

Good**North Bristol NHS Trust**

Child and adolescent mental health wards

Quality Report

Riverside Unit, Blackberry Hill Hospital, Manor Road,
Fishponds, Bristol,
BS16 2EW
Tel: 0117 970 1212
Website: www.nbt.nhs.uk

Date of inspection visit: 5-7 November 2014
Date of publication: 11/02/2015

Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Riverside Unit	RVJ61	Riverside Unit	BS16 2EW

This report describes our judgement of the quality of care provided within this core service by North Bristol NHS 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 North Bristol NHS Trust and these are brought together to inform our overall judgement of North Bristol NHS 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 Child and adolescent mental health wards

Good 

Are Child and adolescent mental health wards safe?

Good 

Are Child and adolescent mental health wards effective?

Good 

Are Child and adolescent mental health wards caring?

Good 

Are Child and adolescent mental health wards responsive?

Good 

Are Child and adolescent mental health wards 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

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Summary of findings

Overall summary

The service for young people and their families at Riverside was good. Admissions to the unit were appropriate and there was a system in place to triage referrals. The service was able to respond to urgent referrals. Families were involved in the referral and assessment process. There were good systems in place to safeguard vulnerable young people and clear procedures for involving child protection services.

Riverside Unit ran as a therapeutic space, which meant all aspects of the service and all relationships between young people and staff and young people and each other were part of inpatient treatment. Staff had a clear understanding of the therapeutic model and worked within this in a consistent and ethical manner. Staff we spoke with were enthusiastic about their work and it was evident they were committed to providing the best service they could. There was strong clinical leadership and direction within the service.

Young people who were at the beginning of inpatient treatment were not always able to tell us about their care and treatment plan; however, young people further along in treatment had good knowledge of this.

Riverside had worked closely with Barnardo's to give young people and their families a voice in how services ran. The service was working towards Young People Friendly accreditation. This is the South West version of the Department of Health "Your Welcome standards".

While leadership and governance within the unit were effective, we found that the service was not as integrated in North Bristol Trust as it could be. There was no access to the trust's online records system, for example. Records within the service were in paper format, sometimes disorganised, and it was difficult to find information within them.

Summary of findings

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

Are services safe?

Services for young people were safe.

There were very few incidents, however, when they occurred staff learnt from these and there was a system to support staff with debrief.

There were effective safeguarding procedures in place which all staff we spoke with understood. The service provided examples of how they explained their safeguarding responsibilities to families.

Risk screens were completed, however risk management plans were not always detailed.

There were effective recruitment procedures and sufficient staff for the unit to run safely.

Good



Are services effective?

Riverside Unit delivered an effective service. The unit was accredited by the Royal College of Psychiatrists quality network and was working towards Young People Friendly accreditation. This is the South West version of the Department of Health "Your Welcome standards". Scoring data collected by the service showed that staff, young people and their families found the service effective.

Riverside had a very positive working relationship with Barnardo's and had developed effective working relationships with Bristol Children's Hospital.

We found staff to be skilled and competent, with an excellent supervision structure. There was a coherent and consistent therapeutic model in place, which staff understood and applied.

Care records were not well organised and information was difficult to find. We were told that the service would be improving the quality of written clinical records with a plan to introduce an electronic records system.

Good



Are services caring?

Services for young people at Riverside were caring. Young people told us they had developed trusting relationships with staff and we heard very positive comments about the staff team. We saw that young people were involved in and consulted about their care in reviews, but this was not always evident within their care records.

Staff were passionate about their work and had a thorough knowledge of the emotional needs of young people and their

Good



Summary of findings

families. Riverside provided a service to both young people and their families, for example family therapy and skills workshops. These workshops were aimed at enabling young people and their families to understand and manage difficult emotions.

Information about the services was available and young people were able to see an advocate if they wished.

Are services responsive to people's needs?

We found the service to be responsive to people's needs. There was an effective partnership with Barnardo's to find out young people and their families' views and to feed this back to the service.

The service was able to respond to urgent as well as routine referrals and had clear admission criteria and care pathways. Discharge planning was begun at the start of treatment. Discharge was planned sensitively with regard to young people's need to disengage from services appropriately without a sudden end. Transition to adult services was managed well.

There was an appropriate stepped programme in place for young people with an eating disorder. The service was able to support and work with families who were dissatisfied with the service and to manage difficulties within family work.

There was no system in place to obtain the views of young people following restraint. Systems for recording young people's views within notes and care plans were lacking in general. We found that the service was not meeting the needs of black and ethnic minority groups within its catchment area, but we were told of projects in place to address this.

Good



Are services well-led?

Locally, there was strong, clear and cohesive leadership. Senior clinicians had a clear vision of the service aims and values, and there were clear lines of responsibility in place to ensure this was delivered. There was very strong governance of the delivery of therapeutic work and the maintenance of the unit as a therapeutic environment, with access to appropriate supervision for staff. The service had good support from the Woman's and Children's Directorate but other than issues relating to safeguarding there was a sense of disconnect with the wider trust. There was a general feeling among staff that the trust's focus was on the new hospital at Southmead. The service engaged well with young people through its partnership with Barnardo's.

During our inspection we saw that the environment had been improved and heard about how the therapeutic approach was being developed and improved.

Good



Summary of findings

Background to the service

North Bristol NHS Trust is an acute trust located in Bristol that provides hospital and community services to a population of about 900,000 people in Bristol, South Gloucestershire and North Somerset. It also provides specialist services such as neurosciences, renal, trauma and plastics/burns to people from across the South West and beyond.

The trust has five main locations that are registered with the Care Quality Commission. It provides healthcare from Southmead Hospital, Cossham Hospital, the Frenchay Hospital site, Riverside and Eastgate House.

The trust provides community healthcare, including mental health care for children and young people across Bristol and South Gloucestershire. This includes the Riverside Unit, which cares for young people aged 13–18 years with ‘severe mental health issues’. It has facilities for 10 inpatients and 12 day-care patients.

Our inspection team

Our inspection team was led by:

Chair: Andy Welch, Medical Director, Newcastle upon Tyne Hospitals NHS Foundation Trust

Team Leader: Mary Cridge, Head of Hospital Inspection, CQC

The inspection team looking at the Riverside Unit included CQC inspectors and a variety of specialists including an expert by experience with experience of caring for a person who has used CAMHS, a senior nurse manager with experience of delivering CAMHS, and a senior nurse specialising in eating disorders in children and young people.

Why we carried out this inspection

We inspected this trust as part of our ongoing comprehensive acute hospitals 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?

Before visiting, we reviewed a range of information we hold about the Riverside Unit at North Bristol NHS Trust and asked other organisations to share what they knew.

These included the two local clinical commissioning groups, the NHS Trust Development Authority, the General Medical Council, the Nursing and Midwifery Council and the Royal Colleges.

We held a listening event in Bristol on 3 September 2014, when people shared their views and experiences. More than 35 people attended the event. People who were unable to attend the event shared their experiences by email or telephone.

We carried out announced visits on 4, 5, 6 and 7 November 2014. During the visits we held focus groups and interviews with a range of staff who worked within the service, such as nurses, doctors, therapists and

Summary of findings

managers. We observed how people were being cared for and talked with carers and/or family members and also reviewed care or treatment records of children and young people who use services.

What people who use the provider's services say

Young people and their families were positive about the service. Young people told us they felt safe and trusted staff. Families felt involved and listened to.

Good practice

We found good practice in the consistent delivery of a therapeutic service, which the staff we spoke with understood and were engaged in. There was good clinical leadership, with coherent and consistent implementation of the therapeutic model based on attachment. We found

good partnership working with Barnardo's, which had enabled the voice of young people to be heard. We also found good partnership working with community child and adolescent services and good discharge planning.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

The provider should take action to improve the standard of record keeping to ensure information held within records is more consistent and accessible.

North Bristol NHS Trust

Child and adolescent mental health wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Riverside Unit	Riverside Unit

Mental Health Act responsibilities

Young people were detained legally, but we found there were some issues with recording. There was insufficient recording of the young person's views and after restraint one young person was not given the opportunity to record their views, which is in breach of the Code of Practice 15.30. There was no advance directive in place, but the care plan was being amended to include a crisis plan. The T2 treatment certificate was not attached to another young

person's medicine chart and the previous certificate had not been cancelled, which meant there was a risk of the young person receiving medicine not covered by the correct certificate. For another young person it was not recorded if they had their rights under the Mental Health Act explained to them when they transferred to a community treatment order.

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act and Deprivation of Liberty Safeguards are not applicable to children.

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

Inpatient Services

Services for young people were safe.

There were very few incidents, however, when they occurred staff learnt from these and there was a system to support staff with debrief.

There were effective safeguarding procedures in place which all staff we spoke with understood. The service provided examples of how they explained their safeguarding responsibilities to families.

Risk screens were completed, however risk management plans were not always detailed.

There were effective recruitment procedures and sufficient staff for the unit to run safely.

safeguarding team at the trust decided if any further action needed to be taken. One young person told us about an incident where they had not felt safe and staff had taken immediate action to address this.

Safeguarding

Riverside had very robust arrangements in place for safeguarding children and young people. Staff were trained to level three in child protection and we spoke with the safeguarding lead for the service. Staff were clear about their safeguarding role and the need to take action over any concerns. There was an overarching philosophy of engaging with families and being open about safeguarding responsibilities. Families were involved in the process whenever possible.

Assessing and monitoring safety and risk

Staff we spoke with were knowledgeable about safety and risk. There was a consistent and coherent approach to physical and therapeutic safety for both young people and staff. Staff understood each young person's risk, but we found that while risk screens had been completed, risk management plans were not always completed for each person.

Potential risks

There were sufficient staff at the unit to ensure a safe and therapeutic environment. We were told that staffing was stretched because the unit provided a day service, but the unit was negotiating with commissioners to increase funding to support the provision of this service. There were robust arrangements in place for recruitment with very thorough interview procedures. Interviews were designed to elicit applicants' values and ensure they were suitable to work at the unit. Young people had been trained by Barnardo's to participate in interviews of new staff. One member of staff told us that because of the rigorous interview process, "It is not easy to get a job here". There was very low sickness on the unit. The unit had its own bank staff and rarely used agency staff. We were told that agency staff would be supported by regular staff during the provision of any care.

Our findings

Track record on safety

There were very few incidents within the inpatient unit. The trust risk register showed that there had been no incidents when young people had experienced significant harm. We saw that ligature risks within the environment had been reduced in bedroom areas. Staff were aware of areas of risk within communal areas of the building.

Learning from incidents and Improving safety standards

Staff told us there was a system in place for staff to meet for debrief following incidents and that these were supported by a member of the psychology team. We were told about one incident where staff had been concerned about a person, but because they had mental capacity and were not liable to be detained under the Mental Health Act staff could not prevent them from leaving. Staff had discussed this in detail in order to think about how to approach this in future. There was a comprehensive unit policy on the use of restraint and all incidents were reported to the trust. The

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

Inpatient Services

Riverside Unit delivered an effective service. The unit was accredited by the Royal College of Psychiatrists quality network and was working towards Young People Friendly accreditation. This is the South West version of the Department of Health "Your Welcome standards". Scoring data collected by the service showed that staff, young people and their families found the service effective. Riverside had a very positive working relationship with Barnardo's and had developed effective working relationships with Bristol Children's Hospital. We found staff to be skilled and competent, with an excellent supervision structure. There was a coherent and consistent therapeutic model in place, which staff understood and applied. Care records were not well organised and information was difficult to find. We were told that the service would be improving the quality of written clinical records with a plan to introduce an electronic records system.

following discharge would come into the unit informally to meet with staff to discuss how things were going. The unit admitted young people with a range of severe and complex illnesses.

Riverside was a therapeutic environment and we found that staff had good knowledge and understanding of the therapeutic model (attachment) and young people's needs.

We found that although young people had individual care plans in place, these were about the young person and did not contain information on the young person's views of their care. We saw that there was space on the ward round record sheet for young people's views to be recorded, but this was a small space and only allowed room for one or two sentences. Some young people we spoke with told us they knew about their care plans and these had been discussed with them; however others told us they had not.

Some young people were unhappy about restrictions within the unit, such as lack of access to the kitchen and their bedrooms during the daytime. We understood these types of restrictions were normal within a therapeutic environment and were satisfied that the restrictions were appropriate within this context.

All of the staff we spoke with were knowledgeable about the young people's needs and demonstrated a consistent approach. We noted that none of the young people we spoke with complained about staff inconsistency; this is a very positive sign of an effective therapeutic approach with staff working closely together.

Our findings

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 and delivery of care and treatment

The service had clear criteria for the admission of young people. Assessments were carried out to ascertain if the unit was a suitable environment for each young person and whether the unit could meet their needs. Staff also considered the current mix of young people in the unit and the nursing capacity within the unit. The consultant psychiatrist told us they preferred to plan admissions, but they were able to carry out a rapid assessment and admission if needed urgently. Families were included as part of care delivery and planning. We were told that if there was conflict between the young person and their family, the service would work with each separately but would be explicit that this was happening.

A young person's discharge was considered from the beginning of treatment and plans put in place to ensure this was gradual and supportive; for example, a young person would go from inpatient to day patient and

Outcomes for people using services

Riverside was a member of the Quality Network for Inpatient CAMHS and had taken part in their 'Routine outcome measurement service', which collected socio-demographic data and looked at a range of outcomes. Data included ethnicity, primary diagnosis, place of residence and main carer. Statistics showed that the majority of young people had an eating disorder and were female. Scores at discharge were significantly lower for severity of problems rated by clinicians and by young people for both inpatients and day patients.

The unit followed national care pathways for the admission, treatment and discharge of young people, both inpatient and day patient. The unit ran an eating disorders programme, which used the Maudsley Family Therapy model and had a clear care pathway, from assessment and treatment to discharge. The unit also delivered evidence-

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.

based skills training to both young people and their families. Riverside was working towards Young People Friendly accreditation. This is the South West version of the Department of Health "Your Welcome standards".

Staff skills

We found that staff were well-trained and competent in carrying out their duties. All staff we spoke with told us about attachment theory, which was the therapeutic ethos of the unit. Staff understood their role in the unit and how to work therapeutically with young people. There was a range of qualified and professionally registered therapists as well as nursing staff trained in delivering specific interventions such as skills-based work. There was clear clinical direction from the consultant psychiatrist and consultant psychologist. We spoke with one of the newer members of staff, who was able to explain the induction process and the training they had undergone. They felt confident in working with the young people. Staff we spoke with were consistent in their description of the therapeutic model and there was a sophisticated understanding of how to implement it. Staff were able to balance the need for firm and clear boundaries with individuals' needs and to maintain safety of the environment without policing communal areas.

Multidisciplinary working

The team at Riverside worked very effectively across disciplines, both within the unit and with external services. There were regular multidisciplinary team meetings and a range of staff contributed to ward rounds. The unit worked closely with community CAMHS services, social services, families and schools to ensure that young people were effectively supported and safe.

Information and Records Systems

We found that the quality of records needed improvement. The unit used paper records, which were divided into two separate sets of notes. We found records to be disorganised and information was difficult to find. For example, records of ward rounds were kept in a different file from care plans and care plan reviews, which made it difficult to follow

records of people's care. We asked staff about the two sets of notes and they told us that they had discussed the need to reconcile these and improve record-keeping in the service.

Consent to care and treatment

We saw that most people had signed their care plans, but one person had not signed their plan. There were no arrangements in place to support young people to prepare advance directives for how they would like to be cared for if they became unwell and unable to make decisions. Staff we spoke with had a very good understanding of capacity and were able to tell us about a situation when a person was becoming unwell but had capacity. Staff explained clearly the rationale for action taken and demonstrated they had acted lawfully.

We found that care plans could have recorded more information about young people's views. For example, we did not find any examples where it had been recorded that young people disagreed with their diagnosis and care plan. Staff told us that this did happen, but acknowledged that this had not been recorded. We attended a review for one young person and staff were careful to obtain full consent. During the review, we observed that staff sought consent and agreement from the young person in respect of actions and communication with their family.

Assessment and treatment in line with the Mental Health Act

Young people were detained legally, but we found there were some issues with recording. There was insufficient recording of the young person's views and after restraint one young person was not given the opportunity to record their views, which is in breach of the Code of Practice 15.30. There was no advance directive in place, but the care plan was being amended to include a crisis plan. The T2 treatment certificate was not attached to another young person's medicine chart and the previous certificate had not been cancelled, which meant there was a risk of the young person receiving medicine not covered by the correct certificate. For another young person it was not recorded if they had their rights under the Mental Health Act explained to them when they transferred to a community treatment order.

Are services caring?

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

Summary of findings

Inpatient Services

Services for young people at Riverside were caring. Young people told us they had developed trusting relationships with staff and we heard very positive comments about the staff team. We saw that young people were involved in and consulted about their care in reviews, but this was not always evident within their care records. Staff were passionate about their work and had a thorough knowledge of the emotional needs of young people and their families. Riverside provided a service to both young people and their families, for example family therapy and skills workshops. These workshops were aimed at enabling young people and their families to understand and manage difficult emotions. Information about the services was available and young people were able to see an advocate if they wished.

Our findings

Dignity, respect and

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

Dignity, respect and compassion

We observed that staff were relaxed, friendly and respectful with young people. Young people we spoke with were very positive and complimentary about the staff team. Comments included “The staff are lovely, absolutely amazing”, from one young person. Another young person told us, “It’s so much more relaxed than I expected, I was terrified but they put me at ease straight away”.

Riverside had recently undergone refurbishment and young people now had their own bedrooms with en-suite bathrooms. Communal areas were spacious and there was artwork by young people on the wall; we saw in the downstairs lounge that young people had done a wall display of ‘The river of recovery’. Staff explained that the downstairs lounge had been altered to allow some staff presence without people feeling policed.

There were some clear restrictions in place in respect of young people’s access to the kitchen area and bedroom

areas during the day, but there was a very clear therapeutic rationale for this. Restrictions in place were to maintain safety on the unit and young people told us that as they progressed in treatment the restrictions were eased.

Throughout our tour of the building, staff demonstrated thoughtfulness and insight about the effect of the environment on young people and how to use this positively. All of the staff we spoke with were passionate about their work and the delivery of therapeutic treatment to young people. They were very keen to discuss what they did and the positive changes they saw in the young people. It was evident from the way that staff spoke about their work with young people that they were interested in their work and found great satisfaction in helping young people and their families.

Involvement of people using services

Riverside had put a great deal of effort into involving young people in services. They had developed a partnership with Barnardo’s, which was implemented across all CAMHS services. Barnardo’s had a role to ensure young people’s views were heard and their opinions and views were integrated into how the service was delivered. Young people had been trained and had participated in staff interviews.

All of the health professionals within the wider Children and Young People’s Service had undertaken participation training.

Recently Barnardo’s had been involved in gathering young people’s and their carers’ views about the eating disorder pathway. Information had been collected that now needed to be collated and implemented. Barnardo’s had been involved in a discussion with families about how observation by therapy staff was used during family therapy sessions and a review of how the observation was explained to families was currently taking place.

Emotional support for people

Staff we spoke with were knowledgeable and skilled at supporting both young people and their families. As well as providing individual and family therapy to improve young people and their families’ understanding of emotions and dynamics within families, the service also offered skills workshops. These workshops delivered skills training to young people and families in understanding and managing difficult emotions. Young people we spoke with were varied in their responses about the support they received. Young

Are services caring?

Good 

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

people near the end of their treatment were more positive about their experiences and feeling supported. A family member we spoke with was positive about their experiences of the service.

Are services responsive to people's needs?

Good 

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

Summary of findings

We found the service to be responsive to people's needs. There was an effective partnership with Barnardo's to find out young people and their families' views and to feed this back to the service. The service was able to respond to urgent as well as routine referrals and had clear admission criteria and care pathways. Discharge planning was begun at the start of treatment. Discharge was planned sensitively with regard to young people's need to disengage from services appropriately without a sudden end. Transition to adult services was managed well. There was an appropriate stepped programme in place for young people with an eating disorder. The service was able to support and work with families who were dissatisfied with the service and to manage difficulties within family work. There was no system in place to obtain the views of young people following restraint. Systems for recording young people's views within notes and care plans were lacking in general. We found that the service was not meeting the needs of black and ethnic minority groups within its catchment area, but we were told of projects in place to address this.

Our findings

Planning and delivering services

The service had dedicated time slots each week to carry out assessments of young people referred to the service. In addition there was provision within the service to arrange urgent assessments if needed. Referrals were triaged daily and decisions taken about potential suitability for the service. There were strict criteria and the unit only admitted young people the team felt needed to be an inpatient and who would be able to benefit from the service. The service also provided a day programme, which was not funded by commissioners, although a bid was in the process of being submitted.

The day patient service allowed a wider range of young people to be treated and receive services. Services were provided to young people from Bristol, South Gloucestershire and North Somerset. The unit worked

closely with young people community services and liaised with local adult and children's hospitals. There was an education coordinator in post at Riverside and arrangements were in place for young people to continue their schoolwork with tutors who came in to give lessons. Riverside was able to obtain coursework for young people who were studying for GCSEs and A-levels.

Diversity of needs

Staff we spoke with told us they were aware that there was a poor take up of the service by ethnic minorities. Staff told us they understood that services needed to find out from minorities what their framework was regarding mental health and how to deliver services within this. The wider young people's mental health service had established premises within the centre of Bristol which we visited and saw that staff were working hard to develop an understanding of need and to deliver services in a culturally sensitive way. Staff were realistic that this work has only just begun and will require time and commitment.

Right care at the right time

Staff told us there were enough beds available within the unit to admit young people who needed a hospital admission. Some stays were very short, while other stays were longer, depending on individual need. We spoke with one young person who had been an inpatient, moved onto the day programme, but then had been readmitted when things had become difficult. The leadership team at Riverside were clear about when to admit and when not to.

Discharge was part of the planning from the beginning of treatment; however, staff were very mindful of the emotional journey during discharge. They explained that, as they worked within an attachment model, it was important not to terminate therapeutic work in a way that reinforced attachment difficulties. Discharge was planned in a way that supported young people to move on. Once young people were discharged from the unit, they were encouraged to come back informally to meet with staff to tell them how they were getting on. During our visit we heard staff talk about one young person who had been discharged when it appeared progress had not been made. This young person returned to visit following their discharge and staff saw they were much better. It was evident from staff comments that they were genuinely pleased and delighted about the person's improvement.

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

Locally, there was strong, clear and cohesive leadership. Senior clinicians had a clear vision of the service aims and values, and there were clear lines of responsibility in place to ensure this was delivered. There was very strong governance of the delivery of therapeutic work and the maintenance of the unit as a therapeutic environment, with access to appropriate supervision for staff. The service had good support from the Woman's and Children's Directorate but other than issues relating to safeguarding there was a sense of disconnect with the wider trust. There was a general feeling among staff that the trust's focus was on the new hospital at Southmead. The service engaged well with young people through its partnership with Barnardo's. During our inspection we saw that the environment had been improved and heard about how the therapeutic approach was being developed and improved.

Our findings

Vision and strategy

There was a clear vision and strategy within the inpatient unit. Staff understood the attachment model and how their role contributed to that, and we found a consistent and cohesive approach to service delivery. There was less engagement with the trust because staff felt that all the focus was on Southmead Hospital. Senior staff felt more engaged with the trust than more junior staff. There was an underlying anxiety among staff because of the service being re-tendered and an uncertainty about who would receive the future contract.

Governance

There was excellent therapeutic governance. There was a clear system of supervision and support for all staff. Referrals were monitored daily by appropriate staff and there was a system in place to prioritise more urgent cases. Group supervision and reflective practice took place regularly and staff were able to use this to ensure they delivered effective and appropriate therapy.

Staff at Riverside were not required to undertake all of the trust's mandatory training because not all of it was suitable for a mental health service. The majority of training was

delivered internally within the unit. We saw that some training was out of date and needed to be updated; however, we felt that in general training was effective in that staff were very clear about their role and understood the therapeutic model.

Audits had been carried out on care records and management had identified gaps in records, but these had not always been followed up. We found that despite realising that there were difficulties within the records, no action had been taken to improve this system. We were informed at the end of our inspection that Riverside will be transferring to an electronic records system.

Leadership and culture

There was excellent leadership within the unit. Senior clinical staff we spoke with were passionate about the delivery of an effective and therapeutic service. All staff we spoke with understood their roles and told us they enjoyed their work and felt it made a difference to young people. The culture within the unit was concerned with delivering a therapeutic service within the attachment model. Staff we spoke with were enthusiastic and understood the importance of their behaviours towards and interactions with young people.

There was very low turnover of staff and very low sickness rates. We felt it was very significant that no young people said any staff were inconsistent. This evidenced a consistent approach and implementation of therapeutic values across the team.

Engagement with people and staff

Within Riverside there was good engagement with staff and young people. The unit was working with Barnardo's to develop effective input from young people. Young people were able to be involved in the interviewing and recruitment of new staff and in developing the service in general.

Continuous Improvement

Since our last inspection, Riverside had been refurbished and thought had been given to adapt the building to best advantage. We saw a new social space had been created, with external decking and access to the garden. The garden was also being developed to provide outside spaces for young people. Staff told us that over the last couple of years there had been improvement in how the unit ran and in its approach.