Early Years Parenting Unit

Quality Report

38 Mayton Street
London
N7 6QR
Tel: 02077942313
Website: www.annafreud.org

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated this service as good because:

- Staff accessed regular supervision, reflective practice and team meetings. Staff felt supported and were very positive about working at the unit. The staff team were stable with no vacancies and very low sickness rates.
- Staff recorded weekly care notes about patients' progress that were personalised, inclusive of a wide range of needs and recovery focused. Staff involved parents in their children's' care.
- The service used outcome measures and other approaches to measure outcomes for families and the service.
- There was no waiting list for assessments. The service worked well with external agencies such as social services.
- There were clear systems in place for staff to follow if parents did not attend the programme.

However:

- Learning and discussion about incidents and complaints did not take place regularly. Some parents did not feel confident to make a complaint.
- Mandatory training did not address all the essential information that staff needed to know in order to keep families and staff safe in the service.
- Staff did not regularly complete environmental risk assessments to identify where improvements were needed.

Summary of findings

Contents

Good

The Early Years Parenting Unit

Services we looked at
Community-based mental health services for adults of working age

Summary of this inspection

Our inspection team

Inspection lead: Natalie Austin Parsons, Inspector, Care Quality Commission

The team that inspected the Early Years Parenting Unit consisted of one CQC inspector, one CQC assistant inspector, one expert by experience and a specialist advisor who was a social worker.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited the service where treatment was provided, looked at the quality of the environment and observed how staff cared for parents and children
- spoke with six parents and one child who were using the services
- looked at 10 patient care records
- spoke with the manager for the service
- spoke with four other staff members including clinical psychologists, psychiatrist, family therapists, admin staff and research assistants.
- interviewed the divisional director with responsibility for this services
- looked at a range of policies, procedures and other documents relating to the running of the service

Information about Early Years Parenting Unit

The Early Years Parenting Unit was set up as part of The Anna Freud Centre, a children's mental health charity providing support and treatment to children, young people and families. The unit is a specialist service offering assessment and therapy for parents with personality disorders or related difficulties. It is for parents with babies and children under the age of five who are subject to child in need or child protection plans, or who are on the edge of care. The programme offered treatment for up to 10 families at a time.

The unit receives referrals from social services. Unit staff assess families over a five week period to see whether they would benefit from the programme. Once accepted to the programme, parents and children attend the unit together over an 18 month period for two-days each week. The structure of the programme is fixed and there is a timetable of activities throughout the day which included group meetings, breaks and lunch.

The Early Years Parenting Unit was previously inspected during February 2014 and were found to be compliant in all outcomes. There was a registered manager in place.

Summary of this inspection

What people who use the service say

Some parents described seeing the programme having positive impacts on other families on the programme and four parents felt their own parenting skills had improved since starting the programme. Several parents said positive things about the service, for example they could see its impact on their child's development. One parent said the garden was really good for fresh air and found the upstairs room a good space to relax and focus.

A few parents said staff sometimes spoke to them as if they were a child and in a patronising way. Not all parents felt able to open up and talk in group therapy. Some parents felt staff did not put the unit expectations into effect consistently. Most parents said they felt they could not make a complaint or have it taken as seriously as they would like.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement 

We rated safe as requires improvement because:

- Mandatory training covered four areas and did not address all the essential information that staff needed to know in order to keep families and staff safe in the service.
- Staff did not discuss incidents and there was no evidence of learning from incidents.
- Staff did not regularly complete assessments of the environment, for example environmental risks and infection control risks.
- Staff did not upload patient electronic care records in a timely way once treatment started which meant for some families that the current risk assessments were not yet in the record system.
- Staff did not consistently record crisis plans in the same place in the electronic records, meaning they may be hard to locate quickly.
- Staff had not reported a safeguarding incident to the local authority in the 12 months before the inspection.

However:

- The staff team were stable with no vacancies and very low sickness rates.
- Staff carried out risk assessments for families and children before parents come to the unit.

Are services effective?

Good 

We rated effective as good because:

- Weekly care notes about progress were personalised, inclusive of a wide range of needs and recovery focused.
- The service used and adapted a treatment recommended by NICE guidelines called mentalization-based treatment.
- The service used outcome measures and other approaches to measure outcomes for families and the service.
- The service had good working links with external agencies, such as social services.
- Staff met regularly for debriefs, supervision and reflective practice.

However:

- The level of detail in the plans for care, called therapeutic contracts, varied.

Summary of this inspection

- Assessments used by the service did not consider the physical healthcare needs of the families.
- The service was not using audits as a means of assuring themselves that systems were being appropriately used such as the completion of electronic records.

Are services caring?

Good

We rated caring as good because:

- Several parents said their parenting skills had improved since starting the programme and described positive impacts the service had on their child.
- Staff showed an understanding of the individual needs of parents and children.
- There was evidence in records that staff involved parents in discussions about care and treatment.
- Weekly meetings took place as part of the programme and staff encouraged parents to give feedback about the service.
- The service ran a monthly leaver's group for parents who had successfully completed the programme who could return for support.

However:

- Parents felt staff did not make the unit expectations clear and did not put them into effect consistently.
- Parents did not always feel that staff valued their opinion or that they would listen and respond to their concerns.

Are services responsive?

Good

We rated responsive as good because:

- There was no waiting list and families were seen within 14 days from referral, unless delayed by court proceedings. This was in line with the service targets.
- The service had clear acceptance criteria.
- There were clear systems in place for staff to follow if parents did not attend the programme.

However:

- There was no evidence staff created action plans to learn from complaints or that the team were encouraged to learn from complaints.

Are services well-led?

Good

We rated well-led as good because:

Summary of this inspection

- Staff felt engaged with the service and able to contribute ideas about how the service was delivered.
- Staff felt supported and were very positive about working at the unit.
- The service was unique and was promoting the use of research to consider if the therapeutic input for families resulted in sustained changes after discharge.

However:

- Whilst governance processes promoted the development of an innovative service, they did not robustly provide assurance that systems in the service were being used effectively.

Detailed findings from this inspection

Mental Health Act responsibilities

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

MHA training was not mandatory and staff had not received this between May 2015 and May 2016.

The service did not work with people who were subject to detention under the MHA.

Mental Capacity Act and Deprivation of Liberty Safeguards

From September 2015, the provider had introduced training on the MCA to the level two child safeguarding training which staff had received.

The centre had a service user consent policy which outlined capacity and incapacity. This policy outlined a clear summary of the MCA and how it was relevant to the service.

Good

Community-based mental health services for adults of working age

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are community-based mental health services for adults of working age safe?

Requires improvement

Safe and clean environment

- There was no environmental risk assessment in place. This included assessments of ligature risks, other environmental safety risks or infection control risks. Staff had completed a ligature risk assessment in the 12 months before the inspection and made changes to the environment as a result of this. There was no clear record of these changes. During the inspection we saw several environmental risks that staff had not addressed. These risks were brought to the attention of staff at the time who addressed those they could immediately.
- Records showed that staff were trained in fire safety and one staff member was a trained fire marshal. An external company carried out a fire safety risk assessment in August 2015. Fire extinguishers were placed appropriately throughout the service. Records showed that staff carried out weekly fire alarm tests. This was done on the days parents did not attend the service to cause least disruption. Where an alarm was recorded as not working, it had been fixed for the following week. Emergency lighting testing took place in February 2016. A fire alarm rang during the inspection and staff responded promptly. The fire warden ensured everyone was out of the building and managed the situation effectively.
- There was a first aid box in the kitchen and contents were well organised and within date. The reception area contained information about first aid trained staff. Staff liaised either with GPs or the local psychiatric liaison service where appropriate in the event of deterioration in person's health.
- All areas, including the bathrooms, kitchen and fridges appeared visibly clean. An external company carried out cleaning two days a week when parents were not at the service. A cleaning schedule outlined what tasks should be done and when. This included wiping down toys and children's resources. Records for the two weeks leading up to the inspection were available. The kitchen . There was a fire blanket in the kitchen and a fire alarm. Records showed one member of staff checked the temperature of the two food fridges. This was only done on a monthly basis.
- There was a play equipment policy that stated that soft toys should be regularly washed and plastic toys should be regularly disinfected. No infection control policy for the wider environment meant that there was a risk that staff were not managing the risk of the spread of infection as effectively as they could.
- Electrical equipment was maintained and a certificate to showed appliances received portable appliance testing in September 2015. All electronic appliances had stickers on them with the date of the most recent test. Gas safety records showed an external company had tested appliances in February 2016.

Safe staffing

- The service was commissioned for up to 10 families to attend the programme which lasted 18 months. Families all started at different times to each other. The team felt the current staffing levels were sufficient to meet the needs of the families.
- The unit policy stated staff with unsupervised access to clients required a disclosure and barring service (criminal record) certificate. Those that did not have unsupervised access, did not require one. There was inconsistency in how this was applied. Volunteers did not have unsupervised access to clients, however, five of seven volunteers had up-to-date criminal record checks. For two volunteers, their certificates had expired and had not been updated. These checks ensure employers can make safe recruitment decisions to prevent unsuitable people from working with vulnerable people. This was raised with the service on the day.
- In the 12 months before the inspection there had been no staffing vacancies and the staff sickness rate was 2%. Bank and agency staff were not used in clinical roles.
- Staff were required to undertake four mandatory training courses. These were safeguarding children levels one, two and three and information governance. Training in child protection was over 83% for all levels. Training for information governance was 93%. The level two safeguarding training included training on the MCA and this was not delivered as separate training. In addition to these, staff had completed fire safety training. However, only two staff had completed training in adult first aid. Infection control and an introduction to the Children Act were not mandatory trainings. This could potentially impact on the safety of families using the service.

Assessing and managing risk to patients and staff

- Staff carried out risk assessments for families and children before parents come to the unit. All families were referred by social services who also carried out their own risk assessments.
- Two of the ten care records we looked at did not contain risk assessments. These were for families referred to the unit in the last four months. There was a time lag between a referral being accepted and staff uploading care records. Risk assessments were present and up to date for families referred to the service prior to 2016.However, there was also a period of up to six months that staff had not uploaded information to their records. Most risk assessments were detailed, but in one record, staff had not clearly recorded who a particular risk related to.
- The electronic care records had a space to record risks and incidents. In the records, staff updated this section when incidents took place.
- Where appropriate, staff created crisis plans with families, although they did not consistently record these in the same place on patient records. We saw that some staff recorded this in the risk section of records, some uploaded these as an attachment and some kept these in their own notes. This inconsistency meant there could be a delay in finding the information in a timely way during a crisis.
- There was evidence that staff did not identify and record all safeguarding incidents appropriately on incident forms. There was also evidence that staff had not reported all safeguarding incidents to the local authority. The service reported directly to social services, rather than through the Anna Freud Centre. In 2015, a referral should have been made regarding an incident which took place between two children, but had not happened.

Track record on safety

- The service had an up-to-date incident reporting policy. In the last 12 months there were no serious incidents within the service.

Reporting incidents and learning from when things go wrong

- Staff recorded incidents on paper and stored these in a folder in the office. Staff reported 13 incidents in 2015 and seven in 2016. Incident reports did not clearly outline what changes staff could put in place to reduce the likelihood of similar incidents happening again. Where incidents occurred, staff recorded these in the child's care records. It was not clear that all staff were aware of what incidents they should be reporting. Not all staff could describe what a reportable incident was.
- The service had not notified the CQC of all reportable incidents in line with statutory requirements in the 12 months leading up to the inspection.

Good

Community-based mental health services for adults of working age

- Staff did not regularly discuss incidents and any related learning in team meetings. This was confirmed by staff, as they did not keep minutes from team meetings. This meant staff may not all be aware of incidents that took place, how they were managed and what plans were in place to reduce the likelihood they would happen again. There was no evidence that changes had been made following incidents.

Are community-based mental health services for adults of working age effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff assessed referred families over a five week period to see whether they would benefit from the programme. Records of these assessments were comprehensive and holistic. Staff gave detailed examples to make it clear how they had made clinical decisions.
- We looked at the care records for ten families, including risk assessments and weekly progress notes. Progress notes were personalised, holistic and recovery focused. However, it was not always clear how the notes related to the specific plan for care.
- Plans for care were called therapeutic contracts. For two families referred up to four months before the inspection, staff had not uploaded their therapeutic contracts. This meant that staff could not refer to them when recording weekly progress. The level of detail of the therapeutic contracts varied. For example, not all contracts outlined parents' strengths or the child's needs.
- For most families, there was evidence that staff regularly reviewed their plan for care. Eight records showed evidence that staff gave parents a written copy of their therapeutic contract.
- Staff stored care records securely on their electronic database.

Best practice in treatment and care

- The service used a treatment called mentalization-based treatment (MBT). This is recommended by NICE guidelines for the treatment of people with a diagnosis or symptoms of borderline personality disorder. Parents had one to one MBT sessions with their named therapist each week. They also attended a weekly parent focused therapy group and adult focussed group. This adult focus group focussed on their personal emotions and relationships.
- Staff did not assess the physical health needs of the families. This was not included in the assessment process.
- The service used outcome measures and other approaches to monitor severity and outcomes for families. A research assistant completed assessments of parents and their children every six months using recognised tools. This evaluated the overall effectiveness of the service on an ongoing basis. Outcome measures were used to measure parent pathology, child and parent relationship and child development. Families could opt out of having these assessments. Results showed the most significant change was in children's development, in the areas of cognition, language and motor function. There was evidence of staff using outcome measures with parents and children in care records.
- The service did not undertake regular clinical audits, for example care plan audits.

Skilled staff to deliver care

- The clinical team was made up of a service manager and three therapists. Two therapists had social work backgrounds and one was a clinical psychologist. Two project leads delivered weekly supervision to the staff team. One project lead was a psychiatrist and one was a family therapist. Eight volunteers worked at the service supporting child care.
- Staff, including volunteer staff, received an appropriate induction before starting their role.
- Staff accessed regular supervision and team meetings. Every Tuesday staff met for reflective practice, clinical discussion and supervision. Staff said they felt the level of supervision was adequate and that is was of a very high quality. Records showed staff received annual appraisals.

Good

Community-based mental health services for adults of working age

- Staff met every morning and evening on the two days that parents attended the programme. This allowed them time to debrief regularly. Volunteers were offered reflective time at the end of the day at a debrief group session with a therapist.

Multi-disciplinary and inter-agency team work

- The service had good working links with external agencies, such as social services. The unit received all referrals from social workers based in local authorities. We found evidence of ongoing communication with social workers and the local authority and joint monitoring of families through the programme. We saw staff used assessment tools from the local authority in joint working. Unit staff offered training to social work teams to deal with complex cases.
- Staff described good working links with the City and Hackney psychiatric liaison teams.
- Staff did not liaise with GPs routinely. However, at the end of the therapeutic programme staff would send the parents' GPs a summary of therapy.
- If a child was in school, staff liaised with their school on a regular basis for updates on their progress.

Adherence to the MHA and the MHA Code of Practice

- MHA training was not mandatory and staff and not received this the in 12 months before the inspection. The service did not support people detained under the MHA.

Good practice in applying the MCA

- Training in the MCA was not mandatory and 25% of staff were trained in the Mental Capacity Act. The children were under the age of five so parental consent was applied.

Are community-based mental health services for adults of working age caring?

Good

Kindness, dignity, respect and support

- Three parents said staff were okay and were kind. One parent said some staff were caring. Four parents said their parenting skills had improved since starting the programme and described good points to the service. For example, being around people and singing songs with their children. One parent said the service was good for helping their child's development. One parent said the garden was really good for fresh air and found the upstairs room a good space to relax and focus. Two parents said staff sometimes spoke to them as if they were a child and in a patronising way. We spoke to one child using the service who said they liked coming to the unit but would have liked older children to play with. Two parents said they saw the programme having a positive impact on other families. Some parents did not feel able to open up and talk in group therapy.
- We observed staff treating parents and children in a kind and caring manner. Staff showed an understanding of the individual needs of parents and children. We saw one conversation where staff explained the rules around smoking to parents. The language used was not supportive or positive.
- Parents felt staff did not make the unit expectations clear and did not put them into effect consistently. There were no written expectations on display at the unit, for example about smoking or attending a coffee shop. Another parent said it was difficult to speak to staff in a confidential situation and would prefer if information about parent rights were displayed on the unit. One parent said as there were no nap times and their child had to sleep with noise around them.
- Parents said they had received a contract but felt this was a set of rules rather than a plan of care they could engage in.
- The provider had a policy on confidentiality and data protection. This stated that information about individuals must never be given to a third party, including a relative, without verifying their authority to request or receive that information. The need to use this policy effectively had been highlighted in a few complaints received by the service.

The involvement of people in the care they receive

- Families using the service attended as a condition of court or supervision orders. The conditions under which families attended were clearly set out in their therapeutic contracts. These therapeutic contracts were developed to outline the goals for the programme.

Good

Community-based mental health services for adults of working age

- There was evidence in progress notes that staff involved parents in discussions about care and progress. There was a section in care plans where parents recorded their needs themselves. Staff involved parents closely in preparing for their discharge.
- Weekly meetings took place as part of the programme and staff encouraged parents to give feedback about the service. During the school holidays parents and staff put together the school programme. Parents suggested trips such as going to the zoo, the seaside, local parks and the science museum, which took place.
- Parents were involved in the production of a manual available to the public about the unit and treatment used there.
- The service ran a monthly leaver's group for parents who had successfully completed the programme. Families were invited to the leavers group three months before they completed the 18 month programme in order to become familiar with it.
- Parents could access an advocacy service. An advocate can support someone to access information, be involved in decisions about their care and speak out about issues that matter to them. There was a leaflet available about how to access this. Staff also directed parents involved in court proceedings to a family rights service. This was a service that provided impartial advice for families.
- Parents had opportunities to give feedback on the care they received. This was done face-to-face in weekly meetings or collected through six-monthly service evaluation questionnaires. These questionnaires had questions about how satisfied people were with the service. Staff consulted parents about recent change to the therapeutic programme structure and invited them to meetings to get feedback about the structure of the programme day. There was also a community group held every six weeks where senior staff and parents discussed feedback about their progress and were also able to give feedback about the programme.
- Parents gave examples of feedback they had given. One example was that the child play room could get too cramped and they had suggested a play house to be built in the garden. The service responded to this feedback and installed a play house in the garden. Parents were involved in the decorating of this play house.

Are community-based mental health services for adults of working age responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- The unit received referrals from social workers based in London boroughs. The service did not accept referrals from long distances as families were expected to travel to the unit twice a week over an 18 month period. Once the unit manager received a referral, two senior staff had a consultation meeting with the referring social worker. This was to discuss whether a family was appropriate for the programme.
- There was no waiting list and families were seen within a maximum of 14 days from referral unless delayed by court proceedings. This was in line with the service targets.
- The service did not offer crisis services and support to families. Staff signposted families to appropriate support. Staff advised families to contact family and friends and/or call their nominated emergency duty team as part of their social care package.
- The service had clear acceptance criteria. Before being accepted to the programme, staff assessed parents for their motivation to want to change and improve their parenting skills.
- The programme outlined that parents must attend 75% of the therapeutic programme. If they did not attend sessions, staff contacted them to find out why, for example staff would call or text the parent on the day and find out if they need more support. Staff also informed the family's social worker of non-attendance. If necessary, a meeting with parent, social worker and staff at the unit would be arranged to better support the parent to attend.

- The days that parents had to attend the programme were set and they were not flexible. For one family, this meant the parents were unable to attend work for the two days of the programme and had led to them losing their employment. Some parents said they would like the two days to be on the weekends. The service were aware of the challenges this created for families and had discussed this with the Local Authority and court services in relation to families attending in the best interest of the child.

The facilities promote recovery, comfort, dignity and confidentiality

- There was an open communal area which staff and families used to sit and eat their lunch. The communal area was bright with lots of natural light and was homely and welcoming. One wall had painted handprints of families who had completed the programme and staff who had left. There was a wall with photos of activities the families took part in. There was a large children's play room next to the communal area with access to a child-friendly washroom. This washroom had four infant toilet cubicles which could be used for potty training. There were also infant sized washbasins and a nappy changing area. There were supplies of nappies, wipes and spare clothes, arranged by age and clothing types, for parents to use if necessary.
- There was a communal kitchen for both staff and families to use. Families were encouraged to improve cooking skills and cook their own food in the kitchen. There were enough pots and pans available for families to use and there were two additional microwaves available outside of the kitchen for parents to use. There was a small front garden and larger back garden that families could access throughout the day. There was a separate smoking area that parents accessed through the group therapy room.
- There were three rooms that could be used for therapy and staff meetings which ranged in size. The largest room was able to hold all families and staff when necessary. There were lockers available for staff and parents.
- There were a range of toys and resources available for children.
- In the communal area there was a whiteboard which displayed the names and pictures of the volunteers and marked who was working that day. In the reception areas pictures and names of permanent staff were displayed.
- There was an information leaflet available to families and professionals about the service. This was one page and included information about service location, contact details, who the service is for, what attendance was expected and how long attendance would last. The leaflet said transport was offered to and from the centre, although at the time of inspection, staff said transport was offered only in the mornings.

Meeting the needs of all people who use the service

- The unit was on the ground floor and the building was accessible from the street by those in a wheelchair. There was one bathroom adapted for use by people with a disability. This also included a wet room shower.
- Information leaflets were only provided in English and there was no information about how to access information in another language.
- We were told that families who could not speak English well would be excluded from the programme as interpreters would not be able to sit in on therapy sessions as this went against the Anna Freud Centre policy on confidentiality. This was not outlined in the confidentiality policy. Staff also said it would also mean interpreters would have to be present at all times during the 18 month programme which was impractical.

Listening to and learning from concerns and complaints

- Information about how to complain was on display in communal areas. This included information on how to make formal and informal complaints.
- The service recorded three complaints between May 2015 and May 2016 which were responded to appropriately. Two were about a breach of confidentiality and one was on the length of the assessment process.

Good

Community-based mental health services for adults of working age

- Parents told us that they did not feel staff valued their opinion and several felt a complaint would not be listened to. One parent we spoke with during the inspection told us they did not feel confident staff would listen.
- Four parents we spoke with said they would not raise a complaint as they felt staff may use it against them in their progress on the programme.
- Staff did not create action plans following complaints and did not have a formalised opportunity to discuss or learn from complaints.

Are community-based mental health services for adults of working age well-led?

Good

Vision and values

- The values of the provider were to be inspirational, pioneering, involved and determined. Staff knew who the most senior managers of the unit and provider were and said they were accessible and open to feedback about service development.
- Staff from the unit attended away days with staff from the provider, the Anna Freud Centre.

Good Governance

- The governance processes had promoted the development of an innovative service that met the needs of families with complex needs. However, they had not robustly ensured that the systems used in the service were all working well and that improvements, where needed, were taking place. Examples of this included staff recruitment checks, use of safeguarding procedures, learning from incidents and complaints.
- The team had sufficient administration support.

Leadership, morale and staff engagement

- Staff morale was very positive in the service. This was reflected in the low staff turnover and sickness. Several staff said the unit was the best place they had worked and said they enjoyed their jobs.
- Staff felt very satisfied about the support they received including supervision and opportunities for reflective practice.
- Staff were very positive about the team working and felt able to approach colleagues for advice and guidance.
- Staff had opportunities to give feedback about the service and input to service development. They felt the service had evolved to meet the needs of the families.

Commitment to quality improvement and innovation

- Staff used MBT positively to engage families.
- The unit was setting up a study to see if changes in parenting and children's behaviour stayed in place after therapy.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure mandatory training courses include those staff can use to maintain the safety of patients. This includes fire safety, infection control, basic first aid, Mental Capacity Act training and training in the Children Act 2004.
- The provider must ensure that staff report safeguarding incidents to the local authority.
- The provider must notify the Care Quality Commission of incidents in line with statutory requirements.

Action the provider SHOULD take to improve

- The provider should ensure the environment is regularly assessed for environmental, ligature and infection control risks.
- The provider should ensure that staff record crisis plans in the same place on patient records.
- The provider should ensure that staff upload documents to care records in a timely way.
- The provider should ensure all staff report incidents that should be reported and that the teams discuss feedback and learning from incidents.
- The provider should ensure staff carry out regular audits as a means of assuring themselves that systems are being appropriately used and are effective.
- The provider should ensure that assessments consider the physical health needs of the family so staff are aware of these and can support or signpost families to appropriate support.
- The provider should ensure fridge temperatures are checked daily.
- The provider should ensure there are procedures in place for staff to record complaints appropriately and parents are supported to make complaints without fear of victimisation.
- The provider should consider if some clear unit expectations are needed to ensure a consistent approach with parents smoking or leaving the premises during the day.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Staff had not received a comprehensive programme of mandatory training.** **This was a breach of Regulation 12(1)(2)(c)**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Staff had not reported all safeguarding incidents to the local authority between May 2015 and May 2016.** **This was a breach of Regulation 13(2)(3)**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider had not submitted all necessary statutory notifications to the CQC in the past 12 months.** **This was a breach of Regulation 18 (2)(e)(f)**