Potters Bar Clinic

Quality Report

190 Barnet Rd
Potters BarHertfordshire,EN6 2SE
Tel: 01707 858585
Website: www.elysium healthcare.co.uk

Date of inspection visit: 03-05 December 2019
Date of publication: 03/03/2020

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

Potters Bar Clinic offers Child and Adolescent Mental Health Services (CAMHS) Tier 4 low secure services for young people aged 13 to 18 with a wide range of disorders and complex needs.

The hospital also has two acute wards for adults of working age, one for male and one for female patients.

We rated Potters Bar Clinic as good because:

- We examined all care records for patients and young people. Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating and de-escalating violence and aggression.
- Ligature risk assessments were available on all of the wards along with heat maps which are diagrams which show the high-risk ligature points. Staff undertook regular ligature risk assessments of the wards.
- Staff developed comprehensive care plans for each young person and patient that met their mental and physical health needs.
- We examined six weeks of the duty rotas on each of the wards and found that the number of nurses and healthcare assistants matched the expected numbers on all shifts. Bank and agency staff members were block booked and were familiar with the wards young people and patients. All bank and agency staff had received appropriate training as well as an induction to the ward prior to their allocated shift.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' and young peoples' rights to them. Mental Health Act training figures were at 91% at the time of inspection.
- Staff treated patients and young people with compassion and kindness. We saw discreet, respectful and responsive interactions.
- Staff supported the young people with activities outside the service and made sure young people had access to education throughout their time on the ward. There was a school on site and teachers also attended the wards to provide one to one education to patients.
- Managers were resilient and had a strong drive for improvement. There was good oversight of safeguarding, incidents, observations and notifications to external bodies across the hospital. Management of risk and risk registers had improved significantly.
- Staff that we spoke with felt respected, supported and valued. They felt the service promoted equality and diversity and provided opportunities for career development.

However:

- Ward re-decoration was necessary on the adult acute wards as some areas were shabby, dirty and needed deep cleaning. The ward redecoration and kitchen refurbishment was on a scheduled log for completion.Some basic maintenance issues had not been dealt with in a timely way.
- Managers monitored compliance with mandatory training. Most training had a compliance rate of over 75%. However, safe administration of medications was low at 52%. Infection control (level 1) at 68% and level 2 at just 50%. Suggestions, ideas and complaints, and the management of violence and aggression had a 71% compliance rate.

Summary of findings

Contents

Good

Potters Bar Clinic

Services we looked at
Acute wards for adults of working age ; Child and adolescent mental health wards.

Summary of this inspection

Background to Potters Bar Clinic

Potters Bar Clinic is an independent hospital that provides services to adults who have needs related to their mental health and Child and Adolescent Mental Health Services (CAMHS) Tier 4 low secure services for young people aged 13 to 18 years with a wide range of disorders and complex needs.

Patients may be detained under the Mental Health Act or may be voluntarily staying at the hospital. Potters Bar Clinic is provided by Elysium Healthcare No 2. Limited.

There are two CAMHS wards:

• Jasper ward is a mixed gender CAMHS ward with 11 beds on the ground floor.• Opal ward is a mixed gender CAMHS ward with seven beds on the ground floor.

At the time of our inspection Opal ward was closed for refurbishment.

There are also two adult mental health wards at this location:

• Crystal ward is an acute female ward with 12 beds on the first floor.• Ruby ward is an acute mixed ward with 12 beds on the first floor. Potters Bar Clinic is registered to carry out the following legally regulated activities:

• Assessment or medical treatment for persons detained under the Mental Health Act 1983.• Treatment of disease, disorder or injury.

At the time of the inspection there was a registered manager in place who was the hospital director.

The hospital has been inspected three times before. At the time the hospital only provided acute inpatient services, a comprehensive inspection was undertaken on 07 September 2017 when we rated the hospital as good overall.

The CAMHS was opened in December 2017. Following concerns raised we undertook a focussed inspection of the CAMHS wards on 20 February 2019. At that inspection, we had significant concerns and took enforcement action. We placed a number of conditions on the providers registration:

1.The registered provider must not admit any new patients to CAMHS Tier 4 wards (Jasper and Opal) without the prior written agreement of the Care Quality Commission.

2.The registered provider must ensure that there are sufficient numbers of staff required to carry out safe care and treatment of patients based on levels of risk and care needs. In particular regards to the following:

a)The provider must provide the Care Quality Commission, by 5pm on Friday of each week, until further notice, staffing rotas for the seven-day period ahead.

b)The provider must report to the Care Quality Commission by the 5pm, each Friday, the and actual staffing numbers for Jasper and Opal wards, and agency / bank fill rates for each shift for the previous week.

c)The provider must provide the Care Quality Commission with a staff (substantive and agency) training report to include name of staff, date of training, nature of training, name of training provider and post-training competence checks in relation to specific CAMHS mental health training

d)The provider must provide to the Care Quality Commission, supervision records of staff from Jasper and Opal wards.

3.The registered provider must ensure that there is an effective system to audit and review Section 17 of the Mental Health Act 1983 leave forms. The provider must ensure that appropriate risk assessments are carried out prior to and following patient leave. In particular regards to the following:

a)The provider must provide the Care Quality Commission by 5pm on Friday of each week, with all Section 17 leave forms completed in the previous seven-day period.

b)The provider must provide the Care Quality Commission, by 5pm on Friday of each week, documentation for all patients who have utilised Section 17 leave in the previous seven days, including the documentation.

Summary of this inspection

4.The registered provider must, within four weeks of this notice, ensure that there is an effective system to accurately document and review patient risk assessments following associated risk incidents. In particular regards to the following:

a)The provider must provide to the Care Quality Commission, all patient risk assessments that have been reviewed following incidents that have occurred within the previous seven-day period.

b)The provider must provide to the Care Quality Commission, rationale for any blanket restriction placed on patients.

5.The registered provider must, within four weeks of this notice, ensure and operate an effective escalation process on Jasper and Opal wards, for incidents and safeguarding reporting to external agencies, and ensure these are reviewed and analysed within 48 hours of each incident. In particular regards to the following:

a)The registered provider must review its scheme of delegation for approving incidents and ensure the providers policy is adhered to. The provider must provide to the Care Quality Commission, by 5pm each Friday, all incident forms completed in the previous seven-day period to ensure independent review.

6.The registered provider must, within four weeks of this notice, ensure complete and thorough investigations into each incident of harm to a patient. This must include actions to be taken to prevent reoccurrence, management of staff conduct, and lessons learnt. In particular regards to the following:

a)The provider must provide to the Care Quality Commission, by 5pm each Friday details of all investigations into incidents of harm, undertaken in the previous seven-day period.

7.The registered provider must undertake a comprehensive assessment of ligature points on Jasper and Opal wards and complete an action plan to mitigate all risks identified within two weeks of this notice. In particular regards to the following:

a)The provider must provide to the Care Quality Commission, within two weeks, ligature risk assessments for Jasper and Opal wards, which identify all ligatures and provide mitigation for each risk on how this will be managed. The provider will provide to the Care Quality Commission and include how staff have understood their content.

8.The registered provider must undertake a comprehensive review of the implementation of its observation policy and completion of all observation records within four weeks of this notice. The provider must ensure it delivers training to staff on effective management of patient enhanced observations. In particular regard to:

a)The provider must provide to the Care Quality Commission, by 5pm each Friday, all patient observation records completed over the previous seven-day period.

b)The provider must submit to CQC a report to demonstrate how staff training on the providers' policy on observation has been delivered to staff.

The hospital provided information as requested within the conditions and the Care Quality Commission proposed the removal of conditions three to eight in June 2019.

On the 18 June 2019 we undertook a further focussed inspection to see if the provider had met the remaining two conditions placed on it. The provider had met the second condition, and this was removed in July 2019.

At the time of this most recent comprehensive inspection on 03 December, one condition remained in place for the CAMHS wards:

1.The registered provider must not admit any new patients to CAMHS Tier 4 wards (Jasper and Opal) without the prior written agreement of the Care Quality Commission.

The Care Quality Commission had agreed to the admission of patients during this time.

At this comprehensive inspection on 03 December 2019 we lifted this final condition.

Summary of this inspection

Our inspection team

The team that inspected the service comprised one Care Quality Commission inspection manager, four Care Quality Commission inspectors and a variety of specialists: two mental health nurses and one expert by experience.

Why we carried out this inspection

We inspected this 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?

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- Visited both acute adult wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with three carers of patients who were using the service
- spoke with the manager and/or acting manager for each of the wards
- spoke with 12 other staff members; including doctors, nurses, lead nurse, health care assistant, student nurse, Hospital Director, Deputy Hospital Director, Support Services Manager, Mental Health Act Administrator and Occupational Therapist
- looked at all seven care and treatment records of patients
- carried out a specific check of the medication management on two wards
- observed two episodes of observation of care
- looked at a range of policies, procedures and other documents relating to the running of the service.

During the inspection visit the inspection team:

- Visited both CAMHS wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for the young people on Jasper ward
- spoke with three young people who were using the service
- spoke with five carers of the young people who were using the service
- spoke with the ward manager
- spoke with 14 other staff members; including doctors, nurses, lead nurse, health care assistant and student nurse, Hospital Director, Deputy Hospital Director, Support Services Manager, Mental Health Act Administrator and Occupational Therapist
- spoke with one school staff member
- looked at all eight care and treatment records of the young people
- carried out a specific check of the medication management on the ward
- carried out a specific check of incidents and on the ward
- observed one episode of observation of care
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with three patients who were using the acute adults service. Each patient understood their legal status and said that staff had explained their rights to them. One patient had used the advocacy service to lodge an appeal against detention.

All three patients had been granted leave and felt able to keep in touch with family and friends through visits and via telephone.

One patient told us that staff were working with them, and they had been involved in their care planning. Staff had supplied Information leaflets when they had been discussing a change in medications.

Patients told us that staff were kind and friendly, and there was usually somebody around when they needed them.

We also spoke with three carers of patients who were using the service. All three carers spoke highly of the staff and were happy for their relatives to be cared for at the hospital. All three said that staff looked after their relatives and treated them well. All three said that the staff team keep them informed of progress. Two out of three said that speaking with the doctor had been really helpful.

One relative explained how the staff had been looking after their relative's physical health, as well as their mental health.

One relative told us how staff had "saved their relatives life", had really listened to the family and were responsive to requests. The carer went on to say that "the staff deserve a medal for what they have done".

We spoke with three young people on the CAMHS ward. All three young people said that staff respected their privacy and knocked before entering their room unless they were on observations. Two young people said that staff sometimes spoke in other languages and that they were not always quiet at night. Additionally, one young person said that information was not always passed on quickly between staff.

Each young person was aware of their rights and said that staff had explained these to them on more than one occasion.

The young people said that there were always staff around and leave was rarely cancelled.

The young people were involved in care planning and had the opportunity to sign and receive copies of their care plans.

We spoke to five carers of young people who used the CAMHS service. Two out of the five carers were unhappy about elements of the service, such as staff not listening enough and expressed concern that their loved ones had been detained under the Mental Health Act.

Three carers said that staff looked after their loved ones well. Three carers also said that staff were helpful and always got back to them to confirm visiting arrangements.

All carers spoke highly of the doctor and most said that they get information sent to them weekly after meetings.

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:

- The acute ward environments required some attention. Both Ruby and Crystal wards were minimally furnished although there was adequate seating and space available. We saw that the wards were not clean in all places. Blinds were dirty; windows needed cleaning; as did the window shields and window sills. Walls were marked and scuffed and required re-decoration. The ward redecoration and kitchen refurbishment was on a scheduled log for completion. Some curtains were absent in communal areas. We were later told that these had been sent for cleaning after a patient had pulled them down. Cleaning schedules were not available and we were not assured that the cleanliness and maintenance of the adult wards had been a priority.
- Managers monitored compliance with mandatory training. Most training had a compliance rate of over 75%. However, safe administration of medications was low at 52%. Infection control (level 1) at 68% and level 2 at just 50%. Suggestions, ideas and complaints, and the management of violence and aggression had a 71% compliance rate.
- Staff sickness was high at 40% on Jasper ward and 59% on Opal ward between 01 January 2018 to 31 July 2019. Managers did not have oversight of staff sickness as although there was an electronic system in place, staff that we spoke with did not know how to use it.
- During interviews, some staff could not give examples of lessons learnt following incidents. We noted that there was an incident involving a patient bringing in a contraband item. A similar incident then re-occurred a short time after. We were not assured that learning was always taking place effectively. One emergency bag check on the adult ward was inaccurate, as an item that staff had signed as present and correct, had expired in October 2019.

However:

- We examined all care records for patients and young people. Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating and de-escalating violence and aggression.

Summary of this inspection

- Ligature risk assessments were available on all the wards along with heat maps which are diagrams which show the high-risk ligature points. Staff undertook regular ligature risk assessments of the wards.
- We examined six weeks of the duty rotas on each of the wards and found that the number of nurses and healthcare assistants matched the expected numbers on all shifts. Bank and agency staff members were block booked and were familiar with the wards young people and patients. All bank and agency staff had received appropriate training as well as an induction to the ward prior to their allocated shifts.

Are services effective?

Good

We rated effective as good because:

- Staff assessed patient's physical health upon admission or shortly after. Staff continued to assess physical health regularly throughout the admission.
- Staff developed comprehensive care plans for each patient that met their mental and physical health needs.

  Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' and young peoples' rights to them. Mental Health Act training figures were at 91% at the time of inspection.
- The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. This included doctors, qualified nurses, psychologists, social workers and occupational therapists.
- Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence.
- We saw that staff informed and involved families and carers appropriately. Managers recognised that some families lived a distance away, and were flexible with visiting, to enable regular contact.

Are services caring?

Good

We rated caring as good because:

- Staff treated patients and young people with compassion and kindness. We saw discreet, respectful and responsive interactions.

Summary of this inspection

- Staff involved patients in decisions about the service, when appropriate. Staff held weekly community meetings on the wards.Staff acted upon requests and fed back to the patients.
- We reviewed 17 “leaving our service” questionnaires that patients had completed. Overall these were positive. We noted that 11 out of 17 patients would be likely or highly likely to recommend the service to family or friends.
- Staff informed and involved families and carers appropriately. If patients granted permission, staff invited carers to meetings, reviews and Mental Health Tribunals. Staff sent carers copies of relevant meeting minutes and offered a weekly update on their loved one.
- The service held regular carers days in which carers could see patient facilities, meet staff and gain additional support from the service and other carers.

Are services responsive?

Good

We rated responsive as good because:

- Staff supported patients with activities outside the service and made sure young people had access to education throughout their time on the ward. There was a school on site and teachers also attended the wards to provide one to one education to patients.
- Staff helped patients to stay in contact with families and carers.
- The service met the needs of all patients, including those with a protected characteristic. Staff helped patients with communication, advocacy, as well as cultural and spiritual support. Each first-floor ward had a larger bedroom suitable for patients who used wheelchairs. the use of a wheelchair, with an internal lift to enable access.
- Between 13 March 2019 and 12 September 2019, bed occupancy was reported to be 84% on Crystal ward, and 93% on Ruby ward. Staff managed beds well. There was always a bed available when patients returned from leave. Patients were not moved between wards during an admission episode.
- Staff could obtain information on treatments, local services, how to complain, and Mental Health Act information in different languages, and use an interpreter / signer where needed.
- Information was available in easy read format for individuals who needed this.

Are services well-led?

Good

We rated well-led as good because:

Summary of this inspection

- Staff that we spoke with felt respected, supported and valued. They felt the service promoted equality and diversity and provided opportunities for career development.
- Teams were resilient and cohesive and worked well together. Managers dealt with any difficulties appropriately.
- Managers were resilient and had a strong drive for improvement. There was good oversight of safeguarding, incidents, observations and notifications to external bodies across the hospital. Management of risk and risk registers had improved significantly.
- Managers supported staff to develop their skills and take on more senior roles. There were opportunities for health care assistants to achieve the level three diploma in healthcare support.
- Staff, young people and carers could access information about the work of the provider through the intranet, bulletins and newsletters. The young people and their carers had the opportunity to give feedback on the service. Managers reviewed all feedback.
- Managers had worked on developing relationships with carers by holding regular carers events at the service. They had also held meetings with the local Police and local authority safeguarding in order to work cohesively together.

However:

- Managers failed to ensure that all basic maintenance issues were completed promptly.
- The provider did not always ensure that clinical governance meetings were effective and did not always demonstrate that issues arising were resolved quickly. This included the effective oversight of sickness, medication stock and grab bags.

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.

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.
- Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.
- Staff knew who their Mental Health Act administrators were and when to ask them for support.
- The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.
- Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. The independent mental health advocate attended the wards weekly to provide support for patients.
- Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.
- Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician.
- Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.
- Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.
- The service displayed posters stating that informal patients could leave the ward freely. There were no informal patients on the ward at the time of inspection.
- Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.
- Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff supported patients to make decisions on their care for themselves. They understood how the policy on the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to patients under 16.
- Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence.
- Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of the five principles. Mental Capacity Act training figures were at 91% at the time of inspection.
- There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.
- Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.
- Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.
- When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.
- Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

Detailed findings from this inspection

- The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.
- Staff understood how to support children under 16 wishing to make their own decisions under Gillick competency regulations.
- Staff knew how to apply the Mental Capacity Act to patients 16 to 18 and where to get information and support on this.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

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

Good

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

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

Requires improvement

Are acute wards for adults of working age

and PICU safe?

Safe and clean environment

Staff undertook regular ligature risk assessments of the wards. The assessments identified potential ligature points, and clearly stated the mitigation of these. Staff could observe all parts of the wards, with the aid of mirrors and installed CCTV. Staff knew and understood where areas of risk were on the ward. Staff who undertook enhanced observations carried floor plans of the bedrooms where patients were observed to ensure they knew where potential ligature points were.

The wards complied with guidance on eliminating mixed-sex accommodation. Ruby was a male ward, and Crystal a female ward.

Patients had access to a nurse call alarm system. All clinical staff carried a personal alarm and summoned help in a timely way when needed.

The acute ward environments required some attention. Both Ruby and Crystal wards were minimally furnished with enough seating and space available. We saw that the wards were not clean in all places. Blinds were dirty; windows needed cleaning; as did the window shields and window sills. Walls were marked and scuffed and required re-decoration. The ward redecoration and kitchen refurbishment was on a scheduled log for completion. Some curtains were absent in communal areas. We were later told that these had been sent for cleaning after a patient had pulled them down. The wards looked tired and uncared for. Staff had replaced some pictures on the walls with smaller art works. There were chipped plaster and scratches remaining around several of these. One bedroom on Ruby ward smelt strongly of urine. The provider addressed these latter two issues immediately when raised. However, cleaning schedules were not available and we were not assured that cleanliness and maintenance of the adult wards had been a priority.

We saw some housekeepers cleaning the communal ward areas during the inspection.

Staff adhered to infection control principles, including hand washing. Wards had adequate handwashing facilities, protective personal equipment and hand gel available.

The provider told us that seclusion was not used. If a patient required seclusion, staff made an urgent referral to a psychiatric intensive care unit (PICU).

Both wards had clinic rooms which were fully equipped, although small. Neither clinic room had an examination couch, with minimal space to physically examine patients. Staff undertook these examinations in patients' bedrooms. Resuscitation equipment and emergency medicines were available. Staff checked these regularly. We noted that one emergency bag check was inaccurate, as an item that staff had signed as present and correct, had expired in October 2019. Staff maintained medical equipment appropriately.

Safe staffing

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

Good

The service had significant vacancies for substantive staff on both Crystal and Ruby wards. The vacancy rate on Ruby was reported to be 30%, with the vacancy rate higher on Crystal ward at 50%.

Due to the high vacancy rates, the service had relied heavily upon regular bank and agency staff to maintain safe staffing levels and continuity of care. Between 01 June 2019 and 31 August 2019, bank staff had covered 63 shifts on Ruby ward. A further 174 shifts had been covered by agency staff. On Crystal ward, where the vacancy rate was higher, 11 shifts had been covered by bank staff, and 273 shifts had been covered with agency staff. The service had high levels of sickness and absence rates. Data between 01 January 2018 and 31 July 2019 showed that the sickness rate on Ruby ward was 59%. The sickness rate on Crystal ward was 45%. This was much higher than the national average. Managers did not have an effective system for the oversight of staff sickness.

Ward managers were able to adjust staffing levels daily to meet the needs of the patients. Each ward had set core staffing numbers which depended upon occupancy. If patients were nursed under enhanced observations, additional staff were facilitated.

We examined six weeks of the duty rota's and found that the number of nurses and healthcare assistants matched the expected numbers on all shifts. Bank and agency staff members were block booked and were familiar with the wards and the patients. All bank and agency staff had received appropriate training as well as an induction to the ward prior to their allocated shifts. Staffing levels enabled patients to have regular one to one sessions with staff if they wanted. Escorted leave and activities were rarely cancelled due to staffing shortages.

There was enough staff to carry out physical interventions. Assistance could also be sought from the other two wards within the hospital if needed. The service had extensive medical cover with a 24-hour, 365-day service, provided by the on site doctor. The doctor could attend the wards quickly in an emergency.

The service provided mandatory training in key skills to all staff, including bank and agency staff, and monitored compliance of this. Managers monitored compliance with mandatory training. Most training had a compliance rate of over 75%. However, safe administration of medications was low at 52%. Infection control (level 1) at 68% and level 2 at just 50%. Suggestions, ideas and complaints, and the management of violence and aggression had a 71% compliance rate.

Assessing and managing risk to patients and staff

We examined seven care records of patients across the two wards. Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating and de-escalating violence and aggression. Staff were trained in how to manage potential conflict, with emphasis upon the least restrictive approach. Staff used verbal de-escalation, distraction techniques, and applied positive behavioural support plans where appropriate. Restraint was used as a last resort.

Between 01 February 2019 and 31 July 2019, there had been 88 restraints on Crystal ward. These involved 13 different patients. Of these, one resulted in restraint in the prone position, when rapid tranquilisation was administered. Staff then assisted the patients into an alternative position.

During the same time period, there had been 23 restraints on Ruby ward. These involved 14 different patients. Two resulted in staff restraining patients in the prone position and one resulted in rapid tranquillisation. Staff assisted both patients into an alternative position at the earliest opportunity.

Staff completed a risk assessment of each patient upon, or shortly after admission, and updated these appropriately. The provider used their own risk assessment tool. Staff updated these following incidents.

Staff followed safe policies and procedures for the use of observations, and for searching patients, bedrooms or property. Staff did not apply blanket restrictions unnecessarily on patients. There was a proactive reducing restrictive practice group who met regularly. The hospital had a list of all restrictions in place and the group reviewed all restrictions and rationale for each in a timely way. There was an action plan in place to address any issues that had been identified; for example, patients had made a request to use 'skype' to maintain contact with families. Patients were involved in the group and consultation had taken place with patients in community meetings where changes had been suggested. However, no patients had keys to their bedrooms. If patients wanted their bedrooms locked, staff locked these for them. This had been discussed and

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

Good

featured on the wards blanket restrictions audit tool in September 2019 and was due for review in January 2020. The tool suggested that patients not having bedroom keys was not seen as a problem. However, we noted that there was no mention of any patients being offered a key if requested.

The hospital promoted a smoke free policy. Patients who chose to smoke did so off the hospital site. Nicotine replacement was available to patients upon request.

Informal patients could leave at will. We saw notices around the ward to inform patients of this. Patients we spoke with were aware of this.

Safeguarding

Staff received mandatory training in safeguarding. At the time of inspection, compliance was 93%. Staff understood how to protect patients from abuse. The service worked well with other agencies, such as the local authority and the police to do so. Staff training included how to recognise and report abuse. Between 31 October 2018 and 31 October 2019 staff reported nine safeguarding referrals.

The provider had safe procedures for children visiting the hospital and facilitated visits off the wards where assessed as appropriate.

Staff access to essential information

The provider used an electronic recording system for most patient information. All information needed to deliver patient care was available to all relevant staff (including bank and agency) when they needed it. Any paper records were scanned onto the electronic system in a timely way.

Medicines management

Both acute wards were over stocked with medicines. There was no effective system in place to monitor these. The provider had identified this issue themselves during clinical governance meetings. However, staff had not acted upon this. This did not impact upon patients.

Nurses reviewed the effects of medication on patient's physical health regularly, in line with best practice. For example, nurses monitored physical observations of patients following rapid tranquillisation. Doctors and nurses monitored the physical health of patients who were on high levels of medicines or were prescribed particular medicines where additional observations are recommended.

Track record on safety

Between 21 August 2018 and 24 March 2019 there had been four reported serious incidents across the adult wards. Two of these related to deliberate self-harm requiring medical attention. One related to a patient who did not return from leave at the expected time and returned later. One was in relation to an accident (fall) which required medical attention.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Staff reported all incidents they should have. This included safeguarding incidents, and incidents notifiable to the Care Quality Commission. The senior management team reviewed all incident forms within 72 hours. Staff discussed each incident during the daily handover meeting. Ward managers had the task of completing lessons learned posters and discussed incidents and learning from these during individual staff supervision. In addition to this, lessons learned posters were printed out and left at reception for agency staff, who were expected to read, and sign as read and understood.

While there were clear processes in place to share information about incidents and learning, we found that this information did not consistently get to all staff on the wards. During interviews, some staff could not give examples of lessons learnt following incidents. We noted that there was an incident involving a patient bringing in a contraband item. A similar incident then re-occurred a short time after. We were not assured that learning was taking place effectively.

Staff understood the need to be open and honest with patients and families when things went wrong. Duty of candour awareness training was part of the induction to the service. The hospital director was the nominated duty of candour officer. Staff and patients were offered de-briefs following incidents.

Are acute wards for adults of working age and psychiatric intensive care unit services effective?
(for example, treatment is effective)

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

Good

Good

Assessment of needs and planning of care

We examined all seven care records. Staff assessed the physical and mental health of all patients upon admission. Staff developed individual care plans with patients where possible and reviewed these regularly. Care plans reflected patients assessed needs, were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and delivered in line with, guidance from the National Institute for Health and Care Excellence. This included medication, psychological therapies and a range of activities.

Patients had access to physical healthcare, including to specialists when needed. We saw that staff had taken patients to the local general hospital for further assessment and treatment where necessary.

Staff encouraged patients to live healthy lives. This was clear in care plans and through activities offered. For example, we saw staff promoting healthy eating and regular exercise.

Staff used recognised rating scales to assess and record severity and outcomes, for example, the Health of the Nation Outcome Scale.

Staff participated in clinical audits, including infection control, physical health monitoring and Mental Health Act audits.

Skilled staff to deliver care

The ward teams included or had access to a full range of specialists required to meet the needs of the patients. The multi-disciplinary team consisted of doctors, nurses, occupational therapists, psychologists, pharmacist and health care assistants. Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patients.

All staff including bank and agency received an appropriate induction to the hospital. Managers supported all staff with appraisals, supervision and opportunities to update and further develop their skills. Staff had access to regular team meetings.

All staff received annual appraisals. Appraisals were staggered, dependent upon start date. All permanent staff who were due an appraisal had received one at the time of inspection.

All staff received regular supervision. This included bank and agency staff. Compliance rates were over 75% on both wards. Staff we spoke with confirmed that they received regular supervision. Most staff told us that this was useful and supportive.

Managers dealt with poor staff performance promptly and effectively. We saw that appropriate policies and procedures were adhered too during investigations into staff performance issues.

Multi-disciplinary and inter-agency team work

Staff held regular and effective multi-disciplinary meetings, involving the patients and carers, where appropriate. Ward staff held effective handover meetings on a shift to shift basis. The multi-disciplinary team communicated with care co-ordinators and community mental health teams as and when necessary to make sure there were no gaps in patient care. We saw that the ward teams maintained effective working relationships with teams outside of the hospital, for example, the local authority, the police and local GP's.

Adherence to the MHA and the MHA Code of Practice

All staff received mandatory training in the Mental Health Act. At the time of inspection, 69% of staff were up to date with this. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Staff discussed patients' rights with them in a timely way, enabling appeal against detention if wanted.

Staff had access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were.

Staff stored detention papers securely, and these could be accessed when needed. Staff completed regular audits of

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

Good

documentation related to application of the Act. The provider had relevant policies and procedures in place to reflect most recent guidance. All staff could access these electronically.

Patients had easy access to information about independent mental health advocacy. We saw this in poster form on display on the wards. In addition, an advocate regularly visited the wards.

Staff facilitated section 17 leave (permission for patients to leave hospital by consultant) when this had been granted.

Staff had placed emphasis upon consent to care and treatment. Staff had requested an opinion from a Second Opinion Appointed Doctor (SOAD) when necessary.

Good practice in applying the MCA

Training in the Mental Capacity Act was mandatory. At the time of inspection, 70% of staff were up to date with this.

Staff supported patients to make decisions on their care for themselves. They understood the policy on the Mental Capacity Act 2005 and had electronic access to this. Managers ensured that capacity was assessed and recorded clearly for patients who may have impaired mental capacity.

Staff knew where to get advice from internally regarding the Mental Capacity Act, including the Deprivation of Liberty Safeguards. At the time of inspection, there had been no recent applications to supervisory bodies.

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

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. We saw discreet, respectful and responsive interactions. Staff gave patients help, emotional support and advice at the times when they needed it. Patients and carers told us that staff treated them kindly. Staff supported patients to understand and manage their care, treatment or condition.

Involvement in care

Nursing staff used the admission process to inform and orientate patients to the wards. Where possible, staff involved patients in care planning, reviews and multidisciplinary meetings.

Staff communicated effectively with patients and to carers to ensure that they understood their care and treatment. Staff ensured that access to independent advocates was easy.

Patients were invited and encouraged to give feedback on the service. Each ward held regular community meetings for patients. Staff encouraged patients to complete a satisfaction questionnaire upon discharge.

We reviewed 17 “leaving our service” questionnaires that patients had completed. Overall these were positive. We noted that 11 out of 17 patients would be likely or highly likely to recommend the service to family or friends. Most patients had reported that they had felt safe on the ward – 15 out of 17. With regards to the therapeutic programme being beneficial and enjoyable, 12 out of the 17 respondents agreed.

We saw that staff informed and involved families and carers appropriately. Managers recognised that some families lived a distance away, and were flexible with visiting, to enable regular contact.

The hospital did encourage carers and families to feedback about care, treatment and experiences. There were ongoing efforts from managers with supporting carers in the form of a regular carers support group.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people’s needs? (for example, to feedback?)

Good

Access and discharge

Between 13 March 2019 and 12 September 2019, bed occupancy was reported to be 84% on Crystal ward, and 93% on Ruby ward. Staff managed beds well. There was always a bed available when patients returned from leave. Patients were not moved between wards during an admission episode.

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

Good

When patients were discharged, this was planned for at an appropriate time of day. When commissioners recalled patients back to their own local area, staff facilitated the transfer. Staff gave a full explanation to patients and carers.

On the occasions where a psychiatric intensive care unit (PICU) bed has been needed, a transfer has been undertaken in a timely way.

Ward managers reported that delayed discharges had only occurred due to patients not being assigned a care co-ordinator from their home area

Between 01 August 2018 and 31 July 2019, the average length of stay on Crystal ward was 22 days. The average length of stay on Ruby ward was reported as 24 days.

The facilities promote recovery, comfort, dignity and confidentiality

Each patient had their own bedroom with an ensuite shower room. Bedroom doors had privacy windows which patients could choose to close from the inside, to maintain privacy and dignity. Patients were able to personalise bedrooms if they wished. Patients did not have a lockable space within their bedrooms to keep items safe. However, each ward had additional storage in a locked room, as well as a main ward safe.

The wards had adequate space to support treatment and care. Each ward had a quiet room where patients could meet visitors. Patients could make telephone calls in private and had access to outside space.

Patients could request drinks and snacks throughout the 24-hour period. Patients and carers we spoke with made no complaints about the food.

Patients' engagement with the wider community

Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy, as well as cultural and spiritual support. Each ward had a larger bedroom suitable for the use of a wheelchair, with an internal lift to enable access.

Staff could obtain information on treatments, local services, how to complain, and Mental Health Act information in different languages, and use an interpreter / signer where needed. Information was available in easy read format for individuals who needed this.

Listening to and learning from concerns and complaints

Patients knew how to make a complaint or raise concerns. When patients had raised concerns, they had received feedback. Staff knew how to handle complaints appropriately and were aware of the provider policy. Staff tried to resolve concerns locally in the first instance, escalating to managers if this was not possible.

Between 15 August 2018 and 20 August 2019, there had been a total of eight formal complaints across the acute wards. Themes were around care and treatment, communication, and loss of property. Of the eight complaints, one was upheld, one was not upheld and six were partially upheld. No complaints had been reported to the Ombudsman. Action had been taken in response to the complaints.

Managers treated concerns and complaints seriously, investigated them appropriately, and learnt lessons from these. Ward managers were tasked with relaying lessons learnt to ward staff.

The acute wards had received 128 compliments around care and treatment from patients and carers between 01 August 2018 and 31 July 2019.

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

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed. Leaders were visible within the service, and approachable for both patients and staff.

Vision and strategy

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

Good

The service had five key values. These were innovation, empowerment, collaboration, compassion and integrity. Some staff were unable to tell us what the providers vision and values were. However, they understood what the provider was trying to achieve and used them in their everyday work.

Culture

Staff interviewed during inspection felt respected, supported and valued by their immediate teams and by the service. The last staff survey conducted identified three top issues of concern. These were the lack of learning and development available, culture and staffing.

Staff felt positive to be working at the hospital. Staff we spoke with did not have any fears of raising concerns. There was no fear of retribution. Staff told us that they would speak with senior managers if they did have any concerns.

The service had high levels of sickness and absence rates. Data between 01 January 2018 and 31 July 2019 showed that the sickness rate on Ruby ward was 59%. The sickness rate on Crystal ward was 45%. This was much higher than the national average. Managers did not have oversight of staff sickness as although there was an electronic system in place, staff that we spoke with did not know how to use it.

The service had also experienced a high turnover of staff. Over a twelve-month period, there had been a reported 21 leavers on Ruby ward, and 19 leavers on Crystal ward. There were long term contracts with regular Agency staff, recruitment drives for Bank staff, efforts to push for Nurse training placements via Universities, and enhanced offerings for staff via the Employee benefits portal

Staff had access to support for their own physical and emotional health needs through an occupational health service.

The provider recognised staff success within the service, through internal staff awards.

Governance

Most governance processes operated effectively at team level. Although there were robust processes in place around the learning from incidents and complaints, these had not all been embedded and disseminated effectively to all staff.

Ward re- decoration was necessary as some acute ward areas were tired and shabby. Some areas needed deep cleaning. The ward redecoration and kitchen refurbishment was on a scheduled log for completion.Some basic maintenance issues had not been dealt with in a timely way.

We found a lack of oversight for the stock medication levels, despite staff identifying this and recording as an issue some months previously. In addition, on one occasion nurses had not checked the emergency bags correctly, which had gone unnoticed.

Internal governance meetings identified concerns about issues in the running of the hospital. However, there was a lack of robust action planning and follow up on some issues.

Management of risk, issues and performance

Ward managers could escalate any concerns relating to risk. However, there was a lack of knowledge around the hospital risk register and what this held.

The provider had business continuity plans as expected, which enabled them to plan in the event of an emergency, for example a fire.

Information management

Staff had access to the equipment and information technology needed to do their work. Systems worked well and did not appear over burdensome for staff.

All staff were aware of patient confidentiality and adhered to this.

Ward managers and senior managers had access to information to support them in their management roles. This included information on the performance of the service, staffing and patient care. Managers did not have effective oversight of staff sickness.

Senior staff made notifications to external bodies as expected.

Engagement

Staff, patients and carers could access information about the work of the provider through the intranet, bulletins and newsletters.

Patients and carers had the opportunity to give feedback on the service. Managers reviewed all feedback.

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

Good

Managers had worked on developing relationships with carers by holding regular carers events at the service. They had also held meetings with the local Police and local authority safeguarding in order to work cohesively together.

Learning, continuous improvement and innovation

The acute wards for adults had not participated in any accreditations at the time of inspection.

Good

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Good

Safe and clean environment

Ligature risk assessments were available on the wards along with detailed heat maps. Staff undertook regular ligature risk assessments of the wards. The assessments identified potential ligature points, and clearly stated the mitigation of these. Staff could observe all parts of the wards, with the aid of mirrors and installed closed circuit television (CCTV.) Staff knew and understood where areas of risk were on the ward. Staff who undertook enhanced observations carried floor plans of the bedrooms where young people were observed to ensure they knew where potential ligature points were.

The wards complied with guidance on eliminating mixed-sex accommodation. There were only female young people on Jasper ward although there were gender specific lounges and all bedrooms had ensuite bathroom facilities.

All clinical staff carried personal alarms and summoned help in a timely way when needed. Young people had easy access to a nurse call system if required.

Maintenance, cleanliness and infection control

The ward areas were visibly clean, well maintained, well-furnished and fit for purpose.

Staff kept cleaning records up to date and demonstrated that ward areas were cleaned regularly.

Staff adhered to infection control principles, including hand washing. Wards had adequate hand washing facilities, protective personal equipment and hand gel available.

Seclusion room

The seclusion room on Jasper ward met the specifications set out in the Mental Health Act Code of Practice. There were mood lights, dimmer switches, a two-way intercom, heating controls and ensuite bathroom facilities.

Clinic room and equipment

The clinic room was fully equipped with resuscitation equipment and emergency medicines that staff checked regularly.

Staff maintained equipment well and kept it clean.

Safe staffing

Establishment levels for qualified nurses on days were seven on both Jasper and Opal wards. All seven on each ward were permanent staff. Establishment levels for health care assistants were 17 on Japer ward and 13 on Opal ward. There were vacancies for three qualified nurses on Jasper ward and five qualified nurses on Opal ward. The service used bank and agency staff regularly to cover for the vacancies and sickness absence. These staff were block booked, trained, supervised and were familiar with the wards and young people. Senior leaders were making efforts to recruit more staff.

Staff sickness was high at 40% on Jasper ward and 59% on Opal ward between 01 January 2018 to 31 July 2019. Managers did not have oversight of staff sickness as although there was an electronic system in place, staff that we spoke with did not know how to use it.

Managers adjusted staffing levels daily to meet the needs of the young people. Each ward had set core staffing numbers which depended upon occupancy. If young people were nursed under enhanced observations, additional staff were provided.

We examined six weeks of the duty rota's and found that the number of nurses and healthcare assistants matched the expected numbers on all shifts. Where possible, bank and agency staff members were familiar with the wards and the young people. All bank and agency staff had received specialist CAMHS training as well as an induction to the ward prior to commencing work. The service operated a primary nurse system. Staffing levels enabled young people to have regular one to one sessions with staff with their primary nurse and more time if needed upon request.

Escorted leave and activities were rarely cancelled due to staffing shortages.

There were enough staff to carry out physical interventions. The service had adequate medical cover throughout the 24-hour period. A doctor could attend the wards quickly in an emergency.

Medical staff

All medical staff were up to date with re - validation.

Mandatory training

The service provided mandatory training in key skills to all staff, including bank and agency staff, and monitored compliance of this. Managers monitored compliance with mandatory training. At the time of the inspection mandatory training was at 89% for bank staff, and 92% for permanent staff.

Assessing and managing risk to patients and staff

We examined all eight care records of patients. Staff assessed and managed risks to young people and themselves well and followed best practice in anticipating and de-escalating violence and aggression. Staff were trained in how to manage potential conflict, with emphasis upon the least restrictive approach. Staff used verbal de-escalation, distraction techniques, and applied positive behavioural support plans where appropriate. Restraint was used as a last resort.

We saw evidence that staff used all available de-escalation techniques before the use of restraint. Between 01 February 2019 and 31 July 2019, there had been 225 restraints on Jasper ward. These involved 12 different young people. Of these, five resulted in restraint in the prone position, when staff administered rapid tranquilisation. The young person was then assisted into an alternative position. Staff completed physical health monitoring post rapid tranquilisation.

During the same time period, there had been 27 restraints on Opal ward. These involved six different young people . None of these resulted in young people being restrained in the prone position and there was no rapid tranquillisation.

Staff completed a risk assessment of each young person upon, or shortly after admission, and updated these appropriately. The provider used their own risk assessment tool. Staff updated risk assessments following incidents.

Staff followed safe policies and procedures for the use of observations, and for searching young people, bedrooms or property. Staff did not apply blanket restrictions unnecessarily on young people. There was a proactive reducing restrictive practice group who met regularly. The hospital had a list of all restrictions in place and the group reviewed all restrictions and rationale for each in a timely way. There was an action plan in place to address any issues that had been identified; for example, young people had made a request to use 'skype' to maintain contact with families. Young people were involved in the group and consultation had taken place with young people in community meetings where changes had been suggested.

The hospital promoted a smoke free policy. If a CAMHS patient was admitted having smoked, they were offered Nicotine Replacement Therapy and smoking cessation groups.

The service did not admit informal patients.

Safeguarding

Staff received mandatory training in safeguarding. At the time of inspection, 92% of staff had completed this training. Staff understood how to protect young people from abuse. The service worked well with other agencies, such as the local authority and the police to do so. Staff

do this.

The provider had safe procedures for children visiting the hospital and facilitated visits in a room off the ward.

Staff access to essential information

Good

Child and adolescent mental health wards

The provider used an electronic recording system for most young peoples' information. All information needed to deliver care was available to all relevant staff (including bank and agency) when they needed it. Any paper records were scanned onto the electronic system in a timely way.

Medicines management

The CAMHS ward was over stocked with medicines. There was no effective system in place to monitor these. The provider had identified this issue themselves during clinical governance meetings. However, managers had not resolved this. This did not impact on patients.

Nurses reviewed the effects of medication on young people's physical health regularly, in line with best practice. For example, nurses monitored physical observations of patients following rapid tranquillisation. Doctors and nurses monitored the physical health of patients who were on high levels of medicines or were prescribed particular medicines where additional observations are recommended.

Track record on safety

Between 21 August 2018 and 24 March 2019 there had been 63 reported serious incidents across the CAMHS wards. The key themes relating to self-harm were battery swallowing, incidents whilst on section 17 leave and ligature attempts.

Actions were taken to minimise the occurrence of similar incidents in the future such as screwing down the backs on television remote controls.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Staff reported all incidents to external bodies. This included safeguarding incidents, and incidents notifiable to the Care Quality Commission. The senior management team categorised and reviewed all incident forms. Staff discussed each incident at the daily handover meeting. Managers completed lessons learned posters and discussed incidents and learning from these during individual staff supervision. In addition to this, lessons learned posters were printed out and left at reception for agency staff, who were expected to read, and sign as read and understood. Managers monitored this to ensure staff compliance.

While there were clear processes in place to share information about incidents and learning, we found that practice did not always change quickly which impacted on young people. Examples of this included staff loudness at night, staff speaking in other languages and timely communications between staff about young peoples' care.

Staff understood the need to be open and honest with young people and families when things went wrong. Duty of candour awareness training was part of the induction to the service. The hospital director was the nominated duty of candour lead.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

We reviewed the care records for all eight young people on the ward. Staff completed a comprehensive mental health assessment of each young person either on admission or soon after.

Young people had their physical health assessed soon after admission. Staff regularly reviewed physical healthcare needs.

Staff developed comprehensive care plans for each young person that met their mental and physical health needs.

Staff regularly reviewed and updated care plans when young peoples' needs changed.

All care plans were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff provided a range of care and treatment suitable for the young people in the service. Staff delivered care in line with best practice and national guidance from relevant bodies including the National Institute for Health and Care Excellence.

Staff identified young peoples' physical health needs and recorded them in their care plans. Staff made sure young people had access to physical health care, including specialists as required. Young people had access to an

on-site physical health nurse and a GP and there were weekly physical health check days at the service. Staff escorted young people to local hospitals to access specialist physical healthcare when required.

Staff met young peoples' dietary needs and assessed those needing specialist care for nutrition and hydration. We saw in care records that several young people were on food and fluid balance monitoring.

Staff helped young people to live healthier lives by supporting them to take part in programmes or giving advice. This included guidance on healthy eating and smoking cessation.

Staff used recognised rating scales to assess and record the severity of young peoples' conditions and care and treatment outcomes.

Staff used technology to support young people such as electronic patient records. This included laptops to support access to education.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. This included reviewing the section 17 pre-leave risk assessment, reviewing all risk assessments and

monitoring the observation records. We observed that these documents were much improved and consistently completed and regularly updated.

Managers used the results from audits to make improvements.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of young people on the ward. This included doctors, qualified nurses, psychologists, social workers and occupational therapists. Managers ensured staff had the right skills, qualifications and experience to meet the needs of the young people in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Compliance for supervision was at 97% and appraisal was at 87%.

Appraisals for permanent non-medical staff were completed in line with policy and were above the rate set by the service.

Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work.

Managers facilitated regular team meetings which all staff were invited to attend. Minutes were circulated to those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Each staff member on the wards received mandatory specialist CAMHS training. The provider had supported some staff to attend a local university to complete a CAMHS specialist diploma.

Managers recognised poor performance, could identify the reasons and dealt with this in a robust and constructive way. We saw investigation reports into complaints made by staff, young people and carers, and saw how appropriate action had been taken in cases of poor staff performance. Investigations were robust, timely and carried out by senior staff in the hospital.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit the young people. They supported each other to make sure young people had no gaps in their care. The ward teams had effective working relationships with other teams within the organisation and with services outside the organisation.

Staff held weekly multidisciplinary meetings to discuss young people and improve their care.

Staff made sure they shared clear information about young people and any changes in their care, including during handover meetings. Important information regarding young people was also discussed daily at the morning hospital wide meeting.

Ward teams had effective working relationships with other teams in the hospital. Staff had a positive working relationship with staff at the onsite school. School staff had regular communication with hospital staff, maintained their own records of incidents and safeguarding, but shared this information on a regular basis with hospital staff in regular meetings.

Good

Child and adolescent mental health wards

Adherence to the MHA and the MHA Code of Practice

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain young peoples' rights to them. We saw evidence that staff explained young peoples rights to them. Mental Health Act training figures were at 91% at the time of inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Young people had easy access to information about independent mental health advocacy and young people who lacked capacity were automatically referred to the service. The independent mental health advocate attended the ward weekly to provide support for young people.

Staff explained to each young person their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the young person's notes each time.

Staff made sure young people could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. The service did not admit informal patients.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of young peoples' detention papers and associated records correctly and staff could access them when needed.

Care plans included information about after-care services available for those young people who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the MCA

Staff supported young people to make decisions on their care for themselves. They understood how the policy on the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to young people under 16.

Staff assessed and recorded consent and capacity or competence clearly for young people who might have impaired mental capacity or competence

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of the five principles. Mental Capacity Act training figures were at 91% at the time of inspection.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff gave young people all possible support to make specific decisions for themselves before deciding a young person did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a young person needed to make an important decision. When staff assessed young people as not having capacity, they made decisions in the best interest of the young person and considered the young person's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

Staff understood how to support children under 16 wishing to make their own decisions under Gillick competency regulations.

Staff knew how to apply the Mental Capacity Act to young people aged16 to 18 and where to get information and support on this.

Good

Child and adolescent mental health wards

Are child and adolescent mental health wards caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff on all wards treated the young people with compassion and kindness. They respected young peoples' privacy and dignity. They understood the individual needs of the young people and supported the young people to understand and manage their care, treatment or condition. Staff were discreet, respectful, and responsive when caring for the young people.

We observed staff being attentive and engaging in child appropriate, fun activities with the young people during an observation of care.

Staff gave young people help, emotional support and guidance when they needed it. Staff supported the young people to understand and manage their own care treatment or condition.

Staff directed young people to other services and supported them to access those services if they needed help. The young people said staff treated them well and were generally kind and supportive. Staff understood and respected the individual needs of each young person. They clearly knew the young people well and were familiar with triggers that might upset them.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards young people.

Staff followed policy to keep young peoples' information confidential.

Involvement in care

Involvement of patients

Staff introduced young people to the ward and the services as part of their admission. Staff clearly explained ward routines to young people. Staff gave each young person a welcome pack and a buddy system was in place for new admissions.

Staff involved young people and gave them access to their care planning and risk assessments.

Staff made sure the young people understood their care and treatment (and found ways to communicate with those young people who had communication difficulties).

Staff involved young people in decisions about the service, when appropriate. Staff held weekly community meetings on the wards. Staff followed up requests and fed back to the young people.

The young people could give feedback on the service and their treatment and staff supported them to do this.

Staff supported young people to make decisions on their care. Staff ensured that young people could access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately. If young people granted permission, staff invited carers to meetings, reviews and Mental Health Tribunals. Staff sent copies of meeting minutes and gave a weekly update on their loved one where appropriate.

Staff supported, informed and involved families or carers. The service held regular carers days in which carers could see patient facilities, meet staff and gain additional support from the service and other carers.

Staff helped families to give feedback on the service by questionnaire, telephone or face to face.

Staff gave carers information on how to access a carer's assessment.

Are child and adolescent mental health wards responsive to people's needs? (for example, to feedback?)

Good

Access and discharge

Bed management

Average bed occupancy between 13 March 2019 and 12 September 2019 was 91% on Jasper ward and 37% on Opal ward.

Good

Child and adolescent mental health wards

The service routinely accepted young people from across the UK and so some young people were far from home. Managers made efforts to seek placements closer to home if young people wanted this.

Beds were available when needed for young people living in the catchment area.

There was always a bed available when young people returned from leave.

The young people were not moved between wards during an admission episode unless it was justified on clinical grounds and was in the interests of the young person.

Discharge and transfers of care

The average length of stay on the CAMHS wards was 186 days.

The service had no reported delayed discharges in the past 12 months. Managers monitored the number of delayed discharges. The only reasons for delaying discharge from the service were clinical. Staff carefully planned the young peoples' discharge and worked with care managers and coordinators to make sure this went well.

Staff supported the young people when they were referred or transferred between services. The service followed national standards for transfer.

The facilities promote recovery, comfort, dignity and confidentiality

Each young person had their own bedroom, which they could personalise if they wanted. Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care.

The service had quiet areas and a room where young people could meet with visitors in private.

The young people could make phone calls in private using the ward cordless phone. They could use their mobile phones if they were off the site.

The service had an outside space that young people could access easily.

The young people could make their own hot drinks and snacks with support from staff.

The service offered a variety of good quality food.

Patients' engagement with the wider community

Staff supported the young people with activities outside the service and made sure young people had access to education throughout their time on the ward. There was a school on site and teachers also attended the wards to provide one to one education to patients.

Staff helped the young people to stay in contact with families and carers. Staff encouraged the young people to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all young people – including those with a protected characteristic. Staff helped the young people with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled young people and those with communication needs or other specific needs.

Staff made sure the young people could access age appropriate information on treatment, local services, their rights and how to complain.

The service had information leaflets available in languages spoken by the young people and local community.

Managers made sure staff and young people could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual young people.

The young people had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

This service received 20 informal complaints between 12 September 2018 and 03 December 2019. All of the complaints received were resolved locally.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Good

Child and adolescent mental health wards

The young people, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. We saw complaints posters and leaflets in patient areas throughout the ward.

Staff understood the policy on complaints and knew how to handle them appropriately.

Between 01 August and 31 July 2019, the CAMHS service received 302 compliments from young people and carers.

Are child and adolescent mental health wards well-led?

Good

Leadership

Leaders had the integrity, skills, knowledge and experience to perform their roles. They understood the issues, priorities and challenges the service faced and managed them.

Managers were visible and approachable within the service. Senior leaders held regular listening lunches to provide an opportunity for staff to meet and discuss issues and ideas with them.

Managers supported staff to develop their skills and take on more senior roles. There were opportunities for health care assistants to achieve the level three diploma in healthcare support.

Vision and strategy

The service had a set of five values. These were innovation, empowerment, collaboration, compassion and integrity. Some staff did not know what these values were but all staff knew what the service was trying to achieve and used them in their everyday work.

Staff had the opportunity to contribute to discussions about the development and strategy of the service. They were aligned to local plans and the wider health economy. Staff could explain how they were working to deliver high quality care within the budget available to them.

Culture

Staff that we spoke with felt respected, supported and valued. They felt the service promoted equality and diversity and provided opportunities for career development.

Staff could raise concerns without fear and were encouraged to do so. Staff knew about the whistle blowing policy and how to use it if required.

Managers dealt with poor performance promptly and we saw evidence of this in personnel files and incident reviews.

Teams were resilient and cohesive and worked well together. Managers dealt with any difficulties appropriately.

Staff appraisals included plans for career development and support strategies to facilitate this such as flexible working.

Staff undertook equality and diversity training, and this was promoted in their day to day work.

Staff were supported with their own physical and emotional health needs via an occupational health scheme.

The service recognised staff success within the service through staff awards.

Governance

Leaders ensured there were structures, processes and systems of accountability for the performance of the service. Systems were effective in ensuring that wards were clean and safe. There were always enough adequately skilled staff on shift who were regularly supervised and supported in their roles.

However, clinical governance meetings had always not always been effective in resolving issues quickly, ensuring that lessons learned had changed practice. Managers did not have oversight of staff sickness as although there was an electronic system in place, staff that we spoke with did not know how to use it.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Staff participated in clinical audits and acted on the results.

Staff understood the arrangements for working with other teams within the organisation and with external organisations such as the local authority safeguarding teams and the local police.

Good

Child and adolescent mental health wards

Management of risk, issues and performance

Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. Ward managers had access to the risk register. Risk were added by the senior leadership team.

Staff ensured risks were dealt with at the appropriate level. Clinical staff contributed to decision-making on service changes to help avoid financial pressures compromising the quality of care.

The service had policies and plans in place for emergencies such as adverse weather conditions.

Information management

The wards had systems in place to collect data in the form of a range of dashboards that provided clear and up to date information. There was a robust information technology system in place that helped to improve the quality of patient care.

Staff made notifications to all relevant external bodies including the Care Quality Commission.

Engagement

The service engaged well with young people, staff, equality groups, the public and local organisations to plan and manage appropriate services. Senior staff collaborated with partner organisations to help improve services for young people.

Staff, young people and carers could access information about the work of the provider through the intranet, bulletins and newsletters. The young people and their carers had the opportunity to give feedback on the service. Managers reviewed all feedback.

Learning, continuous improvement and innovation

All staff were committed to continually improving services and had a good understanding of quality improvement methods. The service was working towards achieving QNIC standards.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that the environment on all wards is kept clean and well maintained. This includes completing repairs in a timely manner.
- The provider must ensure that mandatory training on all subjects is within the compliance rate.

Action the provider SHOULD take to improve

- The provider should ensure that clinical governance meetings are effective and demonstrate that issues arising are resolved quickly. This includes the effective oversight of sickness, medication stock and grab bags.
- The provider should continue to address staff loudness at night, staff speaking in other languages and timely communications between staff about patients care.
- The provider should ensure that the hospital's vision and values are widely displayed throughout the hospital and that staff know what they are.
- The provider should ensure that all lessons learned are implemented by staff in a timely manner.

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 • The provider did not ensure that the environment on all wards was kept clean and well maintained. This includes completing repairs in a timely manner. • The provider did not ensure that mandatory training on all subjects was within the compliance rate.