

Eaglescliffe Health Centre (also known as Footsteps Teen Health Clinic)Hartlepool and Stockton Health Ltd

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

Overall summary

This service is rated as Outstanding overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Outstanding

Are services responsive? – Outstanding

Are services well-led? – Outstanding

We rated effective as Outstanding as there was a truly holistic approach to assessing, planning and delivering care and treatment to all people who used the service.

We rated caring as Outstanding as people were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.

We rated responsive as Outstanding because there were innovative approaches to providing integrated person-centred pathways of care that involved other service providers.

We rated well-led as Outstanding because the provider had a highly developed ethos of patient and staff wellbeing underpinned with a clear strategic focus for the development of excellence.

We carried out an announced comprehensive inspection at Footsteps Teen Health Clinic at Eaglescliffe Health Centre as part of our inspection programme.

Footsteps Teen Health Clinic is a service offering young people between the ages of 11 and 19 access to a 'one-stop shop' model of support for their mental health and wellbeing concerns, including contraception and sexual health.

Management and clinical oversight of the service is provided by Hartlepool and Stockton Health Ltd.

The clinical director of Hartlepool and Stockton Health Ltd is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We obtained feedback through comment cards and discussion, 20 people provided feedback about the service. We also looked at evidence from the service from patient and stakeholder feedback.

During the inspection we reviewed a range of systems and processes relating to governance, service delivery and customer care.

Our key findings were :

At this inspection we found:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service consistently reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence based guidelines.
- Feedback from patients who used the service, those close to them and external stakeholders was continually positive about the way staff cared for patients.
- Patients found the appointment system easy to use and reported access to appointments was good, staff confirmed this.
- Leaders had the capacity and skills to deliver high-quality, sustainable care. They had an inspiring shared purpose, strived to deliver and motivated staff to succeed.
- Staff told us they felt supported and engaged with managers and there was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw the following outstanding practice:

- The approach to assessing, planning and delivering care and treatment to all people who use services was truly holistic. There was consistent evidence of effectiveness and demand for the service from partners, stakeholders and young people. The service made use of innovative and pioneering approaches to care and how it was delivered and actively encouraged this. The service had identified a gap in provision for services in the local area.

Overall summary

- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally. The service had collaborated and engaged with young people and stakeholders to develop a solution.
- People's individual needs and preferences were central to the delivery of tailored services. The service had young people at the forefront of all developments. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager, a second CQC inspector and a specialist adviser.

Background to Eaglescliffe Health Centre

Eaglescliffe Health Centre, Sunningdale Drive, Eaglescliffe, Stockton-on-Tees, TS16 9EA is a location of Hartlepool and Stockton Health Ltd (the Provider) and is where they provide the service known as Footsteps Teen Health clinic. The service is a collaboration between Eaglescliffe Medical Practice, Stockton Borough Council and Tees Esk and Wear Valley hospital trust following identification of an increased demand and consequent shortfall in provision of mental health and wellbeing services for young people in the local area.

Footsteps Teen Health clinic is a 'one stop shop' clinic within a primary care setting for young people aged 11-19 who are experiencing low level mental health or wellbeing needs, including sexual health and contraception advice. The service is registered with the Care Quality Commission for the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. There are two GPs, a lead counsellor, trainee counsellors, youth workers, a psychologist a practice manager and telephone and administrative staff. The service can be accessed by young people within the local catchment area and also operates a walk-in service. The service is open on Tuesdays and Thursdays from 3.30pm – 6.30pm.

The project has won a British Medical Journal award and Royal College of GP poster award for its innovative and effective approach. The service is a pilot and has been extended to the end of March 2020 following initial positive evaluation of its effectiveness.

How we inspected this service

We gathered and reviewed information before the inspection from stakeholders including the Clinical Commissioning Group, Healthwatch, and from notifications sent in to the Care Quality Commission.

During the inspection we talked to people using the service, interviewed staff, made observations and reviewed documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). If staff had not worked for 3 months and wanted to stay on the books they had to go through all recruitment checks again to make sure they were still safe to work.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. This included information and assurances from the practice that appropriate systems were in place in respect of legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. We were told that the service would learn and share lessons, identify themes and act to improve safety in the service. To date there had been no significant events reported.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service would give affected people reasonable support, truthful information and a verbal and written apology
- They would keep written records of verbal interactions as well as written correspondence.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services effective?

We rated effective as Outstanding because:

There was a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. The safe use of innovative and pioneering approaches to care and how it is delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care.

Effective needs assessment, care and treatment

- The aim of the service was to provide an easily accessible and youth friendly service for local 11-19-year olds that could capture the proportion of young people not suitable for Child and Adolescent Mental Health Service (CAMHS) and provide a holistic approach to mental, physical and sexual health needs through a multidisciplinary team.
- In response to a gap in service provision in the local area the service had set up a youth panel and invited young people to join the patient participation group. They met every two months and there were over 20 participants.
- The youth panel discussed ideas to improve services for young people in primary care and produced a survey based on their own ideas of what was important to young people.
- The service sent the survey to schools and over 1500 young people responded from year 7 to year 13. The service was designed in partnership with the young people based on the responses they gave.
- The youth panel helped to design the website and the clinical space.
- A Clinical Psychologist was assigned to the project from Tees Esk and Wear Valley.
- Referrals were accepted from local GPs, CAMHS and schools, as well as accepting walk-in patients. Due to the partnership working there was a variety of support available to children and young people through the clinic; the GP Clinical Lead was present at each session alongside a Lead Counsellor, Trainee Counsellors, Clinical Psychologist and Psychological Wellbeing Practitioner. The Youth Directions team provided the 'reception' function, built rapport with the young people, provided group activities and enabled general discussions between themselves and the young people. Public Health in Stockton Borough Council provided contraception and sexual health services into the clinics.
- The clinics were set up to accept referrals from those children and young people registered with a GP practice within a certain geographical area, however the service did not refuse treatment to patients on basis of residence in other postcodes. Appointments at the clinics were pre-bookable via the Footsteps website, but drop-in appointments are also available for local children and young people. The website was developed to provide children and young people with information around alternative services they could also access and contained links to other mental health and wellbeing services in the local area.
- In the Hartlepool & Stockton Transformation plan there was a significant focus on developing tier less Children & Young Peoples mental health services. The Future in Mind strategy promoted this and supported services for Children and Young People that were all under one roof. This one stop approach was designed to help young people be more likely to engage in support and achieve their outcomes.
- Data provided by Tees Esk and Wear Valley for the Local Transformation Plan highlighted that 32% of referrals received in 17/18 were not accepted. Evidence suggested that Child and Adolescent Mental Health Services (CAMHS) were inundated with referrals for needs which could be met at a lower level of provision. The Footsteps project was implemented to help to reduce the number of inappropriate referrals to CAMHS, within the local area and enable young people to access support in a timely and holistic manner.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- Arrangements were in place to deal with repeat patients as the service used the same computer system as local services.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. We were told that the service

Are services effective?

continually sought feedback from patients to adapt the service to meet patient need. The service made improvements using completed surveys and regular meetings with the youth panel.

- We saw evidence that the service met the needs of young people through the survey results; for example, the survey confirmed that young people were receptive to different therapies such as music, sports and art therapy. Following this the service was successful in an application for a grant from the Children's Foundation of up to £3k to provide other services such as creative therapies, dance and yoga sessions
- Regular monitoring meetings had been in place since the pilot inception to ensure that all partner organisations, including the CCG and Contract Management Teams, were regularly discussing progress and reviewing the success of the project, as well as collecting data.

Effective staffing

The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.

- Where relevant, volunteers were proactively recruited and were supported in their role, for example participants of the youth panel.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services.

- We were told that Eaglescliffe Health Centre and Hartlepool and Stockton Health Ltd provided staff time at no cost during the set-up period. The Patient Participation Group raised funds for a sofa for the waiting area.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. Examples of referrals made included to;

Hart Gables, a facility for young people with gender issues such as those people who were transgender, gay or bisexual. They offer 1-1 counselling and youth groups. They visited the service and brought young people along and communicate about any referrals Footsteps made. The service had referred approximately 5/6 young people to them.

Gender identity clinics – 3 referrals had been made for transgender young people wanting to consider transitioning.

Eastern Ravens, a young carers association offering counselling, support and youth groups and have also transported young people to Footsteps appointments. The service had referred approximately 3 young people to them.

Early Help team – they offer multiple services and will visit the family home and school. The service had referred up to twenty young people to them and they always communicate via NHS mail the outcome and name of allocated youth worker. This could be for parenting support, difficult family relationships, antisocial behaviour, bullying, parents or young people with drugs/ alcohol problems, school exclusion or school refusal, domestic violence or poverty or homelessness. The early help team helped ensure that the service provided a safeguarding system appropriate to the needs of the young people as they provide the early intervention and monitoring to prevent situations escalating to the level of child protection.

Bridges in Stockton – they provide specialist counselling and support for young people struggling with parental alcohol or drug abuse. The service had referred a couple of people to them.

The service had a direct referral route into CAMHS if they felt a young person required more specialist input, this

Are services effective?

avoided the assessment appointment they would normally occur. Assessments for conditions such as attention deficit disorder could be done within Footsteps via an allocated CAMHS worker.

North Tees paediatricians had referred into the service to access cognitive behavioural therapy for chronic fatigue syndrome as there was no specialist service in the locality.

The service worked with Brook who delivered child sexual exploitation training to them and were available to see any young person who they felt had been sexually exploited as a 1-1 consultation.

They communicated with all the local schools who also referred into the service and were able to email schools to request extra support for a child.

They direct young people to all the links on their website and they can access online counselling via Kooth. This included employment support via Pathways – for any 16-25-year-old not in education or employment they helped with finding jobs/ CV writing/ interviews.

The service offered exam stress and revision workshops in the student hub. They could access parenting courses via CAMHS and Help Point.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional

services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

Engagement with stakeholders, including people who use services and those close to them, informed the development of tools and support to help people give informed consent.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Outstanding because:

People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. People thought that staff went the extra mile and their care and support exceeded their expectations.
- There was a strong, visible person-centred culture. We saw that staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff recognised and respected the totality of people's needs. We saw evidence that they always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them.
- People's emotional and social needs were seen as being as important as their physical needs.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- We saw evidence that people who used the service and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.
- Staff always empowered people who used the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered, for example in the regular collaboration with the youth panel.
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than

English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- We were told that the Footsteps team handed out a patient survey at the point of discharge to gather feedback to shape and improve on the service they provided. The youth panel met every two months and redesigned the patient survey questions based on areas that they felt were important. There had been 14 responses so far.
- Feedback cards were available at Footsteps and could be completed any time during the treatment period. The service used a freepost address and had secure boxes available for patients/parents/guardians to return the feedback cards. Feedback had been received from 53 comment cards.
- We were provided with evidence that the feedback had been acted on by the provider.
- Alongside the patient survey we were shown evidence of a GP survey which was sent to the practices in the pilot postcodes every six months. Surveys had been carried out six-monthly.
- Patients told us through CQC comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- People were always treated with dignity by all those involved in their care, treatment and support. We saw that consideration of people's privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated.
- Staff found innovative ways to enable people to manage their own health and care when they could and to maintain independence as much as possible. For example; the service had acted on the young people's surveys results and provided an environment that was

Are services caring?

welcoming, safe and non-threatening. Family members were welcome to attend with siblings so that there were no barriers to young people accessing the service, youth workers were present in a separate room to provide activities to keep families involved and occupied whilst the young person accessed care.

- The clinical area was open and friendly with no staffed reception desk, staff were available to welcome young people into the service in an inclusive way.
- We saw feedback that showed people felt really cared for and that they mattered.
- People valued their relationships with the staff team and felt that they often went 'the extra mile' for them when providing care and support.

Are services responsive to people's needs?

We rated responsive as Outstanding because:

People's individual needs and preferences were central to the delivery of tailored services.

- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers.
- The services were flexible, provided informed choice and ensured continuity of care. Facilities and premises were innovative and met the needs of the people who used the service.
- There was a proactive approach to understanding the needs and preferences of young people and to delivering care in a way that met these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act, and people who were in vulnerable circumstances or who had complex needs.

Responding to and meeting people's needs

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

- In response to a gap in service provision in the local area the service had set up a youth panel and invited young people to join the patient participation group. They met every two months and there were over 20 participants.
- The involvement of young people in the consultation process plus design and implementation of the project allowed them to provide a service that young people felt comfortable to attend and could access easily. Also involved in the consultation were counsellors, therapists, practice staff, practice managers, commissioners, CAMHS staff, youth workers, and staff from the Well Centre who run a similar service.
- We spoke to members of the youth panel who told us that they discussed ideas to improve services for young people in primary care and produced a survey based on their own ideas of what was important to young people.
- The service sent a survey to schools to inform the development of the teen health clinic and over 1500 young people responded from year 7 to year 13. The multi-disciplinary service was therefore shaped by the views of over 1500 local young people.
- Therapies were introduced based on feedback from young people and included dance, yoga, art and a pupil hub.

- The youth panel helped to design the website and the clinical space.
- A survey of local GP practices was universally positive and views from 10 GPs suggested that the service had filled a gap in provision, meaning they would otherwise have either not referred onwards or would have referred to the CAMHS service, creating additional pressure in the system.
- The service received referrals from outside the original postcode catchment area due to word of mouth amongst practices and young people.
- The service provided was youth friendly, confidential and easily accessible for young people. This was reflected in the feedback comments.
- The timing of the clinics at 3.30pm - 6.30pm allowed young people to access the service outside of school hours. The online appointment booking gave them easy access to appointments.
- Initial triage was GP led and this created a unique one stop shop approach that ensured all issues were covered, including physical, mental and social health.
- We were told that youth workers had regularly provided transport for those young people who could not otherwise get to clinic.
- The joint working alongside youth direction provided opportunities for young people to become involved in community organisations and projects.
- The service supported the local schools in offering a student hub for supported homework and revision, as well as an exam boot camp workshop.
- The service had several young people who attended an over 65s coffee afternoon within the practice to help in school holidays. This provided an opportunity for intergenerational collaboration and provided benefits for both groups.
- One of the GPs attended local schools to talk about Footsteps and young peoples' mental health issues as part of mental health awareness week.
- The service offered Harbour and Brook sexual health drop in sessions. They advised on chlamydia screening and offered contraceptive support.
- We saw that the facilities and premises were appropriate for the services delivered. The service was non-threatening and had a separate area for families to wait while the young person was seen. This area was ran

Are services responsive to people's needs?

by youth workers and we were told that they had a programme of different activities such as crafts to encourage attendance and to keep younger siblings occupied so that there was no barrier to accessing help.

- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service had sought advice from young people before they had decorated the service. We were told by two young people at the inspection that they were involved every step of the way and even helped to assemble the furniture and choose the colour scheme.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The service had a walk-in system and accepted referrals from the local area. We were told by staff that any young person who arrived at the service would be seen, even if they lived out of the area.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

- Referrals and transfers to other services were undertaken in a timely way. The service had developed strong links with mental health services in the area for example; the service had a direct referral route into CAMHS if they felt a young person required more specialist input, this avoided the assessment appointment they would normally occur. Attention deficit hyperactivity disorder and autistic spectrum disorder assessments could be done within Footsteps via an allocated CAMHS worker.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. There had been no complaints in respect of Footsteps.

Are services well-led?

Leadership capacity and capability;

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.

- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. Plans were consistently implemented and had a positive impact on quality and sustainability of services.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed.

- There were high levels of satisfaction across all staff. There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce.
- Staff told us they were proud of the organisation as a place to work and spoke highly of the culture.
- Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.
- We saw there was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- We were told that openness, honesty and transparency would be demonstrated when responding to incidents and complaints. To date there had been no complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- We saw that there were positive relationships between staff and teams.

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was a demonstrated commitment to best practice performance and risk management systems and processes.
- The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively.
- Problems were identified and addressed quickly and openly.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service invested in innovative and best practice information systems and processes.
- The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.
- There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

There were consistently high levels of constructive engagement with staff and people who used services, including all equality groups.

- Rigorous and constructive challenge from people who used services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- Services were developed with the full participation of those who used them, staff and external partners as equal partners.
- Innovative approaches were used to gather feedback from people who used services and the public, including people in different equality groups, and there was a demonstrated commitment to acting on feedback.
- Examples of engagement included;

The project was developed through detailed consultation with young people and stakeholders, which took place for 12 months prior to the launch of the pilot.

The objectives of the pilot were to offer this service over a 12-month period whilst collating information and feedback, to assess the feasibility of reproducing the service across a wider area.

The service engaged the support of local schools to circulate the questionnaire.

Support was sought from the local CCG, this required an appropriate area of funding applicable to the project, which was accessed through Future in Mind.

The support of CAMHS was gained through engaging with CAMHS workers and meeting with clinicians to gain an idea of the issues they were faced with in providing a service with the extreme demand they were facing. Engaging with high level management within the CAMHS service gave the opportunity to demonstrate how joint working would benefit both services and resulted in securing a consultant clinical psychologist in the service and another member of staff to provide assessments, therapeutic interventions and CBT.

With the help of the CCG the service engaged the support of Stockton Council youth services, who provided youth workers for each clinic.

Are services well-led?

Charitable support had been engaged via conversations and strong relationship building with The Children's Foundation who assisted them in bidding for some funding via the Co-op Foundation designed to target youth loneliness.

The service engaged support from the PPG who provided some funding for a sofa and a music licence.

The service created a website that was youth friendly and easy to use with online appointment booking. To do this they needed to engage a web designer who was innovative and had a good understanding of young people.

They engaged the support of local GP services by providing visits to each to introduce the service and pass on referral details. Youth direction workers engaged support of local schools in a similar manner.

The service told us that the biggest influence in the design and set up of the clinic was the young people.

Local young people assisted with a Revision and Study Hub drop-in service.

- The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.
- Staff could describe to us the systems in place to give feedback, for example at meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was a fully embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology.

- Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change.
- Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally, nationally and internationally.

There were systems to support improvement and innovation work for example;

They worked with up to five trainee counsellors over the first six months of the project; they had run supervised counselling sessions with reflection and feedback for each patient contact. They had also assisted with greeting young people and running the student hub/ creative therapies.

They have had medical students visit the service to gain an understanding of young people mental health issues as part of their year three mental health rotation.

Regular monthly operational meetings had taken place to review performance and data, including project costs, risks and issues. Feedback was received and reviewed from young people accessing the service and partners supporting the service.

Quarterly meetings had taken place involving all stakeholders in the project and commissioners to review progress and agree developments.