Ellingham Hospital

Quality Report

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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

Are services safe?	
Are services well-led?	

Overall summary

Ratings are not given for this type of inspection:

The Care Quality Commission carried out a focussed inspection of Ellingham Hospital on 11 and 12 July 2018. This inspection concentrated on reviewing progress against enforcement action taken when we issued a Warning Notice following an unannounced inspection in January 2018. The provider had submitted an action plan to the CQC detailing how they had addressed the areas of concern and this inspection was carried out to check that this had happened.

We found the following areas of good practice:

- The provider had addressed the concerns identified within the Warning Notice, issued by the Care Quality Commission in February 2018. Details of the warning notice can be found in this report in the section titled 'Why we carried out this inspection'.
- There was a new management team who were skilled and sufficiently knowledgeable to make the necessary changes to improve the service. The provider had addressed concerns raised at the previous inspection regarding managing incidents. We saw a clear process for reporting and a system to ensure learning took place. There were several forums where lessons learnt were discussed. This included the morning meeting, clinical governance monthly meetings, team meetings and learning lessons bulletins. The provider also took measures to ensure the environment was suitable and

Summary of findings

fit for purpose with programmes of audit in place to ensure ongoing compliance. There was a more robust structure for monitoring each ward performance which was in the process of being embedded.

- We saw a programme of recruitment measures that had begun to improve staffing within the hospital. Health care assistant posts were mostly permanently appointed staff.

However:

- We were not assured that staff were carrying out enhanced observations according to the hospital's own policy. We saw on two separate occasions that staff did not carry out observations according to the patient's own care plan. Enhanced observations are designed to ensure there is extra support to individuals in times of high risk to themselves or others. Where staff did not implement enhanced observations when instructed to, this could have had a serious impact on the individual patients' safety. The hospital had implemented measures to assure managers that observations were happening. We saw that on these occasions the measures were not effective.
- Safeguarding practices required further improvement. Some staff were not able to answer fully how to report a safeguarding concern.
- The provider continued to use a high level of agency staff for registered nurses. Not all vacant shifts were covered with the appropriate skills. We saw that healthcare assistants may fill the second registered nurse gap on some shifts.

Summary of findings

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Services we looked at

Acute wards for adults of working age and psychiatric intensive care units

Child and adolescent mental health wards

Summary of this inspection

Background to Ellingham Hospital

Ellingham hospital has the capacity to care for up to a total of 34 patients. Two wards accommodate patients aged from 12 to 18 years, and one ward is an acute ward for adults of working age.

The service is registered with CQC for assessment or medical treatment for persons detained under the Mental Health Act 1983 and treatment of disease, disorder, or injury.

Ellingham hospital has three wards, Cherry Oak and Woodlands are Tier 4 children and adolescent wards, (CAMH) and Redwood is a ward for working age adults. There is an on- site school. The school is Ofsted registered and was rated as 'Good' in 2016.

Cherry Oak ward is a specialist 10 bedded low secure inpatient ward for patients aged from 12 to18 years with conditions such as complex neuro-developmental disorder, learning disability, attention deficit hyperactivity disorders and mental health problems. It is a mixed gender ward and has seven funded beds. At the time of inspection there were three beds in use and all patients were detained under the Mental Health Act 1983. There was an agreement, with NHS England who commission the beds, to not accept further admissions to this ward due to the complex needs of the existing patients.

Woodlands ward is a specialist general inpatient ward that cares for patients aged from 12 to18 years with psychiatric, emotional, behavioural and social difficulties, including learning disabilities and autism spectrum disorder. It is a mixed gender ward and has 10 beds.

At the time of the inspection, there were five patients on the ward. Patients could be detained under the Mental Health Act or informal. At the time of inspection, all patients were detained under the Mental Health Act. The hospital had agreed with NHS England at the time of inspection to not accept any further admissions to the ward due to concerns about safe staffing.

Redwood ward is an acute mental health mixed sex ward for working age adults. The ward had 14 beds available for use, with 11 occupied at the time of the inspection. Some patients were detained under the Mental Health Act whilst others were informal. There are plans to open a further 10 beds in the next few months, once building work is completed.

A registered manager had been identified and was following the process to become the registered manager. The registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2010.

Following the inspection in January 2018 the CQC took enforcement action against the hospital and issued a warning notice against one regulation. This was issued in February 2018 against 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2010. This outlined specific areas of concern and instructed the provider to become compliant by the end of April 2018.

The provider had submitted an action plan in response to the warning notice and had addressed the identified concerns when we checked at this inspection.

Our inspection team

Team leader: Jane Crolley - Inspector.

The inspection team consisted of three CQC inspectors, one specialist professional advisor and an assistant inspector.

Summary of this inspection

Why we carried out this inspection

This focussed inspection was carried out to confirm whether Ellingham Hospital had achieved compliance with requirement notices and the Warning Notice issued in February 2018.

Ratings are not given for this type of inspection.

At the last unannounced inspection in January 2018 we identified a number of breaches and issued a warning notice against the regulations as follows:

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance:

- The provider had not developed an effective system to report incidents and capture this information to inform clinical practice.
- The provider had not developed a governance system to capture all the identified concerns.
- The provider had not demonstrated evidence of communication to staff and patients of lessons learnt from incidents and audits.
- The provider had not completed, reviewed and updated environmental audits.
- The provider had not completed, reviewed and updated ligature risk audits and linked these to patients' clinical risks.
- The provider had not ensured there was an effective system in place on Redwood ward to report on the number of restraints and episodes of rapid tranquilisation administration.
- The provider had not ensured emergency grab bags had assigned content check lists, that staff completed regular checks of content and replaced items after each use, with clear designation of roles and responsibility set out for who and when this should be completed.
- The provider had not ensured all ward areas were clean with adherence to infection control practices.
- The provider had not immediately replaced the seclusion room viewing panels to ensure clear lines of sight.
- The provider had not ensured staff received regular clinical supervision and annual appraisals and did not have an effective system for monitoring this.

We found at this inspection the provider had met all the actions from the warning notice and were now compliant.

The provider was also issued requirement notices against the following regulations:

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person Centred Care

- The provider had not ensured that care plans demonstrated patient involvement and if a copy had been offered to the patient.

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe Care and treatment

- The provider had not implemented environmental changes to mitigate blind spots.
- The provider had not improved medication management practices and procedures including monitoring fridge temperatures, disposal of medication, completion of internal quality audits, ensured each medication card had photographs attached to reduce risk of administration error.
- The provider had not discussed patient observations in all handovers. There was limited information in care records and care plans. There was no evidence of daily review of enhanced observations.
- The provider had not ensured that all staff adhered to infection prevention control procedures, and the provider's dress code.
- The provider had not ensured fridge temperatures were routinely monitored and recorded.
- The provider had not ensured food items stored in fridges were labelled with when the date items were opened and when they were due to expire.
- The provider had not ensured that staff had a way to account for all items on the trolley, and prevent the trolley being left unattended in patient areas.
- The provider had not ensured consistent completion and recording of ward security checks on Cherry Oak.
- The provider had not ensured that the correct observation levels for each patient were documented, and that this information was reflected in patient notes and during handover meetings.

Summary of this inspection

- The provider had not ensured compliance with the Department of Health guidance on the elimination of mixed sex accommodation.

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance:

- The provider had not ensured policies and procedures were up to date for staff to access.

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014. Staffing

- The provider had not ensured there were sufficient skilled and experienced qualified nursing and support staff on each shift to meet the changing needs of the patient group and to enable staff to take their breaks during each shift.
- The provider had not ensured staff were up to date with mandatory training.

The provider had taken action to address the requirement notices and action plans were being implemented.

How we carried out this inspection

This was an unannounced focussed inspection.

To fully understand the experience of people who use services, we concentrated our inspection on the following domains:

- Is it safe?
- Is it well-led?

During the inspection, the inspection team:

- visited all three wards, checked the quality of the environment of the wards and observed how staff were caring for patients
- spoke with the one ward manager and one acting ward manager and four senior managers
- met with nine patients who used the service
- spoke with 24 staff including doctors, nurses, an occupational therapist and mental health workers
- met with a NHS England case manager from another region of the country
- reviewed information provided by other stakeholders
- reviewed 13 care and treatment records of patients
- observed four episodes of care
- reviewed in detail six seclusion records
- attended three shift handover meetings and one morning management meeting
- looked at a range of policies, procedures and other documents relating to the running of the service
- Inspected the ward clinic rooms and reviewed 20 prescription charts.

What people who use the service say

We spoke with nine patients during this unannounced inspection.

They told us they felt supported by staff and had good relationships with them. They felt safe on the wards and could talk to staff about their problems and said there were enough staff on duty to provide activities. They told us they enjoyed attending the on-site school and that the teaching staff were “cool”.

The patients said that the food was of good quality and they were happy with the quantity of food provided.

The adult ward patients said they had access to an occupational therapist and found sessions useful.

Some patients felt access to outdoor space was not always available when they wanted.

They said staff were comforting, and tried to engage them in activities.

Two patients said that staff did not always knock on the door before entering their room and they found this uncomfortable.

Patients found staff friendly and approachable.

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?

Ratings are not given for this type of inspection.

We found the following areas of good practice:

- Staff had identified ligature points on environmental audits and had implemented actions to reduce the risk to all patients.
- Wards complied with the Department of Health's eliminating mixed sex accommodation guidance, which meant that the privacy and dignity of patients was upheld.
- Clinic rooms were visibly clean and had enough space to prepare medications and undertake physical health observations. Physical healthcare monitoring equipment had been calibrated and was checked weekly to ensure it was in good working order. Emergency drugs and resuscitation equipment was checked on a daily basis.
- The wards were well maintained and clutter free. Cleaning rotas had been completed and the wards were visibly clean and tidy. Furnishings were in good condition, bright and colourful. The carpet on Cherry Oak was in the process of being replaced with washable, vinyl flooring. Managers carried out regular quality walk arounds across the hospital to review cleanliness and the condition of the building.
- The provider had an active recruitment programme and had recently reviewed the title of the support worker posts. They had amended this to mental health worker and had seen an increase of applicants following this change.
- Ward managers told us they could adjust staffing levels to take account of increased clinical need.
- The staffing rotas showed there was the appropriate number of staff on each shift. Staff said they had enough time to carry out their duties and to undertake enhanced observations and one to one time with patients. There was sufficient staff to undertake physical interventions.

However:

- We were not assured that the enhanced observations were carried out safely. We saw two instances where staff were not observing young people in line with their observation level. We were concerned that the risk to the young people could be significant.
- Some staff were unable to explain how to report a safeguarding concern.

Summary of this inspection

- The provider continued to hold many vacant registered nurse posts. We looked at a sample of shifts and there were times when the provider was unable to provide two registered nurses on shift on Woodlands ward. We saw that there was always one registered nurse on shift and rotas confirmed this.

Are services well-led?

Ratings are not given for this type of inspection.

We found the following areas of good practice:

- The hospital had implemented a robust system for reporting and learning from incidents. This included access to an electronic reporting system, weekly meetings to discuss incident themes and trends, clinical governance meetings held monthly and learning lesson bulletins. We saw staff were involved in debriefs following an incident and managers held a daily morning meeting during which incidents from the previous day were discussed.
- Managers ensured that staff received an annual appraisal. Compliance rates were 100% across the service.
- The provider ensured there were sufficient staff to meet the needs of all patients. There was still a high proportion of agency staff however, the hospital had partly mitigated risks associated with this by stronger monitoring of the agency staff used to provide consistency and continuity of care. There had also been a significant recruitment drive which was on-going. This had a positive effect and we saw a significant improvement in permanent healthcare assistants in post. We also saw registered mental health nurse posts had been offered and that there was an on-going recruitment campaign.
- The environment had significantly improved and work was on going to continue this improvement, led by the hospital support service director. Staff were aware of the environmental risks and there was a plan available on each ward to manage these risks.
- Managers said they were supported by the provider's human resource department to manage staff performance and attendance issues.

However:

- Clinical supervision did not meet the 85% target set by the provider.

Detailed findings from this inspection

Mental Health Act responsibilities

This was a focussed, unannounced inspection. We did not inspect this practice area.

Mental Capacity Act and Deprivation of Liberty Safeguards

This was a focussed, unannounced inspection. We did not inspect this practice area.

Acute wards for adults of working age and psychiatric intensive care units

Safe	
Well-led	

Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Safe and clean environment

- Redwood ward layout had added mirrors to mitigate the blind spots which had affected staff ability to monitor patient movement around the ward. There was one small area that had not been noted and we raised this directly with the acting ward manager who assured us they would take action to correct this oversight.
- We saw environmental risk assessments which were reflected in individual care records where appropriate.
- The ward had numerous points that could be used to self-ligature. This was managed by a risk map which clearly outlined areas of risk. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. We saw evidence in patient records of how risk was managed individually.
- The ward provided care for both male and female patients. Redwood ward had appropriate measures in place which ensured compliance with accommodation for eliminating mixed sex Department of Health guidance. There were separate ward areas and a separate lounge for female patients.
- There was a system in place for ensuring that staff checked the medical emergency response bag regularly. Staff clearly understood their role in ensuring this was undertaken.
- The kitchen areas were clean and there was a system in place for staff to monitor and record the temperature and store food according to guidance. There was an effective audit in place to ensure that this happened.
- The ward area was clean and we saw cleaning schedules in place.
- Infection control training completion rates on Redwood ward was 87% and we found that there were adequate measures in place to ensure the cleanliness of the ward.
- There were sufficient numbers of ward keys to allocate to staff. Radios were working to ensure communication with other wards in an emergency.
- Safety alarms were not offered to inspectors. The safety alarms given to staff were bought off the internet and there was no measure in place to ensure these were checked and working. We raised this with the provider who confirmed new alarms had been sourced and were due to arrive the week following the inspection.

Safe staffing

- The provider informed us that Redwood had a high registered nurse vacancy rate. There was just one full-time nurse and one part-time nurse in post and there were 8.5 vacancies. There was an acting ward manager post temporarily filled by a long-term agency staff. We saw active recruitment and hospital managers confirmed that the ward manger post had been offered and awaiting clearance. We also saw two other registered nurse posts had been offered.
- We saw improvements in appointment to the healthcare assistant posts which were almost to establishment. The provider had a staffing matrix which was designed to inform the level of staff required per shift. The ward skill mix (as per their policy) meant that there was one registered nurse for up to 12 patients. However, the provider had responded to the previous inspection in January 2018 and had ensured that there were always two registered nurses on every shift. This meant that staff could take breaks and still ensure there was a registered nurse on duty.
- We found that 62% of staff were trained to carry out physical interventions. We were not assured there were enough sufficiently trained staff on the ward each shift however, there were other wards who could assist in an emergency.
- Immediate life support training compliance was 100% with all registered nurses having been trained to this standard. This was particularly important due to the rural location, as ambulances may not be able to respond within eight minutes.

- Mandatory training compliance was below 75% for key areas such as basic life support and prevention management of violence and aggression. Hospital managers provided assurance and plans on how this was to be addressed.

Assessing and managing risk to patients and staff

- We reviewed six care records. All six had an up to date risk assessment. There was evidence these were updated when risks changed or an incident occurred. There was evidence of patient involvement with developing care plans in five out of six records.
- Staff used restraint and rapid tranquilisation as a last resort. The provider had developed a system to capture information relating to this. Staff completed incident forms clearly indicating the type of restraint used and action taken. Lessons identified were shared within the nursing teams.
- There was a clear system for recording incidents in patient clinical records and risk assessments were updated to reflect recent risk events.
- Risk assessments were completed as early as possible at admission and within 24 hours. We saw that risk incidents were documented both via the reporting system and in clinical records.
- Staff followed the provider's observation policy regarding the recording of observation. The clinical notes reflected the level of observations for each patient. At handover these were also discussed.
- There had been an incident of a patient managing to gain access to the low roof. Immediate action was taken to manage this risk with the individual patient however, we were not assured that there was long term mitigation put in place to prevent other patients doing the same thing.
- Staff used rapid tranquilisation only after other interventions had not been successful. When staff used this, there was evidence of attempts to carry out physical observations in all but one instance, where there was no record of observations being attempted.
- Not all staff spoken with knew how to report a safeguarding incident. However, there was clear instruction displayed in the ward office on how to report a safeguarding incident and the escalation process was also on display. All staff had received level 1 e-learning safeguarding adult training. Thirty three percent of staff had completed classroom based designated safeguarding officer training. Although this figure appeared low, this was due to the low number of registered nurses in post. Two new staff had not received this identified training but had been booked onto the course.
- An external pharmacist was responsible for the audit of medication management. We saw evidence of learning from audit and improvement in practice. The most recent audit showed Redwood staff achieved 100% compliance against the audit standards.

Track record on safety

- We saw incidents were reported on the electronic reporting system and were reviewed and lessons learned shared.

Reporting incidents and learning from when things go wrong

- The hospital had implemented a system for reporting incidents since the previous inspection in January 2018. There was evidence of continued improvement in the quality of incident reporting. The hospital had implemented an electronic compliance system. At the time of inspection, the system did not enable reporting to be via individual wards. This meant those staff who review incidents had to work out which ward they were from. This could cause a risk of inaccurate attribution of incidents. The provider was aware of this and had requested changes to the system to be made.
- There had been 18 serious incidents between February 2018 and 30 June 2018. This was broken down by category with 12 safeguarding, 5 self-harm and one patient absconding. Not all these incidents resulted in harm. They all were reported and have been investigated or are still under review.
- Staff confirmed they received debriefing sessions following significant incidents.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of'certain notifiable safety incidents'andprovide reasonable support to that person. We saw evidence of the provider responding to complaints in an open and transparent manner.

Acute wards for adults of working age and psychiatric intensive care units

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Vision and values

- The organisation's vision and values were displayed within the building. We saw that staff demonstrated the provider's values in their care and approach towards the patients.
- Staff knew who the senior managers on site were, and confirmed that they visited the ward regularly and interacted with both patients and staff.

Good governance

- There was a system in place to monitor completion of mandatory training which was lacking during the inspection in February 2018. Training completion had improved but remained below 75% and needed further attention.
- All staff had received an appraisal. Clinical supervision fell below 85%, however this was an increase from the last inspection and we saw each month that figures had improved. We were assured there were systems in place to continue this improvement.
- The provider had addressed concerns raised at the previous inspection regarding reporting of incidents. We saw a clear process for reporting and a system to ensure learning took place. There were several forums were lessons were discussed. This included the morning meeting, clinical governance monthly meetings, team meetings and learning lessons bulletins.
- The provider had recognised the poor cleanliness of the environment which we raised during the last inspection. New systems had been implemented and we saw the ward was clean and checks were in place.

Leadership, morale and staff engagement

- The new management team had introduced quality walk arounds enabling higher visibility on the wards whilst carrying out quality checks. Any identified actions were discussed with local teams and via the clinical governance committee monthly meeting.
- Staff spoken with were positive about their job and felt supported to do their work. Morale was reported to be high and staff reported positively on changes made, such as improved staffing and qualified nurse ratio per shift.
- Staff worked together as a team and was supportive of each other and the patients.

Child and adolescent mental health wards

Safe	
Well-led	

Are child and adolescent mental health wards safe?

Safe and clean environment

- Staff had identified ligature points on environmental audits and actions had been taken to reduce the risk to young people. These included enhanced observation levels and maps identifying ligature points (fittings to which young people intent on self-injury might tie something to harm themselves).
- Managers had mitigated blind spots on the wards by installing mirrors to promote staff observation of patients.
- Wards complied with the Department of Health's eliminating mixed sex accommodation guidance, which meant that the privacy and dignity of young people was upheld.
- Clinic rooms were visibly clean and had enough space for staff to prepare medications and undertake physical health observations. Physical healthcare monitoring equipment had been calibrated and was checked weekly to ensure it was in good working order. Staff checked emergency drugs and resuscitation equipment daily.
- The seclusion room on Cherry Oak partly met the required standard as outlined in the Mental Health Act 1983 Code of Practice 2008. The clock was not working and the remote control for the blind also did not work. We brought this to the attention of hospital mangers who told us that these issues had been reported to the maintenance team and parts had been ordered to repair them.
- The wards were well maintained and clutter free. Cleaning rotas had been completed and the wards were visibly clean and tidy. Furnishings were in good condition, bright and colourful. The carpet on Cherry Oak was in the process of being replaced with washable, vinyl flooring. Managers carried out regular quality walk arounds across the hospital to review cleanliness and condition of the building.
- Staff on Woodlands ward carried personal alarms that they could use to summon help and checked them daily. The provider had a temporary radio alarm system on Cherry Oak. The inspection team were informed that a new alarm system which was compatible to the one in use throughout the rest of the hospital was due to be installed on Cherry Oak.

Safe staffing

- Staffing levels were appropriate to meet the needs of the young people. The established level of qualified nurses on Cherry Oak was eight. At the time of our inspection, there were six vacancies. The established level of support workers was 15. At the time of our inspection, there were two vacancies.
- The established level of qualified nurses on Woodlands was nine. At the time of our inspection, there were six vacancies. The established level of support workers was 13. At the time of our inspection, there were five vacancies.
- Both wards used regular agency or bank staff to ensure there was consistency of care.
- The provider had an active recruitment programme and had recently reviewed the title of the support worker posts. They had amended this to mental health worker and had seen an increase of applicants following this change.
- Managers used bank and agency staff to cover vacancies, sickness and absence. They informed us that they tried to book agency and bank staff that were familiar to the wards to ensure consistency of care. We saw evidence of this when we reviewed rota's and HR records.
- Managers reported the sickness rate across the two wards was five percent, they said staff that had been on long term sick were being supported back to work.
- Ward managers told us they could adjust staffing levels to take account of increased clinical need.
- The staffing rotas showed there was the appropriate number of qualified nursing staff on each shift. Staff said they had enough time to carry out their duties and to undertake enhanced observations and one to one time with patients. There was sufficient staff to undertake physical interventions. However, there was a high ratio of agency staff, particularly at night.

- Patients told us staff rarely cancelled or rearranged leave and activities due to staff shortages. This was confirmed in the patient records. Staff encouraged patients to attend school and participate in education and activities during the day to reduce risk of isolation.
- Overall compliance for mandatory training was 86% compliance across the two wards. This met the providers own target of 85%. Managers recorded when staff had completed mandatory training.

Assessing and managing risk to patients and staff

- We reviewed seven care records. Each patient had an individualised risk assessment completed on admission. Staff reviewed risk assessments regularly and after incidents. Staff discussed and recorded updates of potential risks to patients in handover meetings, so all staff on duty received current information of risk.
- There were no blanket restrictions for this service.
- Young people, who had informal status, could ask staff to leave the ward during the day to meet family or go out. Staff kept clear records of potential risks and ensured that staff were available to support the young person if required.
- Staff recorded young people's observations on the provider enhanced observation charts. However, we were not assured that the enhanced observations were carried out safely. We saw two instances where staff had not observed young people in line with their observation level. We were concerned that the risk to the young people could be significant. We immediately raised this concern with managers who acted to ensure observations were undertaken correctly. We saw that this was also discussed at the next morning handover and the ward manager reminded staff of their responsibilities.
- Staff restrained young people as a last resort. Restraint was used to protect young people from causing serious injury to themselves or others.
- We saw one young person had been prescribed rapid tranquilisation medicines; these were within National Institute for Health and Care Excellence guidelines. Vital signs were monitored post rapid tranquilisation as per National Institute for Health and Care Excellence guidelines.
- Staff implemented the use of seclusion as a last resort. We reviewed six seclusion records which were completed appropriately.
- Not all staff could describe how they would identify and make a safeguarding referral.
- Managers understood there had been significant safeguarding concerns over the last four months. The hospital was working closely with the Local Authority Designated Officer, NHS England and the internal safeguarding lead to address these concerns. The hospital managers had agreed an action plan and formal meetings were held with NHS England to monitor progress.
- There was effective medicine management. Staff stored medicines in accordance to the manufacturers' guidelines. Prescriptions were written in line with British National Formulary guidance and recorded alerts for young people' allergies. Medicines were disposed of appropriately. Staff recorded the temperature of the clinic room and refrigerator daily, to ensure the temperature did not affect the efficacy of the medication. Regular audit was undertaken by the contracted pharmacist and any actions identified were addressed.

Track record on safety

- The provider reported serious incidents on the electronic incident system. We saw evidence where incidents were reviewed and investigated by the management team.

Reporting incidents and learning from when things go wrong

- There had been 23 serious incidents on the CAMH wards between February 2018 and 30 June 2018. These were broken down by category with 10 safeguarding, 11 self-harm and one patient absconding. Not all these incidents resulted in harm. They all were reported and had been investigated or were still under review.
- Staff knew how to report incidents on the provider's electronic reporting system. Managers reviewed all reported incidents. Actions were shared with staff to reduce the risk of repeated incidents. We saw minutes of meeting where learning from incidents were discussed.
- Staff discussed incidents and learning points in team meetings. We saw minutes of these meetings where staff had discussed changes that needed to be made to the ward to prevent incidents.
- Staff reported that managers held debriefs and offered support from the psychologist following significant incidents.

Child and adolescent mental health wards

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. We saw examples of feedback given to patients and their carers or family members.

Are child and adolescent mental health wards well-led?

Vision and values

- Staff described the provider's values and how they implemented these in their care and treatment of young people, for example putting people first and valuing each person as an individual.
- Staff told us senior managers visited the wards regularly and met with patients during these visits.

Good governance

- Compliance rates for clinical supervision were 60% for Cherry Oak and 73% for Woodlands.
- Managers ensured that staff received an annual appraisal. Compliance rates were 100% across this service.
- Managers ensured there was the appropriate number and grade of staff to meet the needs of young people.
- Managers reviewed any reported incidents. Actions were shared with staff to reduce the risk of repeated incidents. We saw minutes of meeting where learning from incidents were discussed. Managers supported staff following serious incidents and offered debrief sessions.
- Managers reviewed key performance indicators for this service, these included sickness and absence monitoring and training compliance.
- Managers told us that the provider's human resource department supported them to manage performance and attendance issues.

Leadership, morale and staff engagement

- Sickness absence rates across this service was 5%.
- Staff knew the provider's whistleblowing policy and felt able to raise concerns without the fear of reprisals. We saw that staff asked questions and raised concerns during shift handover where there was a lack of female staff to meet the personal care needs of young people. Managers immediately rectified this issue to meet the needs of the young people.
- Staff reported positive morale and job satisfaction. They reported good relationships with the new managers and felt empowered in their roles.
- Staff described how they would talk with young people when something went wrong in an open and transparent way.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that enhanced observations are carried out safely by all staff as per the individual patient's care plan.
- The provider must ensure that all staff understand how to report a safeguarding concern.

Action the provider SHOULD take to improve

The provider should ensure that clinical supervision for staff is offered consistently.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Safe care and treatment:** • The provider had not ensured staff carried out enhanced observations at all times as documented in the patients care plan. • The provider had not ensured all staff understood how to report a safeguarding concern. This was a breach of regulation 12

This section is primarily information for the provider

Enforcement actions

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.