

Other CAMHS community teams as a whole across organisation – eight teams:-

- Establishment levels: clinicians (WTE) = 148.6
- Establishment Levels (psychologists WTE) = 49.7
- Establishment Levels (consultant psychiatrists WTE) = 21.3
- Number of vacancies (clinicians WTE) = 2.6
- Number of vacancies (psychologists WTE) = 0
- Number of vacancies (consultant psychiatrists WTE) = 2.1
- Clinician sickness rate (%) in 12 month period = 2.8%
- Psychologist sickness rate (%) in 12 month period = 2.5
- Consultant psychiatrist sickness rate (%) in 12 month period) = 2.2%

Overall the figures demonstrated out of 259.9 establishment there was only 7.9 vacancies and sickness rates were also mostly below 3%, apart from the consultants in North Yorkshire at 7.6%.

We found there had been a reduction in staff within some of the CAMHS teams that had put pressure on staff and had the potential to affect the delivery of services. The reasons for the reduction in staff were:-

- A number of staff had attended a yearlong training programme and staff had not always been recruited to cover for them across many of the services.
- South Durham service had lost 4.2 full time clinicians as part of the trust's natural wastage cost improvements of 2013.

Good

Are services safe?

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

- In North Yorkshire, the local authority had reduced the budget by £75,000 and commissioned for a different type of service from April 2015. This meant across North Yorkshire a loss of six staff who would be moving into a new roles in the looked after children's service (LAC).
- In Harrogate staff said when staff had left employment they had not always been replaced.
- The service manager reported a paper that reviewed CAMHS services in May 2013 found that North Yorkshire were 50% underfunded by local commissioners. The trust provided us with updated information to say that additional funding has been supplied to teams in North Yorkshire to support additional workloads.

However, in response to date the trust had:-

- With staff involvement the services were in the process of reorganisation and restructure.
- A service transformation project team was in place with the responsibility for developing and delivering the new service model.
- The trust had agreed a business case for Stockton tier two service for two new clinicians in response to the increase in referrals to the service.
- The trust had carried out a risk and resource analysis in North Yorkshire in May 2013. The analysis recognised the impact on the North Yorkshire CAMHS services and the difference in resources between York, Teesside, and Darlington and Durham services. Options were put to the trust board and many had been implemented.
- In response to the consultant psychiatrist sickness rate of 7.6% in North Yorkshire the trust had increased the establishment by half a full-time post.
- The trust was liaising with the commissioners to seek agreement to increase the resources.
- The trust had funded extra consultant psychiatrist posts in Harrogate and Scarborough, a nurse specialist and administration staff.
- The Scarborough tier two service has also been allocated two clinicians.
- Action plans and recommendations were in place for Harrogate, Scarborough and Northallerton CAMHS services to help staff work more effectively and highlight when they needed additional support.

Although teams reported feeling stressed and the waiting time increasing because of the pressures of increased referrals and constraints on resources, we found they were still meeting the national standard of less than eight weeks wait for the initial involvement. All referrals were screened each day, urgent cases were seen immediately and the waiting time for a young person and their family who were not at urgent risk was up to six weeks. At Darlington CAMHS they had been assisted by the crisis service which responded to urgent referrals of young people in need of a tier three service. At Harrogate some staff described themselves as 'very' stressed and concerned about the future but said the service remained safe.

The team managers at the six services we inspected reported that they were able to provide a safe service because they had systems in place to ensure young people who were at risk were seen promptly.

Because the services are specialised the teams did not generally use locum/bank or agency staff unless they had worked in a CAMHS team previously.

Assessing and managing risk to patients and staff

The CAMHS teams had a duty system. The duty staff triaged the referrals, reviewed the information and prioritised the referrals according to potential risks. They signposted young people to other services or made appointments for assessments where necessary. In the Tees, Esk and Wear Valleys when a young person was admitted to an A&E department, staff would attend and carry out an initial assessment of their needs mostly within a 24 hour timescale.

Staff undertook a risk assessment of every young person on their initial visit called the red border assessment. These were reviewed if the young person's needs changed and before discharge. For young people with specific needs different risk assessment tools were used by staff to assess risk. When we checked the records we found most had been carried out promptly.

Safeguarding vulnerable adults, children and young people was a priority, and appropriate systems were embedded. Each team had a safeguarding lead and support was offered to staff when they cared for children involved in child protection issues. Staff monitored and followed up when children did not attend appointments. Safeguarding concerns were also reviewed as part of the group and individual supervision.

Staff had received safeguarding training and had a clear understanding of safeguarding and their responsibilities in relation to identifying and reporting allegations of abuse.

Good

Are services safe?

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

Staff we spoke with knew who was the safeguarding lead for their area and felt able to contact them for advice when needed. Information provided by the trust demonstrated CAMHS staff had completed safeguarding training.

CAMHS teams did not store or administer medicines. They would telephone the emergency services if someone required immediate physical assistance.

Staff said they followed the lone working policy and when they carried out home visits they kept other staff informed of their whereabouts.

Track Record on Safety

Incident recording and reporting was effective and embedded across all services. All incidents were reviewed by the team managers and forwarded to the trust's quality assurance team, who maintained an oversight. Staff were able to tell us about feedback they had received following incidents and the changes which had been made.

Information provided by the trust in the child and adolescent young peoples services from 1 December 2013 to 30 November 2014, showed there were a total of 1144 incidents reported. In 629 there was no harm to young people.

There were two serious incidents in the community. Serious incidents are those that require an investigation.

Staff explained the incidents reported were mostly regarding self-harm by young people who lived in the community.

Staff were provided time to talk about how any incidents had affected them, and look at what would improve the experience if it happened again.

Reporting incidents and learning from when things go wrong

Information about other external and internal adverse events had been cascaded to staff within the trust. The managers were able to demonstrate where lessons had been learnt and practices changed. We found the staff were able to tell us about serious incidents which had initiated changes of practices to improve safety procedures. For example one service had introduced a white board to provide a visual track of young people's progress that had complex needs and were at risk of self-harm, to make sure they were all reviewed and seen regularly.

Information about any adverse events had been cascaded to staff within the trust. The method used was called SBARD which detailed the situation, background, assessment, recommendation; decision of the incident. Stockton CAMHS had a television in the office which displayed information about lessons learnt from internal and external incidents in the trust.

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.

Summary of findings

We rated effective as good because:-

- Young people had a comprehensive and timely assessment of their needs. Care records were personalised, holistic and recovery focused.
- Young people, children, and families had access to specialist services.
- Staff had started to implement care pathways and monitor young people's clinical experience to enable them to measure the quality of the services the trust provided.
- The teams had participated in clinical audits.
- Staff were supported to deliver effective care and treatment and received good support from their line managers. Staff had commenced following a new supervision protocol to ensure staff received appropriate clinical support.
- Staff worked collaboratively with the patient, families and local agencies to understand and meet the range and complexity of young peoples, children's and family's needs.

Our findings

Assessment of needs and planning of care

All referrals were reviewed and risk assessed by a clinician daily. Urgent cases were seen promptly; those with less risk were offered an appointment for an assessment of risk, and planning of care within eight weeks.

In the assessment, a clinician would work with the young person or family to think about their difficulties and what might help them. The number of appointments agreed was dependent on the needs of the young person. Those with specific needs were referred from the assessment to specialist services. For example, individual or family therapy, group sessions, specialist assessments for autism or attention deficit disorder, or specialist clinics such as eating disorder or learning disability. Some very complex cases would be reviewed by the multi-disciplinary team.

We looked at the care records of 25 young people and found they were personalised, holistic and recovery focused. A comprehensive and timely assessment had been completed for each person at the initial assessment. Young people's plans of care were shared with the young person, their families and the GP.

Staff we spoke with said that they would often consult or co-work with colleagues. We found that clinicians had a range of professional skills, and included psychiatrists, clinical psychologists, specialist doctors, occupational therapist, specialist nurses and social workers.

All teams followed specific care pathways. This included autism, eating disorders and depression. The staff were developing new pathways for self-harm and anxiety.

For young people who had complex problems, information and participation from schools and other agencies involved with the young person and their family were sought and included in the planning of their treatment and care.

All information to deliver care was stored securely and available to staff when they needed it and in an accessible form. However in North Yorkshire staff did report that the completion of the computer records was time consuming.

Best practice in treatment and care

The CAMHS services were developing and implementing person centred pathways of care. This detailed locally agreed, evidenced based clinical standards for a defined care group and adhered to National Institute for Health and Care Excellence. These aimed to improve the experience and outcome of young people who used the services. Examples of the pathways were self-harm, anxiety, emerging borderline personality disorder, behaviours that challenge and post-traumatic stress disorder.

The service monitored the outcomes, experience and care of young people, children and families experience (outcomes). This was mostly done by clinical staff who were trained as intensity workers or psychological wellbeing practitioners. Different measures were used dependent upon the interventions. Tools used included the national child and maternal health intelligence network experience of service questionnaire, and health of the national outcome scales child and adolescents' mental health. The team managers reported there was no collective approach to recording outcome measures by the teams but they hoped this would improve as staff completed training as psychological well being practitioners.

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 teams had undertaken clinical audits for self-harm, and environmental audit of assessment rooms used for the assessment of young people with autism.

Young people had access to psychological therapies as part of their treatment and psychologists were part of the multi-disciplinary team.

The service offered a range of groups and specialist clinics to meet peoples' needs,such as incredible years, eating disorders and learning disabilities.

Skilled staff to deliver care

Based on the information provided by the trust and what staff told us we concluded staff were appropriately qualified and competent at the right level to carry out their work. For example, staff trained as high intensity workers or psychological wellbeing practitioners (IPAT). The training improved access for young people and families to psychological therapies. Staff told us they were supported by their managers to access training to meet the needs of young people. Most staff had completed mandatory training. For example, safeguarding vulnerable adults and children 93%, clinical supervision 90% and care programme approach 92%. However staff from North Yorkshire reported they often had to travel long distances to access training.

The CAMHS services had changed their supervision policy. Clinical supervision was to be offered monthly and management supervision four times a year. They described monthly clinical supervision and group supervision. Team managers explained that they were implementing the new policy and collating evidence that management and clinical supervision had occurred. For North Yorkshire information demonstrated that staff at Harrogate and Northallerton were 100% compliant and Scarborough 86.% compliant. In community services clinical supervision is one of the main sources of checking the quality of the practitioners' work. Two team managers told us they had been provided with specific training for their roles. However at some of the CAMHS services the managers had not fully updated the monitoring of their supervision and had yet to implement the new supervision policy fully.

Multi-disciplinary and inter-agency team work

A multi-disciplinary team meeting (MDT) is a group of health care and social care professionals who provide different services for people in a coordinated way. Members of the team may vary and will depend on the peoples' needs and the condition or disease being treated.

Staff described a multi-disciplinary and collaborative approach to care and treatment. Staff said they would discuss cases at both individual and group supervision and formulation meetings. They would seek out and ask advice from the specialists in the team. The teams could include consultant psychiatrists, consultant psychologists, social workers, specialist nurses, and occupational therapists. Most CAMHS teams had an MDT at least weekly.

We saw good communication with GPs. In young people's notes we saw examples of referral and discharge letters which informed the GP about the patients care and their changing needs.

Staff reported the MDT had good links with GP's and schools, and did consider young people's housing and social needs and any police involvement.

At Scarborough CAMHS following the meeting the notes were sent to all participants to check.

Adherence to the MHA Code of Practice

At our inspection we were told that no current patients were subject to a community treatment order (CTO).

Good practice in applying the MCA

The Mental Capacity Act does apply to young people aged 16 and 17. Where mental capacity assessments should be carried out to make sure the young person has the capacity to give consent.

For children under the age of 16, decision making ability is governed by Gillick competence. This concept of competence recognises that some children may have a sufficient level of maturity to make some decisions themselves. As a consequence, when working with children staff should be assessing whether a child has a sufficient level of understanding to make decisions regarding their care.

At the CAMHS services treatment was agreed with the young person and their families. Where the young person had decided they did not want their families to be involved, staff said Gillick competence would be used and an

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.

assessment of risk carried out to ensure the safety of the young person. The care records had evidence that young peoples capacity had been considered when appropriate by staff.

Most young people had agreed to the involvement of their parents.

Good

Are services caring?

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

Summary of findings

We rated caring as good because:-

- Young people and their families were very complimentary about the CAMHS services and the staff who had supported them.
- Young people and families were treated as partners in their care and involved in decisions

Our findings

Kindness, dignity, respect and support

Feedback from young people and their families we spoke with was positive about the staff, all said they were helpful and approachable. Young people said that they were treated with kindness and respect and valued staff support. Staff returned phone calls in a timely manner and young people could telephone if they needed extra support. When staff cancelled appointments young people were always offered an alternative.

Young people said they felt 'listened to', comments made were "very helpful changed my life just brilliant made a huge difference", "wouldn't be alive without them", "made such a difference", "changed my life back". All told us that the staff responded quickly when they needed support and that they knew they were "only a telephone call away".

The involvement of people in the care they receive

Each service had collected feedback from young people, parents and carers. We were provided by the trust with the results from patient questionnaires, which were collected in each of the waiting rooms using a tablet. Questions asked about staff support had fair to excellent responses. However some people had provided more negative responses about accessibility of the service and of appointments at some services. For example the score by parents for appointments are at a convenient time. At Middlesborough was 70%, Eastington was 73% and Acley Centre was 56%. Staff explained that the information was collected by touch screens and often the feedback could be distorted because children liked playing on them.

Staff involved young people and their families as partners in their care and in making decisions. Young people's agreement was sought throughout. Family were involved as appropriate and according to the young person's wishes and where appropriate information was shared with families. Young people and families told us information was shared with them about their care and treatment and decisions were made in partnership with the trust.

Staff told us that young people had the opportunity to take part in participation groups where they could contribute to the development or relocation of services

Verbal and written information that enabled young people to understand their care was available to meet people's communication needs, including the provision of information in different accessible formats and interpreting services.

The trust website had detailed information about the location of the services and how young people and their families could access them. In addition it had a link to a video on the internet which was made by young people and their families from to inform others about the CAMHS services. The video included an explanation by staff to young people about consent and who takes part in their initial appointment and who agrees to their treatment. Relatives described how young people had been involved in making the film during their school holidays.

Good

Are services responsive to people's needs?

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

Summary of findings

We rated responsive as good because:-

- Most young people, children and families could access services promptly.
- The trust had identified and responded to gaps in services. For example the young people's crisis service.
- Young people, and their families could make a complaint or raise a concern and these had been responded to by staff.
- The opening hours of some of the CAMHS and home visiting services resulted in better access for young people out of school hours and reduced waiting times for appointments.

Our findings

Access, discharge and transfer

Any child or young person who presented with self-harm at accident and emergency (A&E) would be seen by CAMHS clinicians on the day of admission. This service was responded to by the teams who were nearest to the local A&E departments. Information provided by the trust showed the number of young people seen at A&E between 1 October and 31 December was 129 and 114 were seen within four hours.

CAMHS teams in Durham and Darlington had recognised there was a gap in provision of crisis intervention for young people and children. In response and using patients' feedback to shape the service the teams had developed a crisis service. This was open seven days a week from 8 am to 10 pm, and piloted overnight. The service had good working relationships with the local police and had resulted in a reduction of admissions to a CAMHS ward by over 50%. We were told this model was to be adopted in other areas.

Early intervention in psychosis teams provided a home service for young people from the age of 14 who were having experiences that might be due to a psychotic disorder.

Referrals came from self-referral, and other professionals, such as GP's, teachers and social workers. These were reviewed each day and prioritised by a member of each CAMHS team, into the type of service the young person needed, such as tier 2 or tier 3. Once the team had received and accepted a referral, young people and families were mostly seen for an initial assessment. In the assessment, a clinician would work with the young person or family to think about the difficulties and what might help them. The number and type of further appointments would depend upon the young person's needs. Those with more complex or specialist needs would be referred to therapies, groups, specialist clinics or for specialist assessments.

We concluded that services for young people, children and families provided care in line with their clinical need and preferences promptly. This was because:

- The trust had a target of waiting less than four weeks for the initial appointment, below the national target of eight. Most teams stated young people were seen within six weeks.
- Information provided by the trust confirmed that between 1 October 2014 and 31 January 2015 93% of young people were seen within eight weeks and 59% were seen within four weeks.
- Staff said the waiting time for young people to access the attention deficit hyperactive disorder (ADHD) clinic was between four and eight weeks.
- Information provided by the trust showed that 100% of young people had accessed a tier two service within four weeks at Stockton and Middlesborough. At Hartlepool 93% had accessed a service within eight weeks. Staff reported that the transfer from tier two to tier three was seamless.
- At Stockton we saw a patient was referred for a autistic assessment on the 17 November 2014 and the appointment was scheduled for the 7 February 2015.
- Information provided by the trust showed at Darlington and Durham eating disorder service one young person had accessed the service within four weeks of referral. Staff in two North Yorkshire services said young people in North Yorkshire also accessed the Harrogate service promptly.
- No internal wait for cognitive behavioural therapy at South Durham.
- The minutes of the CAMHS local quality assurance groups showed that waiting lists were raised and reviewed at most meetings. For example In November Teeside raised autistic spectrum disorder as an issue due to the lack of trained staff. Other teams recorded there were no issues.

Good

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- We talked to 22 young people and only two told us they had a long wait. From 6 months to over a year.

In August 2014 the CAMHS teams reviewed the support that young people had received when they reached the age of 17 to 18 and needed to move on to get the support they needed from adult mental health services. Where any gaps were found these had been rectified.Such as 21% of young people did not have transition plans in place. Staff in Darlington reported joint working with adult services to support transition.

The hours the CAMHS services were available varied, North Yorkshire services opened 9 am to 5 pm Monday to Friday, Stockton opened till 8 pm twice a week and would open weekends to alleviate any waiting lists, such as autistic spectrum disorder. Others reported 8 am to 8 pm and home visits from 7 am when requested.

Although the staff told us that they were responding promptly to young people's needs, all teams talked about their concern regarding meeting this in 2015. Especially in North Yorkshire where there was limited resources. In North Yorkshire the trust was in discussion with the local commissioning groups. In addition, they had provided some extra funding and had involved staff in discussions about restructure to improve effectiveness.

If a young person could not be helped in the community and needed inpatient services, CAMHS services in the north of the trust would use the services at West Lane Hospital. However in North Yorkshire due to commissioning arrangements young people were sent to specialist units located in York or Sheffield. The hospitals were sometimes not the closest services to the young person's home.

The facilities promote recovery, dignity and confidentiality

At six services we looked at the design and layout of all the areas where young people were cared for and found the environments promoted dignity and confidentiality. Where there were issues there were plans by the management teams to rectify these. For example:-

- All the reception areas had information to advise young people and children about the CAMHS services and associated agencies.
- Darlington, the building was to be closed for six months for refurbishment.

However, during the inspection a concern was raised with CQC about the standard of the Redcar premises.

Meeting the needs of all people who use the service

Young people and their families' spiritual, ethnic and cultural needs were considered and their care and treatment was planned and delivered to reflect these needs, as appropriate.

Staff told us interpreters were available. Staff worked with the local social services regarding traveling communities. We found there were different therapies to meet the different needs of individuals. For example, play therapy, family therapy, specialist clinics and incredible years.

The services we visited had disability access and a disabled toilet.

Listening to and learning from complaints

We concluded that the staff were listening to the concerns and complaints of patients and families. This was because there was information displayed in the waiting rooms informing patients and their families how to complain and giving details other agencies which provided advice and support. Most of the young people and families we spoke with told us they were aware of how to make a complaint. One relative told us they were satisfied with the way their complaint had been resolved by the team and were positive about their relative's experience of the service. Some CAMHS services had a suggestion box in the reception.

Information provided by the trust showed between 1 October 2013 and 31 August 2014 the CAMHS services had ten complaints, six were upheld and one was referred to the ombudsman.

The trust had a complaints procedure, the guidance was summarised and advertised in receptions and was available on their website. Staff said they had few complaints and most concerns were resolved locally at ward level. If unresolved they would be escalated to the service manager and would be investigated by a member of staff independent to the service.

We found evidence that complaints had been responded to and lessons had been learnt from complaints. At Darlington learning from complaints was shared at team meetings.

The trust's website includes information about how many complaints have been received and if upheld what action

Good

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they have taken. For example where young people had complained that they had not been informed about medication. Clinicians were reminded to discuss side effects with young people and carers when initiating medication and direct them to the patient choice medication website.

Team managers reported that they had received awareness training regarding 'duty of candour' and this was included in the chief executive's reflections on the trust's website in September 2014. Duty of candour requires NHS and foundation trusts to notify the relevant person of a suspected or actual reportable patient incident, it focuses on transparency and openness.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We rated well-led as good because:-

- Staff felt supported by the trust and their line managers.
- Managers had effective meetings to ensure young people received appropriate and timely services to meet their individual needs.
- There was an effective process in place to identify, monitor and address risks.
- Most North Yorkshire staff told us the move to Tees Esk and Wear Valleys Foundation Trust in 2013 had been beneficial to young people and staff. They said training had improved and systems to help them to manage the services effectively were better.
- Although some staff felt that the services were stretched and staff were stressed, especially in North Yorkshire, the trust had identified this and was responding.
- Staff were offered the opportunity of a retreat. A 48 hour event, led by the trust chaplains. Where participants think about the purpose of their lives and how to make the most of every minute.
- Managers were committed to provide a high quality service and services were audited to ensure good quality services.
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Our findings

Vision and values

Staff were aware of the trust's vision and values. The vision and values were on computer home screens. Despite staff concerns about resources, they were motivated and dedicated to give the best care and treatment they could to young people and children.

The staff were aware of who the senior management were and that staff had contributed to the review of the CAMHS services. Most North Yorkshire staff told us the move to Tees Esk and Wear Valleys Foundation Trust in 2013 had been beneficial to young people and staff. They said training had improved and systems to help them to manage the services effectively.

Good Governance

We found that the services were well managed and had good governance. We concluded that because the staff had clear roles and a management structure that was understood by staff. Managers had effective meetings to ensure young people received appropriate and timely services to meet their individual needs. The trust had identified where young people's needs had not been met and had implemented new services to meet them. There was an effective process in place to identify, monitor and address risks.

Although clinical supervision was not monitored by team managers in some of CAMHS services, staff were encouraged to carry out supervision and said they were provided with support. Young people and their family needs were put first in all the teams. Incidents were reported and there was evidence of staff learning from incidents and complaints.

In North Yorkshire staff reported they were working extra hours to sustain the service and were very stressed. They were also concerned for the future of the services. The service manager reported the trust had responded to this by the executive team carrying out a risk and resources analysis in May 2013, and continued to monitor and identify any possible risks to the service. The trust was negotiating with the local commissioning groups. Where possible the trust had supplemented resources from other streams of funding, The trust were also carrying out a redesign of the CAMHS services and staff had been invited to events looking at specific parts of the service and staff were engaged in all of the project teams.

Leadership, morale and staff engagement

Staff described strong leadership at team level and said they felt respected, valued and supported. Most staff felt the trust had responded well within the parameters of the resources and increased demands, to their concerns and said they had been fully engaged with.

However a few staff in North Yorkshire did not feel listened to and reported that they were concerned about raising issues with the trust. They said that the levels of expectation by the senior managers remained the same despite the lack of resources. For example they were expected to meet the same performance standards as services outside of North Yorkshire that had more resources.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Monthly team meetings were held, where information was shared with staff.

Commitment to quality improvement and innovation

We found team managers were committed to provide a high quality service and services were audited to ensure good quality services.

Staff were offered the opportunity of a retreat. A 48 hour event, led by the trust chaplains. Where participants think about the purpose of their lives and how to make the most of every minute. They will learn basic meditation techniques and had the opportunity for a one to one session with a listener as part of the overall format of the event. The retreats had been taking place for more than ten years and had won the Trust's 'Working Behind the Scenes' Making a Difference Award in 2009 and received national recognition in the Boorman Report.

At the Durham service a member of staff had been shortlisted for the making a difference awards 2014. This demonstrated that staff at this CAMHS service was committed to improvement and innovations.

Key performance indicators were used to monitor progress and quality. These were displayed in the CAMHS services each month. These demonstrated, waiting times for young people, number of referrals, completion of initial risk assessments etc.

Staff were completing the IAPT training which meant that staff had commenced monitoring young peoples and families experience of their care.